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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Good Samaritan Hospital The

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO Box 1281 4th Walnut Sts

City or town, state or country, and ZIP + 4
Lebanon, PA 170421281

D Employer identification number
23-0794160

E Telephone number
(717) 270-7500

G Gross receipts $ 173,426,088

F Name and address of principal officer
ROBERT J LONGO
4TH WALNUT STREET
LEBANON,PA 17042

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www gshleb org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1989 | **M** State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO BE THE CHOICE FOR HIGH-QUALITY, INNOVATIVE SERVICES THAT IMPROVE THE OVERALL HEALTH OF OUR COMMUNITY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of employees (Part V, line 2a)	**5**	1,692
6	Total number of volunteers (estimate if necessary)	**6**	444
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,281,050
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	121,799

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	1,438,596	792,179
	9 Program service revenue (Part VIII, line 2g)	150,946,709	161,243,680
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	366,284	1,036,715
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,259,843	5,129,384
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	157,011,432	168,201,958
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	45,995	32,800
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	72,200,667	73,656,041
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	88,862,205	94,601,455
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	161,108,867	168,290,296
	19 Revenue less expenses Subtract line 18 from line 12	-4,097,435	-88,338

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	152,881,665	144,533,049
	21 Total liabilities (Part X, line 26)	127,888,786	132,516,543
	22 Net assets or fund balances Subtract line 21 from line 20	24,992,879	12,016,506

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2011-05-11

ROBERT J RICHARDS VP FINANCE & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG US LLP 75 BEATTIE PLACE SUITE 800 GREENVILLE, SC 29601	EIN ▶	Phone no ▶ (864) 242-5740

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO BE THE CHOICE FOR HIGH-QUALITY, INNOVATIVE SERVICES THAT IMPROVE THE OVERALL HEALTH OF OUR COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 135,341,138 including grants of $ 32,800) (Revenue $ 149,997,964)

Inpatient/Outpatient Services - SEE SCHEDULE O

4b (Code) (Expenses $ 1,840,413 including grants of $) (Revenue $ 2,041,733)

Rehabilitation Unit- THE GSH OPERATES A 14 BED REHABILITATION UNIT PROVIDING A FULL RANGE OF BASIC SERVICES REQUIRED BY AN ACUTE CARE REHAB PROGRAM INCLUDING PHYSICAL THERAPY, SPEECH THERAPY, OCCUPATIONAL THERAPY, SOCIAL SERVICES AND AUDIOLOGY FY 6/30/10 STATISTICS 313 REHAB ADMISSIONS AND 3,279 REHAB PATIENT DAYS

4c (Code) (Expenses $ 2,265,124 including grants of $) (Revenue $ 2,462,251)

Skilled Nursing Facility- THE GSH OPERATES A 19 BED TRANSITIONAL CARE UNIT PROVIDING A FULL RANGE OF BASIC SERVICES REQUIRED BY A HOSPITAL BASED SKILLED NURSING FACILITY, INCLUDING PHYSICAL THERAPY, SPEECH THERAPY, OCCUPATIONAL THERAPY, SOCIAL SERVICES AND AUDIOLOGY FY 6/30/10 STATISTICS 400 TCU ADMISSIONS AND 4,585 TCU PATIENT DAYS

4d Other program services (Describe in Schedule O)

(Expenses $ 2,123,553 including grants of $) (Revenue $ 2,460,682)

4e **Total program service expenses** ▶ $ 141,570,228

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? *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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**		No
36	**Section 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**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	499		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and 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	2a	1,692		
b	If at least one is reported on line 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 (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and 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		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
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		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 19		
b	Enter the number of voting members that are independent . .	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	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			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	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?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's 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 ▶

ROBERT J RICHARDS
241 SOUTH FOURTH STREET
LEBANON, PA 17042
(717) 270-7500

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	2,672,859	0	1,813

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 33

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LEBANON ANESTHESIA ASSOCIATES LT PO BOX 1281 LEBANON, PA 17042	ANESTHESIOLOGISTS	2,688,204
MILTON HERSHEY MEDICAL CENTER PO BOX 853 HERSHEY, PA 170330853	RESIDENTS	1,512,969
McKesson Information Solutions PO Box 98347 CHICAGO, IL 606938347	IT SUPPORT	3,782,938
PRICE WATERHOUSE COOPER PO BOX 7247-8001 PHILADELPHIA, PA 191708001	REVENUE CYCLE CONSLT	845,655
HCSC LAUNDRY PO BOX 25092 LEHIGH VALLEY, PA 180025092	LAUNDRY SERVICE	644,177
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 19		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	302,125			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	490,054			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		792,179			
Program Service Revenue			Business Code				
	2a	IP/OP PATIENTS	900,099	149,997,964	149,997,964		
	b	REHAB PATIENTS	900,099	2,041,733	2,041,733		
	c	HH/VNA SERVICES	621,610	2,460,682	2,460,682		
	d	TCU PATIENTS	900,099	2,462,251	2,462,251		
	e	DROP LAB REVENUE	621,500	4,281,050		4,281,050	
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		161,243,680			
	3	Investment income (including dividends, interest and other similar amounts)		901,844			901,844
	4	Income from investment of tax-exempt bond proceeds		37,055			37,055
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	105,033				
	b	Less rental expenses	153,971				
	c	Rental income or (loss)	-48,938				
	d	Net rental income or (loss)		-48,938			-48,938
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	5,164,002	3,973			
	b	Less cost or other basis and sales expenses	5,070,159	0			
	c	Gain or (loss)	93,843	3,973			
	d	Net gain or (loss)		97,816			97,816
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	PENSION INCOME	524,292	876,658			876,658
	b	MALPRACTICE INSURANCE	524,298	758,823	758,823		
	c	OTHER OPERATING REV	900,099	712,569	712,569		
	d	All other revenue		2,830,272	2,228,828		601,444
	e	**Total.** Add lines 11a–11d		5,178,322			
	12	**Total revenue.** See Instructions		168,201,958	160,662,850	4,281,050	2,465,879

