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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

C Name of organization
Good Samaritan Hospital The

Doing Business As

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

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

D Employer identification number
23-0794160

E Telephone number
(717) 270-7500

G Gross receipts $ 190,420,384

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www gshleb org

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE HIGH-QUALITY, COMPASSIONATE HEALTHCARE THAT IMPROVES THE OVERALL HEALTH OF OUR COMMUNITY

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,510
6	Total number of volunteers (estimate if necessary)	**6**	429
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,225,568
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	404,871

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,191,113	1,579,559
9	Program service revenue (Part VIII, line 2g)	171,375,812	171,916,754
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	957,345	1,169,472
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,397,185	5,129,572
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	178,921,455	179,795,357
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	27,690	22,900
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	71,982,867	73,825,335
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	95,440,354	104,362,084
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	167,450,911	178,210,319
19	Revenue less expenses Subtract line 18 from line 12	11,470,544	1,585,038

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	149,903,555	144,414,767
21	Total liabilities (Part X, line 26)	121,387,527	150,978,640
22	Net assets or fund balances Subtract line 21 from line 20	28,516,028	-6,563,873

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2013-05-13 Date

▶ Robert Richards VP Finance & CFO
Type or print name and title

Paid Preparer's Use Only

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

TO PROVIDE HIGH-QUALITY, COMPASSIONATE HEALTHCARE THAT IMPROVES THE OVERALL HEALTH OF OUR COMMUNITY

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 $ 150,256,042 including grants of $ 22,900) (Revenue $ 165,105,334)

Inpatient/Outpatient Services - SEE SCHEDULE O

4b (Code) (Expenses $ 2,347,751 including grants of $ 0) (Revenue $ 2,618,590)

Rehabilitation Unit- THE GSH OPERATES A 14 BED REHABILITATION UNIT PROVIDING A FULL RANGE OF BASIC SERVICES REQUIRED BY AN ACUTE CARE REHAB PROGRAM INCLUDING PHYSICAL THERAPY, SPEECH THERAPY, OCCUPATIONAL THERAPY, SOCIAL SERVICES AND AUDIOLOGY FY 6/30/12 STATISTICS 373 REHAB ADMISSIONS AND 4,037 REHAB PATIENT DAYS

4c (Code) (Expenses $ 2,034,717 including grants of $ 0) (Revenue $ 2,161,447)

Skilled Nursing Facility- THE GSH OPERATES A 19 BED TRANSITIONAL CARE UNIT PROVIDING A FULL RANGE OF BASIC SERVICES REQUIRED BY A HOSPITAL BASED SKILLED NURSING FACILITY, INCLUDING PHYSICAL THERAPY, SPEECH THERAPY, OCCUPATIONAL THERAPY, SOCIAL SERVICES AND AUDIOLOGY FY 6/30/12 STATISTICS 364 TCU ADMISSIONS AND 3,948 TCU PATIENT DAYS

4d Other program services (Describe in Schedule O)

(Expenses $ 1,878,200 including grants of $ 0) (Revenue $ 2,031,384)

4e Total program service expenses ▶ $ 156,516,710

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 and IV*	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 and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	113		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	1,510		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 or securities account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
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 governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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		No
	If "Yes," to line 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ROBERT J RICHARDS
241 SOUTH FOURTH STREET
LEBANON,PA 170421281
(717) 270-7500

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) CAROL BLECKER TRUSTEE	1 0	X								
(2) EARL H BRINSER TRUSTEE	1 0	X								
(3) SLOAN CAPLAN TRUSTEE	1 0	X								
(4) EVELYN C COLON TRUSTEE	1 0	X								
(5) PAUL R DIGIACOMO TRUSTEE	1 0	X								
(6) DONALD H DREIBELBIS SECOND VICE CHAIRMAN	1 0	X		X						
(7) ROBERT J FUNK TRUSTEE	1 0	X								
(8) ROBERT P HOFFMAN TRUSTEE	1 0	X								
(9) JANE W JUPPENLATZ SECRETARY	1 0	X		X						
(10) FREDERICK C LAURENZO TRUSTEE	1 0	X								
(11) ROBERT J PHILLIPS TRUSTEE	1 0	X								
(12) WILLIAM E SCHAEFFER JR MD TRUSTEE	1 0	X								
(13) DENNIS L SHALTERS CHAIRMAN	1 0	X		X						
(14) GALEN G WEABER TRUSTEE	1 0	X								
(15) JOHN P WELCH MD FIRST VICE CHAIRMAN	1 0	X		X						
(16) DEBORAH T WEAVER TRUSTEE	1 0	X								
(17) FREDERICK S WOLFSON ESQ TREASURER	1 0	X		X						

