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Form

990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

C Name of organization  
GETTYSBURG HOSPITAL FOUNDATION  
Doing Business As  
Number and street (or P O box if mail is not delivered to street address)  
PO BOX 2767  
Room/suite  
City or town, state or country, and ZIP + 4  
YORK, PA 17405

D Employer identification number  
23-2251358  
E Telephone number  
(717) 851-3055  
G Gross receipts \$ 3,110,385

F Name and address of Principal Officer  
Bruce Bartels  
PO Box 2767  
York, PA 174052767

H(a) Is this a group return for affiliates?  
☐ Yes ☒ No  
H(b) Are all affiliates included?  
☐ Yes ☒ No  
(If "No," attach a list See instructions )  
H(c) Group Exemption Number

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

J Web site: WWW.WELLSPAN.ORG

K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other ☐

L Year of Formation 1983

M State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities  
Gettysburg Hospital Foundation was formed to raise funds to further support the operations of Gettysburg Hospital  
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets  
3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 14  
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 9  
5 Total number of employees (Part V, line 2a) . . . . . 5 0  
6 Total number of volunteers (estimate if necessary) . . . . . 6 65  
7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . 7a 0  
7b Net unrelated business taxable income from Form 990-T, line 34 . . . 7b

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .  
9 Program service revenue (Part VIII, line 2g) . . . . .  
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .  
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  
Prior Year Current Year  
737,695 1,451,807  
260,738 315,307  
136,177 -1,105,497  
63,972 -15,647  
1,198,582 645,970

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)  
14 Benefits paid to or for members (Part IX, column (A), line 4)  
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  
16a Professional fundraising fees (Part IX, column (A), line 11e)  
b (Total fundraising expenses, Part IX, column (D), line 25 30,908 )  
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)  
18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))  
19 Revenue less expenses Subtract line 18 from line 12  
442,954 729,328  
0  
0  
0  
478,375 504,794  
921,329 1,234,122  
277,253 -588,152

Net Assets or Fund Balances

20 Total assets (Part X, line 16)  
21 Total liabilities (Part X, line 26)  
22 Net assets or fund balances Subtract line 21 from line 20  
Beginning of Year End of Year  
10,367,125 8,893,779  
156,670 159,754  
10,210,455 8,734,025

Part II Signature Block

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  
Signature of officer Date 2010-05-03  
Michael F O'Connor CFO  
Type or print name and title

Paid Preparer's Use Only Preparer's signature DAVID TRIMNER Date Check if self-employed Preparer's PTIN (See Gen Inst )  
Firm's name (or yours if self-employed), address, and ZIP + 4 Argy Wiltse & Robinson PC  
8405 Greensboro Drive  
McLean, VA 22102 EIN Phone no (703) 893-0600

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission  
  
Gettysburg Hospital Foundation was formed to raise funds to further support the operations of Gettysburg Hospital. The foundation bylaws provide that all funds raised in excess of amounts required for the operations of the Foundation be distributed to, or be held for the benefit of, Gettysburg Hospital.

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .

☐ Yes ☒ No

  
If “Yes,” describe these new services on Schedule O.

3

Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . .

☐ Yes ☒ No

  
If “Yes,” describe these changes on Schedule O.

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code ) (Expenses \$ 1,174,215 including grants of \$ 729,328 ) (Revenue \$ 315,307 )  
The organization conducts various fundraising activities to raise monies for its related exempt entities in order to provide quality healthcare to the community. See Attached Federal Supplemental Information: WellSpan Health - 2009 Community Benefit Report.

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d

Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$ 1,174,215 Must equal Part IX, Line 25, column (B).

Form 990 (2008)

Part IV

Checklist of Required Schedules

|     |                                                                                                                                                                                                                                                                                                                                       | Yes | No  |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                    | 1   | Yes |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                                       | 2   | Yes |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                                                                                                  | 3   | No  |
| 4   | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                                                                                                                                            | 4   | No  |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? 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   | No  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II                                      | 7   | No  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                    | 8   | No  |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9   | No  |
| 10  | Did the organization 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  | No  |
| 14a | Did the organization maintain an office, employees, or agents outside of the U S?                                                                                                                                                                                                                                                     | 14a | No  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the 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? If "Yes," complete Schedule F, Part II                                                                                                                         | 15  | No  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III                                                                                                                             | 16  | No  |
| 17  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I                                                                                                                             | 17  | No  |
| 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  | Yes |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                    | 19  | No  |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H                                                                                                                                                                                                                                                     | 20  | No  |
| 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 | No  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                                                     | 24b | No  |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?                                                                                                                                                                                            | 24c | No  |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                                                                                                                                                                               | 24d | No  |
| 25a | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                     | 25a | No  |
| b   | 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 IV Checklist of Required Schedules** *(Continued)*

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>28</b> | During the tax year, did any person who is a current or former officer, director, trustee, or key employee                                                                                                                                                                                                                                                                                                                                     |     |    |
| <b>a</b>  | 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)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  |     | No |
| <b>b</b>  | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                      |     | No |
| <b>c</b>  | 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                        |     | No |
| <b>29</b> | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>                                                                                                                                                                                                                                                                                                                                |     | No |
| <b>30</b> | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                                                                                                      |     | No |
| <b>31</b> | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                                                                                                                                            |     | No |
| <b>32</b> | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                                                                                                                                          |     | No |
| <b>33</b> | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                                                        |     | No |
| <b>34</b> | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .                                                                                                                                                                                                          | Yes |    |
| <b>35</b> | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                                                                                    |     | No |
| <b>36</b> | 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                                                           |     | No |
| <b>37</b> | Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                                                                                        |     | No |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

|     |                                                                                                                                                                                                                                                                                               |     |     |    |     |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|-----|
|     |                                                                                                                                                                                                                                                                                               |     | Yes | No |     |
| 1a  | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .                                                                                                                                    | 1a0 |     |    |     |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable                                                                                                                                                                                                               | 1b0 |     |    |     |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .                                                                                                                            | 1c  |     | No |     |
| 2a  | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .                                                                                                 | 2a0 |     |    |     |
| b   | If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . .<br><b>Note:</b> <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>                                                          | 2b  |     |    |     |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .                                                                                                                                                                | 3a  |     | No |     |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                    | 3b  |     | No |     |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .                                          | 4a  |     | No |     |
| b   | If "Yes," enter the name of the foreign country _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .                                                                                            |     |     |    |     |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .                                                                                                                                                                                   | 5a  |     | No |     |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                              | 5b  |     | No |     |
| c   | If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .                                                                                                                                 | 5c  |     | No |     |
| 6a  | Did the organization solicit any contributions that were not tax deductible? . . . . .                                                                                                                                                                                                        | 6a  |     | No |     |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                                                                       | 6b  |     | No |     |
| 7   | Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                                                 |     |     |    |     |
| a   | Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .                                                                                                                                                                       | 7a  |     | No |     |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                                                                     | 7b  |     | No |     |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                                                                | 7c  |     | No |     |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                                                                   | 7d0 |     |    |     |
| e   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                                                                                   | 7e  |     |    | No  |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .                                                                                                                                                                            | 7f  |     |    | No  |
| g   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . .                                                                                                                                                                            | 7g  |     |    | Yes |
| h   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 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, have excess business holdings at any time during the year? . . . . . | 8   |     | No |     |
| 9   | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                         |     |     |    |     |
| a   | Did the organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                                                                             | 9a  |     | No |     |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                                                                              | 9b  |     | No |     |
| 10  | Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                                                        |     |     |    |     |
| a   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                                                            | 10a |     |    |     |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                                                   | 10b |     |    |     |
| 11  | Section 501(c)(12) organizations. Enter                                                                                                                                                                                                                                                       |     |     |    |     |
| a   | Gross income from members or shareholders . . . . .                                                                                                                                                                                                                                           | 11a |     |    |     |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .                                                                                                                                                        | 11b |     |    |     |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .                                                                                                                                                                              | 12a |     | No |     |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the 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. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

|    |                                                                                                                                                                                                                               |     |    |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|    |                                                                                                                                                                                                                               | Yes | No |
| 1a | Enter the number of voting members of the governing body . . . . .                                                                                                                                                            |     |    |
| 1b | Enter the number of voting members that are independent . . . . .                                                                                                                                                             |     |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                               | 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? . . . . . |     | No |
| 4  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .                                                                                               |     | No |
| 5  | Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .                                                                                                             |     | No |
| 6  | Does the organization have members or stockholders? . . . . .                                                                                                                                                                 | Yes |    |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .                                                                                         | Yes |    |
| 7b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .                                                                                                             | Yes |    |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .                                                                                    |     |    |
| 8a | the governing body? . . . . .                                                                                                                                                                                                 | Yes |    |
| 8b | each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               | Yes |    |
| 9a | Does the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                 |     | No |
| 9b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .  |     | No |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .       | Yes |    |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .      |     | No |

Section B. Policies

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

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                     |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed PA                                                                                                                                                                                                                                                                                       |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply.<br><input type="checkbox"/> own website <input checked="" type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.                                                                                                                                                          |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization.<br>DAVID RIZZUTO<br>3350 WHITEFORD ROAD<br>YORK, PA 174029081<br>(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.

