

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493123005620

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	r the	2008 ca	alendar yea	r, or tax year beginning 07-01	L-2008 and ending 06-30-200	9	D Farmlessen ide	atification number
		pplicable	Please	C Name of organization YORK HEALTH FOUNDATION			D Employer ide	ntification number
Add		_	use IRS label or	Doing Business As			23-3050192 E Telephone nu	
Nar		_	print or type. See					
Init	ıal retu	ırn	Specific Instruc-		ıf maıl ıs not delivered to street addre	ss) Room/suite	(717) 851-3 G Gross receipt	
Ter	mınatıd	on	tions.	PO BOX 2767				- + -,
☐ Am	ended	return		City or town, state or country, a YORK, PA 17405	nd ZIP + 4		1	
☐ App	lication	n pending		10KK, 14 17405				
				ne and address of Principal O	fficer	H(a) Is th	s a group return	for
			Bruce E PO Box			affilia	tes?	⊤Yes ▼ No
			York, P.	A 174052767		H(b) Are al	l affiliates include	d?
I Tax	x-exen	npt status	<b>▽</b> 501(c)	) ( 3 ) ◀ (insert no )	(1) or 527			See instructions )
J W	eb sit	e:► WW	/W WELLSP	AN ORG		H(c) Grou	ip Exemption Nur	mber ►
<b>К</b> Туре	e of or	ganızatıon	Corporat	ion trust association other	r <b>I</b>	<b>L</b> Year of Fo	rmation 2000 M s	State of legal domicile PA
Pa	rt I	Sum	mary					
	1	Briefly	describe th	e organization's mission or m	ost significant activities			
3				•	sed, non-profit organization de		•	h of the local
Ē		commu	nity by gen	erating charitable contributio	ns for the York-based entities	of WellSpan H	ealth	
Ē.	2	Check	this box	ıf the organization discontinu	ed its operations or disposed o	f more than 2	5% of its assets	
Governance	3		,		dy (Part VI, line 1a)			16
	4		_		overning body (Part VI, line 11			12
Activities &	5	Total n	umber of en	nployees (Part V , line 2a) .			5 _	0
్	6	Total n	umber of vo	lunteers (estimate if necessa	ary)		6 _	629
ĕ	7a	Total g	ross unrela	ted business revenue from Pa	•	7a _	0	
	ь	Net unr	elated busi	ness taxable income from Fo	rm 990-T, line 34		7b	
	_					Pric	or Year	Current Year
ē	8			d grants (Part VIII, line 1h)			4,004,056	4,663,443
ē	9 10			revenue (Part VIII, line 2g) ne (Part VIII, column (A), lin		677,204 24,695	735,765	
Reven	11			art VIII, column (A), lines 5,		403,107	9,126	
	12				equal Part VIII, column (A), lin	e	100,107	33,331
		12)					5,109,062	5,464,295
	13			ar amounts paid (Part IX, colu	, ,,		3,030,747	4,300,639
	14			or for members (Part IX, colur		_		0
\$	15	5aiari 10)	es, other co	ompensation, employee benef	its (Part IX, column (A), lines !	>-		0
<u>8</u>	16a	Profes	sional fund	raising fees (Part IX, column	(A), line 11e)			0
Expenses	ь	(Total f	undraising exp	penses, Part IX, column (D), line 25	; 0)			
	17	Other	expenses (	(Part IX, column (A), lines 11	a-11d, 11f-24f)		1,841,372	1,740,299
	18	Total	expenses—	add lines 13–17 (must equa	l Part IX, line 25, column (A))		4,872,119	6,040,938
	19	Reven	ue less exp	penses Subtract line 18 from	line 12		236,943	-576,643
Net Assets or Fund Balances						Beginn	ing of Year	End of Year
P SS E	20		-	rt X, line 16)			9,103,008	7,519,756
PA A	21	Total	liabilities (F	Part X, line 26)			422,541	611,652
	22	_		d balances Subtract line 21	from line 20		8,680,467	6,908,104
Par	t II	_	ature Blo					
					ed this return, including accompanying of preparer (other than officer) is base			
Plea		***			-05-03			
Sign Here		Sign	ature of office	er		Date		
пет	-		ael F O'Conno					
		<b>F</b> Type	e or print nam	ie and title	Date		T_	
<b>.</b>		Preparer signatur		TRIMNER	Check If self-	Preparer's PTIN (	See Gen Inst )	
Paid	. الدعيد		<u> </u>		mpolyed •			
Prepa Use (		ıf self-er	ame (or yours nployed),	•	EIN Þ			
036 (	Jiii y		and ZIP + 4	8405 Greensboro Drive	Phone no h (3)	22) 902 0600		
				McLean, VA 22102			Phone no 🕨 (70	<u> </u>
Mayt	he IR	S discus	ss this retu	rn with the preparer shown ab	ove? (See instructions)			┌Yes ┌No

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

1	Briefly describe the organization's mission				
	The York Health Foundation is a community-b contributions for the York-based entities of We several community health and outreach progra	ellSpan Health including York			
2	Did the organization undertake any s	ıgnıfıcant program serv	rices during the year wl	hich were not listed on	
	the prior Form 990 or 990-EZ? .				┌ Yes ┌ No
	If "Yes," describe these new service:				
3	Did the organization cease conducting services?		hanges in how it condu	ıcts any program • • • • •	┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achiev Section 501(c)(3) and (4) organizati others, the total expenses, and rever	ons and 4947(a)(1) tru	ists are required to rep		
4a	(Code ) (Expenses  Realized support to its exempt affilities to il  donations These included federal grant aw- community donations See Attached Federal	mprove the health and welln ards for the Nurse Anesthetis	st Program in addition to gol	f tournaments, bike hikes, the I	
4b	(Code ) (Expenses	\$ In	ncluding grants of \$	) (Revenue \$	)
4-	(Code ) (Evenesee	*	and under a second and the	) (Devenue d	
4с	(Code ) (Expenses	⇒ II	ncluding grants of \$	) (Revenue \$	)
4d	Other program services (Describe (Expenses \$	ın Schedule O ) including grants of \$		) (Revenue \$	1
4e	Total program service expenses \$	6,025,197	Must equal Part IX, Li		,
+0	i otai program service expenses \$	0,025,197	must equal Part 1X, LI	ne 25, colullii (b).	

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		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		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		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	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? <i>If</i> "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		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	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		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		Νο
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		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		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

### Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
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
c	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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
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		Νo

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			
	1			
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	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 return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b		No
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		Νo
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
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 of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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		Νο
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).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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.	'		
а	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			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
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			

## 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	y 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 1a 16							
Ь	Enter the number of voting members that are independent 1b 12							
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?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No				
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		No				
b	<b>b</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?							
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	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
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
				, ,,,,

#### 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	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		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