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) JULIE ZINSSER TRUSTEE	1 0	X								
(19) ROBERT J LONGO PRES & CEO	40 0	X		X				513,509	0	796
(20) KIMBERLY FEEMAN SENIOR VP & COO	40 0			X				285,238	0	0
(21) ROBERT J RICHARDS VP FINANCE & CFO	40 0			X				291,979	0	0
(22) JACQUELYN M GOULD VP OF NURSING	40 0				X			196,218	0	0
(23) JULIE MIKSIT VP CV SVCS & REHAB THERAPIES	40 0				X			173,693	0	0
(24) ROBERT D SHAVER MD VP MEDICAL AFFAIRS	40 0				X			335,676	0	0
(25) ELIZABETH MUHIIRE-NTAKI PHYSICIAN	40 0					X		168,981	0	0
(26) DARIA KOVARIKOVA PHYSICIAN	40 0					X		187,680	0	0
(27) BYARD YODER PHYSICIAN	40 0					X		173,715	0	0
(28) ROBERTA SCHERR PHYSICIAN	40 0					X		169,280	0	0
(29) RICHARD FOLLETT CHIEF INFORMATION OFFICER	40 0					X		165,015	0	0
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								2,660,984	0	796

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 24

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MCKESSON INFORMATION SOLUTIONS PO BOX 98347 CHICAGO, IL 606938347	IT SUPPORT	3,910,610
LEBANON ANESTHESIA ASSOCIATION PO BOX 1281 LEBANON, PA 17042	ANESTHESIOLOGISTS	3,213,873
LEBANON CARDIOLOGY ASSOCIATES 775 NORMAN DRIVE LEBANON, PA 17042	CARDIOLOGISTS	2,185,300
REHAB CARE GROUP INC PO BOX 502096 ST LOUIS, MO 631502098	REHAB MGMT SERVICES	1,291,264
SODEXO OPERATIONS LLC PO BOX 360170 PITTSBURGH, PA 152516170	DIETARY MGMT SERVICE	965,437

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 24

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d 500,000				
	e	Government grants (contributions) 1e 203,968				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 875,591				
	g	Noncash contributions included in lines 1a-1f $ _____				
	h	**Total.** Add lines 1a-1f . . . . . ▶	1,579,559			
Program Service Revenue		Business Code				
	2a	IP/OP PATIENTS 900099	160,879,765	160,879,765		
	b	REHAB PATIENTS 900099	2,618,590	2,618,590		
	c	HH/VNA SERVICES 621610	2,031,384	2,031,384		
	d	TCU PATIENTS 900099	2,161,447	2,161,447		
	e	DROP LAB REVENUE 621500	4,225,568		4,225,568	
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	171,916,754			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	747,021			747,021
	4	Income from investment of tax-exempt bond proceeds . . ▶	117,451			117,451
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents 129,483				
	b	Less rental expenses 244,158				
	c	Rental income or (loss) -114,675				
	d	Net rental income or (loss) . . . . . ▶	-114,675			-114,675
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 10,685,869				
	b	Less cost or other basis and sales expenses 10,353,674 / 27,195				
	c	Gain or (loss) 332,195 / -27,195				
	d	Net gain or (loss) . . . . . ▶	305,000			305,000
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶	0			
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	MALPRACTICE INSURANCE 524298	969,890	969,890		
	b	PENSION INCOME 524292	670,178			670,178
	c	SNACK BAR/CAFE SALES 722210	582,040			582,040
	d	All other revenue	3,022,139	3,022,139		
	e	**Total.** Add lines 11a–11d . . . . . ▶	5,244,247			
	12	**Total revenue.** See Instructions . . . ▶	179,795,357	171,683,215	4,225,568	2,307,015