- \* 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.

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

| (A)<br>Name and Title | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                       |                               | Individual Trustee or Director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
|                       |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

Part VII

Continued

| (A)<br>Name and Title | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W-<br>2/1099-MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|-----------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                       |                                        | Individual Trustee<br>or Director         | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                  |                                                                                        |                                                                                                                 |
|                       |                                        |                                           |                       |         |              |                                 |        |                                                                                  |                                                                                        |                                                                                                                 |
| 1b Total . . . . .    |                                        |                                           |                       |         |              |                                 |        |                                                                                  | 2,254,433                                                                              | 1,034,450                                                                                                       |

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

|                                                                                                                                                                                                                                                | Yes   | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| 3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                       | 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | 4 Yes |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                                    | 5     | No |

Section B. Independent Contractors

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Part VIII

Statement of Revenue

|                                                           |                                                                                                                   |                                                                                                                                                                                                    |                                                                                      | (A)<br>Total Revenue | (B)<br>Related or<br>Exempt<br>Function<br>Revenue | (C)<br>Unrelated<br>Business<br>Revenue | (D)<br>Revenue<br>Excluded from<br>Tax under IRC<br>512, 513, or 514 |                          |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------|--------------------------|
| Contributions, gifts, grants<br>and other similar amounts | 1a                                                                                                                | Federated campaigns . . . . . 1a                                                                                                                                                                   |                                                                                      | 1,451,807            |                                                    |                                         |                                                                      |                          |
|                                                           | b                                                                                                                 | Membership dues . . . . . 1b                                                                                                                                                                       |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
|                                                           | c                                                                                                                 | Fundraising events . . . . .                                                                                                                                                                       | 126,283                                                                              |                      |                                                    |                                         |                                                                      |                          |
|                                                           | d                                                                                                                 | Related organizations . . . . . 1d                                                                                                                                                                 | 50,663                                                                               |                      |                                                    |                                         |                                                                      |                          |
|                                                           | e                                                                                                                 | Government grants (contributions) 1e                                                                                                                                                               |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
|                                                           | f                                                                                                                 | All other contributions, gifts, grants, and<br>similar amounts not included above                                                                                                                  | 1,274,861                                                                            |                      |                                                    |                                         |                                                                      |                          |
|                                                           | g                                                                                                                 | Noncash contributions included in<br>lines 1a-1f \$                                                                                                                                                |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
|                                                           | h                                                                                                                 | Total (Add lines 1a-1f) . . . . .                                                                                                                                                                  |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
|                                                           | Program Service Revenue                                                                                           | 2a                                                                                                                                                                                                 | Fundraising Fees                                                                     |                      |                                                    |                                         |                                                                      | Business Code<br>811,000 |
| b                                                         |                                                                                                                   |                                                                                                                                                                                                    |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
| c                                                         |                                                                                                                   |                                                                                                                                                                                                    |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
| d                                                         |                                                                                                                   |                                                                                                                                                                                                    |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
| e                                                         |                                                                                                                   |                                                                                                                                                                                                    |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
| f                                                         |                                                                                                                   | All other program service revenue                                                                                                                                                                  |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
| g                                                         |                                                                                                                   | Total. Add lines 2a-2f . . . . .<br>\$ 315,307                                                                                                                                                     |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
| Other Revenue                                             |                                                                                                                   | 3                                                                                                                                                                                                  | Investment income (including dividends, interest<br>other similar amounts) . . . . . |                      | 32,277                                             |                                         |                                                                      | 32,277                   |
|                                                           | 4                                                                                                                 | Income from investment of tax-exempt bond proceeds . . . . .                                                                                                                                       |                                                                                      | 0                    |                                                    |                                         |                                                                      |                          |
|                                                           | 5                                                                                                                 | Royalties . . . . .                                                                                                                                                                                |                                                                                      | 0                    |                                                    |                                         |                                                                      |                          |
|                                                           | 6a                                                                                                                | Gross Rents                                                                                                                                                                                        | (i) Real                                                                             | (ii) Personal        | 0                                                  |                                         |                                                                      |                          |
|                                                           |                                                                                                                   |                                                                                                                                                                                                    |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
|                                                           |                                                                                                                   |                                                                                                                                                                                                    |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
|                                                           |                                                                                                                   |                                                                                                                                                                                                    |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
|                                                           | b                                                                                                                 | Less rental<br>expenses                                                                                                                                                                            |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
|                                                           | c                                                                                                                 | Rental income<br>or (loss)                                                                                                                                                                         |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
|                                                           | d                                                                                                                 | Net rental income or (loss) . . . . .                                                                                                                                                              |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
|                                                           | 7a                                                                                                                | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                                                                                    | (i) Securities                                                                       | (ii) Other           | -1,137,774                                         |                                         |                                                                      | -1,137,774               |
|                                                           |                                                                                                                   |                                                                                                                                                                                                    | 1,258,905                                                                            |                      |                                                    |                                         |                                                                      |                          |
|                                                           |                                                                                                                   |                                                                                                                                                                                                    | 2,396,679                                                                            |                      |                                                    |                                         |                                                                      |                          |
|                                                           |                                                                                                                   |                                                                                                                                                                                                    | -1,137,774                                                                           |                      |                                                    |                                         |                                                                      |                          |
|                                                           | b                                                                                                                 | Less cost or<br>other basis and<br>sales expenses                                                                                                                                                  |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
|                                                           | c                                                                                                                 | Gain or (loss)                                                                                                                                                                                     |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
|                                                           | d                                                                                                                 | Net gain or (loss) . . . . .                                                                                                                                                                       |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
|                                                           | 8a                                                                                                                | Gross income from fundraising<br>events (not including<br>\$ 52,089<br>of contributions reported on line<br>1c) See Part IV, line 18<br>Attach Schedule G if total exceeds<br>\$15,000 . . . . . a | 126,283                                                                              |                      | -15,647                                            |                                         |                                                                      | -15,647                  |
|                                                           |                                                                                                                   |                                                                                                                                                                                                    | 67,736                                                                               |                      |                                                    |                                         |                                                                      |                          |
|                                                           |                                                                                                                   |                                                                                                                                                                                                    | Net income or (loss) from fundraising events . . . . .                               |                      |                                                    |                                         |                                                                      |                          |
| 9a                                                        | Gross income from gaming<br>activities See part IV, line 19<br>Complete Schedule G if total<br>exceeds \$15,000 a |                                                                                                                                                                                                    |                                                                                      | 0                    |                                                    |                                         |                                                                      |                          |
|                                                           |                                                                                                                   |                                                                                                                                                                                                    |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
|                                                           |                                                                                                                   | Less direct expenses . . . . . b                                                                                                                                                                   |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
| c                                                         | Net income or (loss) from gaming activities . . . . .                                                             |                                                                                                                                                                                                    |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
| 10a                                                       | Gross sales of inventory, less<br>returns and allowances . a                                                      |                                                                                                                                                                                                    |                                                                                      | 0                    |                                                    |                                         |                                                                      |                          |
|                                                           |                                                                                                                   |                                                                                                                                                                                                    |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
|                                                           |                                                                                                                   | Less cost of goods sold . . . . . b                                                                                                                                                                |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
| c                                                         | Net income or (loss) from sales of inventory . . . . .                                                            |                                                                                                                                                                                                    |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
|                                                           | Miscellaneous Revenue                                                                                             | Business Code                                                                                                                                                                                      |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
| 11a                                                       |                                                                                                                   |                                                                                                                                                                                                    |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
| b                                                         |                                                                                                                   |                                                                                                                                                                                                    |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
| c                                                         |                                                                                                                   |                                                                                                                                                                                                    |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
| d                                                         | All other revenue                                                                                                 |                                                                                                                                                                                                    |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
| e                                                         | Total. Add lines 11a-11d . . . . . \$ 0                                                                           |                                                                                                                                                                                                    |                                                                                      |                      |                                                    |                                         |                                                                      |                          |
| 12                                                        | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d,<br>8c, 9c, 10c, and 11e . . . . .                               |                                                                                                                                                                                                    |                                                                                      | 645,970              | 315,307                                            |                                         | -1,121,144                                                           |                          |

