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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)	OMB No 1545-0047 2009 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

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 SHEPHERD REHABILITATION NETWORK fka THE GOOD SHEPHERD HOME				D Employer identification number 23-2216041	
				Doing Business As				E Telephone number (610) 776-3303	
				Number and street (or P O box if mail is not delivered to street address) GOOD SHEPHERD PLAZA 850 S 5TH ST			Room/suite	G Gross receipts \$ 54,189,453	
				City or town, state or country, and ZIP + 4 ALLENTOWN, PA 18103					
		F Name and address of principal officer DANIEL C CONFALONE GOOD SHEPHERD PLAZA 850 S 5TH ST ALLENTOWN, PA 18103				H(a) Is this a group return for affiliates? ☐ Yes ☒ No			
I Tax-exempt status ☒ 501(c) (3) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527				H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)					
J Website: WWW.GOODSHEPHERDREHAB.ORG				H(c) Group exemption number					
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other						L Year of formation 1908		M State of legal domicile PA	

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities To enhance lives, maximize function, inspire hope, and promote dignity and well-being		
	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 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6 29	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 278,00	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 276,50	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	3,576,315	4,688,896
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,385,870	43,167,402
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,093,787	4,583,209
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-102,720	1,178,555
			50,953,252	53,618,062
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,060,945	2,166,902
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24,025,710	26,362,509
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		39,000
	b	Total fundraising expenses (Part IX, column (D), line 25) 2,452,156		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	20,651,695	22,802,923
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	46,738,350	51,371,334
	19	Revenue less expenses Subtract line 18 from line 12	4,214,902	2,246,728
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	223,477,007	238,885,631
	21	Total liabilities (Part X, line 26)	139,203,655	141,629,405
	22	Net assets or fund balances Subtract line 21 from line 20	84,273,352	97,256,226

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
	***** Signature of officer 2011-05-09 Date
	DANIEL C CONFALONE SVP FINANCE/CFO Type or print name and title
Paid Preparer's Use Only	Preparer's signature Julius Green CPA Date Check if self-employed ☒ Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ParenteBeard LLC 1650 Market Street Suite 4500 Philadelphia, PA 19103 EIN
	Phone no (215) 972-0701

1 Briefly describe the organization's mission

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 \$	34,825,381	including grants of \$	2,166,902)	(Revenue \$	42,787,449)
	Good Shepherd Rehabilitation Network ("GSRN"), based in Allentown, Pennsylvania, is a nationally recognized rehabilitation leader, offering a continuum of care for people with physical and cognitive disabilities and specializing in assistive AND rehabilitation technology More than 40,000 people come to Good Shepherd each year for specialized programs in stroke, orthopedics, brain injury, spinal cord injury, pediatrics, amputation and more Good Shepherd operates 24 Outpatient Sites, 4 Inpatient Sites, a Long-Term Care Acute Hospital, 2 Long-Term Care homes for people with severe disabilities, an Independent Living facility, a Work Services division that provides employment training AND job placement, and a Lifestyle Products online store called Reliability Good Shepherd also is the majority owner of a joint venture with the University of Pennsylvania Health System ("UPHS") in Philadelphia, Pennsylvania Good Shepherd Penn Partners ("GSPP") provides comprehensive rehabilitation and specialty services, including inpatient rehabilitation care, long-term acute care, outpatient rehabilitation care at 8 GSPP Penn Therapy & Fitness locations throughout the greater Philadelphia area and physical, occupational and speech therapy services within three acute-care hospitals of UPHS Good Shepherd was founded in 1908 when the Rev John and Estella Raker invited a disabled orphan named Viola into their Allentown, Pennsylvania home Good Shepherd is affiliated with the Evangelical Lutheran Church in America and provides rehabilitation services at more than 30 locations in 8 eastern Pennsylvania counties GSRN provides management services in support of the rehabilitation health-care mission of its tax-exempt affiliates Good Shepherd's mission is "Motivated by the divine Good Shepherd and the physical and cognitive rehabilitation needs of our communities, our mission is to enhance lives, maximize function, inspire hope, and promote dignity and well-being with expertise and compassion "GSRN is the parent organization of 6 tax-exempt affiliates that offer many levels of rehabilitation care GSRN is also a subscriber of one taxable affiliate that is a self-insurance company As the parent organization, GSRN operates all corporate administrative functions for the Good Shepherd affiliates, including but not limited to administration, dietary, finance, fundraising, human resources, information systems, maintenance, marketing and pastoral care						

[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses	\$ 34,825,381
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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
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, line 10? 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	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	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	Yes
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	No