			(C) Position (check all that apply)							(E)		(F)	
	<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustae or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	( <b>D)</b> Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	01	Estima mount o compens from t rganizati relat organiza	f other sation the on and ed
											-		
											+		
1h	Total							<b> </b>		1,798,	826		944,287
1b 2	Total	g those ın 1	a) who				re thar	•	00,000 ın reportab	1,798,	826		944,287
		g those ın 1					re thar	•	00,000 in reportab		826		944,287
2	Total number of individuals (includin compensation from the organization	g those ın 1 ►0	a) who	recei	ved	mor		n \$1		le	826	Yes	944,287 <b>No</b>
	Total number of individuals (includin	g those in 1 ►0 officer, direc	a) who	recei	ved e, k	moi	employ	n \$1	or highest compens	le			· · ·
2	Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? <i>If</i> "Yes," complete Schedu	g those in 1  O  officer, direct le J for such s the sum of	a) who	recei ruste <i>ual</i> •	e, k	ey e	employ • •	/ee,	or highest compens	le sated employee	826 <b>3</b>	Yes	· · ·
3	Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? <i>If</i> "Yes," complete Schedu	g those in 1  O  officer, direct le J for such s the sum of	a) who	recei ruste <i>ual</i> •	e, k	ey e	employ • •	/ee,	or highest compens	le sated employee	3	Yes	· · ·
3	Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? <i>If</i> "Yes," complete Schedu  For any individual listed online 1a, is organization and related organization	g those in 1  officer, direct  le J for such  the sum of  ns greater th	a) who  ttor or t  individu  reporta  nan \$15	ruste ual ble c 0,00	e, k	ey e	employ ation fes," co	ee, and	or highest compens  other compensation  lete Schedule J for si	sated employee  n from the			· · ·
3 4	Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? <i>If</i> "Yes," complete Schedul For any individual listed online 1a, is organization and related organization individual	g those in 1  officer, direct le J for such the sum of ns greater th  o eive or accre	a) who	ruste ual ble c 0,00	e, koomp	ey e ens	employ ation sation ses," co	ee, and ompi	or highest compension other compensation lete Schedule J for sure leading to the second organization or the second organization or the second organization or the second organization or the second or	sated employee  n from the  uch for services	3	Yes	·
2 3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu  For any individual listed online 1a, is organization and related organization individual	officer, direct le J for such the sum of	a) who	ruste ual ble c 0,00	e, koomp	ey e ens	employ ation sation ses," co	ee, and ompi	or highest compension other compensation lete Schedule J for sure leading to the second organization or the second organization or the second organization or the second organization or the second or	sated employee  n from the  uch for services	3	Yes	No
2 3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu  For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste  val  ble c 0,00  censa	e, ke omp 0? I tion	ey e ey e e e e e e e e e e e e e e e e	employ ation	s \$1	or highest compension other compensation in the compensation in the compensation in the compensation in the compension in the compensation in the compension	sated employee  n from the  uch  for services	3	Yes	No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste  val  ble c 0,00  censa	e, ke omp 0? I tion	ey e ey e e e e e e e e e e e e e e e e	employ ation	s \$1	or highest compension other compensation in the compensation in the compensation in the compensation in the compension in the compensation in the compension	sated employee  n from the  uch  for services	3	Yes	No No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, direct le J for such the sthe sum of the street the such th	a) who  tor or t  individu  reporta  nan \$15   ue comp  Schedule	ruste  val  ble c 0,00  censa	e, ke omp 0? I tion	ey e ey e e e e e e e e e e e e e e e e	employ ation	s \$1	or highest compens  other compensation  lete Schedule J for so  elated organization  sthat received mo	sated employee  in from the  uch  for services  re than	3	Yes	No No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who  tor or t  individu  reporta  nan \$15   ue comp  Schedule	ruste  val  ble c 0,00  censa	e, ke omp 0? I tion	ey e ey e e e e e e e e e e e e e e e e	employ ation	s \$1	or highest compens  other compensation  lete Schedule J for so  elated organization  sthat received mo	sated employee  in from the  uch  for services  re than	3	Yes Yes	No No
3 4 5	Total number of individuals (includin compensation from the organization)  Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who  tor or t  individu  reporta  nan \$15   ue comp  Schedule	ruste  val  ble c 0,00  censa	e, ke omp 0? I tion	ey e ey e e e e e e e e e e e e e e e e	employ ation	s \$1	or highest compens  other compensation  lete Schedule J for so  elated organization  sthat received mo	sated employee  in from the  uch  for services  re than	3	Yes Yes	No No

Form 990 (2008)

Statement of Revenue

				(A)	(B)	(C)	(D)
				Total Revenue	Related or Exempt	Unrelated Business	Revenue Excluded from
					Function Revenue	Revenue	Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	1		Kevende		312, 313, 01 314
nts nts	ь	Membership dues					
guo	c	<b>1b</b> Fundraising events	314,118				
ts, an		10					
<u>=</u>	d	Related organizations1d					
Sign Sift	e	Government grants (contributions) 1e					
ξ, ja	f	All other contributions, gifts, grants, and similar amounts not included above	3,967,017				
Contributions, gifts, grants and other similar amounts	g	<b>1f</b> Noncash contributions included in					
9 10 10 10 10 10 10 10 10 10 10 10 10 10		lines 1a-1f \$					
•	h	Total (Add lines 1a-1f)		4,663,443 ————			
- w			Business Code				
Program Serwce Revenue	2a	Fund Raising Fees	561,000	735,765	735,765		
æ	ь						
<del>2</del> 2	С.						
₩	d						
Ē	e f		-				
ୁଆର	1	All other program service revenue					
Ğ	g	Total. Add lines 2a-2f					
	3	► \$ 735,765  Investment income (including divi	dends, interest				
		other similar amounts)	·	9,126			9,126
	4	Income from investment of tax-exempt b	ond proceeds	0			
			▶	0			
	5	Royalties	(II) Personal	-			
	6a	Gross Rents (1) Kedi	(II) I EISONAI				
	ь	Less rental expenses					
	С	Rental income					
	d	or (loss)  Net rental income or (loss)		0			
		(ı) Securities	(II) O ther				
	7a	Gross amount	(ii) o thei				
		from sales of assets other					
	ь	than inventory Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)	. ▶	0			
	8a	Gross income from fundraising					
		events (not including \$ 164,422					
Other Revenue		of contributions reported on line					
⊉ ≳		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
æ		\$15,000 a	314,118				
<u> </u>	ь	Less direct expensesb		55,961			55,961
ŏ	С	Net income or (loss) from fundrais	ing events	55,961			35,961
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total					
		exceeds \$15,000					
	ь	Less direct expensesb					
	С	Net income or (loss) from gaming	activities •	0			
	10a	Gross sales of inventory, less	<u> </u>				
		returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g, 3	0 3, 4, 5, 6d, 7d,	5,464,295	735,765		65,087
		8c, 9c, 10c, and 11e					

## Part IX Statement of Functional Expenses

Δ	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,300,639	4,300,639		·
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)				
а	Management	0			
b	Legal	0			
c	Accounting	15,741		15,741	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	21,105	21,105		
12	Advertising and promotion	22,272	22,272		
13	Office expenses	47,488	47,488		
14	Information technology	7,782	7,782		
15	Royalties	0			
16	Occupancy	13,357	13,357		
17	Travel	16,484	16,484		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	3,889	3,889		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,509	2,509		
23	Insurance	7,135	7,135		
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 )				
а	Restricted Assets Expenditures	1,004,535	1,004,535		
	Printing and Publications	33,913	33,913		
c	Dues and Subscriptions	4,289	4,289		
d	Direct Supplies	7,413	7,413		
	Contract Labor	520,059	520,059		
f	All other expenses	12,328	12,328		
25	Total functional expenses. Add lines 1 through 24f	6,040,938	6,025,197	15,741	0
26	Joint Costs. Check   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	,,	,,		<u> </u>

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	0
	2	Savings and temporary cash investments			855,981	2	724,718
	3	Pledges and grants receivable, net			3,171,466	3	2,660,627
	4	Accounts receivable, net			7,954	4	11,617
	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 sec persons described in section 4958(c)(3)(B) Complete Part II of So				6	0
	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use				8	0
2	9	Prepaid expenses and deferred charges			3,935	9	2,558
Assets	10a	Land, buildings, and equipment cost basis	10a	20,106			
•	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	8,150	12,849	10c	11,956
	11	Investments—publicly traded securities			5,050,823	11	4,108,280
	12	Investments—other securities See Part IV, line 11 <i>Complete Par Schedule D</i>	t VII o	f		12	0
	13	Investments—program-related See Part IV , line 11 $\it Complete Pair of Schedule D$ .	t VIII			13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			9,103,008	16	7,519,756
	17	Accounts payable and accrued expenses .			5,802	17	24,872
	18	Grants payable		18			
	19	Deferred revenue			71,759	19	18,981
	20	Tax-exempt bond liabilities				20	
<u>6</u>	21	Escrow account liability				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			344,980	25	567,799
	26	Total liabilities. Add lines 17 through 25			422,541	26	611,652
seo		Organizations that follow SFAS 117, check here ▶   and complet through 29, and lines 33 and 34.	ete line	es 27			
Balance	27	Unrestricted net assets			616,765	27	356,696
	28	Temporarily restricted net assets			8,063,702	28	6,551,408
Fund	29	Permanently restricted net assets			29		
교		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	compl	ete			
5		lines 30 through 34.					
	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 fun			32		
Net	33	Total net assets or fund balances			8,680,467	33	6,908,104
	34	Total liabilities and net assets/fund balances			9,103,008	34	7,519,756
Pa	rt XI	Financial Statements and Reporting					

Deat VI	Financial Ctataments and Banautics	_
Part XI	Financial Statements and Reporting	1

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

## SCHEDULE A Public

(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.