Part IX

Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns.<br>All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). |                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                           |                                                                                                                                                                                                                    | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
| 1                                                                                                                                                                                        | Grants and other assistance to governments and organizations in the U S See Part IV, line 21                                                                                                                       | 729,328               | 729,328                         |                                        |                             |
| 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 . . . . .                                                                                                                                 | 0                     |                                 |                                        |                             |
| 6                                                                                                                                                                                        | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                            | 0                     |                                 |                                        |                             |
| 7                                                                                                                                                                                        | Other salaries and wages                                                                                                                                                                                           | 0                     |                                 |                                        |                             |
| 8                                                                                                                                                                                        | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                            | 0                     |                                 |                                        |                             |
| 9                                                                                                                                                                                        | Other employee benefits . . . . .                                                                                                                                                                                  | 0                     |                                 |                                        |                             |
| 10                                                                                                                                                                                       | Payroll taxes . . . . .                                                                                                                                                                                            | 0                     |                                 |                                        |                             |
| 11                                                                                                                                                                                       | Fees for services (non-employees)                                                                                                                                                                                  |                       |                                 |                                        |                             |
| a                                                                                                                                                                                        | Management . . . . .                                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| b                                                                                                                                                                                        | Legal . . . . .                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| c                                                                                                                                                                                        | Accounting . . . . .                                                                                                                                                                                               | 3,500                 |                                 | 3,500                                  |                             |
| d                                                                                                                                                                                        | Lobbying . . . . .                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| e                                                                                                                                                                                        | Professional fundraising See Part IV, line 17 . . . . .                                                                                                                                                            | 0                     |                                 |                                        |                             |
| f                                                                                                                                                                                        | Investment management fees . . . . .                                                                                                                                                                               | 911                   |                                 | 911                                    |                             |
| g                                                                                                                                                                                        | Other . . . . .                                                                                                                                                                                                    | 1,311                 | 1,311                           |                                        |                             |
| 12                                                                                                                                                                                       | Advertising and promotion . . . . .                                                                                                                                                                                | 30,908                |                                 |                                        | 30,908                      |
| 13                                                                                                                                                                                       | Office expenses . . . . .                                                                                                                                                                                          | 20,927                | 20,927                          |                                        |                             |
| 14                                                                                                                                                                                       | Information technology . . . . .                                                                                                                                                                                   | 4,673                 | 4,673                           |                                        |                             |
| 15                                                                                                                                                                                       | Royalties . . . . .                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| 16                                                                                                                                                                                       | Occupancy . . . . .                                                                                                                                                                                                | 11,005                | 11,005                          |                                        |                             |
| 17                                                                                                                                                                                       | Travel . . . . .                                                                                                                                                                                                   | 7,411                 | 7,411                           |                                        |                             |
| 18                                                                                                                                                                                       | Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .                                                                                                            | 0                     |                                 |                                        |                             |
| 19                                                                                                                                                                                       | Conferences, conventions and meetings . . . . .                                                                                                                                                                    | 9,955                 | 9,955                           |                                        |                             |
| 20                                                                                                                                                                                       | Interest . . . . .                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| 21                                                                                                                                                                                       | Payments to affiliates . . . . .                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| 22                                                                                                                                                                                       | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                | 2,191                 | 2,191                           |                                        |                             |
| 23                                                                                                                                                                                       | Insurance . . . . .                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| 24                                                                                                                                                                                       | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )                                                |                       |                                 |                                        |                             |
| a                                                                                                                                                                                        | Restricted Assets Expenditures                                                                                                                                                                                     | 188,576               | 188,576                         |                                        |                             |
| b                                                                                                                                                                                        | Management Fees                                                                                                                                                                                                    | 24,588                |                                 | 24,588                                 |                             |
| c                                                                                                                                                                                        | Dues and Subscriptions                                                                                                                                                                                             | 2,224                 | 2,224                           |                                        |                             |
| d                                                                                                                                                                                        | Contract Labor                                                                                                                                                                                                     | 194,758               | 194,758                         |                                        |                             |
| e                                                                                                                                                                                        | Annual Living Trust                                                                                                                                                                                                | 1,506                 | 1,506                           |                                        |                             |
| f                                                                                                                                                                                        | All other expenses                                                                                                                                                                                                 | 350                   | 350                             |                                        |                             |
| 25                                                                                                                                                                                       | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                 | 1,234,122             | 1,174,215                       | 28,999                                 | 30,908                      |
| 26                                                                                                                                                                                       | Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |                                        |                             |

**Part X Balance Sheet**

|                                                                            |                                                                                                                                                                                               | (A)               |           | (B)               |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------|-------------------|
|                                                                            |                                                                                                                                                                                               | Beginning of year |           | End of year       |
| Assets                                                                     | <b>1</b> Cash—non-interest-bearing . . . . .                                                                                                                                                  |                   | <b>1</b>  | 0                 |
|                                                                            | <b>2</b> Savings and temporary cash investments . . . . .                                                                                                                                     | 378,331           | <b>2</b>  | 398,927           |
|                                                                            | <b>3</b> Pledges and grants receivable, net . . . . .                                                                                                                                         | 324,902           | <b>3</b>  | 281,052           |
|                                                                            | <b>4</b> Accounts receivable, net . . . . .                                                                                                                                                   | 16,032            | <b>4</b>  | 20,801            |
|                                                                            | <b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .                            |                   | <b>5</b>  | 0                 |
|                                                                            | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .     |                   | <b>6</b>  | 0                 |
|                                                                            | <b>7</b> Notes and loans receivable, net . . . . .                                                                                                                                            |                   | <b>7</b>  | 0                 |
|                                                                            | <b>8</b> Inventories for sale or use . . . . .                                                                                                                                                |                   | <b>8</b>  | 0                 |
|                                                                            | <b>9</b> Prepaid expenses and deferred charges . . . . .                                                                                                                                      | 14,428            | <b>9</b>  | 6,074             |
|                                                                            | <b>10a</b> Land, buildings, and equipment cost basis                                                                                                                                          | <b>10a</b> 48,209 |           |                   |
|                                                                            | <b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .                                                                                                        | <b>10b</b> 34,451 | 15,949    | <b>10c</b> 13,758 |
|                                                                            | <b>11</b> Investments—publicly traded securities . . . . .                                                                                                                                    | 6,047,679         | <b>11</b> | 5,278,984         |
|                                                                            | <b>12</b> Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .                                                                                  |                   | <b>12</b> | 0                 |
|                                                                            | <b>13</b> Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .                                                                                  |                   | <b>13</b> | 0                 |
|                                                                            | <b>14</b> Intangible assets . . . . .                                                                                                                                                         |                   | <b>14</b> | 0                 |
|                                                                            | <b>15</b> Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .                                                                                                   | 3,569,804         | <b>15</b> | 2,894,183         |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) | 10,367,125                                                                                                                                                                                    | <b>16</b>         | 8,893,779 |                   |
| Liabilities                                                                | <b>17</b> Accounts payable and accrued expenses . . . . .                                                                                                                                     | 3,900             | <b>17</b> | 7,640             |
|                                                                            | <b>18</b> Grants payable . . . . .                                                                                                                                                            |                   | <b>18</b> |                   |
|                                                                            | <b>19</b> Deferred revenue . . . . .                                                                                                                                                          | 100,495           | <b>19</b> | 64,650            |
|                                                                            | <b>20</b> Tax-exempt bond liabilities . . . . .                                                                                                                                               |                   | <b>20</b> |                   |
|                                                                            | <b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .                                                                                                            |                   | <b>21</b> |                   |
|                                                                            | <b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . . |                   | <b>22</b> |                   |
|                                                                            | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                            |                   | <b>23</b> |                   |
|                                                                            | <b>24</b> Unsecured notes and loans payable . . . . .                                                                                                                                         |                   | <b>24</b> |                   |
|                                                                            | <b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .                                                                                                                    | 52,275            | <b>25</b> | 87,464            |
|                                                                            | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .                                                                                                                         | 156,670           | <b>26</b> | 159,754           |
| Net Assets or Fund Balances                                                | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                       |                   |           |                   |
|                                                                            | <b>27</b> Unrestricted net assets . . . . .                                                                                                                                                   | 5,938,565         | <b>27</b> | 5,171,338         |
|                                                                            | <b>28</b> Temporarily restricted net assets . . . . .                                                                                                                                         | 575,919           | <b>28</b> | 545,411           |
|                                                                            | <b>29</b> Permanently restricted net assets . . . . .                                                                                                                                         | 3,695,971         | <b>29</b> | 3,017,276         |
|                                                                            | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                                |                   |           |                   |
|                                                                            | <b>30</b> Capital stock or trust principal, or current funds . . . . .                                                                                                                        |                   | <b>30</b> |                   |
|                                                                            | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                           |                   | <b>31</b> |                   |
|                                                                            | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                          |                   | <b>32</b> |                   |
|                                                                            | <b>33</b> Total net assets or fund balances . . . . .                                                                                                                                         | 10,210,455        | <b>33</b> | 8,734,025         |
|                                                                            | <b>34</b> Total liabilities and net assets/fund balances . . . . .                                                                                                                            | 10,367,125        | <b>34</b> | 8,893,779         |