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	Yes	
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	197	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	0	
	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)			
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	18	
b	Enter the number of voting members that are independent	1b	13	
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	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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▶PA , FL , MN
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 ▶ DANIEL C CONFALONE SVP FINANCECF GOOD SHEPHERD PLAZA 850 SOUTH 5TH ALLENTOWN, PA 18103 (610) 776-3303

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

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

Form **990** (2009)

1b Total	2,586,073	163,074	531,540
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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▶23

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXHO OPERATIONS LLC 4880 Paysphere Circle Chicago, IL 60674	DIETARY/Food Services	1,658,640
cc inc construction services 4210 fritch drive bethlehem, PA 18020	general contractor	554,747
Easton Coach Company 1200 Conroy Place Easton, PA 18040	Transportation Services	538,829
millermiller and mclachlan inc 1249 newport avenue northampton, PA 18067	general contractor	409,755
SCHULTZ AND WILLIAMS INC 325 CHESTNUT STREET STE 700 PHILADELPHIA, PA 19106	Direct Mail Consulting & Printing	355,593

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	48,353			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	94,050			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,546,493			
	g	Noncash contributions included in lines 1a-1f \$ 108,294					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	MANAGEMENT FEES	561,000	42,783,715	42,783,715		
	b	HEALTH NETWORK LABS RE	621,500	383,687	3,734	379,953	
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			43,167,402		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		4,783,360			4,783,360
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
	6a	(i) Real		(ii) Personal			
		108,935					
		210,885					
		-101,950					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)			-101,950		-101,950
	7a	(i) Securities		(ii) Other			
		122,049		38,306			
		158,817		201,689			
		-36,768		-163,383			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			-200,151		-200,151
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
		a					
		b					
	b	Less direct expenses		b			
	c	Net income or (loss) from fundraising events . . .					
	9a	Gross income from gaming activities See Part IV, line 19					
a							
b							
b	Less direct expenses		b				
c	Net income or (loss) from gaming activities . . .						
10a	Gross sales of inventory, less returns and allowances						
	a						
	b						
b	Less cost of goods sold		b				
c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code					
11a	EXPENSE REIMBURSEMENT		900,099	1,269,122		1,269,122	
b	MEDICAL RECORDS		900,099	10,069		10,069	
c	research grant revenue		900,099	814		814	
d	All other revenue			500		500	
e	Total. Add lines 11a-11d			1,280,505			
12	Total revenue. See Instructions			53,618,062	42,787,449	278,003	5,863,714

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	2,166,902	2,166,902		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,935,738	683,515	1,252,223	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	12,732,488	7,037,029	4,817,515	877,944
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,528,712	3,230,044	239,290	59,378
9	Other employee benefits	7,189,532	6,475,710	592,500	121,322
10	Payroll taxes	976,039	548,285	371,275	56,479
11	Fees for services (non-employees)				
a	Management				
b	Legal	195,290		189,290	6,000
c	Accounting	134,148		134,148	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	39,000			39,000
f	Investment management fees	491,909		491,909	
g	Other	7,083,340	3,797,053	3,137,411	148,876
12	Advertising and promotion				
13	Office expenses	1,616,781	885,155	343,331	388,295
14	Information technology				
15	Royalties				
16	Occupancy	1,007,000	991,742	15,258	
17	Travel	69,472	21,615	36,588	11,269
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,923		1,923	
20	Interest	5,807,788	5,807,788		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,434,086	2,363,333		70,753
23	Insurance	1,153,195	6,000	1,147,195	
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	UBI Tax	87,573		87,573	
b	RESTRUCTURING COSTS	756,630		756,630	
c	REPAIRS & MAINTENANCE	582,527	582,188	339	
d	CORPORATE ALLOCATION	563,409	18,910		544,499
e	LEGAL SETTLEMENT	350,000		350,000	
f	All other expenses	467,852	210,112	129,399	128,341
25	Total functional expenses. Add lines 1 through 24f	51,371,334	34,825,381	14,093,797	2,452,156
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			3,072,729	2	1,046,924
	3	Pledges and grants receivable, net			2,001,309	3	1,852,278
	4	Accounts receivable, net			53,109	4	79,761
	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				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			258,119	9	171,901
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	20,797,242			
	b	Less accumulated depreciation	10b	10,539,258	10,654,254	10c	10,257,984
	11	Investments—publicly traded securities			111,908,832	11	123,823,742
	12	Investments—other securities See Part IV, line 11			72,544,134	12	77,034,068
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			22,984,521	15	24,618,973
	16	Total assets. Add lines 1 through 15 (must equal line 34)			223,477,007	16	238,885,631
Liabilities	17	Accounts payable and accrued expenses			5,450,256	17	5,605,528
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			122,394,823	20	119,756,001
	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				23	
	24	Unsecured notes and loans payable to unrelated third parties			2,186,000	24	648,000
	25	Other liabilities Complete Part X of Schedule D			9,172,576	25	15,619,876
	26	Total liabilities. Add lines 17 through 25			139,203,655	26	141,629,405
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			53,630,105	27	64,119,061
	28	Temporarily restricted net assets			7,545,007	28	8,315,625
	29	Permanently restricted net assets			23,098,240	29	24,821,540
	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			84,273,352	33	97,256,226
	34	Total liabilities and net assets/fund balances			223,477,007	34	238,885,631

