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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 Fo	rthe	2008 ca	elendar yea	r, or tax year beginning 0	7-01-2008	and ending 06-30-20	09	B. F	! d k! G k!
		pplicable	Please	C Name of organization WELLSPAN MEDICAL GROUP				D Employer	identification number
	tress ch		use IRS label or	Doing Business As				23-2730 E Telephone	
Na	me cha	nge	print or type. See	Doing Business /is				·	
Init	al retu	rn	Specific Instruc-	Number and street (or P O	box if mail is no	ot delivered to street add	ress) Room/su	(717) 85 ite <b>G Gross rec</b>	eipts \$ 168,857,180
Tei	mınatıc	n	tions.	PO BOX 2767					<b>apts</b> \$ 100,037,100
☐ Am	ended	return		City or town, state or count YORK, PA 17405	ry, and ZIP + 4				
Г Арі	olication	pending		TORK, FA 17403					
			F Nan	ne and address of Principa	al Officer		H(a) Is	this a group ret	urn for
			Bruce N PO Box	M Bartels < 2767			a ffı	liates?	ΓYes <b>Γ</b> No
			York, P.	A 174052767			H(b) Are	all affiliates incl	uded?
I Ta	x-exem	pt status	<b>▽</b> 501(c)	)(3) ◀ (insert no)	7(a)(1) or $\Gamma$	527			ıst See ınstructions )
J W	eb sit	e: 🕨 WW	/W WELLSP	AN ORG			H(c) Gr	oup Exemption	Number ►
<b>К</b> Тур	e of org	janization	Corporat	ion trust association	other ►		<b>L</b> Year of	Formation 1993	<b>M</b> State of legal domicile PA
Da	rt I	Sum	marv						
Га	1			e organization's mission o	or most signi	ficant activities			
ey .		•		Group, in coordination wit	•		lospital, pro	vides medical a	nd surgical care to
Governance		patients	s in and aro	ound York and Adams Cou	ınty, Pennsyl	vanıa wıthout regard	to the abilit	y to pay	
Ē	١,	Chack	this hay 🗀	if the organization discon	tinuad ita an	arations or disposed	of more than	25% of the per	. ata
90V	3		,	if the organization discon nembers of the governing					10
	4		_	ndent voting members of t		2			
Activities &	5			nployees (Part V, line 2a)			1,456		
Ĭ	6			olunteers (estimate if nece		e	30		
a ब	7a	Total gi	ross unrela	ted business revenue fror	ine 12, column (C)		7	a 920,877	
	ь	Net unr	elated busi	ness taxable income from	n Form 990-1	T, line 34		7	b
					Р	rior Year	Current Year		
a)	8	Contri	butions and	d grants (Part VIII, line 1	h)			20,103,257	24,012,385
anue	9	Progra	am service	revenue (Part VIII, line 2	g)			116,976,840	143,725,089
Raven	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 1							130,773	<u> </u>
_	11							933,617	920,877
	12	10taii 12)	revenue—a	dd lines 8 through 11 (mu	ist equal Pan	t VIII, column (A), II	ne	138,145,208	168,857,180
	13	Grants	s and sımıla	ar amounts paid (Part IX,	column (A), l	ınes 1-3)		1,148	1,013
	14	Benefi	ts paid to o	or for members (Part IX, c	olumn (A), lıı	ne 4)			0
Ø	15	Saları 10)	es, other co	ompensation, employee be	enefits (Part	IX, column (A), lınes	5 –	100,003,014	127,978,431
Expenses	16a	•	sional fund	raising fees (Part IX, colu	ımn (A.), line		100,003,01-	127,370,431	
<b>⊕</b>	ь			penses, Part IX, column (D), lin		110)			
Ω	17	•		(Part IX, column (A), lines		.1f-24f)		35,028,522	36,850,685
	18			add lines 13-17 (must e	·	•		135,032,684	<del> </del>
	19	Reven	ue less exp	penses Subtract line 18 f	rom line 12			3,112,524	4,027,051
<u> </u>							Begii	nning of Year	End of Year
Net Assets or Fund Balances	20	Total	assets (Par	rt X, line 16)				34,181,440	31,458,640
AB.	21	Totall	liabilities (F	Part X, line 26)				21,285,881	. 14,136,922
<u> </u>	22	Netas	sets or fun	d balances Subtract line	21 from line	20		12,895,559	17,321,718
Pai	rt II	Sign	ature Blo	ock					
				erjury, I declare that I have exa correct, and complete Declarat					
Plea	se	l.		correct, and complete Deciarat	ion or preparer	(other than officer) is bas	1	10-05-03	parer has any knowledge
Sign	1	1 <b>B</b>	****** 2010 Signature of officer Date						
Here	е		nael F O'Conno						
			e or print nam						
		Preparer		TDIMNED	D	ate	Check If self-	Preparer's PT	IN (See Gen Inst )
Paid		signature	e P DAVID	TRIMNER			empolyed 🕨	<del>-</del>	
•	arer's		ame (or yours	Argy Wiltse & Robinson PC				EIN Þ	
Use (	Only		mployed), and ZIP + 4	8405 Greensboro Drive					
				McLean, VA 22102				Phone no	(703) 893-0600
May	the IR	S discus	ss this retu	rn with the preparer show	n above? (Se	e instructions) .			

