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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

A FO	or the 2	2008 ca <u>l</u>	lendar yea	r, or tax year beginning 07-01-200	08 and ending 06-30-200)9					
3 Ch	eck if ap	pplicable	Please	C Name of organization GETTYSBURG HOSPITAL			D Employer ide	ntification number			
Add	dress ch	ange	use IRS label or	Doing Business As			23-1352220 E Telephone number				
Na	me char	nge	print or type. See	Boiling Business vis			(717) 851-3055				
Init	tıal retur	rn	Specific Instruc-	Number and street (or P O box if mai	ıl ıs not delivered to street addr	ess) Room/suite	G Gross receipt				
Tei	mınatıo	n	tions.	PO BOX 2767			d dross receipt	3 φ 1/1,999,023			
Am	ended r	return		City or town, state or country, and ZIF	P + 4						
— Apı	plication	pending		YORK, PA 17405							
		Ī	F Nan	ne and address of Principal Office	r	H(a) Is the	s a group return	for			
			Bruce N PO Box	M Bartels		affilia		┌ Yes			
				A 174052767		H(b) Are all	affiliates include	d?			
Та	x-exem	pt status	5 01(c)) (3) ◀ (insert no)	527			See instructions)			
W	eb site	e: ► WW\	W WELLSP	AN ORG		H(c) Grou	p Exemption Nui	mber ►			
∢ Тур	e of org	anızatıon	▽ Corporat	cion trust association other ►		L Year of Fo	mation 1919 M	State of legal domicile PA			
Pa	rt I	Sumn	nary								
	1	Briefly d	escribe th	e organization's mission or most s	significant activities						
aoyemance	1			ospital is a privately incorporated, cople who live, work, travel through		•		•			
<u> </u>	2	Check th	nis box 🦵	ıf the organızatıon dıscontınued ıt	s operations or disposed	of more than 2	5% of its assets				
	3	Number	of voting r	members of the governing body (P	art VI, line 1a)		з _	15			
ACIIVIIIes &	4	Number	ofındepen	ndent voting members of the gover	rning body (Part VI, line 1	b)	. 4 _	6			
₽	5	Total nu	mber of en	nployees (Part V , line 2a)			5 _	955			
<u> </u>				olunteers (estimate if necessary)		6 _	96				
₹		-		ted business revenue from Part V		_	611,325				
	Ь	Net unre	lated busi	iness taxable income from Form 9	90-T, line 34		7b	61,180			
		Contrib	utions and	d grants (Part VIII, line 1h)		Prio	498,521	Current Year			
ā	8			revenue (Part VIII, line 1n) .	'	97,918,726	757,430				
Revenue	10	_		me (Part VIII, column (A), lines 3	•	2,309,000	423,460				
æ	11			art VIII, column (A), lines 5, 6d,			636,789	627,443			
	12			dd lines 8 through 11 (must equal							
	4.5	12)			· · · · · · · · · · · · · · · · · · ·		103,102,214	114,579,320			
	13			ar amounts paid (Part IX, column (, ,,		8,965,000	8,770,000			
	14			or for members (Part IX, column (A		_					
\$	15	10)	s, other co	ompensation, employee benefits (F	5-	46,853,201	54,291,361				
Expenses	16a	Profess	sional fund	raising fees (Part IX, column (A),	line 11e)		260,738	315,307			
ੜੇ	ь	(Total fu	ndraising ex	penses, Part IX, column (D), line 25 $\frac{315,7}{100}$	307)						
	17	Othere	expenses ((Part IX, column (A), lines 11a–1:	1d, 11f–24f)		45,563,033	50,058,910			
	18	Total e	xpenses—	add lines 13–17 (must equal Par	t IX, line 25, column (A))		101,641,972	113,435,578			
	19	Revenu	ie less exp	penses Subtract line 18 from line	12		1,460,242	1,143,742			
ලිස සිනි						Beginni	ng of Year	End of Year			
3,48	20	Total a	ssets (Par	rt X, line 16)			155,908,298	131,566,003			
net Assets of Fund Bafances	21	Total lı	abılıtıes (F	Part X, line 26)			58,568,527	49,019,227			
25	22	Netass	sets or fun	d balances Subtract line 21 from	line 20		97,339,771	82,546,776			
Pai	rt II	Signa	ature Blo	ock							
Plea Sigr Here	1	and belie	ef, it is true, o ** ture of office mel F O'Conno	or CFO		ed on all informat I					
		F Type	or print nam	ie and title							
Paid		Preparer's signature		TRIMNER	Date	Check if self- empolyed •	Preparer's PTIN (See Gen Inst)			
	arer's	Fırm's naı ıf self-em	me (or yours	Argy Wiltse & Robinson PC	<u> </u>		EIN Þ				
Jse (Only		and ZIP + 4	8405 Greensboro Drive							
				McLean, VA 22102			Phone no 🕨 (70	03) 893-0600			
May:	the IR	S discuss	s this retii	rn with the preparer shown above?	(See instructions)			Tyes TNo			

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organiza	ation's mission			
see A	ddıtıonal Data Table				
2	Did the organization und the prior Form 990 or 99		ogram services during the year	which were not listed on	Yes 🔽 No
	If "Yes," describe these	new services on Schedu	le O		
3	Did the organization ceaservices?		ignificant changes in how it con	ducts any program	Yes ✓ No
	If "Yes," describe these	changes on Schedule O			
4	Section 501(c)(3) and (4) organizations and 494	each of the organization's three l 17(a)(1) trusts are required to re or each program service reporte	eport the amount of grants and a	
4a	(Code) (Expenses \$ 101	,138,885 including grants of \$	8,770,000) (Revenue \$	112,787,105)
	years Beyond the acute care maternity center, heart cent this area's resource for mee	e hospital, it has grown to be a ter, home health services, prev ting health and wellness needs	ospital has been serving the communit a comprehensive health-care provider v rentive health education and screening is As a WellSpan Health hospital, Gettys tached Federal Supplemental Informati	vith family health centers across the re programs, and 24-hour emergency se sburg Hospital and all of its facilities se	gion, a very special rvices Gettysburg Hospital is rve the community with the
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$	
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program service	s (Describe in Schedule	0)		
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program service	expenses \$ 101	.,138,885 Must equal Part IX,	Line 25, column (B).	

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		N o
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a	10		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report		.,	
_	gaming (gambling) winnings to prize winners?	<u>1c</u>	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	955		
h	If at least one is reported in 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by return?	y this	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	. 3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authover, a financial account in a foreign country (such as a bank account, securities account, or other financiac	•		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank as Financial Accounts.	nd		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	. 5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on? 5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Pro	hibited 5c		No
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions were not tax deductible?	s or gifts		No
7	Organizations that may receive deductible contributions under section 170(c).	• • • • • • • • • • • • • • • • • • • •		
	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7ь	1	l No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re			
_	file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers benefit contract?	onal 7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	7 7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	3		
	required?	7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization excess business holdings at any time during the year?	on, have		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		1	
а	Did the organization make any taxable distributions under section 4966?	9a		No.
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	. 9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N o
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			<u> </u>
_	year 12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. G	overning	Body	and	Manag	jement
--------------	----------	------	-----	-------	--------

					Yes	No				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $pr\infty$ esses, or changes in Schedule O. See instructions.									
1a	Enter the number of voting members of the governing body	1a	15							
Ь	Enter the number of voting members that are independent	1b	6							
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	·	2	Yes						
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?.									
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a material diversion of the organization	anızat	on's assets?	5		Νo				
6	Does the organization have members or stockholders?			6	Yes					
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a	Yes					
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b	Yes					
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the							
а	the governing body?			8a	Yes					
b	each committee with authority to act on behalf of the governing body?			8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo				
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the organization.		•	9b		No				
10	Was a copy of the Form 990 provided to the organization's governing body before it was to describe in Schedule O the process, if any, the organization uses to review the			10	Yes					
11										

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DAVID RIZZUTO 3350 WHITEFORD ROAD YORK,PA 174029081 (717) 851-3055

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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

The check this box in the organization and i	·	(C) Position (check all that apply)							(E) (F)		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related organizations	
							_				

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							1			
			1							
			-							
		-								
				\vdash			t			
			-							
1b Total				<u></u>			-	2,649,407	2,678,436	1,741,489

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►42

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

Section B. Independent Contractors

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

\$100,000 of compensation from the organization			
(A) Name and business address	(B) Description of services	(C) Compensation	
Teamstaff Rx Inc PO Box 70872 Philadelphia, PA 191765872	Temporary Staffing	222,106	
Quest Diagnostics Inc 12436 Collections Center Drive Chicago, IL 60693	Lab & Pre-employment	625,880	
HCSC Laundry PO Box 25092 Lehigh Valley, PA 18002	Laundry Service	269,036	
Curbside Hospitality 500 Cummings Center Suite 4900 Beverly, MA 01915	Valet Services	154,944	
Century Link PO Box 96064 Charlotte, NC 282960064	Network Access Fees	196,393	
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization			