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

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

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

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

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

OMB No 1545-0047

Open to Public
Inspection

lame	of	t he	orga	nizat	ion
ORK F	IFΔ	TH F	CHINE	OTTAC	d.

Employer identification number

23-3050192

4	Г		•	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n <b>Sect ion</b>	170(b)(1)	( <b>A</b> )(iii). E	nter the	
	_	•	name, city, and									
5		_	•	or the benefit of a college or	r universit	y owned o	roperated	l by a gov	ernmental	unit desc	rıbed ın	
	_			(Complete Part II )								
6				overnment or governmental								
7		=		ally receives a substantial p		support fro	om a gove	rnmental ı	unit or fror	n the gene	ral publi	С
				<b>o)(1)(A)(vi)</b> (Complete Par								
8		A commun	ity trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Con	nplete Par	tII)					
9	Γ	An organız	ation that norma	ally receives (1) more than	3 3 1/3% 0	of its supp	ort from c	ontributior	ns, membe	ership fees	, and gro	SS
		receipts fro	om activities rel	ated to its exempt functions	s—subject	to certaii	n exceptio	ns, and (2	) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busine:	ss taxable	ıncome (l	ess section	on 511 ta:	x) from bu	sınesses	
		acquired b	y the organization	on after June 30, 1975 See	Section 5	i09(a)(2).	(Complet	e Part III	)			
10	Γ	An organız	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509	<b>(a)(4).</b> (S	ee instruc	tions )	
11		-	-	and operated exclusively fo					,	•		
				orted organizations describe						Section 5	09(a)(3)	.Check
		a T		type of supporting organiza  ✓ Type II c			nes lle t nally Integ		.n <b>d</b>	□ Tyne	III - Ot	her
e	✓	•	<i>,</i> ,	rtify that the organization is								
_	,		-	agers and other than one or								
		section 50										
f				d a written determination fro	om the IRS	5 that it is	a Type I,	Type II o	r Type III	supportir	ng organı	zation,
а		check this		as the organization accepte	d any dift	or contrib	ution from	any of the	,			,
g		following p		as the organization decepte	a any gne	or continb		uny or the	•			
		(i) a perso	n who directly o	r indirectly controls, either	alone or to	ogether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) be	low, the governı	ng body of the the supported	d organıza	tion?				11g	(i)	Νο
		(ii) a famıl	y member of a p	erson described in (i) above	?					11g(	ii)	Νο
		(iii) a 35%	controlled enti	ty of a person described in (	(ı) or (ıı) a	bove?				11g(	iii)	Νο
h		Provide the	e following inforr	mation about the organizatio	ns the or	ganızatıon	supports					<del></del>
											_	
		ame of	(ii) EIN	(iii) Type of organization		is the	1	ou notify		Is the	(vii) Ar	nount of
		ported		(described on lines 1 - 9	_	ation in	_	inization		zation in	supp	ort?
	O rgar	nization		above or IRC section (See Instructions))		listed in verning	1	i) of your port?	1	organized US?		
				(See Instructions))		ment?	3 up	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	"" ""	. 0 3 .		
					Yes	No	Yes	No	Yes	No	1	
	Span Me	edical										
Grou	p		232730785	9	Yes		Yes		Yes		•	508692
Healt	thv				<del> </del>	<del> </del>		<del>                                     </del>	<del> </del>		+	
Com	munity		200519121	9		No	Yes		Yes			53575
Phari	macy					''	'		'			333,3
VNA	Home I					1						
Servi			231352573	9	Yes		Yes		Yes		!	508353
York	Hospita	<u> </u>	<del>                                     </del>		-	-		-	-		-	
IOIK	Hospite	a i	231352222	3	Yes		Yes		Yes		16	506436
Tota	1											2 777 056

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

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

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

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

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<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

#### **Additional Data**

Software ID: Software Version:

**EIN:** 23-3050192

Name: YORK HEALTH FOUNDATION

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	<b>(ii)</b> EIN	(iii)  Type of organization (described on lines 1-9 above or IRC section)	(iii)  of organization bed on lines 1-9 or IRC section )  Is the organization in (i) listed in your governing document?  Is the organization in (i) of your support?  (V)  Did you notify the organization in (i) of your support?  (I) organization in (ii) of your support?  (I) organization in (ii) of your support?		Did you notify the organization in (i) of your support?		organization in (i) listed in your governing document?  Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the US?		<b>(vii)</b> A mount of support?
			Yes	No	Yes	No	Yes	No			
WellSpan Medical Group	232730785	9	Yes		Yes		Yes		608692		
Healthy Community Pharmacy	200519121	9		No	Yes		Yes		53575		
VNA Home Health Services	231352573	9	Yes		Yes		Yes		508353		
York Hospital	231352222	3	Yes		Yes		Yes		1606436		

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493123005620 Schedule B OMB No 1545-0047 Schedule of Contributors (Form 990, 990-EZ, or 990-PF) Attach to Form 990, 990-EZ, and 990-PF. 2008 Department of the Treasury See separate instructions. Internal Revenue Service **Employer identification number** Name of organization YORK HEALTH FOUNDATION 23-3050192 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions) General Rule— For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules— For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33<sup>1</sup>/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount onForm 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ. line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and Ш For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more 

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization YORK HEALTH FOUNDATION Employer identification number

ORK HEALT	H FOUNDATION	23-3050192
Part I	Contributors (see Instructions)	

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	See Additional Data Table	\$	Person Payroll Noncash Complete Part II if there is a noncash contribution )
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution Page 1
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution )
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution )
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution )
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution )

Schedule B (Form 990, 990-EZ, or 990-PF) (2008) Page 1 of 1 of Part II Employer identification number Name of organization YORK HEALTH FOUNDATION 23-3050192 Part II Noncash Property (see Instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I

Name of organization YORK HEALTH FOUNDATION **Employer identification number** 

23-3050192

(b)		Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry)  For organizations completing Part III, enter the total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year (Enter this information once See instructions) > \$\infty\$				
Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
Transferee's name, address, an	Transfe	r of gift	ip of transferor to transferee			
(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
Transferee's name, address, an	Transfe	r of gift	ip of transferor to transferee			
(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
Transferee's name, address, an	Transfe	r of gift	ip of transferor to transferee			
(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held			
Transferee's name, address, an	Transfe	r of gift	ip of transferor to transferee			
	(b) Purpose of gift  Transferee's name, address, an  (b) Purpose of gift  Transferee's name, address, an  (b) Purpose of gift	Transferee's name, address, and ZIP 4  (b) (c) Purpose of gift Use of  Transferee's name, address, and ZIP 4  (b) (c) Purpose of gift Use of  Transferee's name, address, and ZIP 4  (c) Transferee's name, address, and ZIP 4  (d) Transferee's name, address, and ZIP 4  (e) Transferee's name, address, and ZIP 4  (f) Use of Use	(b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Relationsh  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Relationsh  (c) Use of gift  (d) Use of gift  (e) Transfer of gift  Relationsh  (c) Use of gift  (d) Use of gift  (e) Transfer of gift  (e) Transfer of gift  (f) Transfer of gift  (h) Purpose of gift			