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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	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	Yes	
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?	Yes	
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 . . .	Yes	

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 SHEPHERD REHABILITATION NETWORK fka THE GOOD SHEPHERD HOME	Employer identification number 23-2216041
--	--

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?

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
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.")	5,855,743	6,422,146	7,917,385	3,576,315	4,688,896	28,460,485
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	5,855,743	6,422,146	7,917,385	3,576,315	4,688,896	28,460,485
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)						67,067
6 Public Support. Subtract line 5 from line 4						28,393,418

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	5,855,743	4,991,806	7,917,385	3,576,315	4,688,896	28,460,485
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,872,491	4,991,806	7,228,768	6,483,150	4,783,360	29,359,575
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	35,711	5,405		4,970	1,280,505	1,326,591
11 Total support (Add lines 7 through 10)						59,146,651

12 Gross receipts from related activities, etc (See instructions)	12	189,163,312
--	----	-------------

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	48 010 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	55 930 %

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private 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

Explanation
Schedule A, Part II, Line 10, Explanation of Other Income MISCELLANEOUS REV PMT FROM INSURANCE CLAIM CAFE REVENUE PROFESSIONAL SVC FEES EXPENSE REIMBURSEMENT MEDICAL RECORDS

SCHEDULE D
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization GOOD SHEPHERD REHABILITATION NETWORK fka THE GOOD SHEPHERD HOME	Employer identification number 23-2216041
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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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►_____
4	Number of states where property subject to conservation easement is located ►_____
5	Does the organization have a written policy regarding the periodic monitoring, inspection, 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	17,900,332	20,587,042			
b Contributions	643,738	654,587			
c Investment earnings or losses	913,701	-2,583,126			
d Grants or scholarships					
e Other expenditures for facilities and programs	933,897	758,171			
f Administrative expenses					
g End of year balance	18,523,874	17,900,332			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 17.000 %

b

Permanent endowment ▶ 83.000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

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		820,014		820,014
b Buildings		4,890,325	2,241,071	2,649,254
c Leasehold improvements		128,622	63,239	65,383
d Equipment		14,464,410	7,905,818	6,558,592
e Other		493,871	329,130	164,741
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				10,257,984

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	53,618,062
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	51,371,334
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,246,728
4	Net unrealized gains (losses) on investments	4	8,910,473
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-89,509
8	Other (Describe in Part XIV)	8	1,915,182
9	Total adjustments (net) Add lines 4 - 8	9	10,736,146
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	12,982,874

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	61,995,791
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	8,910,473
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-359,942
e	Add lines 2a through 2d	2e	8,550,531
3	Subtract line 2e from line 1	3	53,445,260
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	172,802
c	Add lines 4a and 4b	4c	172,802
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	53,618,062

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	48,923,408
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	210,885
e	Add lines 2a through 2d	2e	210,885
3	Subtract line 2e from line 1	3	48,712,523
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	491,909
b	Other (Describe in Part XIV)	4b	2,166,902
c	Add lines 4a and 4b	4c	2,658,811
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	51,371,334