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a					
粪쓷	b	Membership d	ues					
ᇎᇹ			1b					
ું≝	С	Fundraising ev	/ents 1c					
₹ _₹	d	Related organ	ızatıons1d	391,501				
<u>∞</u> [<u>E</u>	e	Government gran	nts (contributions) 1e	52,930				
is s	f		tions, gifts, grants, and not included above	312,999	į	į		İ
Contributions, gifts, grants and other similar amounts		similar amounts r	1f					
Ęĕ	g		rıbutıons ıncluded ın					
ಕರ	h		 es 1a-1f)....		757,430			
	<u>"</u>	- Total (Add III		<u>▶</u>				
<u> 99</u>	2a	W/O -Free Care		Business Code	2 722 651	2 722 651		
шe	b			621,500	-2,723,651	-2,723,651	554.004	
æ		Net Patient Servi	<u> </u>	621,500	115,494,638	114,939,657	554,981	
931	c d							
ž.								
Ē	e							
Program Serwce Revenue	f	All other progi	ram service revenue					
š	g		es 2a-2f					
	3	► \$ 112,770,9	87 come (including divi	dende interest				
			amounts)	·	282,563			282,563
	_		estment of tax-exempt be	▶	0			·
	4	income from inve	estment or tax-exempt be	ond proceeds .	Ů			
	5	Royalties .			0			
	_		(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	b	expenses						
	С	Rental income or (loss)						
	d	Net rental inco	ome or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	57,520,222	40,978				
		assets other than inventory						
	ь	Less cost or	57,383,075	37,228				
		other basis and sales expenses						
	c	Gain or (loss)	137,147	3,750	140.007			140.007
	d	Net gain or (lo	ss)	. ▶	140,897			140,897
	8a	Gross income	from fundraising					
Other Revenue		1c) See Part : Attach Schedul	ns reported on line					
<u> </u>	ь		xpensesb					
¥	с		(loss) from fundrais		0			
,	9a	Gross income		▶				
			e part IV , line 19 dule G if total					
	b	Less directe	xpensesb					
	с		(loss) from gaming a	activities •	0			
	10a	Gross sales of	fınventory, less					
		returns and al						
		Less cost of						
	С		(loss) from sales of		0			
	11a	Other Operati		Business Code 900,099	60,986	60,986		
	ь	Other Operati		611,710		144,325		
		Health Promo,		621,500	317,893	317,893		
	С	Emergency Re		021,300	104,239	47,895	56,344	
	d	All other rever			10 1,233	,033	55,517	
	е	Total. Add line	es 11a-11d	 \$ 627,443				
	12		. Add lines 1h, 2g, 3		114,579,320	112,787,105	611,325	423,460
		8c, 9c, 10c, and 1	l1e	. ▶				
	1	, = 0 0, and 1		-				Form 990 (2008)

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) org Il other organizations must complete column (A) but are not r				·
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	8,770,000	8,770,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	751,913	301,916	449,997	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	40,422,499	40,167,662		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,320,925	1,289,055	31,870	
9	Other employee benefits	8,882,502	8,670,452	212,050	
10	Payroll taxes	2,913,522	2,842,833	70,689	
11	Fees for services (non-employees)				
а	Management	7,888,528		7,888,528	
b	Legal	47,282		47,282	
C	Accounting	97,773		97,773	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	315,307			315,307
f	Investment management fees	260,566		260,566	
g	Other	7,458,849	7,375,497	83,352	
12	Advertising and promotion	52,738	52,600	138	
13	Office expenses	13,885,368	13,825,940	59,428	
14	Information technology	2,266,310		2,266,310	
15	Royalties	0			
16	Occupancy	1,679,714	1,626,150	53,564	
17	Travel	214,835	171,458	43,377	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	103,581	87,748	15,833	
20	Interest	1,796,399	1,796,399		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,583,128	5,583,128		
23 24	Insurance	1,370,377	1,370,377		
	grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Utilities	1,159,336	1,149,756	9,580	
b	Restricted Assets Expenditures	212,593	212,593		
c	Loss on Debt Refinancing	362,537	362,537		
d	Licenses/Fees	152,101	144,230	7,871	
e	Bad Debt	5,172,367	5,172,367		
f	All other expenses	294,528	166,187	128,341	
25	Total functional expenses. Add lines 1 through 24f	113,435,578	101,138,885	11,981,386	315,307
26	Joint Costs. Check fiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X B	lance	Sheet
----------	-------	-------

						(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing				172,547	1	Liid Oi	184,942
	2	Savings and temporary cash investments	_			2,758,951	2		4,761,954
	3	Pledges and grants receivable, net		, ,	3		0		
	4	Accounts receivable, net				12,682,921	4	1:	3,930,022
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L	s, key		oyees or		5		0
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection	n 495			6		0
	7	Notes and loans receivable, net					7		0
	8	Inventories for sale or use				779,682	8		821,715
9	9	Prepaid expenses and deferred charges				2,847,789	9	:	2,803,046
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	.1	82,843,674				
	ь	Less accumulated depreciation Complete Part VI of	100	+					
	"	Schedule D	10ь	,	46,688,313	33,041,451	10c	3	6,155,361
	11	Investments—publicly traded securities				58,349,960	11	4	7,028,141
	12	Investments—other securities See Part IV, line 11 $\it Complete F \it Schedule D$	art VI.	I of		33,309,416	12	1:	3,877,015
	13	Investments—program-related See Part IV, line 11 $\it Complete B$ of Schedule $\it D$.			13		0		
	14	Intangible assets					14	:	2,187,778
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	11,965,581	15	!	9,816,029			
	16	Total assets. Add lines 1 through 15 (must equal line 34)				155,908,298	16	13	1,566,003
	17	Accounts payable and accrued expenses .				1,063,396	17		1,788,728
	18	Grants payable		18					
	19	Deferred revenue		825,165	19		1,487,968		
	20	Tax-exempt bond liabilities		50,121,502	20	3	4,959,210		
Š.	21	Escrow account liability Complete Part IV of Schedule D		21					
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
- 2		persons Complete Part II of Schedule L			22				
	23	Secured mortgages and notes payable to unrelated third parties					23		2,390,187
	24	Unsecured notes and loans payable					24		
	25	Other liabilities		6,558,464	25		8,393,134		
	26	Total liabilities. Add lines 17 through 25				58,568,527	26	4	9,019,227
У		Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34.	olet e l	lines 2	27				
Balance	27	Unrestricted net assets				86,953,355	27	7	3,676,625
89	28	Temporarily restricted net assets				10,386,416	28		8,870,151
돧	29	Permanently restricted net assets					29		
r Fund		Organizations that do not follow SFAS 117, check here ► allines 30 through 34.	nd con	nplet e	e				
s or	30	Capital stock or trust principal, or current funds					30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					31		
Š	32	Retained earnings, endowment, accumulated income, or other fo	ınds				32		
Net	33	Total net assets or fund balances				97,339,771	33	8:	2,546,776
<u>z</u>	34	Total liabilities and net assets/fund balances				155,908,298	34	13	1,566,003
Pa	rt XI	Financial Statements and Reporting							
								Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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DLN: 93493126011020

OMB No 1545-0047

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-F7. See separate instructions.

Name of the organization Employer identification number GETTYSBURG HOSPITAL 23-1352220 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) organization is not a private foundation because it is (Please check only **one** organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E) $\overline{\mathbf{v}}$ A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally Integrated d Type III - Other By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11q(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11q(iii) h Provide the following information about the organizations the organization supports (i) Name of (ii) EIN (iii) Type of organization (vi) Is the (vii) A mount of (iv) Is the (v) Did you notify Supported (described on lines 1 - 9 organization in the organization organization in support?

Organization	above or IRC section (See Instructions))	col (i) listed in your governing document?		your governing support?				your governing support? in the U.S.?				
		Yes	No	Yes	No	Yes	No					
Total												

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

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 23-1352220

Name: GETTYSBURG HOSPITAL

Form 990, Part VII - Section Aaa

FOI III 990, Part VII - Section Ada										
		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
William J Steinour MD , Med Dir- Emer Med	40 00					х		343,460	0	37,971
Russell Redding , Director	1 00	Х						0	0	0
Ronald L Hankey , Vice Chair	1 00	Х		Х				0	0	0
Richard Harley , Former Treasurer							Х	0	197,033	37,254
Orville G McBeth Jr MD , Director	1 00	Х						0	212,612	33,721
Mitchell E Zuckerman MD , A nesthesiologist	40 00					х		336,477	0	35,655
Michael F O'Connor , CFO-WellSpan H	1 00			Х				0	443,907	273,100
Mark A Resciniti MD , Anesthesiologist	40 00					Х		335,659	0	42,207
Louise A Mains , Director	1 00	Х						0	0	0
Kwadwo Baryeh MD , Director	1 00	Х						0	305,747	40,812
Kevın Mosser , President	40 00			Х				332,090	0	196,187
Keith L Gee , Director	1 00	Х						0	251,182	168,697
Joseph Edgar , VP Operations	40 00				Х			179,063	0	33,083
Gregory J Codorı DO , Dırector	40 00	Х						239,479	0	40,822
Gregory F Reaver , Director	1 00	Х						0	0	0
Edward J Mackle MD , Med Dır - Anes& PM	40 00					Х		533,116	0	44,909
Dusan Damjanovic MD , Anesthesiologist	40 00					х		329,984	0	42,917
Douglas E Eyer , Director	4 00	Х						20,079	0	1,536
Dora L Townsend , Secretary	1 00	Х		Х				0	0	0
Cynthia A Ford , Director	1 00	Х						0	0	0
Charles H Chodroff MD , Director	1 00	Х						0	429,270	254,950
Bruce M Bartels , CEO - WellSpan H	1 00	Х		Х				0	838,685	457,668
Bernard A Yannettı Jr Esq , Treasurer	1 00	Х		Х				0	0	0
A Daniel Murray , Chairman	1 00	Χ		Х				0	0	0

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The Gettysburg Hospital is a privately incorporated, tax exempt organization dedicated to providing high quality health care services for the people who live, work, travel through and vacation in Adams County, Pennsylvania and northern Maryland. Gettysburg Hospital is committed to provide not only quality, but compassionate medical service regardless of race, sex, color, creed, national origin, disability, age or ability to pay.