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	22,900	22,900		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,945,870		1,945,870	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	55,758,965	47,395,120	8,363,845	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,520,237	3,842,201	678,036	
9	Other employee benefits	7,434,885	6,319,652	1,115,233	
10	Payroll taxes	4,165,378	3,540,571	624,807	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	219,971	186,975	32,996	
c	Accounting	218,000	185,300	32,700	
d	Lobbying	15,129	12,860	2,269	
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	600,397	510,337	90,060	
g	Other	7,971,806	6,776,035	1,195,771	
12	Advertising and promotion	1,331,219	1,131,536	199,683	
13	Office expenses	1,728,769	1,469,454	259,315	
14	Information technology	4,343,160	3,691,686	651,474	
15	Royalties . .	0			
16	Occupancy	5,558,005	4,931,839	626,166	
17	Travel	68,314	58,067	10,247	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	181,709	154,453	27,256	
20	Interest	3,903,907	3,318,321	585,586	
21	Payments to affiliates	1,511,796	1,285,027	226,769	
22	Depreciation, depletion, and amortization	9,768,637	8,303,341	1,465,296	
23	Insurance	2,094,587	1,780,399	314,188	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL SUPPLIES	31,139,419	31,139,419		
b	BAD DEBT	12,066,975	12,066,975		
c	PURCHASED SERVICES	11,486,512	9,763,535	1,722,977	
d	TAXES	3,350,764	2,848,149	502,615	
e					
f	All other expenses	6,803,008	5,782,558	1,020,450	
25	**Total functional expenses.** Add lines 1 through 24f	178,210,319	156,516,710	21,693,609	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,370	1	5,220
	2	Savings and temporary cash investments		2,403,439	2	2,272,501
	3	Pledges and grants receivable, net		1,373,674	3	1,029,573
	4	Accounts receivable, net		18,802,608	4	18,637,951
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		1,153,750	7	1,130,188
	8	Inventories for sale or use		1,656,440	8	1,686,147
	9	Prepaid expenses and deferred charges		2,464,927	9	2,851,253
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 186,994,825			
	b	Less accumulated depreciation	10b 117,407,607	73,244,003	10c	69,587,218
	11	Investments—publicly traded securities		29,142,551	11	29,850,306
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		2,269,669	14	2,269,669
	15	Other assets See Part IV, line 11		17,387,124	15	15,094,741
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		149,903,555	16	144,414,767
Liabilities	17	Accounts payable and accrued expenses		13,289,408	17	18,574,578
	18	Grants payable		0	18	0
	19	Deferred revenue		327,222	19	375,508
	20	Tax-exempt bond liabilities		65,273,066	20	63,955,676
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		791,851	23	700,819
	24	Unsecured notes and loans payable to unrelated third parties		3,593,583	24	2,871,683
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		38,112,397	25	64,500,376
	26	**Total liabilities.** Add lines 17 through 25		121,387,527	26	150,978,640
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		25,570,795	27	-9,283,282
	28	Temporarily restricted net assets		2,273,056	28	2,047,232
	29	Permanently restricted net assets		672,177	29	672,177
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		28,516,028	33	-6,563,873
	34	Total liabilities and net assets/fund balances		149,903,555	34	144,414,767

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	179,795,357
2	Total expenses (must equal Part IX, column (A), line 25)	2	178,210,319
3	Revenue less expenses Subtract line 2 from line 1	3	1,585,038
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	28,516,028
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-36,664,939
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-6,563,873