**Part XI Financial Statements and Reporting**

|           |                                                                                                                                                                                                                                     | Yes           | No |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other                                                                             |               |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .                                                                                                                           | <b>2a</b>     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? . . . . .                                                                                                                                        | <b>2b</b> Yes |    |
| <b>c</b>  | 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? . . . . . | <b>2c</b> Yes |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .                                                                  | <b>3a</b> Yes |    |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? . . . . .                                                                                                                                                      | <b>3b</b> Yes |    |

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-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

|                                                            |                                              |
|------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>GETTYSBURG HOSPITAL FOUNDATION | Employer identification number<br>23-2251358 |
|------------------------------------------------------------|----------------------------------------------|

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

- 1

☐

A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**
- 2

☐

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H )
- 4

☐

A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions )
- 11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☒ Type I

b

☐ Type II

c

☐ Type III - Functionally Integrated

d

☐ Type III - Other
- e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the organizations the organization supports

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

| (i) Name of Supported Organization | (ii) EIN  | (iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of support? |
|------------------------------------|-----------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|--------------------------|
|                                    |           |                                                                                              | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                          |
| York Hospital                      | 231352222 | 3                                                                                            | Yes                                                                    |    | Yes                                                             |    | Yes                                                        |    | 52804                    |
| Gettysburg Hosp                    | 231352220 | 3                                                                                            | Yes                                                                    |    | Yes                                                             |    | Yes                                                        |    | 391501                   |
|                                    |           |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
|                                    |           |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
|                                    |           |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
| Total                              |           |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    | 444,305                  |

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.)

| Public Support                                                                                                                                                                                    |          |          |          |          |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar 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                                                                                                 |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                         |          |          |          |          |          |           |
| 4 Total. Add line 1-3                                                                                                                                                                             |          |          |          |          |          |           |
| 5 The portion of total contribution by each 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                                                                                                                                                      |          |          |          |          |          |           |

| Total Support                                                                                                                                                            |          |          |          |          |          |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| Calendar year (or fiscal year beginning in)                                                                                                                              | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total                |
| 7 Amounts from line 4                                                                                                                                                    |          |          |          |          |          |                          |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                         |          |          |          |          |          |                          |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                     |          |          |          |          |          |                          |
| 10 Other income Do not include gain or loss 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 instructions )                                                                                                       |          |          |          |          | 12       |                          |
| 13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here |          |          |          |          |          | <input type="checkbox"/> |

| Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                                     |    |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| 14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))                                                                                                                                                                                                                                                                                                      | 14 |                          |
| 15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f                                                                                                                                                                                                                                                                                                                        | 15 |                          |
| 16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                                 |    | <input type="checkbox"/> |
| b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                            |    | <input type="checkbox"/> |
| 17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization    |    | <input type="checkbox"/> |
| b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization |    | <input type="checkbox"/> |
| 18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions                                                                                                                                                                                                                                                       |    | <input type="checkbox"/> |

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

| Section A. Public Support                                                                                                                                                       |          |          |          |          |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                                     | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")                                                                              |          |          |          |          |          |           |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose       |          |          |          |          |          |           |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                   |          |          |          |          |          |           |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                |          |          |          |          |          |           |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge                                                                        |          |          |          |          |          |           |
| 6Total Add lines 1-5                                                                                                                                                            |          |          |          |          |          |           |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                      |          |          |          |          |          |           |
| bAmounts included on lines 2 and 3 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 |          |          |          |          |          |           |
| cTotal of lines 7a and 7b                                                                                                                                                       |          |          |          |          |          |           |
| 8Public Support (Subtract line 7c from line 6)                                                                                                                                  |          |          |          |          |          |           |

| Total Support                                                                                                                                                          |          |          |          |          |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                            | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9Amounts from line 6                                                                                                                                                   |          |          |          |          |          |           |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                      |          |          |          |          |          |           |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975                                                               |          |          |          |          |          |           |
| cAdd lines 10a and 10b                                                                                                                                                 |          |          |          |          |          |           |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                          |          |          |          |          |          |           |
| 12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                       |          |          |          |          |          |           |
| 13Total Support (Add lines 9, 10c, 11 and 12)                                                                                                                          |          |          |          |          |          |           |
| 14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here |          |          |          |          |          |           |

| Computation of Public Support Percentage |                                                                                      |    |  |
|------------------------------------------|--------------------------------------------------------------------------------------|----|--|
| 15                                       | Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16                                       | Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g                  | 16 |  |

| Computation of Investment Income Percentage |                                                                                                                                                                                                                                                            |    |  |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17                                          | Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))                                                                                                                                                                  | 17 |  |
| 18                                          | Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h                                                                                                                                                                                    | 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          |    |  |
| b                                           | 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 |    |  |
| 20                                          | Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions                                                                                                                                     |    |  |

Part IV

**Supplemental Information.** 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 D  
(Form 990)

Supplemental Financial Statements

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number  
23-2251358

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

|   |                                                                                                                                                                                                                                                                                                             |                              |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|   | (a) Donor advised funds                                                                                                                                                                                                                                                                                     | (b) Funds and other accounts |
| 1 | Total number at end of year                                                                                                                                                                                                                                                                                 |                              |
| 2 | Aggregate Contributions to (during year)                                                                                                                                                                                                                                                                    |                              |
| 3 | Aggregate Grants from (during year)                                                                                                                                                                                                                                                                         |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                                                              |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$

b

Assets included in Form 990, Part X ▶ \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

|    | (a)Current Year                                          | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
|----|----------------------------------------------------------|---------------|-------------------|---------------------|--------------------|
| 1a | Beginning of year balance . . . . .                      | 4,271,890     |                   |                     |                    |
| b  | Contributions . . . . .                                  | 268,063       |                   |                     |                    |
| c  | Investment earnings or losses . . . . .                  | -788,689      |                   |                     |                    |
| d  | Grants or scholarships . . . . .                         |               |                   |                     |                    |
| e  | Other expenditures for facilities and programs . . . . . | 188,577       |                   |                     |                    |
| f  | Administrative expenses . . . . .                        |               |                   |                     |                    |
| g  | End of year balance . . . . .                            | 3,562,687     |                   |                     |                    |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 84 690 %

c

Term endowment ▶ 15 310 %

3a

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

(i)

unrelated organizations . . . . .

3a(i)

Yes

(ii)

related organizations . . . . .