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

1	Briefly describe the organization's mission				
	WellSpan Medical Group, in coordination with County, Pennsylvania without regard to the a				
2	Did the organization undertake any the prior Form 990 or 990-EZ? .			hich were not listed on	┌ Yes ┌ No
	If "Yes," describe these new service	s on Schedule O			
3	Did the organization cease conduction services?			ucts any program • • • • • •	┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achie Section 501(c)(3) and (4) organizat others, the total expenses, and reve	ions and 4947(a)(1) t	rusts are required to rep	ort the amount of grants a	
4a	(Code ) (Expenses	\$ 154,082,013	ıncludıng grants of \$	1,013 ) (Revenue \$	154,082,013 )
	WellSpan Medical Group, which does not of purposes of WellSpan Health and promoting clinically effective health care services, incunder a variety of health care financing ar local patient access to health care services requirements, achieving excellence in clinicosts and avoiding unnecessary duplication WellSpan Health - 2009 Community Benef	ing the provision of health ca luding professional health of rangements, enhancing the i, enhancing the health stat cal innovations, service, que n of services and equipmen	are services in South Central F are services, in a cost effective continuity and quality of hea tus of the communities served ality, cost and outcomes, and	Pennsylvania, including York and re manner in settings appropriat lith care services provided to pa I by WellSpan Health, effectivel I achieving operating efficiencies	Adams Counties, by providing e to patient and payor needs tients, ensuring the continued responding to changing payor such as containing and reducing
4b	(Code ) (Expenses	\$	including grants of \$	) (Revenue \$	)
4c	(Code ) (Expenses	•	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe	ın Schedule O )			
	(Expenses \$	including grants of	f\$	) (Revenue \$	)
4e	Total program service expenses \$	154,082,01	3 Must equal Part IX, Li	ine 25, column (B).	

art IV	Checklist o	f Required	Schedules

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

Part VI . . .

## Part IV Checklist of Required Schedules (Continued)

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

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	}			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal				
	of U.S. Information Returns. Enter -0- if not applicable				
		<b>1a</b> 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b> 0			
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, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this	<b>2a</b> 1,456			
h	return	,			
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this i		2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	the year covered by this	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sched	dule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signover, a financial account in a foreign country (such as a bank account, securities account)?	-	4a		No
ь	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report Financial Accounts.	ort of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	g the tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited ta	ax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt I Tax Shelter Transaction?	Entity Regarding Prohibited	5c		Νο
6a	Did the organization solicit any contributions that were not tax deductible?		6a		N o
	If "Yes," did the organization include with every solicitation an express statement that				
_	were not tax deductible?		6b		Νο
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contri more?	ribution of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services pro	ovided?	7b		Νο
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property	y for which it was required to			
_	file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b> 0			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay p	premiums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person	nal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 88		7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file	•			
	required?		7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and supporting organizations. Did the supporting organization, or a fund maintained by a spexcess business holdings at any time during the		8		Νο
9	year?  Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
			9a		N o
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	•	9a 9b		No No
ь 10	Section 501(c)(7) organizations. Enter		90		NO
	· · · · · ·	10a			
		10Ь			
11	Section 501(c)(12) organizations Enter				
	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in $\ln$	lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	I			
	year1	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
--	-----------	-------------	----------	------------

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 10			
Ь	Enter the number of voting members that are independent 1b 2			
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?	2		Νο
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? .	. 3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $\cdot$ $\cdot$	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		o N
b	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?	9b		Νο
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	10	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	11		Νo

### Section B. Policies

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

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. 

  upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

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

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

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

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

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

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

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

## Part VII Continued

		<b>(C)</b> Position (check all that apply)							(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Оппо	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			1							
							<u> </u>			
							$\vdash$			
							$\vdash$			
1b Total							-	5,085,620	2,168,160	1,752,897

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►262

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

## **Section B. Independent Contractors**

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

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
Staff Care Inc 222 W Las Colinas Blvd Suite 1230 Irving, TX 75039	Temporary Staffing	1,729,047
Nighthawk Radiology Services PO Box 673398 Detroit, MI 482673398	MRI Reading	1,927,482
Emdeon Business Services 12016 Collections Center Drive Chicago, IL 60693	Statement Processing	204,262
Daniel & Yeager PO Box 635715 Cincinnati, OH 452635715	Temporary Staffing	343,481
A-Life Medical Inc File 50809 Los Angeles, CA 900740809	Radiology Coding	220,944
2 Total number of independent contractors (including those in 1) who rec	. ,	14

# Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a					
ants Ints	b	Membership dues					
gra	c	<b>1b</b> Fundraising events					
ffs, rar	_	<b>1</b> c	24 000 000				
ig.	d	Related organizations 1d  Government grants (contributions) 1e	24,000,000				
ons sin	e	All other contributions, gifts, grants, and	12,385				
真	f	sımılar amounts not ıncluded above					
Contributions, gifts, grants and other similar amounts	g	<b>1f</b> Noncash contributions included in					
a Co		lines 1a-1f \$		24.042.205			
	h	Total (Add lines 1a-1f)	<b>▶</b>	24,012,385			
9	_		Business Code				
nua	2a	Teaching Services	611,600		3,351,985		
Ре∨	Ь	Health Care Services	621,110	140,373,104	140,373,104		
esu	c d						
Serv	e						
an E	f	All other program service revenue					
Program Serwce Revenue							
Δ	g	Total. Add lines 2a-2f					
	3	Investment income (including divid	dends, interest				
		other similar amounts)		193,829			193,829
	4	Income from investment of tax-exempt be	ond proceeds	0			
	5	Royalties	•	0			
		(i) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	5,000				
		assets other than inventory					
	ь	Less cost or					
		other basis and sales expenses					
	c d	Gain or (loss)	5,000	5,000			5,000
	<u> </u>	Net gain or (loss)		3,000			3,000
	8a	Gross income from fundraising events (not including					
Δs		\$					
ň		of contributions reported on line 1c) See Part IV, line 18					
eve		Attach Schedule G if total exceeds					
بر بر	h	\$15,000 a					
Other Revenue	b c	Less direct expensesb  Net income or (loss) from fundraisi	ng events	О			
0	9a	Gross income from gaming	<b>▶</b>				
		activities See part IV, line 19					
		Complete Schedule G ıf total exceeds \$15,000					
		а					
	b	Less direct expensesb		0			
	С	Net income or (loss) from gaming a	tetivities  -				
	10a	Gross sales of inventory, less returns and allowances					]
		a a					
	b	Less cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of	· · · · · · · · · · · · · · · · · · ·	0			
		Miscellaneous Revenue	Business Code	227 464		227 464	
	11a	NICU Coverage Memorial	900,004	337,161 279,194		337,161 279,194	
	b	Management Services	900,004			279,194	
	С	BHS Outside Revenue	500,004	51,970		51,970	
	d	All other revenue		51,570		31,510	
	e	Total. Add lines 11a-11d	• • • • \$ 920,877				
	12	Total Revenue. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	168,857,180	143,725,089	920,877	198,829
		8c, 9c,10c,and 11e	. ▶				
			•	<del></del>	<del></del>		Form <b>990</b> (2008)