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) 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	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	32,800	32,800		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,896,846		1,896,846	
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	50,747,249	43,135,161	7,612,088	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,455,575	5,487,239	968,336	
9 Other employee benefits	10,754,899	9,141,664	1,613,235	
10 Payroll taxes	3,801,472	3,231,251	570,221	
11 Fees for services (non-employees)				
a Management	0			
b Legal	125,168	106,393	18,775	
c Accounting	145,951	124,058	21,893	
d Lobbying	14,734	12,524	2,210	
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	906,362	770,408	135,954	
g Other	3,358,301	2,854,556	503,745	
12 Advertising and promotion	989,536	841,106	148,430	
13 Office expenses	1,726,386	1,467,428	258,958	
14 Information technology	4,684,077	3,981,465	702,612	
15 Royalties	0			
16 Occupancy	5,829,827	5,086,228	743,599	
17 Travel	78,873	67,042	11,831	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	121,589	103,351	18,238	
20 Interest	4,150,745	3,528,133	622,612	
21 Payments to affiliates	1,553,847	1,320,770	233,077	
22 Depreciation, depletion, and amortization	9,780,532	8,313,452	1,467,080	
23 Insurance	1,787,183	1,519,106	268,077	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a HEALTHCARE PROFESSIONALS PMTS	1,154,876	981,645	173,231	
b PURCHASED SERVICES	9,731,369	8,271,664	1,459,705	
c SERVICE CONTRACTS	1,847,205	1,570,124	277,081	
d MEDICAL SUPPLIES	29,443,345	25,026,843	4,416,502	
e PROVISION FOR BAD DEBT	15,415,372	13,103,066	2,312,306	
f All other expenses	1,756,177	1,492,751	263,426	
25 **Total functional expenses.** Add lines 1 through 24f	168,290,296	141,570,228	26,720,068	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,270	1	5,270
	2	Savings and temporary cash investments		1,964,049	2	3,265,392
	3	Pledges and grants receivable, net		1,816,085	3	1,500,827
	4	Accounts receivable, net		17,289,764	4	16,364,675
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		930,000	7	1,431,250
	8	Inventories for sale or use		1,622,087	8	1,704,883
	9	Prepaid expenses and deferred charges		2,398,363	9	1,983,398
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 177,382,321			
	b	Less accumulated depreciation	10b 99,303,552	84,351,205	10c	78,078,769
	11	Investments—publicly traded securities		23,448,915	11	25,395,014
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		2,398,069	14	2,269,669
	15	Other assets See Part IV, line 11		16,657,858	15	12,533,902
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		152,881,665	16	144,533,049
Liabilities	17	Accounts payable and accrued expenses		15,392,367	17	19,867,022
	18	Grants payable			18	
	19	Deferred revenue		381,746	19	396,562
	20	Tax-exempt bond liabilities		67,782,846	20	66,550,456
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,857,659	23	875,941
	24	Unsecured notes and loans payable to unrelated third parties		4,008,857	24	2,527,469
	25	Other liabilities Complete Part X of Schedule D		38,465,311	25	42,299,093
	26	**Total liabilities.** Add lines 17 through 25		127,888,786	26	132,516,543
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		21,756,453	27	9,010,688
	28	Temporarily restricted net assets		2,564,249	28	2,333,641
	29	Permanently restricted net assets		672,177	29	672,177
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		24,992,879	33	12,016,506
	34	Total liabilities and net assets/fund balances		152,881,665	34	144,533,049

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Good Samaritan Hospital The

Employer identification number
23-0794160

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

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

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts 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 June 30, 1975						
c 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 organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Good Samaritan Hospital The	23-0794160

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		14,734
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			14,734
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, LINE G	THE HOSPITAL HOLDS MEMBERSHIP IN THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA BOTH OF WHICH ENGAGE IN LOBBYING AS A PART OF THEIR MISSION TO REPRESENT THE INTERESTS OF HOSPITALS AT BOTH THE FEDERAL AND STATE LEVELS FOR THE YEAR ENDED 6-30-10 THE AMOUNT OF DUES PAID TO THE HHAP TOTALED $64,059 WHICH 23% ($14,734) WAS USED FOR LOBBYING PURPOSES ON OCCASION, HHAP REQUESTS THE HELP OF MEMBER PROVIDERS TO COMMUNICATE CONCERNS TO LEGISLATORS REGARDING PENDING LEGISLATION, WHICH COULD IMPACT HOSPITALS THIS CAN INVOLVE DIRECT CONTACT WITH LEGISLATORS OR LETTER WRITING THIS OCCURS INFREQUENTLY AND THE COST TO THE HOSPITAL IS NEGLIGIBLE

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Good Samaritan Hospital The

Employer identification number
23-0794160

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	3,236,426	3,712,782			
b Contributions	458,155	-26,711			
c Investment earnings or losses	36,900	-22,884			
d Grants or scholarships					
e Other expenditures for facilities and programs	725,663	426,761			
f Administrative expenses					
g End of year balance	3,005,818	3,236,426			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ **23.000 %**
- c Term endowment ▶ **77.000 %**

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,468,847		1,468,847
b Buildings		88,697,907	34,056,191	54,641,716
c Leasehold improvements		3,695,638	2,606,869	1,088,769
d Equipment		80,887,150	6,129,162	19,757,988
e Other		2,632,779	1,511,330	1,121,449
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				78,078,769

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
INTEREST RECEIVABLE	24,281
ACCRUED INT BOARD DESIG FUNDS	2,000
DEBT SERVICE NON-CURRENT	5,558,472
DEBT SERVICE CURRENT	1,295,000
INTERCOMPANY RECEIVABLES	1,068,478
DUE FROM FOUNDATION	19,536
DUE FROM EMPL, STAFF, PHYS	46,731
OTHER RECEIVABLES	3,542
DUE FROM LEBANON COUNTY	84,208
INVESTMENT- OTHER ASSETS	4,431,654
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	12,533,902

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
EMPLOYEE W/H PAYABLE	373,893
LONG TERM LVC PLEDGE PAYABLE	2
3RD PARTY PAYABLES	528,479
LONG TERM POST RETIRE BENEFITS	3,433,034
INSURANCE RESERVES	1,766,606
PENSION LIABILITY	36,197,081
ROUNDING	-2
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	42,299,093

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	168,201,958
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	168,290,296
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-88,338
4	Net unrealized gains (losses) on investments	4	1,421,791
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-14,309,827
9	Total adjustments (net) Add lines 4 - 8	9	-12,888,036
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-12,976,374

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	169,282,665
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,421,791		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-341,084		
e	Add lines **2a** through **2d**			2e	1,080,707
3	Subtract line **2e** from line **1**			3	168,201,958
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	168,201,958

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	168,444,267
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	153,971		
e	Add lines **2a** through **2d**			2e	153,971
3	Subtract line **2e** from line **1**			3	168,290,296
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	168,290,296