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public

l l		Thispection
Name of the organization GETTYSBURG HOSPITAL		Employer identification number
SETTI SSONO HOSTIME		23-1352220
Part I Organizations Maintaining Donor A organization answered "Yes" to Form 9		Funds or Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
. Total number at end of year		
Aggregate Contributions to (during year)		
A ggregate Grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor adv funds are the organization's property, subject to the	<u> </u>	nor advised Yes No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be impermissible private benefit?	nefit of the donor or donor advisor or othe	Yes No
Part II Conservation Easements. Complete	e if the organization answered "Yes"	to Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreater Protection of natural habitat Preservation of open space	tion or pleasure) Preservation of a	in historically importantly land area ertified historic structure
Complete lines 2a-2d if the organization held a qua on the last day of the tax year	alified conservation contribution in the form	m of a conservation easement Held at the End of the Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation easemen	nts	2b
c Number of conservation easements on a certified I		2c
d Number of conservation easements included in (c)		2d
Number of conservation easements modified, transf	•	
the taxable year	ierreu, reieaseu, extiliguistieu, or teriililat	ted by the organization during
Number of states where property subject to conserv	vation easement is located ►	
Does the organization have a written policy regarding enforcement of the conservation easements it holds		lations, and Yes No
Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during th	e year ►
' A mount of expenses incurred in monitoring, inspect	ting, and enforcing easements during the y	year ► \$
Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of se	Yes No
In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financia	•
art III Organizations Maintaining Collecti Complete if the organization answered		, or Other Similar Assets.
a If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its financial	d for public exhibition, education or resea	rch in furtherance of public service,
b If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education, or research	•
(i) Revenues included in Form 990, Part VIII, line	1	► \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works of art, his following amounts required to be reported under SFA		for financial gain, provide the
a Revenues included in Form 990, Part VIII, line 1		► \$
b Assets included in Form 990, Part X		▶ \$

3	Using the organization's accession and other	•				•				ntinued)
	items (check all that apply)	. ,		_	_	_				
а	Public exhibition		d	ı	Loan or exc	:hange programs				
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explai	n hov	w the	y further the	organızatıon's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	Г	Yes	┌ No
Pai	rt IV Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon answ	ered "Yes	s" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributions	or other assets	not	Г	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е					-		
_								A mou	ınt	
C _	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete	f the organization (a)Current Year)Prior		Form 990, Par wo Years Back (d)			NEQUE V	aare Baek
1a	Beginning of year balance	10,386,416	(1)	PHOL	rear (C)	wo fears back [(d)	Tillee fears	back (e	e)rour re	ears back
ь	Contributions	174,329								
c	Investment earnings or losses	-1,478,000								
d	Grants or scholarships	, , ,								
e	Other expenditures for facilities	212,594								
	and programs									
f	Administrative expenses									
g	End of year balance	8,870,151								
2	Provide the estimated percentage of the yea	r end balance held a	S							
а	Board designated or quasi-endowment 🕨									
ь	Permanent endowment									
с	Term endowment ► 100 000 %									
3a	Are there endowment funds not in the posses	ssion of the organiza	ition	thata	are held and	administered for	the			
	organization by								Yes	No
	(i) unrelated organizations							3a(i)	<u> </u>	Νο
	(ii) related organizations							3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organization	·						3b	Yes	
4	Describe in Part XIV the intended uses of th					15 mt V 1 m = 10				
261	t VI Investments—Land, Buildings	s, and Equipmen	It. 5		•	'				
	Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Depred	ation	(d) Bo	ok value
1a	Land			<u></u>		11,584	'n	L		11,584
b	Buildings		•			28,662,581	12,3	26,294	1	6,336,287
c	Leasehold improvements					916,609	6	55,698		260,911
d	Equipment					11,338,270	9,4	02,200		1,936,070
е	Other					41,914,630	24,3	04,121	1	7,610,509
	II. Add lines 1a-1e <i>(Column (d) should equal Fo</i>									

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial derivatives and other financial products			7
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	13,877,015		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation ·year market value
		Cost or end-or-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descri			(b) Book value
Unamortized Bond Issue Costs			262,189
Accounts Receivable – Intercompany			707,052
Total. (Column (b) should equal Form 990, Part X, col.(B) line in			9,816,029
Part X Other Liabilities. See Form 990, Part >	(b) A mount		
Federal Income Taxes	(=)a		
Notes Payable - WRRRG	37,737		
Interest Payable	71,803		
Derivative Valuation	3,511,818		
Accrued Vacation	2,333,608		
Accrued Sales Tax	584		
Accrued Payroll and Payroll Taxes	1,725,680		
Accounts payable - YH	210,125		
A/P Affiliates	501,779		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	8,393,134		

2				
Second S	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	114,579,320
Met unrealized gains (losses) on investments	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	113,435,578
5	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,143,742
6 Investment expenses 6	4	Net unrealized gains (losses) on investments	4	-14,916,382
Processor Part XIV Part XIV Processor Part XIV Processor	5	Donated services and use of facilities	5	
8	6	Investment expenses	6	
9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	7	Prior period adjustments	7	
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 -14,792,995	8	Other (Describe in Part XIV)	8	-1,020,355
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1 99,833,25;	9	Total adjustments (net) Add lines 4 - 8	9	-15,936,737
Total revenue, gains, and other support per audited financial statements	10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-14,792,995
statements	Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
A mounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	1		_	99,833,252
a Net unrealized gains on investments			1	
b Donated services and use of facilities				
c Recoveries of prior year grants 2c 4 4 4 4 4 4 -14,916,382 3 114,749,634 3 114,749,634 3 114,749,634 3 114,749,634 3 114,749,634 3 114,749,634 4 4 4 -170,314 4 4 -170,314 4 -170,314 4 -170,314 4 -170,314 5 114,579,324 4 -170,314 5 114,579,324 5 114,579,324 5 114,579,324 5 114,579,324 5 114,579,324 5 114,579,324 6 -170,314 5 114,579,324 6 -170,314 6 -170,314 5 114,579,324 6 -170,314 7 </th <th></th> <th>· · · · · · · · · · · · · · · · · · ·</th> <th></th> <th></th>		· · · · · · · · · · · · · · · · · · ·		
d Other (Describe in Part XIV) 2d 2e -14,916,38:3 3 Subtract line 2e from line 1 3 114,749,63 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4a 4b -170,314 b Other (Describe in Part XIV) 4b -170,314 4c -170,314 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 114,579,324 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 104,522,983 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 4 4 a Donated services and use of facilities 2b 4 4 4 b Prior year adjustments 2a 4 4 4 4 c Losses reported on Form 990, Part IX, line 25 2c 4 4 4 4 4 4 4 4 4 4 4 4 4	_			
e Add lines 2a through 2d 2e -14,916,383 3 Subtract line 2e from line 1 3 114,749,634 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4a b Other (Describe in Part XIV) 4b -170,314 c Add lines 4a and 4b 4c -170,314 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 114,579,320 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 104,522,985 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 4 4 a Donated services and use of facilities 2b 4 4 4 b Prior year adjustments 2c 2c 4 4 4 4 c Losses reported on Form 990, Part IX, line 25 2c 2c 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 </th <th></th> <th></th> <th></th> <th></th>				
3 114,749,634		· · · · · · · · · · · · · · · · · · ·	26	-14 916 382
A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIV)		•		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIV)				111,713,031
b Other (Describe in Part XIV)		ı ı		
Add lines 4a and 4b				
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	С		4c	-170,314
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	114,579,320
A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	Part		s per	
a Donated services and use of facilities	1	Total expenses and losses per audited financial statements	1	104,522,985
b Prior year adjustments	2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
c Losses reported on Form 990, Part IX, line 25	а	Donated services and use of facilities		
d Other (Describe in Part XIV) 2d 2e e Add lines 2a through 2d 2e 2e 3 Subtract line 2e from line 1 3 104,522,985 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a	b	Prior year adjustments		
e Add lines 2a through 2d	c	Losses reported on Form 990, Part IX, line 25		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIV)		
4 A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a	e	Add lines 2a through 2d	2e	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	3	Subtract line 2e from line 1	3	104,522,985
	4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
b Other (Describe in Part XIV) 4b 8,912,593	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
l l	b		1	
	c		4c	8,912,593
	5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	113,435,578