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Good Samaritan Hospital The

Employer identification number
23-0794160

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		15,129
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			15,129
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, LINE 1G	THE HOSPITAL HOLDS MEMBERSHIP IN THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA BOTH OF WHICH ENGAGE IN LOBBYING AS A PART OF THEIR MISSION TO REPRESENT THE INTERESTS OF HOSPITALS AT BOTH THE FEDERAL AND STATE LEVELS FOR THE YEAR ENDED 6-30-12 THE AMOUNT OF DUES PAID TO THE HHAP TOTALED $65,781 WHICH 23% ($15,129) WAS USED FOR LOBBYING PURPOSES ON OCCASION, HHAP REQUESTS THE HELP OF MEMBER PROVIDERS TO COMMUNICATE CONCERNS TO LEGISLATORS REGARDING PENDING LEGISLATION, WHICH COULD IMPACT HOSPITALS THIS CAN INVOLVE DIRECT CONTACT WITH LEGISLATORS OR LETTER WRITING THIS OCCURS INFREQUENTLY AND THE COST TO THE HOSPITAL IS NEGLIGIBLE

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Good Samaritan Hospital The

Employer identification number
23-0794160

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	2,945,233	3,005,818	3,236,426	3,712,782	
b	Contributions	424,618	834,833	458,155	-26,711	
c	Investment earnings or losses	53,135	26,652	36,900	-22,884	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	703,577	922,070	725,663	426,761	
f	Administrative expenses					
g	End of year balance	2,719,409	2,945,233	3,005,818	3,236,426	

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 24 720 %
- c Term endowment ▶ 75 280 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,468,847		1,468,847
b Buildings		89,594,063	40,035,289	49,558,774
c Leasehold improvements		3,782,430	3,155,023	627,407
d Equipment		89,589,473	72,679,639	16,909,834
e Other		2,560,012	1,537,656	1,022,356
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				69,587,218

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

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

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

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

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

(a) Description	(b) Book value
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	15,094,741

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
EMPLOYEE W/H PAYABLE	505,481
3RD PARTY PAYABLES	4,540,487
LONG TERM POST RETIRE BENEFITS	2,927,137
INSURANCE RESERVES	3,777,267
PENSION LIABILITY	52,750,004
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	64,500,376

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	179,795,357
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	178,210,319
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,585,038
4	Net unrealized gains (losses) on investments	4	-240,114
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-36,424,825
9	Total adjustments (net) Add lines 4 - 8	9	-36,664,939
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-35,079,901

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

1	Total revenue, gains, and other support per audited financial statements			1	179,321,646
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-240,114		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-477,755		
e	Add lines **2a** through **2d**			2e	-717,869
3	Subtract line **2e** from line **1**			3	180,039,515
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	-244,158		
c	Add lines **4a** and **4b**			4c	-244,158
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	179,795,357

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

1	Total expenses and losses per audited financial statements			1	178,454,477
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	244,158		
e	Add lines **2a** through **2d**			2e	244,158
3	Subtract line **2e** from line **1**			3	178,210,319
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	178,210,319