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 IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE GOOD SAMARITAN HOSPITAL MAINTAINS TEMPORARILY RESTRICTED AND PERMANENTLY RESTRICTED ASSETS TO PURCHASE SPECIFIC PIECES OF EQUIPMENT AND PROVIDE QUALIFIED APPLICANTS A SCHOLARSHIP
RECONCILIATION	SCHEDULE D, PART XI, XII, XIII	PART XI, LINE 8 THE GOOD SAMARITAN HOSPITAL NEEDED TO RESERVE MONEY IN ORDER TO PROVIDE THE RETIRED EMPLOYEES AND FUTURE RETIRED EMPLOYEES WITH SUFFICIENT PENSION PAYMENTS THE GOOD SAMARITAN HOSPITAL WAS ABLE TO RELEASE FUNDS THAT WERE RESTRICTED FOR A SPECIFIC PURPOSE THE GOOD SAMARITAN HOSPITAL WROTE OFF A LARGE RECEIVABLE THAT WAS DUE FROM THE AFFILIATED CORPORATION GOOD SAMARITAN PHYSICIAN SERVICES ADDITIONAL PENSION FUNDING $ -2,662,924 NET ASSETS RELEASED FOR PP&E 725,664 NET ASSETS RELEASED TEMP RESTRICTED -725,664 WRITEOFF GSPS RECEIVABLE -11,646,904 ROUNDING 1 ---------- $ -14,309,827 PART XII, LINE 2D RENTAL INCOME $ 105,033 OTHER LOSSES -446,117 --------- $-341,084 PART XIII, LINE 2D RENTAL EXPENSES $ 153,971 PART X, LINE 2 THE GOOD SAMARITAN HOSPITAL DID NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT WERE MATERIAL TO ITS AUDITED FINANCIAL STATEMENTS THEREFORE, THE HOSPITAL DID NOT HAVE A FIN 48 FOOTNOTE IN ITS FINANCIAL STATEMENTS

Additional Data

Software ID:
Software Version:
EIN: 23-0794160
Name: Good Samaritan Hospital The

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
INTEREST RECEIVABLE	24,281
ACCRUED INT BOARD DESIG FUNDS	2,000
DEBT SERVICE NON-CURRENT	5,558,472
DEBT SERVICE CURRENT	1,295,000
INTERCOMPANY RECEIVABLES	1,068,478
DUE FROM FOUNDATION	19,536
DUE FROM EMPL, STAFF, PHYS	46,731
OTHER RECEIVABLES	3,542
DUE FROM LEBANON COUNTY	84,208
INVESTMENT- OTHER ASSETS	4,431,654

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Good Samaritan Hospital The

Employer identification number
23-0794160

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			498,710	0	498,710	0 330 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			2,568,589	1,039,012	1,529,577	1 000 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			11,337,965	6,303,728	5,034,237	3 290 %
d **Total** Charity Care and Means-Tested Government Programs			14,405,264	7,342,740	7,062,524	4 620 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			74,087	0	74,087	0 050 %
f Health professions education (from Worksheet 5)			1,776,830	897,521	879,309	0 580 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits			1,850,917	897,521	953,396	0 630 %
k **Total.** Add lines 7d and 7j			16,256,181	8,240,261	8,015,920	5 250 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			37,180	54,928	-17,748	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members			38,610	0	38,610	0 030 %
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			75,790	54,928	20,862	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	4,778,765		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	2,441,358		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	39,952,791
6	Enter Medicare allowable costs of care relating to payments on line 5	6	87,976,185
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-48,023,394
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
THE GOOD SAMARITAN HOSPITAL FOURTH AND WALNUT STREETS LEBANON,PA 17042	X	X		X			X		
THE GOOD SAMARITAN HOSPITAL FOURTH AND WILLOW STREETS LEBANON,PA 17042									REHAB AND TCU UNITS
THE GOOD SAMARITAN HOSPITAL 830 TUCK STREET LEBANON,PA 17042									OUTPATIENT SURGICAL CENTER
THE GOOD SAMARITAN HOSPITAL 840 TUCK STREET LEBANON,PA 17042									WOUND CARE & HYPERBARIC CENTER
THE GOOD SAMARITAN HOSPITAL 206 HATHAWAY PARK LEBANON,PA 17042									SLEEP DISORDERS CENTER
THE GOOD SAMARITAN HOSPITAL 805 HELEN DRIVE LEBANON,PA 17042									OUTPATIENT RADIOLOGY CENTER
THE GOOD SAMARITAN HOSPITAL 750 NORMAN DRIVE LEBANON,PA 17042									BLOOD DONOR CENTER & LABORATORY
THE GOOD SAMARITAN HOSPITAL 297 WEST LINCOLN AVENUE MYERSTOWN,PA 17067									OUTPATIENT DIAGNOSTIC CENTER
THE GOOD SAMARITAN HOSPITAL 1400 SOUTH FORGE ROAD PALMYRA,PA 17078									AMBULATORY SERVICES CENTER
THE GOOD SAMARITAN HOSPITAL 100 QUEEN STREET JONESTOWN,PA 17038									SATELLITE SERVICES CENTER
THE GOOD SAMARITAN HOSPITAL 950 ISABEL DRIVE LEBANON,PA 17042									OUTPATIENT PHYSICAL THERAPY
THE GOOD SAMARITAN HOSPITAL 781 NORMAN DRIVE LEBANON,PA 17042									CARDIOVASCULAR DIAGNOSTIC CENTER

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

See additional data

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

See additional data

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

PART VI, LINE 5 THE GOOD SAMARITAN HEALTH SYSTEM IS INVOLVED IN SOME COMMUNITY BUILDING PROGRAMS WHICH ARE DESIGNED TO "IMPROVE THE OVERALL HEALTH OF OUR COMMUNITY" (MISSION STATEMENT) THE GOOD SAMARITAN HOSPITAL PARTICIPATES IN A DISASTER PREPAREDNESS PROGRAM WHICH PROVIDES A PLAN IN A CASE OF A DISASTER THAT EFFECTS THE COMMUNITY THE GOOD SAMARITAN HOSPITAL ALSO PROVIDES SPACE FOR SUPPORT GROUPS TO MEET AND EDUCATION CLASSES FOR PEOPLE WITHIN THE COMMUNITY, LIKE EXPECTANT PARENTS THE ACTIVITIES ARE NOT INCLUDED ELSEWHERE ON THE SCHEDULE H