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re		plete columns (		
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,013	1,013		
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	1,610,253	1,078,062	532,191	
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	102,404,783	97,746,035		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,551,227	2,423,850	127,377	
9	Other employee benefits	15,784,616	14,368,267	1,416,349	
10	Payroll taxes	5,627,552	5,082,728	544,824	
11	Fees for services (non-employees)				
а	Management	742,362		742,362	
b	Legal	0			
C	Accounting	645,406	637,439	7,967	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	8,622,215	8,191,903	430,312	
12	Advertising and promotion	129,920	125,894	4,026	
13	Office expenses	973,007	855,799	117,208	
14	Information technology	1,516,436	758,566	757,870	
15	Royalties	0			
16	Occupancy	5,949,439	5,699,372	250,067	
17	Travel	624,125	510,504	113,621	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	279,645	240,768	38,877	
20	Interest	21	21		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,744,281	2,539,946	204,335	
23 24	Insurance	3,055,609	2,844,517	211,092	
	total expenses shown on line 25 below )	057.045	011 055	25 225	
	Utilities  Panaur & Maintananae	967,340	941,332	26,008	
	Repair & Maintenence	1,580,539	1,020,777	559,762	
c c	Dues and Subscriptions  Direct Supplies	645,836	413,776	232,060	
	Bad Debts	4,915,841	4,918,434	-2,593	
		3,563,377	3,563,377	_ 224 242	
7 25	All other expenses  Total functional expenses. Add lines 1 through 24f	-104,714	119,633	-224,347	
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	164,830,129	154,082,013	10,748,116	0

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A) Beginning of year		(B End o	
	1	Cash—non-interest-bearing			Beginning of year	1	Liid 0	0
	2	Savings and temporary cash investments			2,762,464	2		235,440
	3	Pledges and grants receivable, net			, ,	3		0
	4	Accounts receivable, net			17,190,290	4	1	4,003,163
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5		0
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S	ction 4	1958(f)(1)) and		6		0
	7	Notes and loans receivable, net				7		0
	8	Inventories for sale or use			368,407	8		384,818
92	9	Prepaid expenses and deferred charges			486,351	9		426,878
Assets	10a	Land, buildings, and equipment cost basis	<sub>10a</sub>	23,528,944				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	11,476,471	10,245,531	10c	1	2,052,473
	11	Investments—publicly traded securities				11		0
	12	Investments—other securities See Part IV, line 11 <i>Complete Pa Schedule D</i>	rt VII d	of		12		0
	13	Investments—program-related See Part IV, line 11 Complete Part IV, lin			13		0	
	14	Intangible assets				14		0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			3,128,397	15		4,355,868
	16	Total assets. Add lines 1 through 15 (must equal line 34)			34,181,440	16	3	1,458,640
	17	Accounts payable and accrued expenses .			2,750,660	17		2,037,420
	18	Grants payable		18				
	19	Deferred revenue		6,750	19		2,103	
	20	Tax-exempt bond liabilities				20		
<u>.</u>	21	Escrow account liability Complete Part IV of Schedule D		-		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ä		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties			9,147,145	23		43,626
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			9,381,326	25	1	2,053,773
	26	Total liabilities. Add lines 17 through 25			21,285,881	26	1	4,136,922
<b>У</b>		Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34.	ete lin	es 27				
an an	27	Unrestricted net assets			12,868,614	27	1	7,310,760
Balance	28	Temporarily restricted net assets			26,945	28		10,958
돧	29	Permanently restricted net assets				29		
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ and	d comp	let e				
ŏ		lines 30 through 34.				<u> </u>		
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds		40.000	32		7.004.715
Net	33	Total net assets or fund balances			12,895,559	33		7,321,718
	34	Total liabilities and net assets/fund balances			34,181,440	34	3	1,458,640
Pa	rt XI	Financial Statements and Reporting					Τ.,	
							Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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DLN: 93493123002600

OMB No 1545-0047

# SCHEDULE A F

(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.