# Software ID: Software Version:

**EIN:** 23-3050192

Name: YORK HEALTH FOUNDATION

(a) No.	(b)  Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
103	Other under 5000 PO Box 2767 York, PA 17405	\$ 940,844 -	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution )
102	Verizon 303 Walnut Street Harrisburg, PA 17101	- \$\$ 5,000	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
101	Benjamin B Catchings 370 Old Carlisle Drive  Biglerville, PA 17307	\$\$ 5,000	Person   Payroll   Noncash    (Complete Part II if there is a noncash contribution )
100	Mackereth Golf Tournament Bev 155-C Kenneth Road York, PA 17408	- \$ <u>5,000</u>	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution)
99	Francis J Braithwaite Trust BNY Melon PO Box 7899 Philadelphia, PA 19101	5,000 -	Person
98	Delta Dental of Pennsylvania One Delta Drive Mechanicsburg, PA 17055	- \$5,000 -	Person  Payroll  Noncash  (Complete Part II If there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
97	Lyle Siddoway 3720 Rimrock Rd  York, PA 17402	\$\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
96	Michael S Sopchak 106 Lyn Cr York, PA 17403	\$5,000 	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution )
95	Barton Associates 221 W Philadelphia St  York, PA 17401	\$\$ 5,000	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution )
94	York Hospital School of Nursing Alu 2980 Sunset Lane York, PA 17408	\$5,000 	Person   Payroll   Noncash   (Complete Part II if there is a noncash contribution )
93	William H Simpson 2532 Hepplewhite Drive  York, PA 17404		Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution )
92	Bertha M Noss Joseph Trust 204 North George Street York, PA 17401	\$5,109	Person P Payroll Noncash  (Complete Part II if there is a noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
91	Vincent Butera 1510 Dunster Rd  York, PA 17403	\$ 5,150	Person  Payroll  Noncash  (Complete Part II If there is a noncash contribution)
90	Ray Wilson 191 Lynbrook Drive N York, PA 17402	\$ 5,150	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
89	Jane's Market Biglerville 1236 Russell Tavern Rd  Gettysburg, PA 17325	\$ 5,150	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
88	Cyrus E Beekey 272 Walnut Lane  York, PA 17403	\$ 5,15 <u>5</u>	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution)
87	Michael Bohrn 70 Timberline Drive  Wyomissing, PA 19610	\$ 5,183	Person   Payroll   Noncash   (Complete Part II if there is a noncash contribution)
86	Mary B Deardorff PO Box 415  Cashtown, PA 17310	\$ 5,225	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
85	ROCK Commercial Real Estate LLC 221 W Philadelphia St  York, PA 17401	\$ 5,370	Person
84	Windsor Township 1480 Windsor Road Red Lion, PA 17356	\$5,500	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution)
83	Anthony Campisi 1985 High Rock Lane  York, PA 17402	\$ 5,500	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution)
82	John T Matthews 6450 Old Carlisle Rd  Dover, PA 17315	\$5,600	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution)
81	Charles Marley 1859 Hunterstown-Hampton Rd New Oxford, PA 17350	\$5,95 <u>5</u>	Person   Payroll   Noncash   (Complete Part II If there Is a noncash contribution )
80	Timothy McKee 880 Belmont Rd Gettysburg, PA 17325	\$6,000	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79	Stevens Lee 25 N Queen St  Lancaster, PA 17608	\$6,020	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution)
78	Jonathan Liss 1050 Oakdale Dr York, PA 17403	\$6,172	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
77	Double Creek Tour 1001 S George St  York, PA 17403	\$6,365	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
76	Graphcom Inc 1219 Chambersburg Rd Gettysburg, PA 17325	\$ <u>6,555</u>	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
75	William K Evelyn O Campbell Memor  110 South Northern Way  York, PA 17402	\$6,866	Person
74	Adams Electric Cooperative Inc 1380 Biglerville Rd  Gettysburg, PA 17325	\$	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73	Jeanette S Everhart Trust Wachovia Trust PO Box 3099 Winston Salem, NC 27150	\$	Person   Payroll   Noncash   (Complete Part II if there is a noncash contribution )
72	The Jeffrey D Sindicich Foundation 1300 Zinns Quarry Rd  York, PA 17404	\$	Person   Payroll   Noncash   (Complete Part II if there is a noncash contribution)
71	Rutters Farm Stores CHR Corp 2295 Susquehanna Trail  York, PA 17404	\$7,661	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
70	James T Amsterdam 1735 Wyndham Drive South  York, PA 17403	\$ <u>7,765</u>	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution)
69	Emory E Grove Trust PO Box 1377 Buffalo, NY 142409828	\$ 8,315	Person   Payroll   Noncash   (Complete Part II if there is a noncash contribution)
68	Anstadt Printing PO Box 1626  York, PA 17405	\$ 8,740	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67	Safe Kids Worldwide 1301 Pennsylvania Ave NW Washington, DC 20004	\$8,750	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution )
66	L Romaine Glatfelter Trust 620 Liberty Ave Pittsburgh, PA 15222	\$ <u>8,906</u>	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
65	Mellie I Glatfelter Trust 620 Liberty Ave Pittsburgh, PA 15222	\$9,768	Person Payroll Noncash Complete Part II if there is a noncash contribution )
64	Realty Leasing Management Co 1270 Fairfield Rd  Gettysburg, PA 17325	\$10,000	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
63	Lions Club of Mount Rose 45 Chapelwood Drive  York, PA 17402	\$10,000	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution )
62	Gary A Stewart 950 Smile Way York, PA 17404	\$10,000	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	Marianne G Myers 15 WoodMyers Road  York, PA 17403	\$10,000	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
60	William Fluhrer Trust 204 North George St Suite 290  York, PA 17401	\$10,423	Person  Payroll  Noncash  (Complete Part II If there is a noncash contribution)
59	John Steigelman 42 Jean Lo Way York, PA 17402	\$ <u>10,603</u>	Person   Payroll   Noncash   (Complete Part II if there is a noncash contribution)
58	W Jay Nicholson 505 Aqua Ct York, PA 17403	\$11,000	Person   Payroll   Noncash   (Complete Part II If there is a noncash contribution)
57	Louis J Appell 1700 Powder Mill Rd  York, PA 17403	\$11,200	Person   Payroll   Noncash   (Complete Part II if there is a noncash contribution)
56	Edna Loucks Trust Wachovia Trust 100 N Main St Winston Salem, NC 27150	\$ <u>11,620</u>	Person

(a) No.	(b)  Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	Janice Gilbert 319 Brookwood Drive  York, PA 17403	\$14,200	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution)
54	York Newspaper Company 1891 Loucks Road York, PA 17404	\$18,000	Person  Payroll  Noncash  (Complete Part II If there is a noncash contribution)
_53	Charles J Helb Trust 100 North Main St WinstonSalem, NC 27150	\$ <u>18,095</u>	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution )
52	Harriet R Venus 401 Market St Philadelphia, PA 17106	\$ 20,406	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution)
51	John H McConville 170 Edgewood Dr York, PA 17403	\$\$	Person  Payroll  Noncash  (Complete Part II If there is a noncash contribution)
50	Susan G Komen Breast Cancer Foundat 125 S 9th St Philadelphia, PA 19107	\$ 21,160	Person   Payroll   Noncash   (Complete Part II if there is a noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	Sara J Bers Estate 1900 Market St  Philadelphia, PA 19103	\$\$ 25,000	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution )
48	Roger Holland 1291 Hanover Pike Littletown, PA 17340	\$ 30,000	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution)
47	Regents' Glen Country Club 1000 Golf Club Drive  York, PA 17403	\$ 30,000	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution)
46	WGAL TV 8 PO Box 7127 Lancaster, PA 17604	\$ 35,900	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution)
45	Shippley Energy Company PO BOX 1509  York, PA 17405	\$36,600	Person  Payroll  Noncash  C(Complete Part II If there is a noncash contribution)
44	Cumulus Media 5989 Susquehanna Plaza Drive York, PA 17406	\$\$	Person Payroll Noncash Complete Part II if there is a noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	Gettysburg Hospital Auxillary 1075 Old Harrisburg Rd Gettysburg, PA 17325	\$50,663	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution )
42	Young Women's Club of York 1001 South George St York, PA 17403	\$55,000	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
41	Angel Auxillary 2830 Deer Leap Lane York, PA 17403	\$ 68,987	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
40	Commonwealth of PA EmgDisaster Pre 2605 Interstate Drive  Harrisburg, PA 17110	\$ <u>97,126</u>	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
39	Highmark Foundation 120 Fifth Avenue Place Pittsburg, PA 15222	\$	Person  Payroll  Noncash  Complete Part II if there is a noncash contribution )
38	W Dale Brougher 1200 Country Club Rd  York, PA 17403	\$\$ 25,000	Person P Payroll Noncash  (Complete Part II if there is a noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	The Stewart Foundation 950 Smile Way  York, PA 17404	\$52,500	Person
36	Susquehanna Pfaltzgraff Found 140 E Market St  York, PA 17401	\$	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
35	Miodrag D Kukrika 3435 Harrowgate Road  York, PA 17402	\$ 5,250	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
34	Miltex Inc 589 Davies Drive York, PA 17402	\$11,850	Person F Payroll Noncash  (Complete Part II if there is a noncash contribution)
33	Marian D Damewood 11701 Woodland Drive  Lutherville, MD 21093	\$6,000	Person   Payroll   Noncash   (Complete Part II if there is a noncash contribution )
32	M T Bank 109 West Market St York, PA 174052452	\$35,100	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution )