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

See additional data

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

PART VI, LINE 7 THE GOOD SAMARITAN HOSPITAL IS A PART OF THE GOOD SAMARITAN HEALTH SYSTEM THE SYSTEM INCLUDES A FOUNDATION, DIALYSIS CENTER, REAL ESTATE COMPANIES, MRI CENTER, FAMILY PRACTICES, SPECIALITY HEALTH SERVICES, A DME COMPANY, AND A URGENT CARE CENTER IN ADDITION, THE COMMUNITY BENEFITS PROVIDED BY THE HOSPTIAL, THE HEALTH SYSTEM EVALUATES THE NEEDS THE COMMUNITY AND THE SYSTEM WILL PARTICIPATE IN COMMUNITY BENEFIT PROGRAMS, LIKE SUPPORTING THE VOLUNTEERS IN MEDICINE FREE CLINIC WHICH SERVES THE UNDERPRIVILEGED MEMBERS OF THE COMMUNITY

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

Additional Data

Software ID:
Software Version:
EIN: 23-0794160
Name: Good Samarıtan Hospıtal The

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NOT APPLICABLE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

OUR ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED BY OUR MARKETING DEPARTMENT THE REPORT CAN BE FOUND AT OUR WEBSITE, WWW GSHLEB ORG WE ALSO MAIL THE REPORT OUT TO THE MEMBERS OF OUR COMMUNITY

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The Good Samaritan Hospital used the cost to charge ratio cost methodology to calculate the charity and unreimbursed Medicaid and other government programs The hospital used direct costs for the other community benefits on line 7

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NOT APPLICABLE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

OUT TOTAL EXPENSE FROM FORM 990, PART XI, LINE 25, COLUMN (A) WAS $168,290,296 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS $15,415,372 THIS LEFT US WITH A TOTAL EXPENSE OF $152,874,924 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F)

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE HOSPITAL ESTABLISHES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS TO REPORT THE NET REALIZABLE AMOUNTS TO BE RECEIVED FROM PATIENTS INCREASES TO THIS ALLOWANCE ARE REFLECTED AS A PROVISION FOR DOUBTFUL ACCOUNTS IN THE STATEMENTS OF OPERATIONS THE HOSPITAL REGULARLY PERFORMS A DETAILED ANALYSIS OF THE COLLECTIBILITY OF PATIENT ACCOUNTS RECEIVABLE AND CONSIDERS SUCH FACTORS AS PRIOR COLLECTION EXPERIENCE AND THE AGE OF THE RECEIVABLES TO DETERMINE THE APPROPRIATE ALLOWANCE LEVEL BAD DEBT METHODOLOGY- THE GOOD SAMARITAN HOSPTIAL IS A TAX-EXEMPT NON-F0R-PROFIT HOSPITAL THAT PROVIDES QUALITY MEDICAL SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY BY PROVIDING MEDICAL SERVICES TO ALL COMMUNITY MEMBERS REGARDLESS OF THEIR ABILITY TO PAY, THE HOSPITAL'S BAD DEBT EXPENSE QUALIFIES AS A COMMUNITY BENEFIT THE BAD DEBT EXPENSE CALCULATED ON LINE 2 WAS CALCULATED USING THE PATIENT CARE COST TO CHARGES METHODOLOGY THE GOOD SAMARITAN HOSPITAL USES AN AUTOMATED SYSTEM CALLED PRESUMPTIVE TO CHARITY CARE TOOL TO CALCULATE THE AMOUNT ON LINE 3 ALL THE SELF PAY ACCOUNTS AND ALL THE SELF PAY AFTER INSURANCE ACCOUNTS ARE IMPORTED INTO THE TOOL, THEN THE TOOL SCORES EACH ACCOUNT BASED ON THE GOVERNMENT GUIDELINES FOR POVERTY LEVELS FOR LAST YEAR, THE TOOL ESTIMATED THAT $2,441,358 OF THE ORGANIZATION'S BAD DEBT EXPENSE SHOULD BE CONSIDERED CHARITY CARE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE RATIO THE GOOD SAMARITAN HOSPITAL PROVIDES QUALITY MEDICAL SERVICES TO ALL PATIENTS REGARDLESS OF WHAT INSURANCE THEY HAVE APPROXIMATELY 58% OF THE GOOD SAMARITAN HOSPITAL'S REVENUE IS ATTRIBUTABLE TO MEDICARE PATIENTS THE GOOD SAMARITAN HOSPITAL IS RELIEVING THE GOVERNMENT'S BURDEN, BECAUSE THE HOSPITAL IS PROVIDING SERVICES TO MEDICARE PATIENTS WHICH COST MORE THAN THE MEDICARE REIMBURSEMENT THEREFORE, THE $48,023,394 MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFITY

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Collection policies are the same for all patients If a patient notifies the hospital about their inability to pay, the hospital will send them the charity care and financial assistance forms to fill out Once the forms are complete and returned to the hospital and the patient qualifies for financial assistance, then the patient's account will be removed from collections and the account will be written off

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE GOOD SAMARITAN HOSPITAL DOES NOT HAVE ANY UNLICENSED OR UNRECOGNIZED FACILITIES