2008

Open to Public
Inspection

		<b>e organizat i</b> EDICAL GROUP	on					Em	ployer ide	nt if icat io	n numbei	•
WELLS	PAN ME	EDICAL GROUP						23	-273078	5		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					
				ation because it is (Please								
1	Γ	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	$\Gamma$	A school de	escribed in <b>Sec</b> t	ti <b>on 170(b)(1)(A)(ii).</b> (Attac	ch Schedu	ıle E )						
3	Γ	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)										
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the										
		hospital's r	name, city, and	state								
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )								
6	$\sqcap$	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental ι	ınıt or fron	n the gene	ral publi	С
		describedi	n <b>Section 170(</b>	o)(1)(A)(vi) (Complete Par	tII)							
8		A communi	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	굣	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gro	SS
		receipts fro	om activities re	lated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2	) no more	than 331/	3% of	
			-	estment income and unrelate			•			() from bu	sınesses	
	_		·	on after June 30, 1975 See			•		•			
10	<u> </u>			and operated exclusively to								
11	ļ		•	and operated exclusively fo orted organizations describe		, ,			,	•		
				type of supporting organiza				•		Section 5	09(a)(3)	. Check
		_	ype I <b>b</b>		Type III				d	Гтуре	III - Ot	her
e	$\Gamma$	•	-	rtıfy that the organızatıon ıs			•				•	
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons	described	ın sectior	1509(a)(	1) or
f		section 50		d a written determination fro	m the IRS	Sthatitis	a Type I	Type II o	r Type III	supportir	na organi:	zation
		check this			110	, that it is	ч , , р ч т ,	. , po 11 o	, po	очрони	.g organii	
g				as the organization accepte	d any gift	or contrib	utıon from	any of the	<u>:</u>			
		following pe		r indirectly controls, either a	alono or to	acther wit	th narcons	doscribo	dun (u)		Yes	T No.
			·	ng body of the the supported		_	tii persons	describe	u III (II)	11g		No
			· -	erson described in (i) above	_	CIOII.				11g(		<del>                                     </del>
			•	ty of a person described in (		hove?				11g(	_	<del>                                     </del>
h				mation about the organizatio			supports			[9(	,	<u> </u>
						,						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) An	nount of
	Supp	pported (described		(described on lines 1 - 9		ation in	the orga	nızatıon		ation in	supp	ort?
Organization		ıızatıon		above or IRC section (See Instructions))		listed in	ın col <b>(i</b> supr	) of your		rganized US?		
				(See Instructions))		verning ment?	Supp	יסוני	in the	057		
					Yes	No	Yes	No	Yes	No	1	

Total

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

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

#### Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you check	ed the box on	ille 9 01 Part	1.)			
	ction A. Public Support	(-) 2004	(h) 2005	(-) 2006	(4) 2007	(-) 2000	/6) T - t - l
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	membership fees received (Do not include any "unusual grants")	9,540,125	11,665,170	20,020,802	20,103,257	24,012,385	85,341,739
2	Gross receipts from admissions,						
	merchandise sold or services performed,						
	or facilities furnished in any activity that	70,426,201	77,311,376	92,185,189	116,976,840	143,725,089	500,624,695
	is related to the organization's tax-						
3	exempt purpose Gross receipts from activities that are					+	
3	not an unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						0
_	or expended on its behalf						
5	The value of services or facilities						0
	furnished by a governmental unit to the organization without charge						O
6	Total Add lines 1-5	79,966,326	88,976,546	112,205,991	137,080,097	167,737,474	585,966,434
	Amounts included on lines 1, 2, and 3	,,	,,		22.,,		
/a	received from disqualified persons						0
ь	A mounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1% of						0
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						585,966,434
	line 6)						
	tal Support	( ) 2004	(1) 2005	( ) 2006	( N 2007	( ) 2000	(C) T
	ndar year (or fiscal year beginning in)	(a) 2004 79,966,326	<b>(b)</b> 2005	(c) 2006	( <b>d)</b> 2007 137,080,097	<b>(e)</b> 2008 167,737,474	(f) Total
9	A mounts from line 6	79,900,320	88,976,546	112,205,991	137,080,097	107,737,474	585,966,434
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar	874,822	987,512	920,550	130,773	193,829	3,107,486
	sources						
ь	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						0
	acquired after 30 June, 1975						
C	Add lines 10a and 10b	874,822	987,512	920,550	130,773	193,829	3,107,486
11	Net income from unrelated business						
	activities not included in line 10b,						0
	whether or not the business is regularly						
4.0	Carried on			+		+	
12	Other income Do not include gain or loss from the sale of capital assets						0
	(Explain in Part IV )						· ·
13	Total Support (Add lines 9, 10c, 11 and						F00 072 020
	12)						589,073,920
14	First Five Years If the Form 990 is for the o	rganızatıon's firs	t, second, third	, fourth, or fifth t	ax year as a 50	)1(c)(3) organiza	ation,
	check this box and <b>stop here</b>						<b>▶</b> ┌
Co	mputation of Public Support Perce						
15	Public Support Percentage for 2008 (line $8$	column (f) divid	ed by line 13 co	lumn (f))		15	99 470 %
16	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 27g			16	98 890 %
	manufation of Tours store and Tour	Daat					
	mputation of Investment Income		<b>6</b>	. 10! (0)		T T	
17	Investment Income Percentage for <b>2008</b> (II	ne 10c column (	r) divided by line	e 13 column (f))		17	0 530 %
18	Investment Income Percentage from 2007	Schedule A , Part	IV-A, line 27h			18	1 110 %
		d not check the					