(a) No.	(b)  Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	John Schmidt Foundation 511 Shady Dell Rd  York, PA 17405	\$10,000	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution)
30	John J Castronuovo 1950 Witness Rd York, PA 17403	\$ 5,200	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
29	George W Hodges 911 Arlington Rd  York, PA 17403	\$33,700	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
_28	Edward H Garber 2861 Deer Chase Ln  York, PA 17403	\$6,000	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution )
27	Capital Blue Cross 2500 Elmerton Avenue Harrisburg, PA 17110	\$1,000,000	Person  Payroll  Noncash  (Complete Part II If there is a noncash contribution)
26	Glenn A Martin 145 Sachs Road Gettysburg, PA 17325	\$6,000	Person   Payroll   Noncash   (Complete Part II if there is a noncash contribution )

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	Buckingham Mountain Foundation  104 West Bridge Street  New Hope, PA 18938	\$ 20,000	Person
24	Robert S Fawcett 133 Merion Rd York, PA 17403	\$	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
23	Kinsley Foundation 6250 Reynolds Mill Road Seven Valleys, PA 17360	\$ <u>112,750</u>	Person
22	Harley-Davidson Foundation 1425 Eden Rd York, PA 17404	\$5,000	Person   Payroll   Noncash   (Complete Part II if there is a noncash contribution)
21	First Capital Federal Credit U 1601 Kenneth Rd York, PA 17408	. \$ <u>10,200</u>	Person  Payroll  Noncash  COmplete Part II if there is a noncash contribution )
20	Apple Hill Surgical Center 25 Monument Rd  York, PA 17403	. \$ <u>7,600</u>	Person P Payroll Noncash (Complete Part II if there is a noncash contribution)

(a) No.	(b)  Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	Annie T Kannarkatt 25 Monument Rd  York, PA 17403	\$5,000	Person   Payroll   Noncash   (Complete Part II if there is a noncash contribution )
18	Glatfelter Insurance Group 183 Leaders Heights Rd York, PA 17403	\$35,600	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
17	Weis Markets Inc 1000 South 2nd St Sunbury, PA 17801	\$15,000	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
16	Arthur J Glatfelter 183 Leaders Heights Rd York, PA 17402	\$11,600	Person F Payroll Noncash  (Complete Part II if there is a noncash contribution)
_15	Myra R Eichner PO Box 1078  Great Neck, NY 11023	\$	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution )
14	York Hospital Auxiliary 1001 South George St  York, PA 17403	\$226,919	Person P Payroll Noncash  (Complete Part II if there is a noncash contribution )

Form 990 Schedule B, Part I - Contributors (See Specific Instructions):

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Chreston K Briggs Trust MT PO Box 1377 Buffalo, NY 142409828	\$ 7,389	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
12	Cancer Care Associates of York 25 Monument Rd  York, PA 17403	\$ <u>11,125</u>	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
11	James Haber 30 E 71st St 3-B  New York, NY 10021	\$15,000	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
10	Edwill B Rachel H Miller Tru MT PO Box 869 21 E Market  York, PA 17405	\$\$	Person F Payroll Noncash (Complete Part II if there is a noncash contribution)
9	George B Rudy Trust PO Box 1377 Buffalo, NY 142409828	\$86,542	Person   Payroll   Noncash   (Complete Part II if there is a noncash contribution )
8	Richard W Sloan 515 Gatehouse Ln East York, PA 17402	\$ 7,132	Person   Payroll   Noncash   (Complete Part II if there is a noncash contribution )

Form 990 Schedule B, Part I - Contributors (See Specific Instructions):

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_7	York County Community Foundati 575 Fairview Terrace  York, PA 17403	\$13,887	Person   Payroll   Noncash   (Complete Part II If there is a noncash contribution)
_6	Robert Wood Johnson Foundation PO Box 2316 Princeton, NJ 085432316	\$ <u>198,327</u>	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
5	MS Grumbacher Foundation PO Box 2821 York, PA 17405	\$ <u>12,500</u>	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
4	Johnson Controls Inc 631 S Richland Ave  York, PA 17403	\$10,000	Person F Payroll F Noncash F  (Complete Part II if there is a noncash contribution)
_3	Grumbacher Family Foundation PO Box 2821 York, PA 17405	\$	Person   Payroll   Noncash   (Complete Part II if there is a noncash contribution)
_2	Philip Anne Glatfelter III F 7895 Reynolds Mill Rd Seven Valleys, PA 173609075	\$15,000	Person   Payroll   Noncash   (Complete Part II if there is a noncash contribution)

# Form 990 Schedule B, Part I - Contributors (See Specific Instructions):

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	(d) ns Type of contribution
_1	BonTon Stores Foundation E Market St  York, PA 17402	\$ 5,5	Person マ Payroll 「 Noncash 「
		\$5,5	00

## **Additional Data**

Software ID: Software Version:

**EIN:** 23-3050192

Name: YORK HEALTH FOUNDATION

## Form 990, Part VII - Section Aaa

	(C) Position (check all that apply)					I				(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	(D) (E) Reportable compensation From the organization (W-2/1099MISC)		(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations			
Vincent Butera MD , Director	1 00	Х						0	0	0	
Theresa Law , Executive Direc	40 00			Х				0	127,543	47,277	
Robert Iosue , Director	1 00	X						0	0	0	
Richard Harley , Treasurer							Х	0	197,033	37,254	
Richard Brown , Director	1 00	Х						0	0	0	
Mıchael F O'Connor , CFO-WellSpan H	1 00			Χ				0	444,267	273,100	
Matt Doran , Director	1 00	Х						0	0	0	
Maria Royce , Executive Director							Х	0	191,298	128,988	
Leslie Brant , Chairman	1 00	Х		Х				0	0	0	
Laura Wand , Director	1 00	Х						0	0	0	
Judith Simpson , Director	1 00	Х						0	0	0	
John Lutz , Dırector	1 00	Х						0	0	0	
John H McConville MD , Secretary/Treas	1 00	Х		Х				0	0	0	
John Eyster , Director	1 00	Х						0	0	0	
Jeffrey D Lobach Esq , Director	1 00	Х						0	0	0	
Jacquelyn Summers , Director	1 00	Х						0	0	0	
George W Hodges , Director	1 00	Х						0	0	0	
Gary Stewart Jr , Vice Chairman	1 00	Х		Χ				0	0	0	
Cathy Norris , Director	1 00	X						0	0	0	
Bruce Bartels , CEO - WellSpan H	1 00			Х				0	838,685	457,668	
A Richard Pugh , Director	1 00	X						0	0	0	

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Supplemental Financial Statements** 

	RK HEALTH FOUNDATION			Employer identi	Treation number	
				23-3050192		
Pa	organizations Maintaining Donor Ad organization answered "Yes" to Form 990	), Part IV, line 6.			·	the ——
1	Total number at and of year	(a) Donor advised funds	5	(D) Funds a	nd other accounts	
<u> </u>	Total number at end of year  Aggregate Contributions to (during year)					
2 3	Aggregate Contributions to (during year)  Aggregate Grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advis	ore in writing that the access h	ald in donor	advisod		
	funds are the organization's property, subject to the o	rganızatıon's exclusive legal co	ontrol?		☐ Yes ☐	No
6	Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene impermissible private benefit?			ay be	┌ Yes ┌	No
Pai	rt II Conservation Easements. Complete	the organization answered	d "Yes" to	Form 990, Par	t IV, line 7.	
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified on the last day of the tax year	n or pleasure)	tion of an hi	fied historic str		
	on the last day of the tax year			Held	dat the End of the	Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
c	Number of conservation easements on a certified his	toric structure included in (a)		2c		
d	Number of conservation easements included in (c) a	quired after 8/17/06		2d		
3	Number of conservation easements modified, transfer	red, released, extinguished, or	terminated	by the organizat	ion during	
	the taxable year ►					
4	Number of states where property subject to conserva	ion easement is located 🕨				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspec	tıon, vıolatı	ons, and	┌ Yes ┌	No
6	Staff or volunteer hours devoted to monitoring, inspec	ting and enforcing easements o	during the ye	ear ►		
7	A mount of expenses incurred in monitoring, inspectin	g, and enforcing easements dur	ing the year	r <b>)</b> \$		
8	Does each conservation easement reported on line 2 ( $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	d) above satisfy the requireme	nts of section	on	☐ Yes ☐	No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easem	e footnote to the organization's ents	financial st	tatements that o	lescribes	
Par	Complete if the organization answered "			Other Simil	ar Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held f provide, in Part XIV, the text of the footnote to its final	or public exhibition, education	or research	ın furtherance o		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	·			•	
	(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
2	If the organization received or held works of art, histo following amounts required to be reported under SFAS	•	assets for t	financial gain, pi	ovide the	