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE GOOD SAMARITAN HOSPITAL MAINTAINS TEMPORARILY RESTRICTED AND PERMANENTLY RESTRICTED ASSETS TO PURCHASE SPECIFIC PIECES OF EQUIPMENT AND PROVIDE QUALIFIED APPLICANTS A SCHOLARSHIP
RECONCILIATION	SCHEDULE D, PART XI, XII, XIII	PART XI, LINE 8 THE GOOD SAMARITAN HOSPITAL NEEDED TO RESERVE MONEY IN ORDER TO PROVIDE THE RETIRED EMPLOYEES AND FUTURE RETIRED EMPLOYEES WITH SUFFICIENT PENSION PAYMENTS THE GOOD SAMARITAN HOSPITAL WAS ABLE TO RELEASE FUNDS THAT WERE RESTRICTED FOR A SPECIFIC PURPOSE THE GOOD SAMARITAN HOSPITAL ALSO WROTE OFF A LARGE RECEIVABLE THAT WAS DUE FROM AN AFFILIATED EXEMPT ORGANIZATION, GOOD SAMARITAN PHYSICIAN SERVICES THE AMOUNT OF THE PENSION RESERVE ADJUSTMENT WAS $27,651,540 AND THE AMOUNT OF THE WRITEOFF FOR THE GOOD SAMARITAN PHYSICIAN SERVICES RECEIVABLE WAS $8,748,175 THERE WAS ALSO A $25,110 CHANGE IN UNRESTRICTED NET ASSETS TO RECALCULATE THE BOYER ANNUITY LIABILITY PART XII, LINE 2D LESS TEMPORARILY RESTRICTED CONTRIBUTIONS OF $424,618 ALSO LESS TEMPORARILY RESTRICTED INCOME FROM INVESTMENTS OF $53,137 PART XII, LINE 4B RENTAL EXPENSES OF $244,158 PART XIII, LINE 2D RENTAL EXPENSES OF $244,158 PART X, LINE 2 ASC 740 (FORMERLY FIN 48) IN THE COURSE OF PREPARING THE HOSPITAL'S TAX RETURNS, THE HOSPITAL EVALUATES TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITIES TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD ARE RECORDED AS TAX BENEFITS OR EXPENSE IN THE CURRENT YEAR MANAGEMENT HAS ANALYZED ALL TAX POSITIONS TAKEN ON FEDERAL, STATE, AND LOCAL INCOME TAX RETURNS FOR ALL OPEN TAX YEARS AND HAS CONCLUDED THAT NO PROVISION FOR FEDERAL INCOME TAX IS REQUIRED IN THE FINANCIAL STATEMENTS THERE ARE NO INTEREST AND PENALTIES DEDUCTED IN THE CURRENT PERIOD AND NO INTEREST AND PENALTIES ACCRUED AT JUNE 30, 2012

Additional Data

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

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

(a) Description	(b) Book value
ACCRUED INT BOARD DESIG FUNDS	2,000
DEBT SVC FUNDS NON-CURRENT	5,656,510
DEBT SVC FUNDS CURRENT	1,390,000
INTERCOMPANY RECEIVABLES	215,396
DUE FROM FOUNDATION	72,804
DUE FROM EMPL, STAFF, PHYS	98,354
OTHER RECEIVABLES	410,212
MALPRACTICE INSURANCE REC	2,333,702
DEFERRED BOND ISSUE COSTS	611,481
OTHER ASSETS	4,304,282

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Good Samaritan Hospital The

Employer identification number
23-0794160

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			1,819,202		1,819,202	1 090 %
b Medicaid (from Worksheet 3, column a)			2,969,712	1,389,416	1,580,296	0 950 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			14,082,079	6,666,614	7,415,465	4 460 %
d **Total** Charity Care and Means-Tested Government Programs			18,870,993	8,056,030	10,814,963	6 500 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			71,762		71,762	0 040 %
f Health professions education (from Worksheet 5)			2,140,330	931,524	1,208,806	0 730 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total** Other Benefits			2,212,092	931,524	1,280,568	0 770 %
k **Total.** Add lines 7d and 7j			21,083,085	8,987,554	12,095,531	7 270 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			32,293		32,293	0 020 %
4	Environmental improvements						
5	Leadership development and training for community members			25,480		25,480	0 010 %
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			57,773		57,773	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense	2	12,066,975		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	6,339,649		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	34,644,838		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	78,222,253		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-43,577,415		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	THE GOOD SAMARITAN HOSPITAL FOURTH AND WALNUT STREETS LEBANON, PA 17042	X	X		X			X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

THE GOOD SAMARITAN HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 %			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 % If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☐ Asset level			
	c ☑ Medical indigency			
	d ☐ Insurance status			
	e ☑ Uninsured discount			
	f ☐ Medicaid/Medicare			
	g ☐ State regulation			
	h ☑ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☐ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**	Yes	
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **11**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
COMMUNITY BENEFIT REPORT	PART I, LINE 6A	OUR ANNUAL COMMUNITY BENEFIT REPORT IS PREPARED BY OUR MARKETING DEPARTMENT THE REPORT CAN BE FOUND AT OUR WEBSITE, WWW GSHLEB ORG WE ALSO MAIL THE REPORT OUT TO THE MEMBERS OF OUR COMMUNITY