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

▶▽

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

Schedule A (Form 990 or 990-EZ) 2008

For Paperwork Reduction Act Notice, see the Intructions for Form 990

DLN: 93493123002600

OMB No 1545-0047

Schedule D (Form 990) 2008

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Open to Public Inspection

	ne of the organization LSPAN MEDICAL GROUP	Employer identification number						
VY LL	STARTIESTONE GROOT		23-2730785					
Pa	rt I Organizations Maintaining Donor A							
	organization answered "Yes" to Form 99	T	(I) Funda and other accounts					
	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2 3	Aggregate Contributions to (during year)  Aggregate Grants from (during year)							
3 4	Aggregate value at end of year							
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	organization's exclusive legal control?	Г Yes   Г No					
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beimpermissible private benefit?		may be					
Pai	t II Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part IV, line 7.					
1 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a quality to the last day of the tay year.	rion or pleasure) Preservation of an Preservation of ce	historically importantly land area rtified historic structure of a conservation easement					
	on the last day of the tax year		Held at the End of the Year					
а	Total number of conservation easements		2a					
ь		<b>*</b> ~	2b					
c	Total acreage restricted by conservation easemen		20 2c					
d	Number of conservation easements on a certified h	• •						
	Number of conservation easements included in (c)	•						
3	Number of conservation easements modified, transf	erred, released, extinguished, or terminate	d by the organization during					
	the taxable year 🟲							
4	$\label{lem:number} \textbf{Number of states where property subject to conserved}$	ation easement is located 🟲						
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds	- · ·	rtions, and Yes No					
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year <b>►</b>					
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the ye	ear►\$					
8	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	2(d) above satisfy the requirements of sec	tion Yes No					
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial						
ar	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.					
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	for public exhibition, education or researc	ch in furtherance of public service,					
ь	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in	·					
	(i) Revenues included in Form 990, Part VIII, line	ı	<b>▶</b> \$					
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$					
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		- 4					
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$					
b	<b>b</b> Assets included in Form 990, Part X ►\$							

Cat No 52283D

Part	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Treası</u>	ires, or Othe	<u>r Simila</u>	r <b>Asse</b>	:ts (ca	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing that ar	e a significant u	ise of its co	ollection	า	
а	Public exhibition		d	Γ	Loan or exc	hange programs	;			
ь	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n hov	v the	y further the	organization's ex	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	Г	Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon answ	ered "Yes	s" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	dıary	for c	ontributions	or other assets	not	Γ	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	е				1			
								A mou	<u>int</u>	
C -I	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo		21?					ı	Yes	No
	If "Yes," explain the arrangement in Part XIV									
Pai	t V Endowment Funds. Complete								V Cour V	aara Daak
1a	Beginning of year balance	(a)Current Year 26,945	(D)	Prior `	rear   (c) iw	o Years Back (d)	Three Years I	back   (e	)rour r	ears back
b	Contributions	12,385								
c	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities	28,372								
	and programs									
f	Administrative expenses	10,958								
g	End of year balance	·								
2	Provide the estimated percentage of the yea	r end balance held a:	S							
а	Board designated or quasi-endowment 🕨									
Ь	Permanent endowment 🕨									
c	Term endowment ► 100 000 %									
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	tion	thata	are held and a	administered for	the		Yes	No
	(i) unrelated organizations							3a(i)	165	No
	(ii) related organizations							3a(ii)		No
b	If "Yes" to 3a(II), are the related organization							3b		No
4	Describe in Part XIV the intended uses of th	e organization's end	owme	ent fu	nds					
Par	t <b>VI</b> Investments—Land, Buildings	s, and Equipmen	ıt. S	ee F	orm 990, P	art X, line 10.				
	Description of investment				Cost or other s (investment)	( <b>b)</b> Cost or other basis (other)	(c) Deprec	iation	( <b>d)</b> Bo	ok value
<b>1</b> a l	and									
ь	Buildings						]			
c l	_easehold improvements					6,300,982	2,4	06,010		3,894,972
d i	Equipment					17,227,962	9,0	70,461		8,157,501
	 Other									
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colum	n (B)	, line	10(c).)				1	.2,052,473
ota	i. Add lines la-le <i>(Column (d) should equal Fo</i>	rm 990, Part X, colum	ın (B)	, line	10(c).)			ule D (I		

Part VIII Investments—Other Securities. See	: Form 990, Part X, line 1		
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value		d of valuation -year market value
		Cost of end-of	- year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation
(4, 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(-,	Cost or end-of	year market value
Tabel (Caluma (h) should aqual Form 000, Part V, cal (D) line 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 ) Part IX Other Assets. See Form 990, Part X, II			
(a) Descri			( <b>b)</b> Book value
Accounts receivable - interco	PETOTI		4,355,868
Accounts receivable interes			4,333,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		4,355,868
Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
Rounding	1		
A ccrued Vacation	2,459,360		
Accrued Payroll	9,594,412		
	2,001,112		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	12,053,773		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	168,857,180
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	164,830,129
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,027,051
4	Net unrealized gains (losses) on investments	4	399,108
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	399,108
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,426,159
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	oer R	eturn
1	Total revenue, gains, and other support per audited financial		145,243,903
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	399,108
3	Subtract line <b>2e</b> from line <b>1</b>	3	144,844,795
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	24,012,385
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	168,857,180
Part	<b>XIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	164,801,757
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
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 <b>2e</b> from line <b>1</b>	3	164,801,757
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	28,372
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	164,830,129

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

## Part XIV Supplemental Information

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

Ident if ier	Return Reference	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 \$28372
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Grant-York Hospital \$19030000 Grant-Gettyburg Hospital \$4970000 Restricted Contributions \$12385
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Unrealized gain on joint ventures \$399108
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

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DLN: 93493123002600

**Employer identification number** 

OMB No 1545-0047

### Schedule J (Form 990)

Compensation Information

2008

Department of the Treasury Internal Revenue Service

Name of the organization

ın Part III

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

Attach to Form 990. To be completed by organizations

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

Open to Public Inspection

WEI	LSPAN MEDICAL GROUP			22 2722705			
Da	rt I Questions Regarding Compensation	<del></del>		23-2730785			
Га	Questions Regarding Compensation					Yes	No
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					163	NO
	First class or charter travel	·   -	Housing allowance or residence for				
	Travel for companions		Payments for business use of person				
	▼ Tax idemnification and gross-up payments	$\vdash$	Health or social club dues or initiat	ıon fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chau	ffeur, chef)			
b	If line 1a is checked, did the organization follow a wr provision of all the expenses described above? If "N			ment or	1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive		<u> </u>		2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the Compensation committee  Independent compensation consultant Form 990 of other organizations	nat appl	y Written employment contract				
4	During the year, did any person listed in Form 990, I	Part VI	I, Section A, line 1a				
а	Receive a severance payment or change of control p	oaymen	t?		4a		Νo
b	Participate in, or receive payment from, a supplemen	ntal nor	nqualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?		4c		No
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item	n Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue a	ny			
а	The organization?				5a		Νo
Ь	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of			ny			
а	The organization?				6a		No
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in						