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanat ion
Part X	Part X FIN48 Footnote	In June 2006, the Financial Accounting Standards Board (FASB) issued Interpretation NO 48, Accounting for Uncertainty in Income Taxes-an interpretation of FASB Statement NO 109, Accounting for Income Taxes (FIN 48), which creates a single model to address uncertainty in tax positions and clarifies the accounting for income taxes by prescribing the minimum recognition threshold a tax position is required to meet before being recognized in the financial statements. Under the requirements of FIN 48, tax-exempt organizations could now be required to record an obligation as the result of a tax position they have historically taken or various tax exposure items. Prior to FIN 48, the determination of when to record a liability for tax exposure was based on whether a liability was considered probable and reasonably estimable in accordance with SFAS No 5, Accounting for Contingencies. On July 1, 2007, the parent company, WellSpan Health, adopted FIN 48. WellSpan Health determined that it does not have any uncertain tax positions through June 30, 2009.
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	Grant - WellSpan Medical Group \$4970000 Grant - WellSpan Health \$3730000 Restricted Assets Expenditures \$212593
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Net assets released from restriction-PPE \$111432 Unrealized Gain on Joint Ventures \$344643 Loss on restricted assets held by York Health Foundation \$ -1476430
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	The funds were used to improve the health and welfare of the residents of York and Adams counties of Pennsylvania

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493126011020

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

23-1352220

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization GETTYSBURG HOSPITAL

(Form 990 or 990-EZ)

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- ${f 1}$ Indicate whether the organization raised funds through any of the following activities. Check all that apply
- a 🔽 Mail solicitations
- Phone solicitations
- **d** 🔽 In-person solicitations

- e Solicitation of non-government grants
- 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 activities?
- **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. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
Total			>			

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

			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)		(0)	
至	1	Gross receipts						
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)						
	4	Cash Prizes						
s မေ	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
	7	Other direct expenses						
Direct	8	Direct expense summary Add lin	es 4 through 7 ın columr	n(d)	🛌			
	9	Net income summary Combine li	·	-				
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted more	e than	
Revenue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) thr		
<u>~</u>	1	Gross revenue						
မ မ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
₽ B	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes%	┌ Yes%			
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🕨			
9		er the state(s) in which the organiza the organization licensed to operate		·		· 9a	Yes	No
a		No," Explain						
	If"	, ,						
a b	— We	re any of the organization's gaming l Yes," Explain	icenses revoked, suspe	nded or terminated during	g the tax year?	10a		
a b 10a	Wei	re any of the organization's gaming l				10a		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide 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?	15a	
Ь	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		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
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 📂 💲		

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Name of the organization GETTYSBURG HOSPITAL

Employer identification number

23-1352220

Pā	art I Charity Care an	d Certain O	ther Com	nunity Benefits at	Cost (Optional for	2008)			
				•	, <u>,</u>			Yes	No
1a	Does the organization have	a charity care	policy? If "N	o," skip to question 6a			1a	Yes	
Ь	If "Yes," is it a written polic	y?					1b	Yes	
2	If the organization has mult care policy to the various he		ındıcate whic	h of the following best o	describes application (of the charity			
	Applied uniformly to all I Generally tailored to ind	-	ls	Applied uniformly	to most hospitals				
3	Answer the following based organization's patients	on the charity	care eligibilit	y criteria that applies t	o the largest number o	of the			
а	Does the organization use Fincome individuals? If "Yes	•		•			3a	Yes	
	Γ _{100%} Γ _{150%}	。	200%	7 O ther	%_			1	
b	Does the organization use F								
	"Yes," indicate which of the	following is the	e family incor	me limit for eligibility fo	r discounted care .		3Ь	Yes	
	□ 200% □ 250%	▼ 300)%	350%	%	%			
c	If the organization does not determining eligibility for fre test or other threshold, rega	e or discounte	d care Inclu	de in the description wi	nether the organization				
4	Does the organization's poli	cy provide free	or discount	ed care to the "medical	ly indigent"?		4	Yes	
5a						i	5a	Yes	
b	b If "Yes," did the organization's charity care expenses exceed the budgeted amount?							Yes	
c	If "Yes" to line 5b, as a resi care to a patient who was el						5c		N o
6a	Does the organization prepa	re an annual c	ommunity be	nefit report?			6a	Yes	
6b	If "Yes," does the organizat	ion make it ava	ailable to the	public?			6b	Yes	
	Complete the following table worksheets with the Schedu		ksheets prov	ıded ın the Schedule H	instructions Do not s	ubmit these			
7	Charity Care and Certain	Other Commu	nıty Benefits	at Cost					
	Charity Care and Means-Tested Programs	(a) Number of activities or	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community b expense	enefit	(f) Pero	
а	Charity care at cost (from worksheets 1 and 2)		2,369	1,315,523		1,315	,523	1 1	60 %
b	Unreimbursed Medicaid (from worksheet 3, column a)		16,656	9,251,677	3,343,911	5,907			10 %
c	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)								
d	Total Charity Care and Means-Tested Programs .		19,025	10,567,200	3,343,911	7,223	,289	6 3	70 %
e	Other Benefits Community health improvement services and community benefit operations (from								
f	(worksheet 4)	288	34,670	367,174	173,723	193		0 1	70 %
g	(from worksheet 5) Subsidized health services	8	470	3,368	1,000		,368	^ -	10.01
h	(from worksheet 6) Research (from worksheet 7)	7 2	10,261 2,700	650,693 140,276	71,922 23,923	578 116			
i	Cash and in-kind contributions to community groups (from worksheet 8)	2	2,700	140,270	23,923	116	, , , , ,	01	00 %
-	Total Other Benefits	305	48,101	1,161,511	270,568	890	_		90 %
k	Total (line 7d and 7i)	205	67 126	11 720 711	2 6 1 4 4 7 0	0 1 1 1	ววว	7 1	E O 0/-

Pa	rt II Community Buildin activities) (Optional		es (Comple	ete this table if th	ie orga	nızat	ion con	ducted any co	mmunıt	y b	uıldır	ng
	activities, (optional)	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total communit building expense	у (с	•	ct offsettin venue	g (e) Net co building e			` '	cent of opense
1	Physical improvements and housing											
2	Economic development											
	Community support											
	· · · · · · · · · · · · · · · · · · ·											
-4 -5	Environmental improvements Leadership development and training									+		
	for community members									_		
	Coalition building Community health improvement											
	advocacy											
8	Workforce development											
9 10	Other Total											
	t IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 200	8)						
	Dad Debt/ Healtai	<u> </u>		tices (optionar)	01 200	<u> </u>						
Sect	ion A. Bad Debt Expense										Yes	No
1	Does the organization report b Statement No 15?	•	ense in accor	dance with Heathca	ire Finar	ncial I	Managem	nent Association		.	Yes	
2	Enter the amount of the organi		debt expense	· · · · · · · · · · · · · · · · · · ·			2	2,498	_	-	100	
3	Enter the estimated amount of		•	,	t)			<u> </u>				
	attributable to patients eligible					L	3		,563			
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt an	ng methodolo	ogy used in d	etermining the amo								
	ion B. Medicare					1	1					
5	Enter total revenue received fi			•		.	5	29,504	- 			
6	Enter Medicare allowable cost					• •	6	39,299				
7 8	Enter line 5 less line 6—surplus or (shortfall)							<u> </u>				
	Cost accounting system	 	ost to charge	e ratio	Oth	ner						
Sect	ion C. Collection Practices											
9a	Does the organization have a								-	а	Yes	
9b	If "Yes," does the organization patients who are known to qua									ь	Yes	
Pai	rt IV Management Com											
	(a) Name of entity		(b) Description activity of		pro	fit %	nization's or stock hip %	1 '	cey (€	ofit	hysici % or: ership	stock
1 \	Vellspan RRRG	Provides	ınsurance co	verage		1	3 200 %	,				
2 F	PHO of Gettysburg	Educate 8	& prov health	network		5	0 000 %	,			50 0	00 %
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14		+										

Name and address Continue Co	Page 3
WellSpan Surgical Center 236 West Street Gettysburg, PA 17325 Transitional Care Center 147 Gettys Street Gettysburg, PA 17325 Gettysburg Hospital 147 Gettysburg Hospital X X X X X X X X X X X X X X X X X X X	
WellSpan Surgical Center 236 West Street Gettysburg, PA 17325 Transitional Care Center 147 Gettys Street Gettysburg, PA 17325 Gettysburg, PA 17325 Gettysburg Hospital 147 Gettysburg Hospital X X X X X X	
Transitional Care Center 147 Gettys Street Gettysburg, PA 17325 Gettysburg Hospital 147 Gettysburg Hospital X X X X X X X X X X X X X X X X X X X	er
147 Gettysburg Hospital X X X X X X X X X X X X X X X X X X X	iity

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b
- The Company provides an allowance for doubtful accounts for estimated losses resulting from the unwillingness or inability of patients to make payments for services. The allowance is determined by analyzing specific amounts and historical data and trends. Patient accounts receivable are charged off against the allowance for doubtful accounts when management determines that recovery is unlikely and the Company ceases collection efforts. Losses have been consistent with management's expectations in all material respects.

Gettysburg Hospital maintains records to identify and monitor the level of charity care and community service it provides. These records include the amount of charges forgone based on established rates for services and supplies furnished under its charity care and community service policies and the estimated cost of those services. Payments from Medicaire are generally less than Gettysburg Hospital's costs of providing the service.