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

	Organizations Maintaining Co	Hections of Art,	1113		<del>cai iicasai</del>	, -:::-		- C-	ontinu <del>e</del> a)
3	Using the organization's accession and othe items (check all that apply)	records, check any	of th	e foll	lowing that are	a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition		d	Γ	Loan or exch	ange programs			
ь	Scholarly research		e	Γ	Other				
с	Preservation for future generations								
4	Provide a description of the organization's co	illections and explai	n how	, the	v further the or	ranization's ex	remnt nurnose in		
•	Part XIV	meetions and explai	11 1104	· tile	y further the of	gamzation 5 cz	tempt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•				Yes	□No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plete	e if the organ		•		,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	e						
							A moi	ınt	
С	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	orm 990, Part X, line	21?				Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete								
		(a)Current Year	(b)	<b>)</b> Prior	Year (c)Two	Years Back (d)	Three Years Back (e	Four Y	ears Back
1a	Beginning of year balance	8,063,702							
b	Contributions	308,961							
С	Investment earnings or losses	-816,720							
d	Grants or scholarships								
е	Other expenditures for facilities and programs	1,004,535							
f	Administrative expenses								
g	End of year balance	6,551,408							
2	Provide the estimated percentage of the yea	r end balance held a	s						
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment								
c	Term endowment ► 100 000 %								
3a	Are there endowment funds not in the posses	ssion of the organiza	tıon t	hata	are held and ad	ministered for	the		
	organization by							Yes	No
	(i) unrelated organizations			•			3a(i)	_	No
	(ii) related organizations						3a(ii)	1	No.
ь	If "Yes" to 3a(11), are the related organizatio	•					<u>3b</u>		No
	Describe in Bart VIV the intended uses of th		o wiile	iiit iu	iius				
4	Describe in Part XIV the intended uses of th			00 F	orm 990 Day	rt V line 10			
4	t VI Investments—Land, Buildings				•			1	
4				(;	orm 990, Pai a) Cost or other sis (investment)	rt X, line 10. (b)Cost or other basis (other)	(c) Depreciation	(d) E	Book value
4 Par	t VI Investments—Land, Buildings			(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) E	Book value
4 Par 1a	Description of investment			(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) E	Book value
4 Par 1a b	Description of investment			(;	a) Cost or other	(b)Cost or other	(c) Depreciation		
Par 1a b	Description of investment  Land			(;	a) Cost or other	(b)Cost or other basis (other)	(c) Depreciation		8,299
Par 1a b c	Description of investment  Land			(;	a) Cost or other	(b)Cost or other basis (other)	(c) Depreciation 4,469		8,299 3,657

	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial d	lerivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12 ) 🕨			
Totali (cosas	ini (b) should equal to the 250, tute 1, cor (b) line 12 y			
Part VII	Investments—Program Related. Se	e Form 990, Part X, line		
	(a) Description of investment type	(b) Book value		d of valuation
			Cost or end-or-	year market value
	// / / / / / / / / / / / / / / / / / /			
Part IX	mn (b) should equal Form 990, Part X, col (B) line 13 ) F Other Assets. See Form 990, Part X, I			
Paitix	(a) Descri			( <b>b</b> ) Book value
	. ,	•		
Total. (Colu	umn (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X	Other Liabilities. See Form 990, Part			
	(a) Description of Liability	(b) A mount		
Federal In	come Taxes		_	
Accounts	payable - ınterco	567,799	]	
			]	
			]	
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 25) 🖡	567,799		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,464,29!
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,040,938
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-576,64
4	Net unrealized gains (losses) on investments	4	-816,720
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-379,000
9	Total adjustments (net) Add lines 4 - 8	9	-1,195,720
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,772,36
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	
1	Total revenue, gains, and other support per audited financial statements	1	5,155,334
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,155,334
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
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	308,96
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	5,464,29
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	5,036,40
2	Amounts 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		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	5,036,40
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)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	1,004,53
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	6,040,938

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 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, WellSpar 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 Asset Expenditures \$1004535
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Restricted Contributions \$308961
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Restricted Asset Expenditures-PPE \$ -379000
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	The funds were used to improve the health and welfare of the residents of York and Adams counties of Pennsylvania

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493123005620

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public

ame of the organization					Employer ide	ntification number
ORK HEALTH FOUNDATION					22 2050102	•
					23-3050192	
Part I Fundraising Ac	tivities. Complet	e if the org	<u>janızatı</u>	on answered "Yes" i	to Form 990, Part IV	/, line 17.
Indicate whether the organ	nızatıon raised funds	through any	of the f	ollowing activities Che	eck all that apply	
a Mail solicitations				e 「 Solicitation of r	on-government grants	
<b>b</b> Email solicitations				<b>f</b>	jovernment grants	
<b>c</b> Phone solicitations				<b>g</b> $\Gamma$ Special fundrais	sing events	
<b>d</b> $\Gamma$ In-person solicitations	3					
<ul> <li>Did the organization have or key employees listed in</li> <li>If "Yes," list the ten higher</li> </ul>	Form 990, Part VII	) or entity in	connec	tion with professional f	undraising activities? ents under which the fu	
to be compensated at leas	t \$5,000 by the org	anızatıon Fo	rm 990	-EZ filers are not requi	red to complete this ta	ble
	(ii) Activity	(iii) D fundraiser custody control	rhave y or l of	-EZ filers are not requi  (iv) Gross receipts  from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
to be compensated at leas  (i) Name of Individual		(iii) D fundraiser custody control	rhave y or l of	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas  (i) Name of Individual		(iii) D fundraiser custody control contributi	id rhave y or l of ions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas  (i) Name of individual		(iii) D fundraiser custody control contributi	id rhave y or l of ions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas  (i) Name of Individual		(iii) D fundraiser custody control contributi	id rhave y or l of ions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas  (i) Name of Individual		(iii) D fundraiser custody control contributi	id rhave y or l of ions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas  (i) Name of Individual		(iii) D fundraiser custody control contributi	id rhave y or l of ions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas  (i) Name of Individual		(iii) D fundraiser custody control contributi	id rhave y or l of ions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas  (i) Name of Individual		(iii) D fundraiser custody control contributi	id rhave y or l of ions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas  (i) Name of Individual		(iii) D fundraiser custody control contributi	id rhave y or l of ions?	(iv) Gross receipts	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)

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

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rec	Form 990, Part IV, lin eipts greater than \$5,0	e 18, or 000.	report	:ed
			(a) Event #1  Jeans and Gems (event type)	(b) Event #2  WellSpan Golf Tournament (event type)	(c) O ther Events  8 (total number)	(Add col	tal Eve (a) th	
₽	1	Gross receipts	100,412		287,412		47	7,506
Revenue	2	Less Charitable contributions	81,167	51,640	181,311		31	4,118
	3	Gross revenue (line 1 minus line 2)	19,245	38,042	106,101		16	3,388
	4	Cash Prizes			1,500			1,500
ses.	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
ъ Т	7	Other direct expenses	17,792	22,142	64,869		10	4,803
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			10	6,303
	9	Net income summary Combine lir	nes 3 and 8 in column (d)				5	7,085
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	art IV, line 19, or repo	rted moi	e thar	1
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th	l gaming irough co	(Add I <b>(c)</b> )
	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
Ш Б	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes%	│ Yes			
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🕨			
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	·			· 9a	Yes	No
10a b		re any of the organization's gaming l Yes," Explain	censes revoked, suspen	ded or terminated during	g the tax year?	10a		
11		es the organization operate gaming a	activities with nonmembe	rs?				
12		he organization a grantor, beneficiar ned to administer charitable gaming		· · · · · · · · · · · · · · · · · · ·				