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

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

| Description of investment | (a) Cost or other basis (investment)                                                | (b)Cost or other basis (other) | (c) Depreciation | (d) Book value |
|---------------------------|-------------------------------------------------------------------------------------|--------------------------------|------------------|----------------|
| 1a                        | Land . . . . .                                                                      |                                |                  |                |
| b                         | Buildings . . . . .                                                                 |                                |                  |                |
| c                         | Leasehold improvements . . . . .                                                    |                                |                  |                |
| d                         | Equipment . . . . .                                                                 | 48,209                         | 34,451           | 13,758         |
| e                         | Other . . . . .                                                                     |                                |                  |                |
| Total.                    | Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) |                                |                  | 13,758         |

| (a) Description of security or category<br>(including name of security)                                                                                      | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| Financial derivatives and other financial products                                                                                                           |                |                                                             |
| Closely-held equity interests                                                                                                                                |                |                                                             |
| Other                                                                                                                                                        |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
|                                                                                                                                                              |                |                                                             |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 )  |                |                                                             |

| (a) Description of investment type                                                                                                                             | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
|                                                                                                                                                                |                |                                                             |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 )  |                |                                                             |

| (a) Description                                                            | (b) Book value |
|----------------------------------------------------------------------------|----------------|
| Cash Surrender Value of Life Insurance                                     | 57,772         |
| Beneficial Interest Trusts                                                 | 2,836,411      |
| Accounts Receivable - Intercompany                                         |                |
|                                                                            |                |
|                                                                            |                |
|                                                                            |                |
|                                                                            |                |
|                                                                            |                |
|                                                                            |                |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) | 2,894,183      |

| (a) Description of Liability                                               | (b) Amount |
|----------------------------------------------------------------------------|------------|
| Federal Income Taxes                                                       |            |
| Accounts payable - interco                                                 | 87,464     |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
| <b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) | 87,464     |

**Schedule D (Form 990) 2008**

Part XI

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

|    |                                                                                 |    |            |
|----|---------------------------------------------------------------------------------|----|------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | 1  | 645,970    |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                         | 2  | 1,234,122  |
| 3  | Excess or (deficit) for the year Subtract line 2 from line 1                    | 3  | -588,152   |
| 4  | Net unrealized gains (losses) on investments                                    | 4  | -99,589    |
| 5  | Donated services and use of facilities                                          | 5  |            |
| 6  | Investment expenses                                                             | 6  |            |
| 7  | Prior period adjustments                                                        | 7  |            |
| 8  | Other (Describe in Part XIV)                                                    | 8  | -788,689   |
| 9  | Total adjustments (net) Add lines 4 - 8                                         | 9  | -888,278   |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -1,476,430 |

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

|   |                                                                                            |    |          |
|---|--------------------------------------------------------------------------------------------|----|----------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .         | 1  | 277,665  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                         |    |          |
| a | Net unrealized gains on investments . . . . .                                              | 2a | -100,242 |
| b | Donated services and use of facilities . . . . .                                           | 2b |          |
| c | Recoveries of prior year grants . . . . .                                                  | 2c |          |
| d | Other (Describe in Part XIV) . . . . .                                                     | 2d |          |
| e | Add lines 2a through 2d . . . . .                                                          | 2e | -100,242 |
| 3 | Subtract line 2e from line 1 . . . . .                                                     | 3  | 377,907  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1                        |    |          |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                 | 4a |          |
| b | Other (Describe in Part XIV) . . . . .                                                     | 4b | 268,063  |
| c | Add lines 4a and 4b . . . . .                                                              | 4c | 268,063  |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . . | 5  | 645,970  |

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

|   |                                                                                             |    |           |
|---|---------------------------------------------------------------------------------------------|----|-----------|
| 1 | Total expenses and losses per audited financial statements . . . . .                        | 1  | 1,045,546 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25                            |    |           |
| a | Donated services and use of facilities . . . . .                                            | 2a |           |
| b | Prior year adjustments . . . . .                                                            | 2b |           |
| c | Losses reported on Form 990, Part IX, line 25 . . . . .                                     | 2c |           |
| d | Other (Describe in Part XIV) . . . . .                                                      | 2d |           |
| e | Add lines 2a through 2d . . . . .                                                           | 2e |           |
| 3 | Subtract line 2e from line 1 . . . . .                                                      | 3  | 1,045,546 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                          |    |           |
| a | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                  | 4a |           |
| b | Other (Describe in Part XIV) . . . . .                                                      | 4b | 188,576   |
| c | Add lines 4a and 4b . . . . .                                                               | 4c | 188,576   |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . . | 5  | 1,234,122 |

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

| Identifier         | Return Reference                                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | Restricted Assets Expenditures \$188576                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Part XII, Line 4b  | Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S  | Restricted Contributions \$268063                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Part XI, Line 8    | Part XI, Line 8 Other Changes in Net Assets or Fund Balances                     | Investment loss restricted investments \$ -788689                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                    |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                    |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

OMB No 1545-0047

23-2251358

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| Revenue         |                                               | (a) Event #1                                                           | (b) Event #2 | (c) Other Events | (d) Total Events              |
|-----------------|-----------------------------------------------|------------------------------------------------------------------------|--------------|------------------|-------------------------------|
|                 |                                               | Golf                                                                   | Tennis       |                  | (Add col (a) through col (c)) |
|                 |                                               | (event type)                                                           | (event type) | (total number)   |                               |
|                 |                                               |                                                                        |              |                  |                               |
| 1               | Gross receipts . . . . .                      | 137,331                                                                | 41,041       |                  | 178,372                       |
| 2               | Less Charitable contributions . . . . .       | 88,842                                                                 | 37,441       |                  | 126,283                       |
| 3               | Gross revenue (line 1 minus line 2) . . . . . | 48,489                                                                 | 3,600        |                  | 52,089                        |
| Direct Expenses | 4                                             | Cash Prizes . . . . .                                                  | 5,400        |                  | 5,400                         |
|                 | 5                                             | Non-cash Prizes . . . . .                                              |              |                  |                               |
|                 | 6                                             | Rent/Facility costs . . . . .                                          |              |                  |                               |
|                 | 7                                             | Other direct expenses . . . . .                                        | 53,555       | 8,781            | 62,336                        |
|                 | 8                                             | Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶ |              |                  | 67,736                        |
|                 | 9                                             | Net income summary Combine lines 3 and 8 in column (d). . . . . ▶      |              |                  | -15,647                       |

Part III Gaming.

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

| Revenue         |                                                                             | (a) Bingo                                                                                                            | (b) Pull tabs/Instant<br>bingo/progressive<br>bingo                                                                  | (c) Other gaming                                                                                                     | (d) Total gaming (Add<br>col (a) through col (c)) |
|-----------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
|                 | 1 Gross revenue . . . . .                                                   |                                                                                                                      |                                                                                                                      |                                                                                                                      |                                                   |
| Direct Expenses | 2 Cash prizes . . . . .                                                     |                                                                                                                      |                                                                                                                      |                                                                                                                      |                                                   |
|                 | 3 Non-cash prizes . . . . .                                                 |                                                                                                                      |                                                                                                                      |                                                                                                                      |                                                   |
|                 | 4 Rent/facility costs . . . . .                                             |                                                                                                                      |                                                                                                                      |                                                                                                                      |                                                   |
|                 | 5 Other direct expenses . . . . .                                           |                                                                                                                      |                                                                                                                      |                                                                                                                      |                                                   |
|                 | 6 Volunteer labor . . . . .                                                 | <div><div><div><div></div><div>Yes</div><div>%</div></div><div><div></div><div>No</div><div></div></div></div></div> | <div><div><div><div></div><div>Yes</div><div>%</div></div><div><div></div><div>No</div><div></div></div></div></div> | <div><div><div><div></div><div>Yes</div><div>%</div></div><div><div></div><div>No</div><div></div></div></div></div> |                                                   |
|                 | 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |                                                                                                                      |                                                                                                                      |                                                                                                                      |                                                   |
|                 | 8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |                                                                                                                      |                                                                                                                      |                                                                                                                      |                                                   |

|     |                                                                                                                                                                 |     |    |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|     |                                                                                                                                                                 | Yes | No |
| 9   | Enter the state(s) in which the organization operates gaming activities _____                                                                                   |     |    |
| a   | Is the organization licensed to operate gaming activities in each of these states? . . . . .                                                                    | 9a  |    |
| b   | If "No," Explain _____<br>_____                                                                                                                                 |     |    |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?                                                            | 10a |    |
| b   | If "Yes," Explain _____<br>_____                                                                                                                                |     |    |
| 11  | Does the organization operate gaming activities with nonmembers? . . . . .                                                                                      | 11  |    |
| 12  | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . | 12  |    |

|                                                                                                                                                                                                   | Yes        | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>13</b> Indicate the percentage of gaming activity operated in                                                                                                                                  |            |    |
| <b>a</b> The organization's facility . . . . . <b>13a</b>                                                                                                                                         |            |    |
| <b>b</b> An outside facility . . . . . <b>13b</b>                                                                                                                                                 |            |    |
| <b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records                                                                      |            |    |
| Name ►                                                                                                                                                                                            |            |    |
| Address ►                                                                                                                                                                                         |            |    |
| <b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .                                                                 | <b>15a</b> |    |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____                             |            |    |
| <b>c</b> If "Yes," enter name and address                                                                                                                                                         |            |    |
| Name ►                                                                                                                                                                                            |            |    |
| Address ►                                                                                                                                                                                         |            |    |
| <b>16</b> Gaming manager information                                                                                                                                                              |            |    |
| Name ►                                                                                                                                                                                            |            |    |
| Gaming manager compensation ► \$ _____                                                                                                                                                            |            |    |
| Description of services provided ►                                                                                                                                                                |            |    |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor                                                                       |            |    |
| <b>17</b> Mandatory distributions                                                                                                                                                                 |            |    |
| <b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .                                     | <b>17a</b> |    |
| <b>b</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 ► \$ _____ |            |    |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GETTYSBURG HOSPITAL FOUNDATION

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.