Part XIVSupplemental 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
Part V, Line 4	Description of Intended Use of Endowment Funds	Good Shepherd's endowments provide income in perpetuity for programs and services, including research, technology, pediatrics, long term care operations and recreation, education, general and neurorehabilitation programs, work services, and for the general support of Good Shepherd's operations
Part X	Description of Uncertain Tax Positions Under FIN 48	Good Shepherd prescribes a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority in recording tax liabilities in the financial statements. Measurement and recognition of the tax uncertainty occurs if the recognition threshold has been meet. Good Shepherd's policy is to recognize interest related to unrecognized tax benefits in interest expense and penalties in operating expenses.
Part XI, Line 8 - Other Adjustments		INCOME ON INVESTMENT IN UNCONSOLIDATED SUBSIDIARY 2731508 INEFFECTIVENESS OF DERIVATIVE FINANCIAL INSTRUMENT 254553 CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENTS -1589695 PENSION LIABILITY ADJUSTMENT - UNCONSOLIDATED SUBSIDIARY -332957 OTHER CHANGES IN UNRESTRICTED NET ASSETS -118829 OTHER CHANGES IN TEMPORARILY RESTRICTED NET ASSETS 120037 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 459218 VALUATION GAIN, BENEFICIAL INTEREST IN PERPETUAL TRUSTS 775034 REDUCTION IN EQUITY TO REPORT HEALTH NETWORK LABS REV -383687
Part XII, Line 2d - Other Adjustments		INCOME ON INVESTMENT IN UNCONSOLIDATED SUBSIDIARY 2731508 INEFFECTIVENESS OF DERIVATIVE FINANCIAL INSTRUMENT 254553 CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENTS -1589695 PENSION LIABILITY ADJUSTMENT - UNCONSOLIDATED SUBSIDIARY -332957 OTHER CHANGES IN UNRESTRICTED NET ASSETS -118829 OTHER CHANGES IN TEMPORARILY RESTRICTED NET ASSETS 120037 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 459218 VALUATION GAIN, BENEFICIAL INTEREST IN PERPETUAL TRUSTS 775034 TRANSFERS TO AFFILIATES -2166902 INVESTMENT EXPENSES -491909
Part XII, Line 4b - Other Adjustments		RENTAL EXPENSES -210885 HEALTH NETWORK LABS REV 383687
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSES 210885
Part XIII, Line 4b - Other Adjustments		TRANSFERS TO AFFILIATES 2166902

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ 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 SHEPHERD REHABILITATION NETWORK fka THE GOOD SHEPHERD HOME	Employer identification number 23-2216041
--	--

Part I Fundraising Activities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a☒ Mail solicitations

b☐ Internet and e-mail solicitations

c☐ Phone solicitations

d☒ In-person solicitations

e☒ Solicitation of non-government grants

f☒ Solicitation of government grants

g☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☒ Yes☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Schultz and Williams	Direct Mail Consulting		No	0	39,000	- 39,000
Total ▶					39,000	- 39,000

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

PA,FL,MN

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3, column d, and line 10. ▶			

Part III Gaming.

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

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

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

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ►			
Address ►			
16	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

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 SHEPHERD REHABILITATION NETWORK
fka THE GOOD SHEPHERD HOME

Employer identification number
23-2216041

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
GOOD SHEPHERD HOME LONG-TERM CARE FACILITY INCGOOD SHEPHERD PLAZA 850 SOUTH 5TH STREET ALLENTOWN,PA 18103	232215800	501(c)(3)	432,603		N/a	n/a	Charitable Activities
GOOD SHEPHERD REHABILITATION HOSPITALGOOD SHEPHERD PLAZA 850 SOUTH 5TH STREET ALLENTOWN,PA 18103	231371947	501(c)(3)	1,676,358		N/A	N/A	Charitable Activities
GOOD SHEPHERD WORKSHOPVOCATIONAL SERVICES INC1901 LEHIGH STREET ALLENTOWN,PA 18103	232215801	501(c)(3)	57,941		N/A	N/A	Charitable Activities

2

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

▶ 3

3

Enter total number of other organizations

▶

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization
GOOD SHEPHERD REHABILITATION NETWORK
fka THE GOOD SHEPHERD HOME

Employer identification number

23-2216041

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ 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 or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee ☒ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
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				
James J Daley MD	(i)	0	0	0	0	0	0	0
	(ii)	163,074	0	0	9,578	23,516	196,168	0
SARA T GAMMON	(i)	528,036	0	0	31,014	46,236	605,286	0
	(ii)	0	0	0	0	0	0	0
DANIEL C CONFALONE	(i)	292,027	0	0	17,152	34,296	343,475	0
	(ii)	0	0	0	0	0	0	0
PHILLIP R BRYANT	(i)	357,696	0	0	21,009	44,610	423,315	0
	(ii)	0	0	0	0	0	0	0
ANTHONY R BONGIOVANNI	(i)	245,295	0	0	14,407	43,759	303,461	0
	(ii)	0	0	0	0	0	0	0
SAMUEL A MIRANDA JR	(i)	201,924	0	0	11,860	46,415	260,199	0
	(ii)	0	0	0	0	0	0	0
LEIGHTON MCKEITHEN III	(i)	210,349	0	0	12,355	28,493	251,197	0
	(ii)	0	0	0	0	0	0	0
HAROLD M TING	(i)	195,788	0	0	11,500	29,308	236,596	0
	(ii)	0	0	0	0	0	0	0
JOHN KRAVITZ	(i)	93,482	0	121,972	12,655	26,321	254,430	0
	(ii)	0	0	0	0	0	0	0
FRANK J HYLAND	(i)	178,657	0	0	10,493	23,713	212,863	0
	(ii)	0	0	0	0	0	0	0
David F Lyons	(i)	160,847	0	0	9,447	23,403	193,697	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Good Shepherd does not pay any dues on behalf of CEO, Sara Gammon, directly to a social club. Good Shepherd reimburses the CEO for certain social club dues relevant in pursuing the overall mission of Good Shepherd. These expenses are accounted for under an accountable reimbursement plan. The amount of this reimbursement is included in Ms. Gammon's taxable compensation.
	Part I, Line 4a	John Kravitz (one of the top five highest compensated employees) received a 52-week severance package which included 52 weeks of pay equivalent to a normal payroll cycle as well as health and dental insurance coverage. 36 weeks were paid in calendar year 2009 which amounted to \$121,972 in gross wages.