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

PART VI, LINE 2 THE GOOD SAMARITAN HOSPITAL HAS PARTICIPATED IN A VARIETY OF COMMUNITY HEALTH NEEDS ASSESSMENTS OVER THE PAST 15 YEARS THE HOSPITAL WAS INSTRUMENTAL IN HELPING TO LAUNCH THE COMMUNITY HEALTH COUNCIL OF LEBANON COUNTY IN PARTNERSHIP WITH THE COUNCIL, A COMMUNITY HEALTH NEEDS ASSESSMENT WAS CREATED 15 YEARS AGO AND AN UPDATED ASSESSMENT COMPLETED 10 YEARS AGO ANOTHER ASSESSMENT WAS CREATED IN 2005, LEAD BY EFFORTS OF THE UNITED WAY OF LEBANON COUNTY THE GOOD SAMARITAN HOSPITAL IS CURRENTLY PARTNERED WITH OTHER COMMUNITY ORGANIZATIONS TO COMPLETE A COMMUNITY HEALTH ASSESSMENT BY THE FALL OF 2011 THE HOSPITAL ALSO MAINTAINS AN INDEPENDENT, COUNTYWIDE PHYSICIAN NEEDS ASSESSMENT TO EVALUATE GAPS IN HEALTHCARE ACCESS A NEW PHYSICIAN NEEDS ASSESSMENT WILL ALSO BE COMPLETED IN 2011 IN ADDITION TO THESE COUNTYWIDE EFFORTS, THE HOSPITAL HAS PERFORMED A VARIETY OF STUDIES ON SPECIFIC HEALTH CONCERNS AND COMMUNITY NEEDS KEY STUDIES HAVE INCLUDED SERVICES FOR CARDIOVASCULAR, ONCOLOGY, GASTROENTEROLOGY, WOUND CARE, AND MORE THE HOSPTIAL HAS ALSO ACTED TO FULFILL THE NEEDS INDENTIFIED IN THESE STUDIES THE HOSPITAL CREATED ONE OF THE NATION'S LEADING CARDIAC AND VASCULAR CENTERS, WHICH HAS EARNED SEVERAL NATIONAL AWARDS FOR QUALITY OF CARE THE HOSPTIAL INTRODUCED A NEW WOUND CARE SERVICE TO DEAL WITH PATIENTS SUFFERING FROM COMPLICATIONS OF DIABETES- A PARTICULAR PROBLEM TO LEBANON COUNTY- AND HAS ALREADY EXPANDED OPERATIONS TO ADD A THIRD HYPERBARIC OXYGEN TREATMENT CHAMBER TO THE TWO ORIGINALLY INSTALLED IN THE CENTER IN ADDITION, THE HOSPTIAL HAS PROTECTED THE COMMUNITY BY RECRUITING NEW PHYSICIANS FOR KEY SERVICES- GENERAL SURGERY, ONCOLOGY, AND GASTROENTEROLOGY- ALLOWING PATIENTS TO GET ACCESS TO CARE IN LEBANON COUNTY INSTEAD OF TRAVELING THROUGHOUT THE REGION

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

PART VI, LINE 3 THE GOOD SAMARITAN HOSPITAL CHARITY CARE POLICY OUTLINES THE PROCESS OF FINANCIAL, MEDICAL AND CATASTROPHIC CATEGORIES WHERE A PATIENT COULD QUALIFY FOR CHARITY CARE THE HOSPTIAL HAS A SELF PAY BROCHURE AVAILABLE THAT PROVIDES INFORMATION ON OUR CHARITY CARE PROGRAM ALONG WITH CONTACT INFORMATION AND AVAILABLE HOURS FINANCIAL COUNSELORS ARE ON SITE TO MEET WITH PATIENTS TO DISCUSS THEIR FINANCIAL OBLIGATIONS, ASSIST THEM IN COMPLETING THE APPLICATION FOR CHARITY CARE, AND ANSWER THEIR QUESTIONS PATIENTS ARE ENCOURAGED TO APPLY FOR CHARITY CARE IF THEY ARE UNABLE TO COME IN FOR AN APPOINTMENT THERE IS A NOTE ON THE STATEMENTS THAT IS MAILED TO PATIENTS, LETTING THEM KNOW THAT FINANCIAL ASSISTANCE IS AVAILABLE THE GOOD SAMARITAN HOSPITAL'S WEBSITE ALSO PROVIDES THE CONTACT INFORMATION FOR THOSE COMMUNITY MEMBERS WHO NEED MEDICAL SERVICES AND FINANCIAL ASSISTANCE

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

PART VI, LINE 4 LEBANON COUNTY INCLUDES A MIX OF URBAN, SUBURBAN, AND RURAL AREAS THE CITY OF LEBANON IS CENTRALLY LOCATED, SERVING AS THE COUNTY SEAT THE CITY IS HOME TO MORE THAN 24,000 RESIDENTS AND IS CLASSIFIED BY THE COMMONWEALTH OF PENNSYLVANIA AS A THIRD CLASS CITY THE COUNTY INCLUDES 25 OTHER MUNICIPALITIES THE REST OF THE COUNTY IS MADE UP OF SUBURBAN AND RURAL AREAS, WITH RURAL FARMLAND PROVIDING A DOMINANT CHARACTER OF COUNTY LIFE WHILE MOST OF THE POPULATION TENDS TO BE OF WHITE ANCESTRY (91%), THE COUNTY HAS A FAST-GROWING HISPANIC POPULATION (7 8%) THAT CENTERS IN THE CITY OF LEBANON (SOURCE US CENSUS BUREAU) THE US CENSUS BUREAU ALSO REPORTS THAT 8% OF THE POPULATION SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME EMPLOYMENT RATES IN THE COUNTY ARE CURRENTLY AT 6 8%- ONE OF THE LOWEST RATES IN THE STATE- AND AVERAGE HOUSEHOLD INCOME IS AT $50,334 ACCORDING TO THE USDA ECONOMIC RESEARCH SERVICE THE FEDERAL GOVERNMENT IS THE COUNTY'S LARGEST EMPLOYER, WITH LARGE WORK FORCES AT THE LEBANON VETERANS ADMINISTRATION HOSPITAL AND FOR INDIANTOWN GAP THE GOOD SAMARITAN HOSPTIAL IS THE LARGEST NON-GOVERNMENTAL EMPLOYER WITH 1,500 EMPLOYEES ACCORDING TO THE US CENSUS BUREAU AMERICAN COMMUNITY SURVEY, 8% OF THE POPULATION LIVES IN POVERTY THE GOOD SAMARITAN HOSPITAL IS THE ONLY HOSPITAL IN LEBANON COUNTY THE HOSPITAL PROVIDES EMERGENCY CAER TO 51,000 INDIVIDUALS EACH YEAR THE HOSPITAL CARED FROM 8,421 ACUTE CARE PATIENTS IN ADDITION, THE HOSPITAL HAS PERFORMED THOUSANDS OF OUTPATIENT PROCEDURES- FROM SURGERIES TO IMAGING TO LABORATORY TO PHYSICAL THERAPY- EVERY YEAR THE HOSPTIAL ALSO PROVIDES A CONTINUITY OF CARE THROUGH A SKILLED NURSING UNIT, REHABILITATION SERVICES, HOME HEALTHCARE, AND HOSPICE CARE THE HOSPITAL IS THE LARGEST PROVIDER OF CARE TO MEDICAID AND MEDICARE POPULATIONS WHILE MOST LEBANON COUNTY RESIDENTS CHOOSE TO STAY IN THE COUNTY FOR THEIR CARE, WITH MORE THAN 60% CHOOSIGN THE GOOD SAMARITAN HOSPTIAL FOR SERVICES ACCORDING TO THE ROBERT WOOD JOHNSON FOUNDATION COMMUNITY HEALTH RANKINGS, LEBANON COUNTY IS THE 13TH MOST HEALTHY OF PENNSYLVANIA'S 67 COUNTIES THE HEALTH RANKINGS INDICATE KEY AREAS OF IMPROVEMENT, INCLUDING DIABETES, TOBACCO USE, AND OTHER HEALTH BEHAVIORS THAT ARE PROBLEMATIC THE HOSPTIAL HAS TAKEN STEPS TO ADDRESS THESE AREAS BY EXPANDING SERVICES AND EDUCATIONAL OPPORTUNITIES