Guidelines for suggested minimum number of phone attempts and letters to be sent before the account is turned over to an outside collection agency are included in the Patient Administrative Services Policy. It shall be the policy of Patient Administrative Services to recommend accounts to Bad Debt on a timely basis. Inpatient/O utpatient accounts will go to bad debt automatically after the account has been in the financial class Pending Bad Debt for 30 days. All accounts must follow the approved limits for refunds and write offs, as established in Policy PF-102, before being transferred. The primary agencies will work the accounts for 6 months or until they feel it is uncollectable and return the account. The accounts are forwarded to secondary agencies from the primary agencies. Closed and Return Reports. The financial class is changed to Bad Debt Other after the Closed and Return Reports are received from the Secondary Agency. The agencies must get written approval from the manager in the relatively rare instance of legal action being taken to collect the debt.

- 2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves
- In the early 1990s, our organization began developing new ways of working more closely with its communities. The first Community Health Assessment for Adams County was completed in 1997. Since that time, we've completed health assessments in 1997, 2000, 2005 and 2009. These are lead by the regional health coalition, Healthy Adams County Coalition, that we support and are done collaborative with other community partners. The assessments evaluate the health of Adams County as a whole, and often target specific geographic or demographic segments for further study such as the growing Latino Population. The gathering of data is one component of the health assessment process. As a community, the data is utilized as a basis of public meetings and forums to identify priorities for the community. These involve stakeholders from health and human services, government, business and other sectors. Our system-wide planning committee, which includes Gettysburg Hospital Board members and our Gettysburg Hospital Board dedicates a meeting to this topic and the priorities identified are used to define our organization's community health objectives in its annual plan. The Community Health Assessment is distributed and utilized broadly in the community and provides other organizations as well as our own with more data-driven pictures of the issues and needs facing our community.
- 3 Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

For more than a decade, our organization has been working to improve access to care - based on the community health assessment's prioritization of medical, dental and oral health access as high. A key element of our strategy in addressing this need is to reach beyond simply informing patients about our patient assistance policies and proactively identify and help patients connect to the public programs, community programs as well as our own. This includes reaching out to identify "unconnected" patients through programs like Health Connect, which travels to all parts of the county and takes care of immediate medical issues, but more importantly connects patients to the various options for charity care. It includes sponsorship of HealthyYork Network (HYN), which provides case managers to support patient's enrollment in both public programs or in HYN, which utilizes the charity care guidelines of health care proverbs for discounts. It includes identifying special resources for at risk populations in the African American and Latino communities and providing Lay Community Health Workers to help assist people in enrollment processes. Finally, though a multi-year initiative to ensure all people who qualify for charity care are aware of it, we've updated our website with information, simplified our enrollment processes, improved education and availability of financial support resources at high visibility sites of care, simplified the letters sent to patients who are late in paying their bill and have collaborated with our local Federally Qualified Health Center for early identification and qualification of patients.

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

To the casual observer, our service area could be described as one community. The combined population of York and Adams counties is over 530,000 people This population is expected to increase by 9% or 48,500 people over the next five years. The York/Adams population is growing older While the 18-44 age group comprises the largest segment of the population, this group will experience nominal growth through 2014 Most growth will occur in the 45-64 (12% or 18,000 people) and the 65+ (21% or 16,000 people) age groups This shift is occurring as the baby boom generation ages, as people live longer due to healthy lifestyles and medical advances, and as retirees move from the Baltimore/Washington metro area to Southern York and Adams counties to find a safer, lower cost lifestyle. Although the overall population growth projected for the York/Adams area over the next five years is moderate, the changing demographic profile of the population will result in elevated incidence rates for both acute and chronic disorders that present themselves ever increasingly as the population ages. Adams County is situated along the Mason-Dixon line in south-central Pennsylvania Harrisburg, the state capital, is located 36 miles north of Gettysburg, the county seat. The outer suburbs of Washington, DC and Baltimore are within an hours drive from many county communities Surrounding Counties include Cumberland, Franklin and York in Pennsylvania, and Carroll and Frederick Counties in Maryland Generally and historically, employment rates are better than state and national averages but the composition of the workforce contains more manufacturing, production and tourism related business. An assessment of general health status is gathered as part of Community Health Assessments The percent of adult in Adams County rating their health as fair or poor was 15% Our in-depth knowledge of the community, gathered through community health assessments and focused studies during the past 15 years, however, show that our service area is not made up of one community but of many, with social and health factors that are significantly impacting its health. These at-risk populations include Mexican migrant workers as well as households with females as the head who are earning significantly less in median wage than males (\$29,577 vs \$41,105) In both counties The number of uninsured has remained stable at approximately 13% of the population but continues to be a major barrier to access to oral health, medical care and pharmaceuticals, and the incidence of chronic disease in on the rıse

- 5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

As an organization, we have taken specific steps to build the capacity of our communities to support and deal with the complex issues that are identified within the community health assessments. Through our involvement and support of a regional health coalition, Healthy Adams County, more than 800 community members have participated in community health improvement initiatives. For example, these include efforts to increase access to health care by supporting the development of a federally qualified health center site, improving adolescent health and decreasing pregnancy rates through teen pregnancy taskforce and organization of an annual conference for all 7th grade boys and girls, increasing awareness of domestic violence and child abuse through education and training and the development of a model to assist offenders from the Adams County Correctional Complex in reentering the community. In addition, we've provided leadership to a local coalition York-Adams Metropolitan Response System (YAMMRS) to develop improved coordination in the event of regional disaster. This effort includes all area hospitals and health systems, county government and other nonprofit organizations such as the Red Cross. As a charitable, community-based healthcare organization, we are dedicated to improving the lives and well-being of the people and communities we serve. By partnering with individuals and other organizations, supporting their endeavors, lending our expertise and learning from one another, we are creating a healthy community. In addition to those items documented on Schedule H which describe our community benefit activities, we activity engage our community as partners in our organization and reinvest in the health of our community in many ways. This includes Community members who lead the organization through its Board of Directors and committee structure, patients who serve on advisory groups to improve care and diverse stakeholders who join us on community-based taskforces to address complex community issues,In the hospital, as well as across our system, community members actively volunteer and generously donate funds to the organization More than 1,032 individuals across the system volunteered a total of 93,219 hours. In Gettysburg alone, \$1.3 million was donated through Gettysburg Hospital Foundation. Our hospital auxiliary remains active and continues to support the hospital through community partnerships and fundraising We continue to support the development of a strong healthcare organization to serve growing community Across York and Adams county, we have recruited 57 new physicians and 13 nurse practioners into the community, opened new service to meet growing needs. In Gettysburg, that includes the first full year of operations for the WellSpan Adams Health Center to increase access to advanced cancer care, rheumatology, endocrinology, diagnostic imaging, neurology and behavioral health

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

WellSpan Health is an integrated health system serving the Adams-York county region. As a community-based, not-for-profit organization, WellSpan is dedicated to improving the health and well-being of the people it serves. WellSpan will assume a leadership role and develop partnerships with other organizations to improve access to coordinated, high-quality, cost-effective health care services, educate the health care providers of tomorrow, promote healthy lifestyles and lifelong wellness, and make its local communities healthier, more desirable places to live, work, and play. Gettysburg Hospital works with other parts of the system to provide a comprehensive approach to meeting community needs. WellSpan Health includes. Gettysburg Hospital, York Hospital, Apple Hill Surgical Center, VNA. Home Health, WellSpan Medical Group, South Central Preferred, WellSpan Pharmacy, Gettysburg Hospital Foundation, York Health Foundation, York Provider Network and Healthy York Network/Healthy Community Pharmacy. Gettysburg Hospital's community benefit report is contained in a report prepared by their parent organization, WellSpan Health. See Attached Federal Supplemental Information. WellSpan Health. 2009. Community Benefit Report.

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

DLN: 93493126011020

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

Open to Public **Inspection**

Name of the organization						Employer identif	ication number
GETTYSBURG HOSPITAL						23-1352220	
Part I General Inform	mation on Grai	nts and Assistance)			•	
 Does the organization mathe selection criteria use Describe in Part IV the organization 	d to award the grar rganızatıon's proce	nts or assistance? edures for monitoring th	e use of grant funds in th	e United States			√ Yes
Form 990, Part I Part IV and Sch	IV, line 21 for ar edule I-1 if addii	ny recipient that rece tional space is	eived more than \$5,00	00. Check this box if	es. Complete if the or fino one recipient rece	ived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wellspan Medical Group 3350 Whiteford Road York,PA 17402	23-2730785	501(c)(3)	4,970,000	0			General Support
WellSpan Health3350 Whiteford Road York,PA 17402	22-2517863	501(c)(3)	3,730,000	0			General Support
Main Steet Gettysburg571 W Middle Street Gettysburg,PA 17325	23-2595192	501(c)(3)	5,000	0			General Support
Family First Health116 S George St York,PA 17401	23-7118262	501(c)(3)	65,000	0			General Support
2 Enter total number of sec							3
organizations							• 0

Part III	Grants and Other Assista	nce to Individuals in the United St	tes. Complete if the organization	n answered "Yes	" on Form 990,	Part IV, line	e 22
	Use Schedule I-1 (Form 990) if additional space is needed.					