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 SHEPHERD REHABILITATION NETWORK
fka THE GOOD SHEPHERD HOME

Employer identification number
23-2216041

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	Lehigh County General Purpose Authority	91-1886539	5248053C0	06-23-2004	32,011,735	Finance capital prjcts, establish debt serv reserve, pay costs of bonds	X		X	
B	Lehigh County General Purpose Authority	91-1886539	5248058S0	11-15-2007	80,762,939	Refund 1997 Bonds, finance cap invstmnts, establish debt serv rsrv, pay costs	X		X	
C	Lehigh County General Purpose Authority	91-1886539	52480RAB6	04-23-2008	13,015,000	To refund the 2000 Bonds and pay costs of 2008 bonds	X		X	

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	29,136,809		80,762,939		13,015,000					
2	Gross proceeds in reserve funds	2,237,206		6,083,375							
3	Proceeds in refunding or defeasance escrows	26,349,100		26,349,100		12,760,000					
4	Other unspent proceeds										
5	Issuance costs from proceeds	637,720		2,571,179		255,000					
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	33,064,954		44,222,616							
8	Year of substantial completion	2007		2009							
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X	X		X					
10	Were the bonds issued as part of an advance refunding issue?		X		X		X				
11	Has the final allocation of proceeds been made?	X		X		X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III

Private Business Use

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

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?		X		X		X				
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
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?	X		X		X					
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	0 %		0 %		0 %					
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	0 %		0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

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		X		X				
2	Is the bond issue a variable rate issue?		X	X		X					
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X	X		X					
b	Name of provider	Merrill Lynch Capital Services		Merrill Lynch Capital Services		Merrill Lynch Capital Services					
c	Term of hedge	20 9000000000000		20 9000000000000		26 5000000000000					
4a	Were gross proceeds invested in a GIC?	X			X		X				
b	Name of provider	Bank of New York Mellon									
c	Term of GIC	10 3000000000000									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X		X				

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
GOOD SHEPHERD REHABILITATION NETWORK
fka THE GOOD SHEPHERD HOME

Employer identification number

23-2216041

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	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?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total \$										

Part III Grants or Assistance Benefitting Interested Persons.

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	No
Sandra JARVA Weiss	BOARD TRUSTEE	100,949	Sandra JARVA Weiss is a partner of Tallman, Hudders, and Sorrentino, PC GSRN RECEIVED LEGAL SERVICES FROM Tallman, Hudders, and Sorrentino, PC DURING THE YEAR THE BOARD maintains a conflict of interest policy and all transactions WITH TALLMAN, HUDDERS, AND SORRENTINO, PC WERE conducted at arm's length		No

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
GOOD SHEPHERD REHABILITATION NETWORK
fka THE GOOD SHEPHERD HOME

Employer identification number
23-2216041

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	108,294	Fair Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

Yes

Yes

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	The number reported in column (b) is based on the number of contributors donating stock and not each share of stock received
Third Party Use	Part I, Line 32b	An investment broker is used to process donations of stock The organization's policy is to immediately sell any stock donations

Additional Data

Software ID:

Software Version:

EIN: 23-2216041

Name: GOOD SHEPHERD REHABILITATION NETWORK
fka THE GOOD SHEPHERD HOME

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132029471

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization GOOD SHEPHERD REHABILITATION NETWORK fka THE GOOD SHEPHERD HOME	Employer identification number 23-2216041
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Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 2		THE SALARY AND BENEFIT EXPENSES REPORTED ON FORM 990, PART IX, AND THE EMPLOYEE INFORMATION REPORTED ON FORM 990, PART VII, ARE THE GOOD SHEPHERD REHABILITATION NETWORK'S ("GSRN") ALLOCATED PAYROLL COSTS BASED ON TIME SPENT ALL INDIVIDUALS WORKING AT GSRN ARE EMPLOYEES OF THE GOOD SHEPHERD REHABILITATION HOSPITAL ("GSRH") AND ARE REPORTED ON ITS FORM W-3 UNDER EIN 23-1371947 GSRH IS AN AFFILIATED TAX-EXEMPT ORGANIZATION

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Two-thirds of the organization's trustees shall be elected by the Synod Council of the Northeastern Pennsylvania Synod of the Evangelical Church in America

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The organization's bylaws may be altered, amended, or repealed by the board In addition, the amendment shall be approved by the Synod Council of the Northeastern Pennsylvania Synod of the Evangelical Lutheran Church in America before taking effect

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The IRS 990 is prepared using information solicited from officers, directors, trustees, board committee members, and management This group of individuals is provided a draft return before the final return is filed Questions, comments, additional information provided by this group are incorporated into the final return The final return is reviewed at a committee level of the board prior to it being filed

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THERE IS A SYSTEMATIC PROCESS COORDINATED THROUGH THE GOVERNANCE COMMITTEE WHERE THE CONFLICT OF INTEREST STATEMENT FOR EVERYONE IS REVIEWED BY THE GOVERNANCE COMMITTEE WHENEVER THE COMMITTEE FEELS THE CONFLICT STATEMENT IS EITHER INCOMPLETE OR FEELS SOMETHING MAY BE MISSING, THE COMMITTEE WILL ASK MANAGEMENT TO PURSUE FURTHER DUE DILIGENCE WHEN A BOARD MEMBER DOES HAVE AN INHERENT CONFLICT, THE TRUSTEE IS ASKED TO EITHER ABSTAIN FROM VOTING OR EXCUSE HIMSELF FROM THE ROOM DURING THE DISCUSSION AND VOTING

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Good Shepherd Rehabilitation Network Board delegates responsibility for following all legal and regulatory requirements affecting executive compensation to the Human Resources/Executive Compensation Committee of the Board This Committee is charged with administration of compensation practices for officers and key employees of the organization This Committee selected and uses an independent consulting firm specializing in healthcare executive compensation matters and uses comparable competitive market data in their analysis The services of the independent compensation consultant were most recently used during fiscal year 2010 Committee meetings are held on an ongoing basis and are documented in detail

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Financial statements are published to the organization's website at least annually The governing documents and policies are available upon request

Identifier	Return Reference	Explanation
FORM 990, PART VII, SECTION A		SARA T GAMMON, DANIEL C CONFALONE, PHILLIP R BRYANT, ANTHONY R BONGIOVANNI, AND SAMUEL A MIRANDA, JR ARE OFFICERS/KEY EMPLOYEES FOR ALL 7 ENTITIES WITHIN THE GOOD SHEPHERD REHABILITATION NETWORK THEY EACH DEVOTE APPROXIMATELY 60 HOURS PER WEEK TO THE ENTIRE GROUP OF ENTITIES THE AVERAGE HOURS LISTED IN COLUMN (B) FOR EACH INDIVIDUAL REPRESENTS THE APPROXIMATE PORTION OF 60 HOURS DEVOTED TO THE GOOD SHEPHERD REHABILITATION NETWORK PER WEEK THE COMPENSATION AND BENEFIT INFORMATION REPORTED IN COLUMNS (E) AND (F) REPRESENTS WHAT EACH INDIVIDUAL EARNS FOR THEIR TIME SPENT ON THE ENTIRE GROUP OF 7 ENTITIES

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THE PROCESSES USED BY THE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT HAVE NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	Explanation of Fundraising Payments	The total amount paid to Schultz and Williams for fiscal year June 30, 2010 was \$355,594 The \$39,000 reported in Schedule G, Part I relates to direct mail consulting The remaining payments made to Schultz and Williams were for other services such as creative fees, printing, lettershop, list acquisition and management, merge and purge, shipping and postage Schultz and Williams invoices are very specific and indicate the amount billed for each activity The amount of contributions received as a result of this consulting could not be easily determined

Identifier	Return Reference	Explanation
Schedule K Supplemental Information		Schedule K, Part II, line 5 For Issue B, the amount of credit enhancement fees included on this line is \$1,295,173 For Issue C, the amount of credit enhancement fees included on this line is \$52,318