Form 990 Schedule H, Part VI - Supplemental Information, Line 6
Form 990 Schedule H, Part VI - Supplemental Information, Line 6

PART VI, LINE 6 Good Samaritan strives to deliver powerful medicine with comforting care e very day As part of our non-profit mission, The Good Samaritan Hospital and its affiliate d organizations deliver healthcare services that improve the quality of life throughout th e region As Lebanon County's only hospital, Good Samaritan is the community's primary - a nd sometimes only - resource for Inpatient hospital care Emergency care Surgical services Maternity services Cardiac services Radiology and medical imaging services Laboratory diag nostic services and blood bank Physical and occupational therapies Transitional care and r ehabilitation services Home health and hospice services Wound care and hyperbaric medicine Dialysis Sleep disorders Physician services for needed specialties including cardiac, gas troenterology, general surgery, hematology, hospitalists, oncology, pediatrics, primary ca re (particularly for Medicaid population), thoracic, vascular, and wound care Medical res idency program to train new physicians and many more Community Benefit Total $1,127,904 G ood Samaritan and its employees donate many hours of time to improve the health of the com munity In 2009, key projects included Health Fairs the countywide 50+ Festival and indi vidual events hosted by various nursing and retirement facilities, employers and other com munity groups Education programs offered at the hospital or presented to community groups on topics such as smoking cessation, cardiac health, cancer prevention, sleep disorders, diabetic health, and more Medical clinic Good Samaritan donated time and hundreds of hour s of employee time to support the creation of independent medical clinics for poor and low -income patients Health screenings screenings for skin cancer, blood pressure, varicose v eins and other health conditions were provided throughout the year Charitable and Uncompen sated Care In reflection of our non-profit mission, Good Samaritan delivered $17 8 million dollars in charitable and uncompensated care to the community Economic Impact In additio n to our core healthcare mission, Good Samaritan is one of Lebanon County's largest employ ers - and positively impacts the economy by generating more than 1,000 jobs outside of the health system The Good Samaritan Hospital had a Net Hospital Revenue of $150,831,067 in 2009 Service Statistics The Good Samaritan Hospital treated 9,722 patients in 2009 In ad dition, the health system offers a wide variety of diagnostic and non-acute health service s that are needed by the community Many of these services would not be available to the c ommunity if they were not offered by Good Samaritan Behind the Statistics The Good Samari tan Emergency Department is one of the region's busiest and has one of the lowest wait tim es It operates the only emergency room in the county To help improve community care, The Good Samaritan Hospital has invested to upgrade to digital pre-hospital EKG software Thi s allows the emergency department to receive real-time, digital EKG readings before the pa tient arrives at the hospital The joint venture with First Aid & Safety of Lebanon origin ated in 2006 with the deployment of EKG equipment in the field A patient experiencing che st pain would receive an EKG on the scene and the results were faxed to the emergency depa rtment Due to the joint venture with First Aid & Safety, The Good Samaritan Hospital Emer gency Department now interacts with six EKG machines deployed to the units in the county The data transmitted by the units is read by a physician who determines whether or not the patient will require cardiac catheterization This allows the hospital to activate the ca theterization lab response team prior to the patient's arrival Because the data is transm itted digitally, Good Samaritan clinicians are able to receive the information much faster and significantly decrease our cardiac door-to-balloon time This creates better outcomes for the patients because they are receiving crucial care much sooner Supporting O ur Comm unity The employees of the Good Samaritan Health System have a spirit of generosity Each year employees donate their time, goods and money to support worthy causes United Way - G ood Samaritan employees donate more than $30,000 annually to the United Way of Lebanon Cou nty Reach O ut and Read - A national program to give free books to children of low income families Cribs for Kids - brand new cribs provided to low-income families Bridge of Love - personal care items provided to families in need Car Seats - new car seats are made avai lable to low-income families A merican Heart Association - more than 100 employees particip ate in the annual Heart Walk, raising thousands of dollars each year O peration Good Sam - During the Thanksgiving Food Drive, food is collected and delivered to more than 100 famil ies in need Good Samaritan Christmas Toy Drive - employees donate toys that are delivered to more than 250 children each year to spread hol

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

iday cheer Community Health Council The Good Samaritan Hospital helped to create the indep endent Community Health Council of Lebanon County From its humble inception, the Council has grown into a premier county organization More than 400 volunteers collaborate on prog rams to increase healthy lifestyles and to eliminate alcohol and drug abuse in the county The Council sponsors programs that address the special needs of youth, parents and senior s A Home For Community Groups The Good Samaritan Hospital opens its doors to support a va riety of community groups The hospital provides rent-free classroom space for a variety o f support groups such as Alcoholics Anonymous Alanon Better Breather's Club Narcotics Ano nymous Journey Through Grief Bereavement Support (adult focused Hospice support) Support a nd Help in Airing and Resolving Experiences (for grieving parents) Rainbow Connection (tee n focused Hospice support) I Can Cope (cancer support) LeLeche League Sharing O ur Knowledg e At Good Samaritan Health System, caring for our community extends beyond providing medic al services Through our educational services department, we offer classes and support gro ups that address multiple health related topics, which in turn offer the members of our co mmunity an opportunity to improve their health, both physically and emotionally The educa tional services department oversees community education classes such as babysitter trainin g and a variety of Heartsaver CPR programs, which range from basic first aid to advanced c ardiac life support These classes provide individuals a chance to obtain skills which can benefit their lives both personally and professionally Diabetes is prominent in the Leba non County To address this growing health concern, Good Samaritan offers Diabetic Educati on Classes This program is a series of four classes which addresses topics such as the i mportance of managing diabetes, meal planning, use of medication, glucose monitoring, and coping with diabetes Community members dealing with substance addiction or those who are grieving can receive much needed support through community groups whose meetings are sched uled through the educational services department These include Al-Anon, Journey Through Grief, Narcotics Anonymous, and Smoke Stoppers Most of these programs are offered on a we ekly or bi-weekly basis and all are free of charge In addition to offering classes to the general public, the educational services department also assists in the coordination of n ursing student clinical rotations Working in conjunction with Harrisburg Area Community C ollege and the Lebanon County Career and Technology Center, Good Samaritan Health System a ssists with providing nursing students the opportunity to receive on-the-job training whil e being mentored and supervised by a nursing instructor The availability of these program s would not be possible if it were not for the many dedicated and highly skilled members o f the educational services department These are individuals who seek programs which are r elevant, timely and very much a necessity in the community If you or someone you know may benefit from the programs mentioned or if you would like to find availability for any of our classes and support groups, please visit our website at www gshleb org Below is a lis ting and brief description of programs and support groups currently offered at Good Samari tan HEALTH EDUCATION Diabetic Education - assists individuals with diabetes in controllin g and coping with their disease (4 classes per session) Smoke Stoppers - comprehensive edu cation and support program for smoking cessation (8 classes per session) CPR & FIRST AID T RAINING Babysitting Course - training for girls and boys 12 years of age and over (3 class es per session) Heartsaver CPR - basic CPR skills for adult/child and management of chokin g Heartsaver First Aid and Pediatric First Aid - basic first aid training for adults and c hildren Basic Life Support for Health Ca