Identifier	ReturnReference	Explanation
PART I, LINE 7, COLUMN (F)		OUR TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) WAS $178,210,319 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS $12,066,975 THIS LEFT US WITH A TOTAL EXPENSE OF $166,143,344 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F) PART I, LINE 7 THE GOOD SAMARITAN HOSPITAL USED THE COST TO CHARGE RATIO COST METHODOLOGY TO CALCULATE THE CHARITY AND UNREIMBURSED MEDICAID AND OTHER GOVERNMENT PROGRAMS THE HOSPITAL USED DIRECT COSTS FOR THE OTHER COMMUNITY BENEFITS ON LINE 7

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

Identifier	ReturnReference	Explanation
BAD DEBT, MEDICARE, & COLLECTION PRACTICES	PART III, LINE 4	AFS FOOTNOTE THE HOSPITAL ESTABLISHES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS TO REPORT THE NET REALIZABLE AMOUNTS TO BE RECEIVED FROM PATIENTS INCREASES TO THIS ALLOWANCE ARE REFLECTED AS A PROVISION FOR DOUBTFUL ACCOUNTS IN THE STATEMENTS OF OPERATIONS THE HOSPITAL REGULARLY PERFORMS A DETAILED ANALYSIS OF THE COLLECTIBILITY OF PATIENT ACCOUNTS RECEIVABLE AND CONSIDERS SUCH FACTORS AS PRIOR COLLECTION EXPERIENCE AND THE AGE OF THE RECEIVABLES TO DETERMINE THE APPROPRIATE ALLOWANCE LEVEL BAD DEBT METHODOLOGY THE GOOD SAMARITAN HOSPITAL IS A TAX-EXEMPT NON-FOR-PROFIT HOSPITAL THAT PROVIDES QUALITY MEDICAL SERVICES TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY BY PROVIDING MEDICAL SERVICES TO ALL COMMUNITY MEMBERS REGARDLESS OF THEIR ABILITY TO PAY, THE HOSPITAL'S BAD DEBT EXPENSE QUALIFIES AS A COMMUNITY BENEFIT THE BAD DEBT EXPENSE CALCULATED ON LINE 2 WAS CALCULATED USING THE PATIENT CARE COST TO CHARGES METHODOLOGY THE GOOD SAMARITAN HOSPITAL USES AN AUTOMATED SYSTEM CALLED PRESUMPTIVE TO CHARITY CARE TOOL TO CALCULATE THE AMOUNT ON LINE 3 ALL THE SELF PAY ACCOUNTS AND ALL THE SELF PAY AFTER INSURANCE ACCOUNTS ARE IMPORTED INTO THE TOOL, THEN THE TOOL SCORES EACH ACCOUNT BASED ON THE GOVERNMENT GUIDELINES FOR POVERTY LEVELS FOR FYE 6/30/12, THE TOOL ESTIMATED THAT $6,339,649 OF THE ORGANIZATION'S BAD DEBT EXPENSE SHOULD BE CONSIDERED CHARITY CARE PART III, LINE 8 MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE RATIO THE GOOD SAMARITAN HOSPITAL PROVIDES QUALITY MEDICAL SERVICES TO ALL PATIENTS REGARDLESS OF WHAT INSURANCE THEY HAVE APPROXIMATELY 58% OF THE GOOD SAMARITAN HOSPITAL'S REVENUE IS ATTRIBUTABLE TO MEDICARE PATIENTS THE GOOD SAMARITAN HOSPITAL IS RELIEVING THE GOVERNMENT'S BURDEN, BECAUSE THE HOSPITAL IS PROVIDING SERVICES TO MEDICARE PATIENTS WHICH COST MORE THAN THE MEDICARE REIMBURSEMENT THEREFORE, THE $43,577,415 MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT PART III, LINE 9B COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS IF A PATIENT NOTIFIES THE HOSPITAL ABOUT THEIR INABILITY TO PAY, THE HOSPITAL WILL SEND THEM THE CHARITY CARE AND FINANCIAL ASSISTANCE FORMS TO FILL OUT ONCE THE FORMS ARE COMPLETED AND RETURNED TO THE HOSPITAL AND THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE, THEN THE PATIENT'S ACCOUNT WILL BE REMOVED FROM COLLECTIONS AND THE ACCOUNT WILL BE WRITTEN OFF