### 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	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Addıtıonal Data Table (i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	Bruce Bartels, WellSpan CEO, received additional compensation to cover the tax on personal use of his company vehicle Closing costs and attorney fees for the sale of Dr Larry Shears' former residence were reimbursed. This reimbursement was included as taxable income on Dr. Shears' W-2

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

**EIN:** 23-2730785

Name: WELLSPAN MEDICAL GROUP

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MI	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Thomas R McGann MD	(I) (II)		108,680		224,050	32,801	640,871	108,680
Ridge Salter MD	(I) (II)		29,219		7,377	30,240	228,964	
Rajesh Singal MD	(I) (II)		32,599		8,740	32,146	277,923	
Percival Buenaventura MD	(I) (II)		188,780		13,684	32,965	738,036	
Neal Friedman MD	(I) (II)		41,609		8,740	26,610	310,039	
Michael F O'Connor	(I) (II)		115,900	6,594	236,770	36,330	717,007	115,900
Michael A Wilson MD	(I) (II)		32,400	2,798	8,740	30,024	220,373	
Larry L Shears II MD	(I) (II)		190,093	35,819	8,740	34,953	822,766	
Joel W Winer MD	(I) (II)		89,441	26,000	8,740	35,582	866,754	
Jack Jensen	(I) (II)		26,922		6,814	22,961	206,952	
Cyrus E Beekey Jr MD	(I) (II)		15,600		6,090	28,264	186,239	
Charles H Chodroff MD	(I) (II)		115,900	10,868	225,520	29,430	684,220	115,900
Catherine M Heilman MD	(I) (II)		19,071		5,906	26,701	197,944	
Bruce M Bartels	(I) (II)		214,549	30,976	419,470	38,198	1,296,353	209,380
Bradley Taylor MD	(I) (II)		189,310		8,740	33,018	684,746	
Brad J Cooper MD	(I) (II)		11,117		5,880	29,563	186,992	
Arnold G Salotto MD	(I) (II)	536,147	89,441	65,800	8,740	40,370	740,498	

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DLN: 93493123002600

OMB No 1545-0047

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### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► 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.

**Transactions with Interested Persons** 

Name of the organization WELLSPAN MEDICAL GROUP

**Employer identification number** 

To be completed by organizations							(c) Correcte					
(a) Name of disqualified p	person	(b) Description of transaction								_ <u> </u>	res	No
2 Enter the amount of tax imposed on the section 4958	e organiza	ntion mana	gers or disqualifie	ed pers	ons d	uring the ye	ear un	ıder 🟲 s	\$			
<b>3</b> Enter the amount of tax, if any, on line	2, above,	reımburse	d by the organıza	tion .				<b>&gt;</b> 9	\$			
To be completed by organization				), Part	IV, lır	ne 26, or Fo	rm 99	90-EZ	1		38a	
) Name of interested person and purpose	( <b>b)</b> Loan from t organiza	:he	(c)O riginal prir amount	ncıpal	(d)Balance due			In ult?	Approby boa	oved ard or	( <b>g)</b> W agree	
	To From		<u> </u>					No	Yes	No	Yes	No
nold G Sallotto MD cruit /Retention		х	29	6,206		211,576		Νo	Yes		Yes	$oxed{oxed}$
el W Winer MD cruit /Retention		х	29	6,206		211,576		Νo	Yes		Yes	igspace
tal			<u> </u>	\$		423,152						
To be completed by organiz			sted Persons		90. P	, , , , , , , , , , , , , , , , , , ,	L e 27.					
(a) Name of interested person		elatıonshı	between interes the organization			(c)A mo			nt or typ	oe of a	ssista	nce
art IV Business Transactions I To be completed by organiz					90, P	art IV, lın	e 28a	a, 28	b, or 2	28c.		
(a) Name of interested person	betwee	elationship n interest on and the	ed <b>(c)</b> A mo			(d) Descri	ptıon	of tra	nsactio	)	e) Sha rganıza reven	ation
		anization			-					<del> </del>	res	No
					$\dashv$					$\perp$		
												-
			1		1							

# DLN: 93493123002600

## **SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information to Form 990**

OMB No 1545-0047

Inspection

Name of the organization

WELLSPAN MEDICAL GROUP

Form 990, Part VI,

Form 990, Part VI, Line

10 Form 990 Review

Process

Form 990, Part

**Identifier** 

VI, Line 10

**Employer identification number** 

23-2730785

ldentif	fier	Return Reference	Explanation
		0, Part VI, Line 19 Other Organization ents Publicly Available	Governing documents, policies, and financial statements are available upon request
Identifier Reference			Explanation

▶ 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.

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 or 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 cord 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, how ever, that he 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 neumbent 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 of make salary adjustments for subordiate positions. The Committee is responsible for approving and intuitionizing payment of the performance awards. The Committee will approve and authorize payment of the external consultant to the committee. This consultant focuses exclusively on executive and physician compensation review of the external consultant to the normalities. The compensation reviewed annually 2) Cash compensation reviewed by external consultant bennially 3) external total compensation (cash, incentives, benefits, perquisites) eviewed by external consultant periodically 4) Process is integrated with compensation analysis for other VellSpan positions 5) Committ
ldentifier	Return Reference	e Explanation

ldentifier Return Refere		nce	Explanation
Form 990, Part VI, Line 12c	Line 12c Explanation of Monitoring and Enforcement of Conflicts	interes disclos exists, Directo	the Parent Company There shall be full disclosure by any Director having a business or personal of or relationship which may be in conflict with the interests of the Corporation. After such sure the Director shall abide by the determination of the Board of Directors as to whether a conflict the extent to which, if at all, the Director will be permitted to be present during the Board of pors' discussion of the matter in which the Director may be interested, and whether the Director will mitted to participate in such discussion and cast a vote in such matter.