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

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

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		All WellSpan non-research grant activities must be coordinated through the York Health Foundation and Gettysburg Hospital Foundation to insure that grant projects are implemented, evaluated, and monitored in accordance with applicable granting agency regulations, with WellSpan policies and procedures, and are consistent with the strategies and priorities of the organization WellSpan has defined the processes by which grants are identified, developed, reviewed, approved, and monitored by the organization This policy covers non-research grants applied for and received by an entity of WellSpan Health It does not cover grants made by the organization Research grants are defined as those that involve "a systematic investigation designed to develop or contribute to generalizable knowledge (45CFR 46 102(d)) and are overseen by Emig Research Center (Policy #619 Extramural Research Funding)

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As Filed Data -

DLN: 93493126011020

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization GETTYSBURG HOSPITAL

Employer identification number

23-1352220

Pa	rt I Questions Regarding Compensation	1	·			
					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	_	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wriprovision of all the expenses described above? If "No			1b	Yes	
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	at appl	ly			
	Compensation committee	/				
	Independent compensation consultant	V V	Compensation survey or study			
	Form 990 of other organizations	10	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P	art V I	I, Section A, line 1a			
а	Receive a severance payment or change of control p	aymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplemen	ntal nor	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide tl	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must cor	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, I compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6.			7		No
8	Were any amounts reported in Form 990, Part VII, posubject to the initial contract exception described in in Part III					N.o.

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
William J Steinour MD	(ı) (ıı)	343,346	114		8,740	29,231	381,431	
Richard Harley	(ı) (ıı)	161,774	29,312	5,947	7,620	29,634	234,287	
Orville G McBeth Jr MD	(ı) (ıı)	200,846	11,766		8,114	25,607	246,333	
Mitchell E Zuckerman MD	(ı) (ıı)	303,504	32,973		8,740	26,915	372,132	
Michael F O'Connor	(ı) (ıı)	321,413	115,900	6,594	236,770	36,330	717,007	115,900
Mark A Resciniti MD	(ı) (ıı)	296,917	32,973	5,769	8,740	33,467	377,866	
Kwadwo Baryeh MD	(1) (11)	185,738	120,009		8,740	32,072	346,559	
Kevin Mosser	(1) (11)	242,389	78,280	11,421	162,760	33,427	528,277	78,280
Keith L Gee	(ı) (ıı)	184,682	66,500		139,870	28,827	419,879	66,500
Joseph Edgar	(ı) (ıı)	146,871		5,682	6,918	26,165		
Gregory J Codori DO	(ı) (ıı)	239,479			8,740	32,082	280,301	
Edward J Mackle MD	(ı) (ıı)	290,071	243,045		8,740	36,169	578,025	
Dusan Damjanovic MD	(ı) (ıı)	297,011	32,973		8,740	34,177	372,901	
Charles H Chodroff MD	(ı) (ıı)	302,502	115,900	10,868	225,520	29,430	684,220	115,900
Bruce M Bartels	(I) (II)	593,160		30,976	419,470	38,198		209,380
	(ii)		,	,	,	· · · · · · · · · · · · · · · · · · ·	, ,	,

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	Bruce Bartels, WellSpan CEO, received additional compensation to cover the tax on personal use of his company vehicle
-		

Software ID: 08000091 **Software Version:** 2008v2.7

EIN: 23-1352220

Name: GETTYSBURG HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
William J Steinour MD	(I) (II)	343,346	114		8,740	29,231	381,431	
Richard Harley	(I) (II)	161,774	29,312	5,947	7,620	29,634	234,287	
Orville G McBeth Jr MD	(I) (II)	200,846	11,766		8,114	25,607	246,333	
Mitchell E Zuckerman MD	(I) (II)	303,504	32,973		8,740	26,915	372,132	
Michael F O'Connor	(I) (II)	321,413	115,900	6,594	236,770	36,330	717,007	115,900
Mark A Resciniti MD	(I) (II)	296,917	32,973	5,769	8,740	33,467	377,866	
Kwadwo Baryeh MD	(I) (II)	185,738	120,009		8,740	32,072	346,559	
Kevin Mosser	(I) (II)	242,389	78,280	11,421	162,760	33,427	528,277	78,280
Keith L Gee	(I) (II)	184,682	66,500		139,870	28,827	419,879	66,500
Joseph Edgar	(I) (II)	146,871	26,510	5,682	6,918	26,165	212,146	
Gregory J Codorı DO	(I) (II)	239,479			8,740	32,082	280,301	
Edward J Mackle MD	(I) (II)	290,071	243,045		8,740	36,169	578,025	
Dusan Damjanovic MD	(I) (II)	297,011	32,973		8,740	34,177	372,901	
Charles H Chodroff MD	(I) (II)	302,502	115,900	10,868	225,520	29,430	684,220	115,900
Bruce M Bartels	(I) (II)	593,160	214,549	30,976	419,470	38,198	1,296,353	209,380

DLN: 93493126011020

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Supplemental Information on Tax Exempt Bonds

Open to Public **Inspection**

Internal Revenue Service Name of the organization GETTYSBURG HOSPITAL

Employer identification number 23-1352220

										23-1352	220			
Pa	rt I Bond Issues (Required	for 2008)						,		•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	cription of	Purpose	(g) De	feased	Beh	On alf of uer
											Yes	No	Yes	No
A	GA SCPA 2008 Series D	23-2982233	84129NGD5	11-12-	2008		100	Refunding Bo	onds			х		x
В	GA SCPA 2008 Series C	23-2982233	84129NGC7	11-12-	2008		100	Refunding Bo	onds			х		х
c	GA SCPA 2008 Series B	23-2982233	84129NGB9	11-12-	2008		100	Refunding Bo	onds			х		х
D	GA SCPA 2008 Series A	23-2982233	84129NGA1	11-12-	2008		96	Refunding bo	nds			х		х
Pa	rt III Proceeds (Optional for	2008)												1
					A		В	•	<u> </u>	D)		E	
1	Total Proceeds of Issue													
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasa	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	n Proceeds												
7	Capital Expenditures from Procee	ds												
8	Year of Substantial Completion											·		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding is	sue?											
10	Were the bonds issued as part of	an advance refunding	ıssue?											
11	Has the final allocation of proceed	ds been made?												
12	Does the organization maintain action final allocation of proceeds?	dequate books and red	cords to support the											
Pai	t IIII Private Business Use	(Optional for 2008	3)									_	•	
					<u> </u>	+	<u> </u>			D			E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in which owned property financed by		emper of an LLC,											
2	Are there any lease arrangements which may result in private busine		inanced property											
										_				

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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As Filed Data -

DLN: 93493126011020

OMB No 1545-0047

Open to Public Inspection

Schedule L Transactions with Interested Persons

(Form 990 or 990-EZ)

Department of the Treasury

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38b or 40b. Internal Revenue Service

me or the organization TYSBURG HOSPITAL					-	пріоу	ei iue	iitii ica	t ion ni	imbei	
						3-135					
To be completed by organization									Part	V lino	4 N F
		Swered re						90-62		C) Corre	
(a) Name of disqualifie	a person		(b) Des	criptio	n of trans	action			<u> </u>	Yes	No
		•									
	.				41						
Enter the amount of tax imposed on section 4958	_		agers or disqualified pers			earui •••	naer F	\$			
B Enter the amount of tax, if any, on li	ne 2, above						•	\$			
art III Loans to and/or From	Interes	ted Pers	ons								
To be completed by organiza	tions that	answered "	Yes" on Form 990, Part	IV, lın	ie 26, or F	orm 9	90-E	Z, Part	V , line	38a	
	(b) Loan	to or				(e)	In	Appr	•	 (g) Wi	-:++
(a) Name of interested person and	from t		(c)O riginal principal	(d)Balance due					ard or	or agreem	
purpose	organiza	tion	amount					comm	ıttee?		
	То	From				Yes	No	Yes	No	Yes	No
rt IIII Grants or Assistance B			> \$								
To be completed by organ				90. P	art IV. lır	ne 27	_				
(a) Name of interested person			ıp between ınterested pe					nt or tu	na of s	ssistai	
(a) Name of interested person		and	the organization		(C)AIII	ount (n yıa	iit oi ty	реога	5515141	ice

(a) Name of interested person	(b) Relationship between interested person and the (c) A mount of transaction		(d) Description of transaction	organı	aring of zation's nues?
	organization			Yes	No
Susan Shue	Family Member of Redding	81,116	Employee of GH		No
Jolene Eyer RN BSN	Family Member of Eyer	47,254	Employee of GH		No
Adams County National Bank	Chairman Ronald Hankey	147,867	Checking & Trust Mgmt		No
					<u> </u>

DLN: 93493126011020

23-1352220

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 Attach to Form 990. To be completed by organizations to provide additional information for

OMB No 1545-0047

Inspection

Name of the organization GETTYSBURG HOSPITAL

Compensation

Review and

Process for

Employees

Officers and Key

Return Reference

Form 990. Part VI. Line

10 Form 990 Review

Process

Approval

Form 990,

Part VI,

Line 15b

Identifier

Form 990, Part

Identifier

Form 990, Part VI,

VI, Line 2

VI, Line 10

responses to specific questions for the Form 990 or to provide any additional information. Internal Revenue Service **Employer identification number**

Identifier Return Reference **Explanation** Form 990, Part VI, Line 19 Other Organization Form 990, Part VI, Governing documents, policies, and financial statements are