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

DLN: 93493123005620

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

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

Open to Public **Inspection** 

Employer identification number

YORK HEALTH FOUNDATION						23-3050192	
Part I General Inform  1 Does the organization ma the selection criteria used	ıntaın records to s		of the grants or assista				Г Yes Г
2 Describe in Part IV the or Part II Grants and Oth	rganization's proce ner Assistance	e to Governments	e use of grant funds in thand Organizations	ne United States  in the United Stat	<b>es.</b> Complete if the o	rganization answere	d "Yes" on
Part IV and Sch	edule I-1 if addi	tional space is	eived more than \$5,00		f no one recipient rec	eived more than \$5, . ► □	000. Use
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
York VNA Home Care IncPO Box 2767 York, PA 17405	23-2899911	501(c)(3)	103,528	0			Fundrasing activity
York HospitalPO Box York,PA 17405	23-1352222	501(c)(3)	1,606,436	0			Fundrasing activity
WellSpan Medical GroupPO Box 2767 York,PA 17405	23-2730785	501(c)(3)	608,692	0			Fundrasing activity
WellSpan HealthPO Box 2767 York,PA 17405	22-2517863	501(c)(3)	1,523,583	0			Fundrasing activity
VNA Home HealthPO Box 2767 York,PA 17405	23-1352573	501(c)(3)	404,825	0			Fundrasing activity
Health Community PharmacyPO Box 2767 York,PA 17405	20-0519121	501(c)(3)	53,575	0			Fundrasing activity
2 Enter total number of sector organizations							5
3 Enter total number of other	er organizations .			<u> </u>	<u></u>		<u> </u>

schedule 1 (Form 990) 20						Page Z
<b>Part IIII Grants an</b> Use Schedu	<b>d Other Assista</b> ule I-1 (Form 990	nce to Individua ) if additional spac	Is in the United Some is needed.	tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
		( <b>b</b> )Number of recipients	(c)A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Suppler	mental Informa	<b>tion.</b> Complete thi	s part to provide the	e information required i	ın Part I, lıne 2, and any otl	her additional information.
Ident if ier	Return Reference	ce l	Explanation			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493123005620

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

2008

Open to Public Inspectio<u>n</u>

Department of the Treasury Internal Revenue Service

Name of the organization YORK HEALTH FOUNDATION

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.

23-3050192 **Questions Regarding Compensation** Νo Yes 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 First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 **1**b Yes 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 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 Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. 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 Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III 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 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was

subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

Cat No 50053T

Νo

### 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>(B)</b> Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
Theresa Law	(ı) (ıı)	121,292	6,251		7,966	39,311	174,820		
Richard Harley	(1) (11)	161,774	29,312	5,947	7,620	29,634	234,287		
Michael F O'Connor	(1) (11)	321,413	115,900	6,954	236,770	36,330	717,367	115,900	
Maria Royce	(ı) (ıı)	137,338	53,960		103,361	25,627	320,286	-53,960	
Bruce Bartels	(ı) (ıı)	593,160	214,549	30,976	419,470	38,198	1,296,353	209,380	
	(ii) (i)								
	(ii) (i)								
	(ii)							!	
	(ii)								
	(i) (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
-		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493123005620

OMB No 1545-0047

Open to Public Inspection

Yes

#### Schedule L **Transactions with Interested Persons**

(a) Name of disqualified person

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

1

► 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.

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

Name of the organization YORK HEALTH FOUNDATION

**Employer identification number** 

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

(b) Description of transaction

								+			
2 Enter the amount of tax imposed on section 4958	the organization mana	igers or disqualified per	sons d	uring the y	earu		\$				
B Enter the amount of tax, If any, on II	ne 2, above, reimburs e	ed by the organization .				•	\$				
Loans to and/or From			. T\/		0	00 5	7 0	V 1	. 20-		
To be completed by organiza		res on Form 990, Part	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1e 26, 01 F	1 9	90-E	2, Part (1		30a		
(a) Name of interested person and	( <b>b)</b> Loan to or from the	(c)Original principal	(4)5-	. 1		In	Appr		1	Vritten ement?	
purpose	organization?	amount	( <b>d)</b> Ba	alance due	default?		comm	ard or ittee?	agree	ment	
	To From				Yes	No	Yes	No	Yes	No	
										<u> </u>	
						1				┼	
			+							+	
										<u> </u>	
al		🕨 \$									
To be completed by and			200 0	and TV line							
To be completed by orga		ered "Yes" on Form y p between interested pe									
(a) Name of interested person		the organization	213011	( <b>c)</b> A m	ount	of gra	nt or ty	pe of a	assista	nce	
				-							
rt IV Business Transactions			200 5		20			20			
To be completed by orga			990, P	art IV, lir	ie 28	a, 28	b, or		<b>a)</b> Cha	ring	
(-) Name of interested name	(b) Relationshi between interest	•	of	(d) D		6		- 12	(e) Sharing of organization		
(a) Name of interested person	person and the	e transaction		( <b>d</b> ) Descr	триот	1 01 116	ansacı	⊢	reven		
T Bank	organization Dept Mgr -John	1 824	703 6	Bankıng Se	rvicor			-	Yes	<b>No</b> No	
A F Delik	Eyster	1,024	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Janking Se	TVICE	•				NO	
Istadt Printing Corporation	President Matt Doi	ran 890	,532 F	rinting & (	Graph	ıc Ser	·v			Νo	
Stewart Companies	Officer Gary Stewa	rt 181	,915	/HP admin	ısters	Emp	l Heal			Νο	
re Design Group LLC	Officer Gary Stewa	rt 156	,165	Design & E	ngıne	erıng	Serv			Νο	
wart Associates & Affiliates	President Gary Ste	ewart 2,142	,671 F	Property Re	ental 8	& Con	stru			Νo	
′ Mellon	Sr Mgr Leslie Bra	nt 464	,958	Cust WSH	Mast	erTr	& IF			Νο	
			+					+			
			+								
			$\longrightarrow$					$-\!$			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

# DLN: 93493123005620

# **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 YORK HEALTH FOUNDATION

Return Reference

Form 990, Part VI, Line

10 Form 990 Review

Process

Identifier

Form 990, Part

VI, Line 10

▶ 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.

**Employer identification number** 

23-3050192

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

ldentifier	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 subordiate 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 review process consists of the following. 1) Cash compensation review and physician compensation review ed by external consultant bennially. 3) external total compensation (cash, incentives, benefits, perquisites) reviewed by external consultant perio

Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	question Health Interest disclose exists, Director	rs, directors, and key employees fill out a WellSpan Health Conflict of Interest Disclosure Statement chaire annually. The questionaire is administered by the Internal Audit Department of WellSpan, the Parent Company There shall be full disclosure by any Director having a business or personal at 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.						
Identifier Return Refere		ence	ence Explanation						

**Explanation** 

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

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

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

<u>,                                      </u>	·	
ldentifier	Return Reference	Explanation
Form 990, Part VI,	Form 990, Part VI, Line 6 Explanation of Classes of Members	WellSpan Health is the sole member of the York Health