Officers, directors, and key employees fill out a WellSpan Health Conflict of Interest Disclosure Statement

questionaire annually The questionaire is administered by the Internal Audit Department of WellSpan

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

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

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

**Explanation** 

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The Board of Directors shall consist of ten persons, not counting the Executive Director (who shall serve ex officio without the right to vote). Five Directors shall be physicians employed by the Corporation, at least three of whom shall be engaged in primary care practice. Primary care practice for purposes of this Section shall include family practice, general practice, general internal medicine and general pediatrics. Five Directors shall be persons nominated by the Board of Directors of the Member. The person serving from time to time as the Chief Executive Officer of the Member shall be one of the five System Directors.

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

Return Reference

Line 6		Shareholder	ole member						
Identifier	Return Reference	Return Reference Explanation							
	Client Note1	WellSpan Heaith - 2009 Community Benefit ReportWHEREVER YC YOU EVERY STEP OF THE WAY WellSpan Heaith includes Getty Center, VNA Home Health, WellSpan Medical Group, SOUTH CEN Hospital Foundation, York Health Foundation, York Provider Netw Pharmacy OUR CHARITABLE COMMUNITY MISSIONWellSpan is a county region As a community-based, not-for-profit organization well-being of the people it serves. WellSpan will assume a leader organization to oil improve access to coordinated, high-quality, cit health care providers of tomorrow o promote healthy lifestyles an healthier, more desirable places to live, work and play FOR EVER OF YOUR LIFES JOURNEY At WellSpan Health, we care for, fret the octogenarian surrounded by three generations of family to the provide, from the teenager negotating a meriedle of decisions to from the we ekend warrior with a sprained ankle to the 50-year-oissues, moments of despair, we akness and utter joy are all part of Health is committed to being with you, every step of the way. As WellSpan Health is dedicated to improving the lives of those we says, through programs that assist those with chronic condition underinsured, community-based support and wellness programs, steadfast adherence to our masion of providing quality care, reg dedication is paying off. Even as you read this, many of the initiat are making a fundamental, life-changing difference for those living programs 1970,022Medical Educations 199,618Research\$539,33 rembursed cost)\$47,882,000Medicare (non-rembursed cost)\$44 UNINSURED AND UNDERNISURED NAVIGATE HEALTH-CARE OPTI Programs 31,970,022Medical Educations 199,618Research\$539,33 rembursed cost)\$47,882,000Medicare (non-rembursed cost)\$44 UNINSURED AND UNDERNISURED NAVIGATE HEALTH-CARE OPTI Programs 1970,022Medical Educations 199,618Research\$539,33 rembursed patients, regardless of whether they qualify for charify program where the second That's why we take the second provides and support program undaried programs and ordiversions of the health ordiversion of the health ordiversion of	insburg Hospital, York Hospital, Apple Hill Surgical ITTRAL Preferred, WellSpan Pharmacy, Gettysburg fork and Healthy York Network/ Healthy Community an integrated health system serving the Adams-York in, WellSpan is dedicated to improving the health and rishprole and develop partnerships with other ost-effective health care serviceso educate the indiffeon wellnesso make its local communities RY AGE FOR EVERY CONDITION FOR EVERY STEP to over, and serve a vast and varied population. From einew mother, alone and struggling to find a way to the modile-age woman choosing a healther life, and disabled by chronic pain. Countless situations, of the journey that is life. Rest assured, WellSpan is a community-based, non-profit organization, serve. This dedication is evidenced in scores of is, initiatives that support the uninsured and is, an ongoing investment in advanced care and a pardless of the patient's ability to pay. Yes, all of our tives, programs and partnerships that we support ig in York and Adams counties. This year, we are the pourney that is life WELLSPAN SYSTEM-WDE and Contributions\$992,367Community Outreach. / 21Chartly Care (at cost)\$10,710,000Medicaid (non-4,988,000TALS) and Contributions\$992,367Community Outreach. / 21Chartly Care (at cost)\$10,710,000Medicaid (non-4,988,000TALS) and we believe that a healthier south central as who live here can get the health care that they is no insurance and are unable to pay. We offer cent of federal poverty guidelines. Additionally, all y care, receive discounts similar to those offered to an eliminate all of the barriers to care. That's why is associations and coalitions to identify local, insured. Together with our partners and hundreds me to take basic primary care and other services into, and help people establish a "medical home" with a mobile health care program that travels to urban and so individuals find a medical home by connecting with effort that facilitates access to discounted health to Healthy Community Pharmacy, which provides primary incomes the s						

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

DLN: 93493123002600

2008

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2008

# **Related Organizations and Unrelated Partnerships**

(Form 990)

**SCHEDULE R** 

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

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** WELLSPAN MEDICAL GROUP 23-2730785

Part I Identification of Disregarded Entities					
( <b>A</b> ) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	( <b>D</b> ) Exempt Code secti	on Public charity stati	(F) Direct controlling entity
See Additional Data Table					

Cat No 50135Y

Schedule R (Form 990) 2008								
Part III Identification o	f Related Organi:	zations	Taxable as	a Partnership	•			
(A)  Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or	(D) Direct controlling entity	<b>(E)</b> Predominant income(related,	<b>(F)</b> Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?	(I) Code V—UBI amount or Box 20 of K-1

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

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

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

(5)

(6)

Part V	Transactions wit	h Related	Organizations
	i i a i i sa c i i s i i i i		Ol guille a divilo