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Good Samaritan Hospital The

Employer identification number
23-0794160

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DAVID BRODERIC SCHOLARSHIP	31	10,000		OTHER	
MARGARET CONNELL SCHOLARSHIP	5	5,000		OTHER	
GSH AUXILIARY SCHOLARSHIP	3	2,800		OTHER	
CAPLAN NURSING SCHOLARSHIP	10	15,000		OTHER	

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

Identifier	Return Reference	Explanation
PROCEDURES TO MONITOR USE OF GRANTS	SCHEDULE I, PART I, LINE 2	THE DAVID BRODERIC EMPLOYEE SCHOLARSHIP PROGRAM AND THE MARGARET L CONNELL SCHOLARSHIP FUND ARE FOR THE SONS AND DAUGHTERS OF EMPLOYEES THE GSH AUXILIARY AND CAPLAN NURSING SCHOLARSHIPS ARE AWARDED TO LEBANON COUNTY RESIDENTS ENROLLED IN A NURSING PROGRAM

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Good Samaritan Hospital The

Employer identification number
23-0794160

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or 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 in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ROBERT J LONGO	(i)	407,246	0	373,428	0	1,813	782,487	79,800
	(ii)	0	0	0	0	0	0	0
KIMBERLY FREEMAN	(i)	151,912	0	16,596	0	0	168,508	0
	(ii)	0	0	0	0	0	0	0
JACQUELYN M GOULD	(i)	145,179	0	7,600	0	0	152,779	0
	(ii)	0	0	0	0	0	0	0
ROBERT J RICHARDS	(i)	212,272	0	19,990	0	0	232,262	0
	(ii)	0	0	0	0	0	0	0
WILLIAM HENDRICK	(i)	187,361	0	55,660	0	0	243,021	0
	(ii)	0	0	0	0	0	0	0
ROBERT D SHAVER MD	(i)	265,568	0	0	0	0	265,568	0
	(ii)	0	0	0	0	0	0	0
ELLEN JOHNSON	(i)	165,827	0	16,500	0	0	182,327	0
	(ii)	0	0	0	0	0	0	0
DARIA KOVARIKOVA	(i)	174,913	0	0	0	0	174,913	0
	(ii)	0	0	0	0	0	0	0
BYARD YODER	(i)	153,811	0	8,067	0	0	161,878	0
	(ii)	0	0	0	0	0	0	0
JAMES MCGEARY	(i)	150,899	0	0	0	0	150,899	0
	(ii)	0	0	0	0	0	0	0
ROBERTA SCHERR	(i)	160,030	0	0	0	0	160,030	0
	(ii)	0	0	0	0	0	0	0

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, LINE 4B	ROBERT J LONGO IS A PARTICIPANT IN A 457F RETIREMENT PLAN HE RECEIVED A $352,185 99 PAYMENT FROM THE PLAN 5/14/2010

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Good Samaritan Hospital The

Employer identification number
23-0794160

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	LEBANON COUNTY HEALTH FACILITIES AUTHORITY	23-2546819	522455BE3	03-11-2004	17,255,816	SEE SCHEDULE O		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	17,255,816				
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds					
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion	2004				

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?	X									

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Good Samaritan Hospital The

Employer identification number
23-0794160

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
JOHN P WELCH MD	SEE SCHEDULE O	279,404	PROPERTY RENTAL		No
FREDERICK WOLFSON	SEE SCHEDULE O	144,571	ATTORNEY FEES		No

Additional Data

Software ID:
Software Version:
EIN: 23-0794160
Name: Good Samaritan Hospital The

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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Name of the organization
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Identifier	Return Reference	Explanation
Form 990, Part III	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Program Service Expense #1 The GSH is a 196 licensed bed, (Acute Care 177, Skilled Care 19) tax exempt , non-profit acute care hospital providing a full range of inpatient and outpatient services including Respiratory Therapy, Physical Therapy, Radiology, Inpatient and Outpatient surgery, Pediatrics, Intensive Care, Telemetry, Cardiac Care, Hemodialysis, Inhalation Therapy, Pulmonary Functions, endoscopy, 24 hour emergency care, occupational medicine, traction, pacemakers, EEG, EKG, Stress Monitoring, Mammography, Ultrasound, CT Scan, Cancer Care, Nuclear Medicine, Pharmacy, Obstetrics, Blood Bank, Peripheral vascular Lab, Cardiovascular Lab, Cardiovascular Surgery, and Laboratory which include chemistry, hematology, histology, cytology and microbiology FY 6/30/10 statistics 7,708 admissions, 32,847 inpatient days, 267,453 outpatient registrations Program Service Expense #4 The GSH operates home health/visiting nurse association providing a full range of in-home health care including IV therapy, maternal/infant care, hospice, physical therapy, speech therapy, occupational therapy, nutritional therapy, social services and home health aides FY 6/30/10 statistics 22,546 in-home care visits were provided