ldentifier	Return Reference	Explanation						
	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	WellSpan Health is the sole member of the York Health Foundation						
	<del>_</del>							
Identifier Reference	Explanat	tion						
Client Note	WellSpan Health - 2009 Community Benefit ReportWHEREVER YOU EVERY STEP OF THE WAY WellSpan Health includes G Center, VNA Home Health, WellSpan Medical Group, SOUTH (1 Hospital Foundation, York Provider N. Pharmacy OUR CHARITABLE COMMUNITY MISSIONWellSpan county region As a community-based, not-for-profit organiza well-being of the people it serves WellSpan will assume a lee organizations to o improve access to coordinated, high-qualith, health care providers of tomorrow o promote healthy lifestyles healther, more desirable places to live, work and play FOR EVEN CYOUR LIFES JOURNEY At WellSpan Health, we care for, the octogenarian surrounded by three generations of family to provide, from the teenager negotiating a mnefield of decision from the weekend w arror with a sprained ankle to the 50-yei is sues, moments of despair, weakness and utter joy are all phelath is committed to being with you, every step of the way WellSpan Health is dedicated to improving the lives of those w ways, through programs that assist those with chronic conditionary and the standard of the service of the conditionary of the way ways, through programs that assist those with chronic conditionary and play a fundamental, life-changing difference for those in proud to share all that can be accomplished together as we see COMMUNITY BENEFTSubsidized Services 8,554,771Cash & Programs 1,970,022Medical Education \$199,616Research\$3 reimbursed cost)\$47,882,000Medicare (non-reimbursed cost)\$47,882,000Medicare (non-reimbursed cost)\$47,882,000Medicare (non-reimbursed cost)\$67,000 and northern Maryland is possible only when the need Thafs why we take measures to care for those who hidiscounted care to individuals whose income falls within 300 uninsured patients, regardless of whether they qualify for chiprivate insurance companies of course, no single organization we have long-standing relationships with local individuals, and families in available of the health core system, eligible and implement health outreach programs to disparate program whose pr	ettysburg Hospital, York Hospital, Apple Hill Surgical CENTRAL Preferred, WellSpan Pharmacy, Gettysburg etw ork and Healthy York Netw ork! Healthy Community is an integrated health system serving the Adams-York tion, WellSpan is dedicated to improving the health and adership role and develop partnerships with other y, cost-effective health care serviceso educate the sand lifelong wellnesso make its local communities. VERY AGE FOR EVERY CONDITION FOR EVERY STEP fret over, and serve a vast and varied population. From to the new mother, alone and struggling to find a way to so to the middle-age woman choosing a healther life, ar-old disabled by chronic pain. Countless situations, and of the journey that is life. Rest assured, WellSpan. As a community-based, non-profit organization, we serve. This dedication is evidenced in scores of tions, initiatives that support the uninsured and are, an ongoing investment in advanced care and a regardless of the patient's ability to pay. Yes, all of our intiatives, programs and partnerships that we support living in York and Adams counties. This year, we are hare the journey that is life. WELLSPAN SYSTEM-WIDE in-kind. Contributions\$992,367/Community Outreach. 19,321/Chartly Care (at cost)\$10,710,000/Medicaid (non-1844,988,000TOTAL\$103,580,000HELPING THE DPTIONS OUR GOAL. LOCAL SOLUTIONS TO THE DPTIONS OUR GOAL. LOCAL SOLUTIONS TO THE OPTIONS OUR GOAL. LOCAL SOLUTIONS TO THE optical process, associations and coalitions to identify local, independent of the barriers to care. That's why encies, associations and coalitions to identify local, and help people establish a "medical home" with a t, a mobile health care program that travels to urban and helps individuals find a medical home by connecting with time of hor that facilitates access to discounted health irred o Healthy Community Pharmacy, which provides ription medicationo Community Pharmacy, which provides ription medicationo Community Pharmacy, which provides primary School or Sork Hospital Community Fuelth Workers, who enr						

and screening program for 103 African American and Latino women whoreside in the City of York o Healthy Adams County's Access Committee forged a partnership with Family First Health to establish a community health center in

underinsured residents of Adams County as well as those people who have been unable to find a permanentmedical

Gettysburg The center, which opened inMarch 2009, provides primary medical care to the uninsured and

home

#### DLN: 93493123005620

OMB No 1545-0047

Open to Public Inspection

# **Related Organizations and Unrelated Partnerships**

Department of the Treasury Internal Revenue Service

(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.

Name of the organization **Employer identification number** YORK HEALTH FOUNDATION 23-3050192 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity See Additional Data Table

Schedule R (Form 990) 2008										Pag	је <b>2</b>
Part III Identification	of Related Organ	izations	Taxable as	a Partnershi	р						
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	entity	(E) Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	(G) Share of end-of-year assets	alloca	prtionate tions?	Code V—UBI amount on Box 20 of K-1	Gene man par	agıng tner?
Community Healthcare Imaging Partners							Yes	No		Yes	NO
PO Box 2767 York, PA174052767 23-2444154	MRI Center	PA	NA	N/A				No			No
Cherry Tree Cancer Center LLP											

		country)		unrelated)						
						Yes	No		Yes	No
Community Healthcare Imaging 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  PO Box 2767 York, PA174052767 20-5602701	Surgical Cn	PA	NA	N/A			No			No
Littlestown Health Care Partners  300 West King Street Littlestown, PA17340 23-2880464	Lease Facil	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 PO Box 2767 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												
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(D)</b> Direct controlling entity	( <b>E)</b> Type of entity (C corp, S corp, or trust)	(F) Share of total income	<b>(G)</b> Share of end-of-year assets	(H) Percentage ownership					

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

(5)

(6)

Part V	Transactions	with Related	Organizations
--------	--------------	--------------	---------------

Part	V Transactions with Related Organizations					
N	ote. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> Duri	ng the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II-	IV?			
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	aty		1a		No
<b>b</b> G	ıft, grant, or capıtal contribution to other organization(s)			1b	Yes	
<b>c</b> G	ıft, grant, or capıtal contrıbutıon from other organızatıon(s)			1c		No
d L	oans or loan guarantees to or for other organization(s)			1d		No
e L	oans or loan guarantees by other organization(s)			1e		No
f S	ale of assets to other organization(s)			1f		No
	urchase of assets from other organization(s)			1g		No
_	xchange of assets			1h		No
	ease of facilities, equipment, or other assets to other organization(s)			1i		No
j L	ease of facilities, equipment, or other assets from other organization(s)			1j		No
<b>k</b> P	erformance of services or membership or fundraising solicitations for other org	ganization(s)		1k	Yes	
I P	erformance of services or membership or fundraising solicitations by other orga	anızatıon(s)		11	Yes	
m S	haring of facilities, equipment, mailing lists, or other assets			1m		No
n S	haring of paid employees			1n		No
o R	eımbursement paid to other organization for expenses			10	Yes	
	eimbursement paid by other organization for expenses			1p		No
	oning and one part of the organization for expenses			H		
a C	ther transfer of cash or property to other organization(s)			1q		No
	ther transfer of cash or property from other organization(s)			1r		No
<b>2</b> If	the answer to any of the above is "Yes," see the instructions for information of  (A)  Name of other organization(s)	n who must complete this line, including covered relationsh  (B)  Transaction type(a-r)	nips and transaction thresholds (C) Amount Involved			
(1)						
(2)						
(-)						
(3)						
(4)						
	Name of other organization(s)  Transaction					

# 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?		<b>(E)</b> Share of end-of-year assets	(F) Disproprtionate allocations?		( <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	

**Software ID:** 08000091 **Software Version:** 2008v2.7 **EIN:** 23-3050192

Name: YORK HEALTH FOUNDATION

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

Form 990, Schedule R, Part II - Identification of Related 1	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		,	'	1					
York, PA 1/4052/6/ 22-2842252	Leases facilities to affiliates	PA	501(c)(3)	11 Type 1	NA				
PO 80x 2767	Mgmt support for hospice/home health	PA	501(c)(3)	11 Type 1	NA				
York, PA 174052767 23-2899911		'	'	'					
York Hospital		'	'						
	Community teaching hospital	РА	501(c)(3)	3	N A				
Wellspan Medical Group		'	'	'					
York, PA 174052767 23-2730785	Medical and surgical care	PA	501(c)(3)	9	N A				
Wellspan Health Care Services		'	'	!	1				
PO Box 2767	Health-related activities in the service area	PA	501(c)(3)	11 Type 1	N A				
Wellspan Health		,	'	<u>'</u>					
	Integrated Health System	PA	501(c)(3)	11 Type 1	NA				
VNA Home Health Services		,	'	'					
York, PA 174052767 23-1352573	Home health and hospice care services	PA	501(c)(3)	9	N A				
VNA Community Services	Home personal care	'	'	1					
PO Box 2767 York, PA 1740 52767 23-2338 591	services for elderly and disabled	PA	501(c)(3)	9	N A				
Healthy Community Pharmacy Inc	Reduced rate	'	'	'	1				
PO Box 2767	prescription drugs to uninsured	PA	501(c)(3)	11 Type 1	N A				
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		'	'	'					
PO Box 2767	Sole GP in limited pntrshp operating surgical center	РА	501(c)(3)	9	NA				
22-2842253	1	1	1	1	1				

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

<b>(A)</b> 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 (\$)	( <b>H)</b> Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K- 1 (Form 1065) (\$)	(J) General or Managing Partner?	
							Yes	No		Yes	No
Community Healthcare Imaging Partners  PO Box 2767 York, PA 174052767 23-2444154	MRI Center	PA	NA	N/A				No			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 17340 23-2880464	Lease Facil	PA	NA	N/A				No			Νο
York, PA 174052767 20-8226561	GP of CHIP	PA	NΑ	N/A				Νο			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