Pa	art V Transactions with Related Organizations			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	<b>1</b> c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g	Yes	
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
i	Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
_	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
	1 Sharing of facilities, equipment, mailing lists, or other assets	1m		No
	Sharing of paid employees	1n		No
	Sharing of para employees			
0	Reimbursement paid to other organization for expenses	10	Yes	
p	Reimbursement paid by other organization for expenses	<b>1</b> p		No
q	O ther transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	1r		No
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(A) Name of other organization(s)  (B) Transaction type(a-r)  (C) Amount Involved			
(1)				
(2)				
(3)				
(4)				

### Part VI Unrelated Organizations Taxable as a Partnership

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

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

**Software ID:** 08000091 **Software Version:** 2008v2.7 **EIN:** 23-2730785

Name: WELLSPAN MEDICAL GROUP

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations									
<b>(A)</b> Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity				
Wellspan Properties Inc		†							
I DO ROV 2 /6 /	Leases facilities to affiliates	РА	501(c)(3)	11 Type 1	NA				
York VNA Home Care Inc									
	Mgmt hospice/home health	PA	501(c)(3)	11 Type 1	NA				
York Hospital									
	Community teaching hospital	PA	501(c)(3)	3	NA				
York Health Foundation									
York, PA 174052767 23-3050192	Charitable contributions for Wellspan entities	PA	501(c)(3)	11 Type 3	NA				
Wellspan Health Care Services	Health-related								
	activitiesin the service area	PA	501(c)(3)	11 Type 1	NA				
Wellspan Health									
	Integrated Health System	PA	501(c)(3)	11 Type 1	NA				
VNA Home Health Services									
PO Box 2767 York, PA 1740 52767 23-1352573	Home health and hospice care services	PA	501(c)(3)	9	NA				
VNA Community Services	Home personal care								
PO Box 2767	services for elderly and disabled	РА	501(c)(3)	9	N A				
Healthy Community Pharmacy Inc									
PO 809 7767	Reduced rate prescription drugs	РА	501(c)(3)	11 Type 1	NA				
Gettysburg Hospital Foundation									
	Fundraising for Gettysburg Hospital	РА	501(c)(3)	11 Type 1	NA				
Gettysburg Hospital									
PO Box 2767 York, PA 174052767 23-1352220	Health Care Services	РА	501(c)(3)	3	NA				
Apple Hill Surgical Center Inc	Sole GP in limited								
PO Box 2767	pntrshp operating surgical center	PA	501(c)(3)	9	N A				

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	( <b>D)</b> Direct Controlling Entity	(E) Predominant Income(related, Investment, unrelated)	(F) Share of total income (\$)	( <b>G)</b> Share of end-of-year assets (\$)	(H) Dispro allocat	ortionate ions?	(I) Code V-UBI amount on Box 20 of Schedule K- 1 (Form 1065) (\$)	Managin	
							Yes	No		Yes	No
Community Healthcare Imaging Partners  PO Box 2767 York, PA 174052767 23-2444154	MRI Center	PA	NA	N/A				No			Νο
Cherry Tree Cancer Center LLP PO Box 2767 York, PA 174052767 23-2915628	Radiation	PA	NA					No			Νο
Gettysburg Ambulatory Surgical Center LL PO Box 2767 York, PA 174052767 20-5602701	Surgical Cn	PA	NA	N/A				No			Νο
Littlestown Health Care Partners 300 West King Street Littlestown, PA 17 340 23-2880464	Lease facil	PA	NA	N/A				No			Νο
York, PA 174052767 20-8226561	GP of CHIP	PA	NΑ	N/A				No			Νo
PO Box 2767 York, PA 174052767 23-2910950	Ref Lab	PA	NΑ	N/A				No			Νο
Apple Hill Surgical Center Partners PO Box 2767 York, PA 174052767 23-2489452	Surgical Cn	PA	NA	N/A				No			Νο

## **Additional Data**

Software ID: Software Version:

**EIN:** 23-2730785

Name: WELLSPAN MEDICAL GROUP

## Form 990, Part VII - Section Aaa

<b>(A)</b> Name and Title		(C) Position (check that apply)			: all			(E)	(F)		
	(B) Average hours per week	Individual Trustee or Errector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Thomas R McGann MD , Secretary,ExDır	40 00			Χ				384,020	0	256,851	
Ridge Salter MD , Vice Chairman	40 00	Х		Χ				191,347	0	0 37,617	
Richard Brown , Director	1 00	Х						0	0	0	
Rajesh Singal MD , Director	40 00	Х						237,037	0	40,886	
Percival Buenaventura MD , Surgeon	40 00					Х		691,387	0	46,649	
Neal Friedman MD , Director	1 00	Х						0	274,689	35,350	
Michael F O'Connor , CFO-WellSpan H	1 00			Х				0	443,907	273,100	
Michael A Wilson MD , Former Chairman							Х	0	181,609	38,764	
Larry L Shears II MD , Surgeon	40 00					Х		779,073	0	43,693	
Joel W Winer MD , Surgeon	40 00					Х		822,432	0	44,322	
Jan Herrold , Director	1 00	Х						0	0	0	
Jack Jensen , VP & COO - WellSpan Medical Group	40 00				х			177,177	0	29,775	
Cyrus E Beekey Jr MD , Director	40 00	Х						151,885	0	34,354	
Charles H Chodroff MD , Director	40 00	Х						0	429,270	254,950	
Catherine M Heilman MD , Director	40 00	Х						165,337	0	32,607	
Bruce M Bartels , CEO - WellSpan H	1 00	Х		Х				0	838,685	457,668	
Bradley Taylor MD , Surgeon	40 00					Х		642,988	0	41,758	
Brad J Cooper MD , Chairman	40 00	Х		Х				151,549	0	35,443	
Arnold G Salotto MD , Surgeon	40 00					Х		691,388	0	49,110	