Identifier	Return Reference	Explanation
PROCESS OF GOVERNING BODY TO REVIEW FORM 990	FORM 990, PART VI, LINE 11A	An accountant prepares the 990 and 990-T for the Good Samaritan Hospital The Hospital then pays an auditing firm to review the 990 tax return The controller and the CFO review the final draft of the return before it is distributed to the board of directors and then filed with the IRS CONFLICT OF INTEREST POLICY FORM 990, PART VI, LINE 12C THE GOOD SAMARITAN HOSPITAL HAS A COMPLIANCE OFFICER THAT IS RESPONSIBLE FOR MONITORING AND ENFORCING THE COMPLIANCE OF POLICIES DISCLOSURE FORM 990, PART VI, LINE 19 THE GOOD SAMARITAN HOSPITAL HAS ALL OF ITS POLICIES AND FINANCIAL STATEMENTS AVAILABLE FOR THE GENERAL PUBLIC THE PUBLIC NEEDS TO SCHEDULE AN APPOINTMENT WITH ADMINISTRATION TO COME IN AND VIEW THE INFORMATION UNDER HOSPITAL SUPERVISION DESCRIPTION OF PURPOSE SCHEDULE K, PART I, COLUMN (F) Refund outstanding '94 bonds issued 1/13/94 DESCRIPTION OF RELATIONSHIP BETWEEN INTERESTED PERSON AND ORG SCHEDULE L, PART IV, COLUMN (B) John P Welch, MD is a trustee of The Good Samaritan Hospital and is a partner of Welch Wagner Partnership Frederick Wolfson is a trustee of The Good Samaritan Hospital and is a partner of Reilly, Wolfson, Sheffey, Schrum and Lundberg

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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2009

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Name of the organization
Good Samaritan Hospital The

Employer identification number
23-0794160

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
GOOD SAMARITAN HOSPITAL SVCS FOUNDATION PO BOX 1281 LEBANON, PA 17042 23-2356151	SUPPORT ORG	PA	501(C)(3)	11,TYPE I	
GOOD SAMARITAN REAL ESTATE PO BOX 1281 LEBANON, PA 17042 23-2447262	REAL ESTATE	PA	501(C)(2)		
GSH DIALYSIS INC PO BOX 1218 LEBANON, PA 17042 23-2500940	RENAL DIAL	PA	501(c)(3)	3	
GOOD SAMARITAN PHYSICIAN SERVICES PO BOX 1281 LEBANON, PA 17042 23-1832359	MEDICAL CARE	PA	501(C)(3)	9	

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
LEBANON MRI ASSOC 4THWALNUT ST LEBANON, PA17042 36-3730905	MRI SERVICES	PA									

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
GSH SERVICES INC 241 SOUTH 4TH STREET LEBANON, PA17042 23-2353047	MGT&ACCTG SVCS	PA	NA	C CORP			
GSH HOME MED CARE INC 301 SCHNEIDER DRIVE LEBANON, PA17046 23-2028099	MEDICAL EQUIP	PA	NA	C CORP			
GSH REALTY INC 241 SOUTH 4TH STREET LEBANON, PA17042 23-2446622	TITLE HOLDING CO	PA	NA	C CORP			
GSH URGENT CARE INC 954 ISABEL DRIVE LEBANON, PA17042 25-1816053	URGENT MEDICINE	PA	NA	C CORP			

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

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**Yes**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**Yes**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**No**
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**
q	Other transfer of cash or property to other organization(s)	**1q**	**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**No**

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

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Name: Good Samaritan Hospital The

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL BLECKER TRUSTEE	1 0	X						0	0	0
EARL H BRINSER TRUSTEE	1 0	X						0	0	0
SLOAN CAPLAN TRUSTEE	1 0	X						0	0	0
EVELYN C COLON TRUSTEE	1 0	X						0	0	0
PAUL R DIGIACOMO TRUSTEE	1 0	X						0	0	0
DONALD H DREIBELBIS SECOND VICE CHAIRMAN	1 0	X		X				0	0	0
ROBERT J FUNK TRUSTEE	1 0	X						0	0	0
ROBERT P HOFFMAN TRUSTEE	1 0	X						0	0	0
JANE W JUPPENLATZ SECRETARY	1 0	X		X				0	0	0
FEDERICK C LAURENZO TRUSTEE	1 0	X						0	0	0
ROBERT J PHILLIPS TRUSTEE	1 0	X						0	0	0
WILLIAM E SCHAEFFER JR MD TRUSTEE	1 0	X						0	0	0
DENNIS L SHALTERS CHAIRMAN	1 0	X		X				0	0	0
GALEN G WEABER TRUSTEE	1 0	X						0	0	0
JOHN P WELCH MD FIRST VICE CHAIRMAN	1 0	X		X				0	0	0
DEBORAH T WEAVER TRUSTEE	1 0	X						0	0	0
FREDERICK S WOLFSON ESQ TREASURER	1 0	X		X				0	0	0
JULIE ZINSSER TRUSTEE	1 0	X						0	0	0
ROBERT J LONGO PRES & CEO	40 0	X		X				780,674	0	1,813
ROBERT J RICHARDS VP FINANCE & CEO	40 0			X				232,262	0	0
WILLIAM HENDRICK SENIOR VP & COO	40 0			X				243,021	0	0
KIMBERLY FREEMAN VP HUMAN RESOURCES	40 0				X			168,508	0	0
JACQUELYN M GOULD VP NURSING	40 0				X			152,779	0	0
ROBERT D SHAVER MD VP MEDICAL AFFAIRS	40 0				X			265,568	0	0
ELLEN JOHNSON PHYSICIAN	40 0					X		182,327	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DARIA KOVARIKOVA PHYSICIAN	40 0					X		174,913	0	0
BYARD YODER PHYSICIAN	40 0					X		161,878	0	0
JAMES MCGEARY PHYSICIAN	40 0					X		150,899	0	0
ROBERTA SCHERR PHYSICIAN	40 0					X		160,030	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
IP/OP PATIENTS	900,099	149,997,964	149,997,964		
REHAB PATIENTS	900,099	2,041,733	2,041,733		
HH/VNA SERVICES	621,610	2,460,682	2,460,682		
TCU PATIENTS	900,099	2,462,251	2,462,251		
DROP LAB REVENUE	621,500	4,281,050		4,281,050	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
HEALTHCARE PROFESSIONALS PMTS	1,154,876	981,645	173,231	
PURCHASED SERVICES	9,731,369	8,271,664	1,459,705	
SERVICE CONTRACTS	1,847,205	1,570,124	277,081	
MEDICAL SUPPLIES	29,443,345	25,026,843	4,416,502	
PROVISION FOR BAD DEBT	15,415,372	13,103,066	2,312,306	