Line 19	Docume	nts Publicly Available	available upon request
ldentifier	Return Reference		Explanation
	Form 990, Part VI, Line 15b	for the achievement of annual and long-term per consist of not more than six (6) persons, of with Board of the Corporation, and the remaining men Chairman of the Board of the Corporation, with the Compensation Committee shall not include a the Board of Gettysburg Hospital shall participate Executive Compensation Philosophy for the systems.	th is responsible for rewarding and reinforcing key executives rformance objectives. The Compensation Committee shall from two (2) shall be the Chairman and Vice Chairman of the imbers shall be such other persons as may be appointed by the the approval of the Board of Directors, provided, however, that my persons who are employed by the System The Chairman of the The role of the Compensation Committee is to set the tem and ensure adherence, evaluate performance and lent, evaluate team performance of the executive team and

establish awards, review and approve senior executive base salary ranges, and oversee employed physician

incumbent salaries annually. The Committee will be responsible for reviewing the President's salary each year,

and if warranted, authorizing an adjustment to maintain competitiveness. The President will have the authority

authorizing payment of the performance awards. The Committee will approve and authorize payment of the President's performance awards. Integrated Healthcare Strategies, Inc., based in Minneapolis Minnesota is the

Explanation

Management provided an electronic copy of the form 990 to each voting member of the

organization's governing body, prior to its filing with the IRS. The organization's finance

management team provided a presentation to the Audit Committee on the organization's 990 return

Explanation

who is a director on the Gettysburg Hospital Foundation Board

compensation programs. The Committee will approve salary ranges for each executive position and review

to make salary adjustments for subordiate positions. The Committee is responsible for approving and

external consultant to the committee This consultant focuses exclusively on executive and physician compensation in the health care industry. In summary, the executive and physician compensation review process consists of the following 1) Cash compensation reviewed annually 2) Cash compensation reviewed by external consultant biennially 3) external total compensation (cash, incentives, benefits, perquisites) review ed by external consultant periodically 4) Process is integrated with compensation analysis for other WellSpan positions 5) Committee decisions are documented in minutes maintained in Human Resources

Identifier	Return Refer	ence	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	questic Health interes disclos exists, Directo	rs, directors, and key employees fill out a WellSpan Health Conflict of Interest Disclosure Statement on aire annually. The questionaire is administered by the Internal Audit Department of WellSpan, the Parent Company There shall be full disclosure by any Director having a business or personal stor relationship which may be in conflict with the interests of the Corporation. After such sure the Director shall abide by the determination of the Board of Directors as to whether a conflict the extent to which, if at all, the Director will be permitted to be present during the Board of pors' discussion of the matter in which the Director may be interested, and whether the Director will mitted to participate in such discussion and cast a vote in such matter.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The Board of Directors initially shall consist of no few er than twelve and no more than sixteen persons, which shall include (1) The following six "Positional Directors" the President of the Hospital, the Past President of the Medical Staff, the President of the Medical Staff, the Vice-President of the Medical Staff, an appointee of the Executive Committee of the Medical Staff, the Chairman of the Board of the Foundation, each of whom shall be subject to ratification by the Member notwithstanding such positions held (2) "Atlarge Directors", who shall be appointed by the Member at the annual meeting of the Member At-large Directors shall include no fewer than three persons who are members of the Member's Board of Directors or senior management staff of the Member, provided, however, that no more than three At-large Directors shall be from the Member's senior management staff All directors shall be selected for their experience, relevent areas of interest and expertise, and ability and willingness to participate effectively in fulfilling the Board of Director's responsibilities and to do so free from any conflicting interests

Line 6 Shareholder		Shareholder	sole member
	ldentifier	Return Reference	Explanation
	Form 990, Part	Form 990, Part VI, Line 2 Description of Business or	Ronald Hankey, Board Director, is a brother-in-law of Paul Ketterman,

Form 990, Part VI, Line 6 Explanation of Classes of Members or | WellSpan Health, a not for profit corporation, is the

Return Reference

Family Relationship of Officers, Directors, Et

Identifier	Return Reference	Explanation
		WellSpan Health - 2009 Community Benefit ReportWHEREVER YOUR LIFE'S JOURNEY MAY LEAD, WE ARE WITH YOU EVERY STEP OF THE WAY WellSpan Health includes Gettysburg Hospital, York Hospital, Apple Hill Surgical

Center, VNA Home Health, WellSpan Medical Group, SOUTH CENTRAL Preferred, WellSpan Pharmacy, Gettysburg Hospital Foundation, York Health Foundation, York Provider Network and Healthy York Network/ Healthy Community Pharmacy OUR CHARITABLE COMMUNITY MISSIONWellSpan is an integrated health system serving the Adams-York county region. As a community-based, not-for-profit organization, WellSpan is dedicated to improving the health and well-being of the people it serves. WellSpan will assume a leadership role and develop partnerships with other organizations to o improve access to coordinated, high-quality, cost-effective health care serviceso educate the health care providers of tomorrow o promote healthy lifestyles and lifelong wellnesso make its local communities healthier, more desirable places to live, work and play FOR EVERY AGE FOR EVERY CONDITION FOR EVERY STEP OF YOUR LIFE'S JOURNEY At WellSpan Health, we care for, fret over, and serve a vast and varied population. From the octogenarian surrounded by three generations of family to the new mother, alone and struggling to find a way to provide, from the teenager negotiating a minefield of decisions to the middle-age wioman choosing a healthier life, from the weekend warrior with a sprained ankle to the 50-year-old disabled by chronic pain. Countless situations, issues, moments of despair, weakness and utter joy are all part of the journey that is life. Rest assured, WellSpan Health is committed to being with you, every step of the way. As a community-based, non-profit organization, WellSpan Health is dedicated to improving the lives of those we serve. This dedication is evidenced in scores of ways, through programs that assist those with chronic conditions, initiatives that support the uninsured and underinsured, community-based support and wellness programs, an ongoing investment in advanced care and a steadfast adherence to our mission of providing quality care, regardless of the patient's ability to pay Yes, all of our dedication is paying off. Even as you read this, many of the initiatives, programs and partnerships that we support are making a fundamental, life-changing difference for those living in York and Adams counties. This year, we are proud to share all that can be accomplished together as we share the journey that is life WELLSPAN SYSTEM-WIDE COMMUNITY BENEFITSubsidized Services\$8,554,771Cash & In-kind Contributions\$992,367Community Outreach / Programs\$1,970,022Medical Education\$199,616Research\$539,321Charity Care (at cost)\$10,710,000Medicaid (nonreimbursed cost)\$47,882,000Medicare (non-reimbursed cost)\$44,988,000TOTAL\$103,580,000WELLSPAN SYSTEM-WIDE COMMUNITY BENEFITSubsidized Services\$8,554,771Cash & In-kind Contributions\$992,367Community Outreach / Programs\$1,970,022Medical Education\$199,616Research\$539,321Charity Care (at cost) \$10,710,000Medicaid (non-reimbursed cost)\$47,882,000Medicare (non-reimbursed cost) \$44,988,000TOTAL\$103,580,000 HELPING THE UNINSURED AND UNDERINSURED NAVIGATE HEALTHCARE OPTIONS OUR GOAL LOCAL SOLUTIONS TO THE CHALLENGES FACED BY THE UNINSURED OF UNDERINSUREDAT WellSpan, we believe that a healthier south central Pennsylvania and northern Maryland is possible only when those who live here can get the health care that they need. That's why we take measures to care for those who have no insurance and are unable to pay. We offer discounted care to individuals whose income falls within 300 percent of federal poverty guidelines. Additionally, all uninsured patients, regardless of whether they qualify for charity care, receive discounts similar to those offered to private insurance companies Of course, no single organization can eliminate all of the barriers to care. That's why we have long-standing relationships with local individuals, agencies, associations and coalitions to identify local, creative approaches to assist those who are uninsured or underinsured Together with our partners and hundreds of physicians in our community, wie sponsor and support programs to take basic primary care and other services into urban and rural communities, improve access to oral health care, and help people establish a "medical home" with a primary care physician Initiatives wie support o HealthConnect, a mobile Client Note1 health care program that travels to urban and rural communities, provides basic primary care services and helps individuals find a medical home by connecting with a primary care physiciano Healthy York Network, a collaborative effort that facilitates access to discounted health care services for individuals who are uninsured or underinsured o Healthy Community Pharmacy, which provides members of the Healthy York Network with discounted prescription medicationo Community Health Workers, who help individuals and families navigate the health care system, enroll in public assistance programs for which they are eligible and implement health outreach programs to disparate populations o Family First Health's Hannah Penn Health Center, a partnership of York Hospital, Family First Health and the City of York School District, which provides primary care services to students and families at Hannah Penn Middle Schoolo York Hospital Community Health Center, which provides primary care services for adults and children as well as women's health care, HIV care and medically complex pediatric careo Thomas Hart Family Practice Center, which is staffed by resident and faculty physicians at York Hospital and provides acute, chronic, preventive and obstetric careo The George W T Bentzel, DDS Dental Center, which is staffed by licensed dentists and residents from the York Hospital Dental Residency Programo Hoodner Dental Center, which benefits patients who cannot pay for their dental care and who qualify for Medical Assistance or the Healthy York Networko Adams County Dental Health Services, which benefits children without insurance and in need of preventive and restorative dental care and educationOUR PROGRESS The net cost of care provided in 2009 Charity Care \$11 million in free care to patients who participated in our charity care programMedicare \$46.3 million in cost greater than what was paid by MedicareMedicaid \$48.2 million in cost greater than what was paid by MedicaidUncompensated Care \$20.4 million in services to patients wiho received care forwihich they did not pay and wiho did not participate in the charity care programCommunity Education and Outreach\$3 7 million in free community education and outreach to children and atrisk groups inour south central Pennsylvania and northern Maryland communities Medical, Dental and Pharmaceutical Care\$8.5 million to support services which provided discounted medical, dental and pharmaceutical care to people in needAdditional achievements o Physicians and staff in various WellSpan services received more than 43,000 visits from people who lacked sufficient health insurance and needed primary, specialty and dental care--HealthConnect mobile health care program 1,402 visits--York Hospital Community Health Center 36,402 visits--Hoodner Dental Center 6,088 visitso The York Hospital George W T Bentzel, D D S Dental Center received more than 14,330 patient visits. In addition, Family First Health expanded its dental facility to serve additional patients o Adams County Dental Health Services, a dental clinic sponsored by the Oral Health Task Force of Healthy Adams County, Harrisburg Area Community College and Head Start, received nearly 650 visits by children without insurance and in need of preventive and restorative dental care and education o WellSpan and physicians and organizations with whomwe partner provided more than \$20 million of care to more than 6,600 Healthy York Network members in York County and Adams County who lacked the ability to pay More than 7,200 patients and their families became members of the Healthy York Network, which now has a caseworker in Adams County helping the uninsured obtain access to healthcare and medications o HealthConnect staff received 1,402 patient visits, made 214 physician referrals,