OMB No 1545-0047

2008

Open to Public  
Inspection

Employer identification number  
23-2251358

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ☐

| 1(a) Name and address of organization or government      | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Grant - York HospitalPO Box 2767<br>York, PA 17405       | 23-1352222 | 501(c)(3)                     | 52,804                   | 0                                 |                                                       |                                        | Health care service grant          |
| Grant - WellSpan HealthPO Box 2767<br>York, PA 17405     | 22-2517863 | 501(c)(3)                     | 285,023                  | 0                                 |                                                       |                                        | Health care service grant          |
| Grant - Gettysburg HospitalPO Box 2767<br>York, PA 17405 | 23-1352220 | 501(c)(3)                     | 391,501                  | 0                                 |                                                       |                                        | Health care service grant          |
|                                                          |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                          |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                          |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                          |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                          |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                          |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                          |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                          |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                          |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                          |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                          |            |                               |                          |                                   |                                                       |                                        |                                    |
|                                                          |            |                               |                          |                                   |                                                       |                                        |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations . . . . . 2
- 3 Enter total number of other organizations . . . . . 1

Part III

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

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

Part IV

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|            |                  |             |
|            |                  |             |
|            |                  |             |
|            |                  |             |
|            |                  |             |
|            |                  |             |
|            |                  |             |
|            |                  |             |
|            |                  |             |
|            |                  |             |

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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number  
23-2251358

Part I

Questions Regarding Compensation

|    |                                                                                                                                                                                                                                 |     |     |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|    |                                                                                                                                                                                                                                 | Yes | No  |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items |     |     |
|    | <div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div>                                                                 |     |     |
|    | <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div>                                                                         |     |     |
|    | <div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div>                                             |     |     |
|    | <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>                                                                |     |     |
| b  | If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain                                  | 1b  | Yes |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?                    | 2   | Yes |
| 3  | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply                                                                  |     |     |
|    | <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div>                                                                      |     |     |
|    | <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div>                                                        |     |     |
|    | <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>                                                    |     |     |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a                                                                                                                                                |     |     |
| a  | Receive a severance payment or change of control payment?                                                                                                                                                                       | 4a  | No  |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                           | 4b  | Yes |
| c  | Participate in, or receive payment from, an equity-based compensation arrangement?                                                                                                                                              | 4c  | No  |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III                                                                                                                    |     |     |
|    | 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.                                                                                                                                                             |     |     |
| 5  | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of                                                                                 |     |     |
| a  | The organization?                                                                                                                                                                                                               | 5a  | No  |
| b  | Any related organization?                                                                                                                                                                                                       | 5b  | No  |
|    | If "Yes," to line 5a or 5b, describe in Part III                                                                                                                                                                                |     |     |
| 6  | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of                                                                             |     |     |
| a  | The organization?                                                                                                                                                                                                               | 6a  | No  |
| b  | Any related organization?                                                                                                                                                                                                       | 6b  | No  |
|    | If "Yes," to line 6a or 6b, describe in Part III                                                                                                                                                                                |     |     |
| 7  | For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III                                                | 7   | No  |
| 8  | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III            | 8   | No  |

Part II

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

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

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

| (A) Name            |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---------------------|------|----------------------------------------------------|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
|                     |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other compensation |                           |                         |                                 |                                                            |
| Scott McNair        | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                     | (ii) | 96,152                                             | 7,782                               | 3,125                    | 4,177                     | 25,857                  | 137,093                         |                                                            |
| Richard A Harley    | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                     | (ii) | 161,774                                            | 29,312                              | 5,947                    | 7,620                     | 29,634                  | 234,287                         |                                                            |
| 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                         |                                                            |
| Kevin H Mosser MD   | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                     | (ii) | 242,389                                            | 78,280                              | 11,421                   | 162,760                   | 33,427                  | 528,277                         | 78,280                                                     |
| Bruce Bartels       | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                     | (ii) | 593,160                                            | 214,549                             | 30,976                   | 419,470                   | 36,198                  | 1,294,353                       | 209,380                                                    |
|                     | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                     | (ii) |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                     | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                     | (ii) |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                     | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                     | (ii) |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                     | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                     | (ii) |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                     | (i)  |                                                    |                                     |                          |                           |                         |                                 |                                                            |
|                     | (ii) |                                                    |                                     |                          |                           |                         |                                 |                                                            |

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

**Schedule J (Form 990) 2008**

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

▶ 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.

Name of the organization  
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number  
23-2251358

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1                                                                                                                                        | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |    |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|----------------|----|
|                                                                                                                                          |                                 |                                | Yes            | No |
|                                                                                                                                          |                                 |                                |                |    |
|                                                                                                                                          |                                 |                                |                |    |
|                                                                                                                                          |                                 |                                |                |    |
|                                                                                                                                          |                                 |                                |                |    |
|                                                                                                                                          |                                 |                                |                |    |
|                                                                                                                                          |                                 |                                |                |    |
| 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ |                                 |                                |                |    |
| 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$                                       |                                 |                                |                |    |

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c)Original principal amount | (d)Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g)Written agreement? |    |
|-------------------------------------------|---------------------------------------|------|------------------------------|----------------|-----------------|----|-------------------------------------|----|-----------------------|----|
|                                           | To                                    | From |                              |                | Yes             | No | Yes                                 | No | Yes                   | No |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|                                           |                                       |      |                              |                |                 |    |                                     |    |                       |    |
| Total . . . . . ▶                         | \$                                    |      |                              |                |                 |    |                                     |    |                       |    |

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b)Relationship between interested person and the organization | (c)Amount of grant or type of assistance |
|-------------------------------|----------------------------------------------------------------|------------------------------------------|
|                               |                                                                |                                          |
|                               |                                                                |                                          |
|                               |                                                                |                                          |
|                               |                                                                |                                          |
|                               |                                                                |                                          |
|                               |                                                                |                                          |

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                | Yes                                     | No |
| Realty Leasing and Management | David Site is owner                                             | 224,178                   | Property Rental                |                                         | No |
| Adams County National Bank    | Paul Ketterman is Sr VP                                         | 147,867                   | Checking & Trust Mgmt          |                                         | No |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |
|                               |                                                                 |                           |                                |                                         |    |

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

|                                                            |                                              |
|------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>GETTYSBURG HOSPITAL FOUNDATION | Employer identification number<br>23-2251358 |
|------------------------------------------------------------|----------------------------------------------|

| Identifier                 | Return Reference                                                           | Explanation                                                                        |
|----------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 19 | Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | Governing documents, policies, and financial statements are available upon request |

| Identifier                  | Return Reference                                                                                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 15b | Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees | The Compensation Committee of WellSpan Health is responsible for rewarding and reinforcing key executives for the achievement of annual and long-term performance objectives. The Compensation Committee shall consist of not more than six (6) persons, of whom two (2) shall be the Chairman and Vice Chairman of the Board of the Corporation, and the remaining members shall be such other persons as may be appointed by the Chairman of the Board of the Corporation, with the approval of the Board of Directors, provided, however, that the Compensation Committee shall not include any persons who are employed by the System. The Chairman of the Board of Gettysburg Hospital shall participate. The role of the Compensation Committee is to set the Executive Compensation Philosophy for the system and ensure adherence, evaluate performance and establish compensation for the WellSpan President, evaluate team performance of the executive team and establish awards, review and approve senior executive base salary ranges, and oversee employed physician compensation programs. The Committee will approve salary ranges for each executive position and review 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 to make salary adjustments for subordinate positions. The Committee is responsible for approving and 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 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) reviewed 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 Reference                                   | Explanation                                                                                                                                                                                                                                                                      |
|----------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 10 | Form 990, Part VI, Line 10 Form 990 Review Process | 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. |

| Identifier                 | 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 shall consist of no fewer than eleven and no more than twenty-two members, which shall include: (1) The President of the Hospital; (2) A representative of the Board of Directors of the Hospital, selected by the Board of Directors of the Hospital; (3) A representative of the active Medical Staff of the Hospital, selected by the Nominating Committee of the Foundation; (4) A representative of the active Medical Staff of the Hospital, selected by the Executive Committee of the Medical Staff; (5) The President or other designated representative of the Hospital Auxiliary, selected by the Hospital Auxiliary; (6) The remaining six to seventeen directors (the "At-large Directors") shall be appointed by the Board of Directors of the Hospital. These persons shall be selected for their experience, relevant areas of interest and expertise, and ability and willingness to participate effectively in fulfilling the Board's responsibilities and to do so free from any conflicting interests. |