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization GOOD SHEPHERD REHABILITATION NETWORK fka THE GOOD SHEPHERD HOME	Employer identification number 23-2216041
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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
Good Shepherd Group LLC Good Shepherd Plaza 850 South 5th S Allentown, PA 18103 20-1289638	Develop wheelchair device to assist rehabilitation patients	PA	-69,603	11,700	N/A

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 SHEPHERD HOME LONG-TERM CARE FACILITY INC Good Shepherd Plaza 850 South 5th S Allentown, PA 18103 23-2215800	OPERATES TWO SKILLED NURSING FACILITIES FOR THE SEVERELY DISABLED	PA	501(c)(3)	Line 3	N/A
GOOD SHEPHERD HOUSING DEVELOPMENT CORPORATION Good Shepherd Plaza 850 South 5th S Allentown, PA 18103 23-3073390	PROVIDES INDEPENDENT LIVING APARTMENTS FOR DISABLED, LOW-INCOME ADULTS	PA	501(c)(3)	Line 7	N/A
GOOD SHEPHERD WORKSHOPVOCATIONAL SERVICES INC 1901 LEHIGH STREET Allentown, PA 18103 23-2215801	PROVIDES EMPLOYMENT DEVELOPMENT PROGRAMS AND VOCATIONAL EVALUATIONS	PA	501(c)(3)	Line 11a, I	N/A
PHILADELPHIA POST-ACUTE PARTNERS LLC 1800 LOMBARD STREET PHILADELPHIA, PA 19146 20-8283421	OPERATES AN INPATIENT REHAB HOSP, ACUTE CARE HOSP & 8 OUTPATIENT FACILITIES	PA	501(c)(3)	Line 3	N/A
THE ALLENTOWN SPECIALTY HOSPITAL INC Good Shepherd Plaza 850 South 5th S Allentown, PA 18103 23-3009874	PROVIDES INPATIENT SERVICES THROUGH OPERATION OF A LONG-TERM ACUTE CARE HOSP	PA	501(c)(3)	Line 3	N/A
THE GOOD SHEPHERD REHABILITATION HOSPITAL Good Shepherd Plaza 850 South 5th S Allentown, PA 18103 23-1371947	PROVIDES COMPREHENSIVE INPATIENT AND OUTPATIENT REHABILITATION SERVICES	PA	501(c)(3)	Line 3	N/A

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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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
Good Shepherd Reciprocal Risk Rentention Group 7301 Rivers Avenue Suite 230 North Charleston, SC29406 20-4065112	Risk Retention Group	SC	N/A	C	500	2,905,876	100 000 %

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

No

No

No

No

No

Yes

No

No

Yes

No

No

Yes

No

Yes

Yes

Yes

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) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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

[illegible]

Software ID:

Software Version:

EIN: 23-2216041

Name: GOOD SHEPHERD REHABILITATION NETWORK
fka THE GOOD SHEPHERD HOME

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
GOOD SHEPHERD HOME LONG-TERM CARE FACILITY INC Good Shepherd Plaza 850 South 5th S Allentown, PA 18103 23-2215800	OPERATES TWO SKILLED NURSING FACILITIES FOR THE SEVERELY DISABLED	PA	501(c)(3)	Line 3	N/A
GOOD SHEPHERD HOUSING DEVELOPMENT CORPORATION Good Shepherd Plaza 850 South 5th S Allentown, PA 18103 23-3073390	PROVIDES INDEPENDENT LIVING APARTMENTS FOR DISABLED, LOW-INCOME ADULTS	PA	501(c)(3)	Line 7	N/A
GOOD SHEPHERD WORKSHOP VOCATIONAL SERVICES INC 1901 LEHIGH STREET Allentown, PA 18103 23-2215801	PROVIDES EMPLOYMENT DEVELOPMENT PROGRAMS AND VOCATIONAL EVALUATIONS	PA	501(c)(3)	Line 11a, I	N/A
PHILADELPHIA POST-ACUTE PARTNERS LLC 1800 LOMBARD STREET PHILADELPHIA, PA 19146 20-8283421	OPERATES AN INPATIENT REHAB HOSP, ACUTE CARE HOSP & 8 OUTPATIENT FACILITIES	PA	501(c)(3)	Line 3	N/A
THE ALLENTOWN SPECIALTY HOSPITAL INC Good Shepherd Plaza 850 South 5th S Allentown, PA 18103 23-3009874	PROVIDES INPATIENT SERVICES THROUGH OPERATION OF A LONG-TERM ACUTE CARE HOSP	PA	501(c)(3)	Line 3	N/A
THE GOOD SHEPHERD REHABILITATION HOSPITAL Good Shepherd Plaza 850 South 5th S Allentown, PA 18103 23-1371947	PROVIDES COMPREHENSIVE INPATIENT AND OUTPATIENT REHABILITATION SERVICES	PA	501(c)(3)	Line 3	N/A