> dispensed 460 medications, performed 142 point-of-care tests, gave 49 immunizations and ordered 129 outpatient procedures o The Healthy Community Pharmacy served more than 4,400 individuals with 44,898discounted prescriptions More than 7,900 prescriptions were filled at no cost to the patient. In addition, financial counselors assisted more than 7,854 individuals complete pharmacy assistance applications o WellSpan Community Health Workers helped 603 adults and 592 children completeapplications for public insurance programs and facilitated a cardiovascular diseaseeducation and screening program for 103 African American and Latino women whoreside in

the City of York o Healthy Adams County's Access

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493126011020

OMB No 1545-0047

2008

Open to Public Inspection

Schedule R (Form 990) 2008

Related Organizations and Unrelated Partnerships

Department of the Treasury

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Internal Revenue Service Name of the organization **Employer identification number** GETTYSBURG HOSPITAL 23-1352220 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state End-of-year assets Direct controlling Primary activity Total income or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity See Additional Data Table

Cat No 50135Y

Part III	Identification	of Related	Organizations	Taxable a	s a Partnership
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14-14-1-14-14-14-14-14-14-14-14-14-14-14											
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	entity 9	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets		prtionate	Code V—UBI amount on Box 20 of K-1	Gene mana	(J) neral or naging rtner?
'		<u> </u>	<u> </u>				Yes	No		Yes	No
York, PA174052767 23-2444154	MRI Center	PA	NA	N/A				No			No
Cherry Tree Cancer Center LLP	1	1 '	1	1	1		1	1 '	1		
York, PA174052767 _23-2915628	Radiation	PA	NA	N/A				No			No
Gettysburg Ambulatory Surgical Center LL		<u> </u>	,	1			ſ <u></u>	['			
	Surgical Cn	PA	NA	N/A				No			No
Littlestown Health Care Partners			'		,		,				
Littlestown, PA17340 23-2880464	Lease facıl	PA	NA	N/A				No			No
Q-WH LLC			,		,		,				
York, PA174052767 20-8226561	GP of CHIP	PA	NA	N/A				No			No
Central PA Alliance Laboratories LLC			'	1	<u> </u>		<u> </u>	· ['			
York, PA174052767 23-2910950	Ref Lab	PA	NA	N/A				No			No
Apple Hill Surgical Center Partners			,		'			,			
PO Box 2767 York, PA174052767 23-2489452	Surgical Cn	PA	NA	N/A				No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

		<u> </u>					
(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
York Provider Network PO Box 2767 York, PA174052767 23-2907828	Coordinates managed care risk contracting	PA	NA	C Corp			
York Health Plan PO Box 2767 York, PA174052767 23-2664989	Preferred Provider Organization	PA	NA	C corp			
Wellspan Reciprocal Risk Retention Group PO Box 2767 York, PA174052767 20-0048457	Rısk Retention Group	PA	NA	C corp			
Wellspan Pharmacy Inc PO Box 2767 York, PA174052767 23-2374072	Dispenses pharmaceuticals and provides IV therapy	PA	N/A	C corp			

(6)

Part V	Transactions	with Related	Organizations
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Pa	rt V Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactior	ns with one or more related organizations listed in Parts II-	-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	tity		1a		No
b	Gift, grant, or capital contribution to other organization(s)			1b		No
c	Gift, grant, or capital contribution from other organization(s)			1c		No
d	Loans or loan guarantees to or for other organization(s)			1d		No
e	Loans or loan guarantees by other organization(s)			1e		No
f	Sale of assets to other organization(s)			1f		No
g	Purchase of assets from other organization(s)			1g	Yes	
h	Exchange of assets			1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)			1j	Yes	
k	Performance of services or membership or fundraising solicitations for other org	ganızatıon(s)		1k		No
I	Performance of services or membership or fundraising solicitations by other organization	anızatıon(s)		11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No
n	Sharing of paid employees			1n		No
0	Reimbursement paid to other organization for expenses			10	Yes	
р	Reimbursement paid by other organization for expenses			1р		No
q	Other transfer of cash or property to other organization(s)			1q		No
r	O ther transfer of cash or property from other organization(s)			1r		No
2	If the answer to any of the above is "Yes," see the instructions for information o		hips and transaction thresholds			
	(A) Name of other organization(s)	(B) Transaction	(C) Amount Involved			
(1)	Name of other organization(3)	type(a-r)	Amount involved			
(-)						
(2)						
(3)						
(4)						
(5)						

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Software ID: 08000091 **Software Version:** 2008v2.7 **EIN:** 23-1352220

Name: GETTYSBURG HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations									
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity				
Wellspan Properties Inc									
PO Box 2767 York, PA 174052767 22-2842252	Leases outpatient facilities to affiliates	РА	501(c)(3)	11 Type 1	N A				
York VNA Home Care Inc PO Box 2767 York, PA 1740 5 2 7 6 7 23 - 28 9 9 9 1 1	Mgmt support for hospice & home health care services	PA	501(c)(3)	11 Type 1	NA				
York Hospital PO Box 2767 York, PA 17 40 52 767 23 - 13 52 22 2	Community teaching hospital	PA	501(c)(3)	3	NA				
York Health Foundation PO Box 2767 York, PA 174052767 23-3050192	Charitable contributions for WellSpan entities	PA	501(c)(3)	11 Type 3	NA				
WellSpan Medical Group PO Box 2767 York, PA 174052767 23-2730785	Medical and surgical care	PA	501(c)(3)	9	NA				
WellSpan Health Care Services PO Box 2767 York, PA 174052767 23-2400237	Health-related activities in the service area	РА	501(c)(3)	11 Type 1	N A				
WellSpan Health PO Box 2767 York, PA 174052767 22-2517863	Integrated Health System	РА	501(c)(3)	11 Type 1	N A				
VNA Home Health Services PO Box 2767 York, PA 174052767 23-1352573	Home health and hospice care services	PA	501(c)(3)	9	NA				
VNA Community Services PO Box 2767 York, PA 17 40 52 767 23 - 23 38 59 1	Home personal care services for elderly and disabled	PA	501(c)(3)	9	NA				
Healthy Community Pharmacy Inc PO Box 2767 York, PA 174052767 20-0519121	Reduced rate prescription drugs	PA	501(c)(3)	11 Type 1	NA				
Gettysburg Hospital Foundation PO Box 2767 York, PA 174052767 23-2251358	Fundraising for Gettysburg Hospital	PA	501(c)(3)	11 Type 1	NA				
Apple Hill Surgical Center Inc PO Box 2767 York, PA 174052767 22-2842253	Sole GP in limited ptnrshp operating surgical center	PA	501(c)(3)	9	NA				

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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, Investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K- 1 (Form 1065) (\$)	(J) General or Managing Partner?	
							Yes	No		Yes	No
Community Healthcare Imaging Partners PO Box 2767 York, PA 174052767 23-2444154	MRI Center	PA	NA	N/A				No			Νo
Cherry Tree Cancer Center LLP PO Box 2767 York, PA 174052767 23-2915628	Radiation	PA	NA	N/A				No			Νο
Gettysburg Ambulatory Surgical Center LL PO Box 2767 York, PA 174052767 20-5602701	Surgical Cn	PA	NΑ	N/A				No			Νο
Littlestown Health Care Partners 300 West King Street Littlestown, PA 17340 23-2880464	Lease facıl	PA	NA	N/A				No			Νo
York, PA 174052767 20-8226561	GP of CHIP	PA	NΑ	N/A				No			Νo
PO Box 2767 York, PA 174052767 23-2910950	Ref Lab	PA	NΑ	N/A				No			Νο
Apple Hill Surgical Center Partners PO Box 2767 York, PA 174052767 23-2489452	Surgical Cn	PA	NA	N/A				Νο			Νο