| Identifier                | Return Reference                                                           | Explanation                                                                   |
|---------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Form 990, Part VI, Line 6 | Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder | The sole member of the Gettysburg Hospital Foundation is Gettysburg Hospital. |

| Identifier                | Return Reference                                                                                    | Explanation                                                                                                                                    |
|---------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 2 | Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et | Paul Ketterman, Board Director, is a brother-in-law of Ronald Hankey, who is a director on the WellSpan Health and Gettysburg Hospital boards. |

| Identifier | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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|------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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|            | Client Note 1    | <p>WellSpan Health - 2009 Community Benefit Report</p> <p>WHEREVER YOUR LIFE'S JOURNEY MAY LEAD, WE ARE WITH YOU EVERY STEP OF THE WAY</p> <p>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</p> <p>OUR CHARITABLE COMMUNITY MISSION</p> <p>WellSpan 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; make its local communities healthier, more desirable places to live, work and play.</p> <p>FOR EVERY AGE FOR EVERY CONDITION FOR EVERY STEP OF YOUR LIFE'S JOURNEY</p> <p>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 woman 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.</p> <p>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.</p> <p>WELLSPAN SYSTEM-WIDE COMMUNITY BENEFITS</p> <p>Subsidized Services \$8,554,771</p> <p>Cash &amp; In-kind Contributions \$992,367</p> <p>Community Outreach / Programs \$1,970,022</p> <p>Medical Education \$199,616</p> <p>Research \$539,321</p> <p>Charity Care (at cost) \$10,710,000</p> <p>Medicaid (non-reimbursed cost) \$47,882,000</p> <p>Medicare (non-reimbursed cost) \$44,988,000</p> <p>TOTAL \$103,580,000</p> <p>HELPING THE UNINSURED AND UNDERINSURED NAVIGATE HEALTHCARE OPTIONS</p> <p>OUR GOAL: LOCAL SOLUTIONS TO THE CHALLENGES FACED BY THE UNINSURED OF UNDERINSURED</p> <p>At 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, we 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.</p> <p>Initiatives we support:</p> <p>o HealthConnect, a mobile 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 physician.</p> <p>o Healthy York Network, a collaborative effort that facilitates access to discounted health care services for individuals who are uninsured or underinsured.</p> <p>o Healthy Community Pharmacy, which provides members of the Healthy York Network with discounted prescription medication.</p> <p>o 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.</p> <p>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 School.</p> <p>o 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 care.</p> <p>o Thomas Hart Family Practice Center, which is staffed by resident and faculty physicians at York Hospital and provides acute, chronic, preventive and obstetric care.</p> <p>o The George W. T. Bentzel, DDS Dental Center, which is staffed by licensed dentists and residents from the York Hospital Dental Residency Program.</p> <p>o Hoodner Dental Center, which benefits patients who cannot pay for their dental care and who qualify for Medical Assistance or the Healthy York Network.</p> <p>o Adams County Dental Health Services, which benefits children without insurance and in need of preventive and restorative dental care and education.</p> <p>OUR PROGRESS</p> <p>The net cost of care provided in 2009:</p> <p>Charity Care \$11 million in free care to patients who participated in our charity care program</p> <p>Medicare \$46.3 million in cost greater than what was paid by Medicare</p> <p>Medicaid \$48.2 million in cost greater than what was paid by Medicaid</p> <p>Uncompensated Care \$20.4 million in services to patients who received care for which they did not pay and who did not participate in the charity care program</p> <p>Community Education and Outreach \$3.7 million in free community education and outreach to children and at-risk groups in our south central Pennsylvania and northern Maryland communities</p> <p>Medical, Dental and Pharmaceutical Care \$8.5 million to support services which provided discounted medical, dental and pharmaceutical care to people in need</p> <p>Additional achievements:</p> <p>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.</p> <p>--HealthConnect mobile health care program: 1,402 visits--</p> <p>York Hospital Community Health Center: 36,402 visits--</p> <p>Hoodner Dental Center: 6,088 visits</p> <p>The York Hospital George W. T. Bentzel, DDS Dental Center received more than 14,330 patient visits. In addition, Family First Health expanded its dental facility to serve additional patients.</p> <p>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.</p> <p>o WellSpan and physicians and organizations with whom we 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.</p> <p>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.</p> <p>o The Healthy Community Pharmacy served more than 4,400 individuals with 44,898 discounted 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.</p> <p>o WellSpan Community Health Workers helped 603 adults and 592 children complete applications for public insurance programs and facilitated a cardiovascular disease education and screening program for 103 African American and Latino women who reside in the City of York.</p> <p>o Healthy Adams County's Access Committee forged a partnership with Family First Health to establish a community health center in Gettysburg. The center, which opened in March 2009, provides primary medical care to the uninsured and underinsured residents of Adams County as well as those people who have been unable to find a permanent medical home.</p> |



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number  
23-2251358

| Part I Identification of Disregarded Entities       |                         |                                                  |                     |                           |                                  |
|-----------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (A)<br>Name, address, and EIN of disregarded entity | (B)<br>Primary activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Total income | (E)<br>End-of-year assets | (F)<br>Direct controlling entity |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |

| Part II Identification of Related Tax-Exempt Organizations |                         |                                                  |                            |                                                     |                                  |
|------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|
| (A)<br>Name, address, and EIN of related organization      | (B)<br>Primary activity | (C)<br>Legal domicile (state or foreign country) | (D)<br>Exempt Code section | (E)<br>Public charity status (if section 501(c)(3)) | (F)<br>Direct controlling entity |
| See Additional Data Table                                  |                         |                                                  |                            |                                                     |                                  |
|                                                            |                         |                                                  |                            |                                                     |                                  |
|                                                            |                         |                                                  |                            |                                                     |                                  |
|                                                            |                         |                                                  |                            |                                                     |                                  |
|                                                            |                         |                                                  |                            |                                                     |                                  |
|                                                            |                         |                                                  |                            |                                                     |                                  |
|                                                            |                         |                                                  |                            |                                                     |                                  |

Part III

Identification of Related Organizations Taxable as a Partnership

| (A)<br>Name, address, and EIN of<br>related organization                                           | (B)<br>Primary activity | (C)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (D)<br>Direct controlling<br>entity | (E)<br>Predominant<br>income(related,<br>investment,<br>unrelated) | (F)<br>Share of total income | (G)<br>Share of end-of-year assets | (H)<br>Disproportionate<br>allocations? |    | (I)<br>Code V—UBI amount on<br>Box 20 of K-1 | (J)<br>General or<br>managing<br>partner? |    |
|----------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------|------------------------------|------------------------------------|-----------------------------------------|----|----------------------------------------------|-------------------------------------------|----|
|                                                                                                    |                         |                                                              |                                     |                                                                    |                              |                                    | Yes                                     | No |                                              | Yes                                       | No |
| Community Healthcare Imaging Partners<br><br>PO Box 2767<br>York, PA174052767<br>23-2444154        | MRI Center              | PA                                                           | NA                                  | N/A                                                                |                              |                                    |                                         | No |                                              |                                           | No |
| Cherry Tree Cancer Center LLP<br><br>PO Box 2767<br>York, PA174052767<br>23-2915628                | Radiation               | PA                                                           | NA                                  |                                                                    |                              |                                    |                                         | No |                                              |                                           | No |
| Gettysburg Ambulatory Surgical Center LL<br><br>PO Box 2767<br>York, PA174052767<br>20-5602701     | Sungcal Cn              | PA                                                           | NA                                  | N/A                                                                |                              |                                    |                                         | No |                                              |                                           | No |
| Littlestown Health Care Partners<br><br>300 West King Street<br>Littlestown, PA17340<br>23-2880464 | Lease Facil             | PA                                                           | NA                                  | N/A                                                                |                              |                                    |                                         | No |                                              |                                           | No |
| Q-WH LLC<br><br>PO Box 2767<br>York, PA174052767<br>20-8226561                                     | GP of CHIP              | PA                                                           | NA                                  | N/A                                                                |                              |                                    |                                         | No |                                              |                                           | No |
| Central PA Alliance Laboratories LLC<br><br>PO Box 2767<br>York, PA174052767<br>23-2910950         | Ref Lab                 | PA                                                           | NA                                  | N/A                                                                |                              |                                    |                                         | No |                                              |                                           | No |
| Apple Hill Surgical Center Partners<br><br>PO Box 2767<br>York, PA174052767<br>23-2489452          | Surgical Cn             | PA                                                           | NA                                  | N/A                                                                |                              |                                    |                                         | No |                                              |                                           | No |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