Identifier	ReturnReference	Explanation
FACILITY INFORMATION	PART V, SECTION B, Q 11H	THE GOOD SAMARITAN HOSPITAL CALCULATES THE AMOUNT CHARGED TO A PATIENT BASED ON CATESTROPHIC OR PHYSICAL HARDSHIP AND THE NUMBER OF INDIVIDUALS LIVING IN A HOUSEHOLD PART V, SECTION B, Q 19D THE GOOD SAMARITAN HOSPITAL BILLS INDIVIDUALS WITHOUT INSURANCE THEIR GROSS CHARGES ASSOCIATED WITH THE SERVICES THEY RECEIVED DURING THEIR VISIT GSH OFFERS ALL SELF PAY PATIENTS A 35% DISCOUNT IF THEY PAY THEIR BILL WITHIN 30 DAYS OF THEIR SERVICES PART V, SECTION B, Q 21 THE GOOD SAMARITAN HOSPITAL CHARGES ITS SELF PAY PATIENTS THEIR GROSS CHARGES FOR THE SERVICES RENDERED

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI, LINE 2	THE GOOD SAMARITAN HOSPITAL HAS PARTICIPATED IN A VARIETY OF COMMUNITY HEALTH NEEDS ASSESS MENTS OVER THE PAST 17 YEARS THE HOSPITAL WAS INSTRUMENTAL IN HELPING TO LAUNCH THE COMMU NITY HEALTH COUNCIL OF LEBANON COUNTY IN PARTNERSHIP WITH THE COUNCIL, A COMMUNITY HEALTH NEEDS ASSESSMENT WAS CREATED 17 YEARS AGO AND AN UPDATED ASSESSMENT COMPLETED 12 YEARS AG O ANOTHER ASSESSMENT WAS CREATED IN 2005, LED BY EFFORTS OF THE UNITED WAY OF LEBANON COU NTY THE GOOD SAMARITAN HOSPITAL IS CURRENTLY PARTNERED WITH OTHER COMMUNITY ORGANIZATIONS AND COMPLETED A COMMUNITY HEALTH ASSESSMENT DURING THE FALL OF 2011 THE HOSPITAL ALSO MA INTAINS AN INDEPENDENT, COUNTYWIDE PHYSICIAN NEEDS ASSESSMENT TO EVALUATE GAPS IN HEALTHCA RE ACCESS A NEW PHYSICIAN NEEDS ASSESSMENT WAS ALSO COMPLETED IN 2011 IN ADDITION TO THE SE COUNTYWIDE EFFORTS, THE HOSPITAL HAS PERFORMED A VARIETY OF STUDIES ON SPECIFIC HEALTH CONCERNS AND COMMUNITY NEEDS KEY STUDIES HAVE INCLUDED SERVICES FOR CARDIOVASCULAR, ONCOL OGY, GASTROENTEROLOGY, WOUND CARE, AND MORE THE HOSPITAL HAS ALSO ACTED TO FULFILL THE NE EDS IDENTIFIED IN THESE STUDIES THE HOSPITAL CREATED ONE OF THE NATION'S LEADING CARDIAC AND VASCULAR CENTERS, WHICH HAS EARNED SEVERAL NATIONAL AWARDS FOR QUALITY OF CARE THE HO SPITAL INTRODUCED A NEW WOUND CARE SERVICE TO DEAL WITH PATIENTS SUFFERING FROM COMPLICATI ONS OF DIABETES - A PARTICULAR PROBLEM TO LEBANON COUNTY - AND HAS ALREADY EXPANDED OPERAT IONS TO ADD A THIRD HYPERBARIC OXYGEN TREATMENT CHAMBER TO THE TWO ORIGINALLY INSTALLED IN THE CENTER IN ADDITION, THE HOSPITAL HAS PROTECTED THE COMMUNITY BY RECRUITING NEW