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	PHILADELPHIA POST-ACUTE PARTNERS LLC	P	14,823,003
(2)	Good Shepherd Rehabilitation Hospital	N	14,389,087
(3)	Good Shepherd Rehabilitation Hospital	P	10,218,889
(4)	Good Shepherd Home Long-Term Care Facility Inc	P	1,837,670
(5)	Good Shepherd WorkshopVocational Services Inc	P	478,955
(6)	The Allentown Specialty Hospital Inc	P	2,742,503
(7)	Good Shepherd Rehabilitation Hospital	Q	43,930,518
(8)	Good Shepherd Home Long-Term Care Facility Inc	Q	613,149
(9)	Good Shepherd WorkshopVocational Services Inc	Q	1,982,751
(10)	The Allentown Specialty Hospital Inc	R	1,127,934
(11)	Good Shepherd Rehabilitation Hospital	H	251,294
(12)	Good Shepherd Home Long-Term Care Facility Inc	H	163,454
(13)	The Allentown Specialty Hospital Inc	H	132,408
(14)	Good Shepherd Rehabilitation Hospital	K	27,918,385
(15)	Good Shepherd Home Long-Term Care Facility Inc	K	8,013,906
(16)	Good Shepherd WorkshopVocational Services Inc	K	814,137
(17)	The Allentown Specialty Hospital Inc	K	4,919,149
(18)	Good Shepherd Rehabilitation Hospital	B	1,676,358
(19)	Good Shepherd Home Long-Term Care Facility Inc	B	432,603
(20)	Good Shepherd WorkshopVocational Services Inc	B	57,941

Additional Data

Software ID:

Software Version:

EIN: 23-2216041

Name: GOOD SHEPHERD REHABILITATION NETWORK
fka THE GOOD SHEPHERD HOME

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			
SCOTT A BAKER TRUSTEE	30	X						0	0	0
SANDRA L BODNYK TREASURER	40	X		X				0	0	0
PATRICK J BRENNAN MD TRUSTEE	30	X						0	0	0
ADDIE J BUTLER EDD TRUSTEE	30	X						0	0	0
James J Daley MD TrusTEE/STAFF PHYSIATRST	30	X						0	163,074	33,094
DAVID G DECAMPLI SECRETARY	30	X		X				0	0	0
RICHARD E DROBNICKI CHAIR	70	X		X				0	0	0
ROBERT E GADOMSKI TRUSTEE	30	X						0	0	0
MICHAEL GOLDNER DO TRUSTEE	20	X						0	0	0
Elsbeth G Haymon Trustee	30	X						0	0	0
KATHERINE E HILGERT TRUSTEE	20	X						0	0	0
SANDRA JARVA WEISS TRUSTEE	20	X						0	0	0
GERALD A NAU TRUSTEE	20	X						0	0	0
EDITH D RITTER TRUSTEE	20	X						0	0	0
GARY R SCHMIDT TRUSTEE	30	X						0	0	0
THE REV DAVID R STROBEL TRUSTEE	20	X						0	0	0
Daniel J Wilson PhD TrustEE	30	X						0	0	0
SARA T GAMMON PRESIDENT/CEO	30 00	X		X				528,036	0	77,250
DANIEL C CONFALONE SVP FINANCE/CFO	22 00			X				292,027	0	51,448
PHILLIP R BRYANT CMO	56 00				X			357,696	0	65,619
ANTHONY R BONGIOVANNI CPO	22 00				X			245,295	0	58,166
SAMUEL A MIRANDA JR CNO	10 00				X			201,924	0	58,275
LEIGHTON MCKEITHEN III SVP ADVANCING THE INSTIT	40 00					X		210,349	0	40,848
HAROLD M TING SVP STRATEGIC PLANNING	40 00					X		195,788	0	40,808
JOHN KRAVITZ SVP Info Technology	40 00					X		215,454	0	38,976

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			
FRANK J HYLAND VP OF REHAB SVCS	40 00					X		178,657	0	34,206
David F Lyons vp of development	40 00					X		160,847	0	32,850

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
UBI Tax	87,573		87,573	
RESTRUCTURING COSTS	756,630		756,630	
REPAIRS & MAINTENANCE	582,527	582,188	339	
CORPORATE ALLOCATION	563,409	18,910		544,499
LEGAL SETTLEMENT	350,000		350,000	