| (A)<br>Name, address, and EIN of related organization                                      | (B)<br>Primary activity                                 | (C)<br>Legal domicile<br>(state or<br>foreign<br>country) | (D)<br>Direct controlling<br>entity | (E)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (F)<br>Share of total income | (G)<br>Share of<br>end-of-year<br>assets | (H)<br>Percentage<br>ownership |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|------------------------------|------------------------------------------|--------------------------------|
| York Provider Network<br>PO Box 2767<br>York, PA174052767<br>23-2907828                    | Coordinates<br>managed care risk<br>contracting         | PA                                                        | NA                                  | C corp                                                 |                              |                                          |                                |
| York Health Plan<br>PO Box 2767<br>York, PA174052767<br>23-2664989                         | Preferred Provider<br>Organization                      | PA                                                        | NA                                  | C corp                                                 |                              |                                          |                                |
| Wellspan Reciprocal Risk Retention Group<br>PO Box 2767<br>York, PA174052767<br>20-0048457 | Risk Retention<br>Group                                 | PA                                                        | NA                                  | C corp                                                 |                              |                                          |                                |
| Wellspan Pharmacy Inc<br>PO Box 2767<br>York, PA174052767<br>23-2374072                    | Dispenses<br>pharmaceuticals and<br>provides IV therapy | PA                                                        | N/A                                 | C corp                                                 |                              |                                          |                                |
|                                                                                            |                                                         |                                                           |                                     |                                                        |                              |                                          |                                |
|                                                                                            |                                                         |                                                           |                                     |                                                        |                              |                                          |                                |
|                                                                                            |                                                         |                                                           |                                     |                                                        |                              |                                          |                                |

Part V

Transactions with Related Organizations

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

No

No

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

| (A)<br>Name of other organization(s) | (B)<br>Transaction<br>type(a-r) | (C)<br>Amount Involved |
|--------------------------------------|---------------------------------|------------------------|
| (1)                                  |                                 |                        |
| (2)                                  |                                 |                        |
| (3)                                  |                                 |                        |
| (4)                                  |                                 |                        |
| (5)                                  |                                 |                        |
| (6)                                  |                                 |                        |

Schedule R (Form 990) 2008

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.

[illegible]

Software ID: 08000091

Software Version: 2008v2.7

EIN: 23-2251358

Name: GETTYSBURG HOSPITAL FOUNDATION

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

| (A)<br>Name, address, and EIN of related organization                                 | (B)<br>Primary Activity                              | (C)<br>Legal Domicile<br>(State or Foreign Country) | (D)<br>Exempt Code section | (E)<br>Public charity status<br>(if 501(c)(3)) | (F)<br>Direct Controlling Entity |
|---------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|----------------------------|------------------------------------------------|----------------------------------|
| Wellspan Properties Inc<br><br>PO Box 2767<br>York, PA 174052767<br>22-2842252        | Leases facilities to affiliates                      | PA                                                  | 501(c)(3)                  | 11 Type 1                                      | NA                               |
| York VNA Home Care Inc<br><br>PO Box 2767<br>York, PA 174052767<br>23-2899911         | Mgmt for hospice/home health                         | PA                                                  | 501(c)(3)                  | 11 Type 1                                      | NA                               |
| York Hospital<br><br>PO Box 2767<br>York, PA 174052767<br>23-1352222                  | Community teaching hospital                          | PA                                                  | 501(c)(3)                  | 3                                              | NA                               |
| York Health Foundation<br><br>PO Box 2767<br>York, PA 174052767<br>23-3050192         | Charitable contributions for Wellspan entities       | PA                                                  | 501(c)(3)                  | 11 Type 3                                      | NA                               |
| Wellspan Medical Group<br><br>PO Box 2767<br>York, PA 174052767<br>23-2730785         | Medical and surgical care                            | PA                                                  | 501(c)(3)                  | 9                                              | NA                               |
| Wellspan Health Care Services<br><br>PO Box 2767<br>York, PA 174052767<br>23-2400237  | Health-related activities in the service area        | PA                                                  | 501(c)(3)                  | 11 Type 1                                      | NA                               |
| Wellspan Health<br><br>PO Box 2767<br>York, PA 174052767<br>22-2517863                | Integrated Health System                             | PA                                                  | 501(c)(3)                  | 11 Type 1                                      | NA                               |
| VNA Home Health Services<br><br>PO Box 2767<br>York, PA 174052767<br>23-1352573       | Home health and hospice care services                | PA                                                  | 501(c)(3)                  | 9                                              | NA                               |
| VNA Community Services<br><br>PO Box 2767<br>York, PA 174052767<br>23-2338591         | Home personal care services for elderly and disabled | PA                                                  | 501(c)(3)                  | 9                                              | NA                               |
| Healthy Community Pharmacy Inc<br><br>PO Box 2767<br>York, PA 174052767<br>20-0519121 | Reduced rate prescription drugs to uninsured         | PA                                                  | 501(c)(3)                  | 11 Type 1                                      | NA                               |
| Gettysburg Hospital<br><br>PO Box 2767<br>York, PA 174052767<br>23-1352220            | Health Care Services                                 | PA                                                  | 501(c)(3)                  | 3                                              | NA                               |
| Apple Hill Surgical Center Inc<br><br>PO Box 2767<br>York, PA 174052767<br>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)<br>Name, address, and EIN of<br>related organization                                               | (B)<br>Primary activity | (C)<br>Legal<br>Domicile<br>(State<br>or<br>Foreign<br>Country) | (D)<br>Direct<br>Controlling<br>Entity | (E)<br>Predominant<br>income(related,<br>investment,<br>unrelated) | (F)<br>Share of total income<br>(\$) | (G)<br>Share of end-of-year<br>assets<br>(\$) | (H)<br>Disproportionate<br>allocations? |    | (I)<br>Code V-UBI amount<br>on<br>Box 20 of Schedule K-<br>1 (Form 1065)<br>(\$) | (J)<br>General or<br>Managing<br>Partner? |    |
|--------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|-----------------------------------------|----|----------------------------------------------------------------------------------|-------------------------------------------|----|
|                                                                                                        |                         |                                                                 |                                        |                                                                    |                                      |                                               | Yes                                     | No |                                                                                  | Yes                                       | No |
| Community Healthcare Imaging<br>Partners<br><br>PO Box 2767<br>York, PA 174052767<br>23-2444154        | MRI Center              | PA                                                              | NA                                     | N/A                                                                |                                      |                                               |                                         | No |                                                                                  |                                           | No |
| Cherry Tree Cancer Center LLP<br><br>PO Box 2767<br>York, PA 174052767<br>23-2915628                   | Radiation               | PA                                                              | NA                                     |                                                                    |                                      |                                               |                                         | No |                                                                                  |                                           | No |
| Gettysburg Ambulatory Surgical<br>Center LL<br><br>PO Box 2767<br>York, PA 174052767<br>20-5602701     | Surigcal Cn             | PA                                                              | NA                                     | N/A                                                                |                                      |                                               |                                         | No |                                                                                  |                                           | No |
| Littlestown Health Care<br>Partners<br><br>300 West King Street<br>Littlestown, PA 17340<br>23-2880464 | Lease Facil             | PA                                                              | NA                                     | N/A                                                                |                                      |                                               |                                         | No |                                                                                  |                                           | No |
| Q-WH LLC<br><br>PO Box 2767<br>York, PA 174052767<br>20-8226561                                        | GP of CHIP              | PA                                                              | NA                                     | N/A                                                                |                                      |                                               |                                         | No |                                                                                  |                                           | No |
| Central PA Alliance<br>Laboratories LLC<br><br>PO Box 2767<br>York, PA 174052767<br>23-2910950         | Ref Lab                 | PA                                                              | NA                                     | N/A                                                                |                                      |                                               |                                         | No |                                                                                  |                                           | No |
| Apple Hill Surgical Center<br>Partners<br><br>PO Box 2767<br>York, PA 174052767<br>23-2489452          | Surgical Cn             | PA                                                              | NA                                     | N/A                                                                |                                      |                                               |                                         | No |                                                                                  |                                           | No |