PHYSI CIANS FOR KEY SERVICES - GENERAL SURGERY, ONCOLOGY, AND GASTROENTEROLOGY - ALLOWING PATIEN TS TO GET ACCESS TO CARE IN LEBANON COUNTY INSTEAD OF TRAVELING THROUGHOUT THE REGION PAR T VI, LINE 3 THE GOOD SAMARITAN HOSPITAL CHARITY CARE POLICY OUTLINES THE PROCESS OF FINAN CIAL, MEDICAL AND CATASTROPHIC CATEGORIES WHERE A PATIENT COULD QUALIFY FOR CHARITY CARE THE HOSPITAL HAS A SELF PAY BROCHURE AVAILABLE THAT PROVIDES INFORMATION ON OUR CHARITY CA RE PROGRAM ALONG WITH CONTACT INFORMATION AND AVAILABLE HOURS FINANCIAL COUNSELORS ARE ON SITE TO MEET WITH PATIENTS TO DISCUSS THEIR FINANCIAL OBLIGATIONS, ASSIST THEM IN COMPLET ING THE APPLICATION FOR CHARITY CARE, AND ANSWER THEIR QUESTIONS PATIENTS ARE ENCOURAGED TO APPLY FOR CHARITY CARE IF THEY ARE UNABLE TO COME IN FOR AN APPOINTMENT THERE IS A NOT E ON THE STATEMENTS THAT IS MAILED TO PATIENTS, LETTING THEM KNOW THAT FINANCIAL ASSISTANC E IS AVAILABLE THE GOOD SAMARITAN HOSPITAL'S WEBSITE ALSO PROVIDES THE CONTACT INFORMATIO N FOR THOSE COMMUNITY MEMBERS WHO NEED MEDICAL SERVICES AND FINANCIAL ASSISTANCE PART VI, LINE 4 LEBANON COUNTY INCLUDES A MIX OF URBAN, SUBURBAN, AND RURAL AREAS THE CITY OF LEB ANON IS CENTRALLY LOCATED, SERVING AS THE COUNTY SEAT THE CITY IS HOME TO MORE THAN 24,00 0 RESIDENTS AND IS CLASSIFIED BY THE COMMONWEALTH OF PENNSYLVANIA AS A THIRD CLASS CITY T HE COUNTY INCLUDES 25 OTHER MUNICIPALITIES THE REST OF THE COUNTY IS MADE UP OF SUBURBAN AND RURAL AREAS, WITH RURAL FARMLAND PROVIDING A DOMINANT CHARACTER OF COUNTY LIFE WHILE MOST OF THE POPULATION TENDS TO BE OF WHITE ANCESTRY (91%), THE COUNTY HAS A FAST-GROWING HISPANIC POPULATION (7 8%) THAT CENTERS IN THE CITY OF LEBANON (SOURCE US CENSUS BUREAU) THE US CENSUS BUREAU ALSO REPORTS THAT 8% OF THE POPULATION SPEAKS A LANGUAGE OTHER THAN ENGLISH AT HOME EMPLOYMENT RATES IN THE COUNTY ARE CURRENTLY AT 6 8%- ONE OF THE LOWEST R ATES IN THE STATE- AND AVERAGE HOUSEHOLD INCOME IS AT $50,334 ACCORDING TO THE USDA ECONOM IC RESEARCH SERVICE THE FEDERAL GOVERNMENT IS THE COUNTY'S LARGEST EMPLOYER, WITH LARGE W ORK FORCES AT THE LEBANON VETERANS ADMINISTRATION HOSPITAL AND FORT INDIANTOWN GAP THE GO OD SAMARITAN HOSPITAL IS THE LARGEST NON-GOVERNMENTAL EMPLOYER WITH 1,500 EMPLOYEES ACCOR DING TO THE US CENSUS BUREAU AMERICAN COMMUNITY SURVEY, 8% OF THE POPULATION LIVES IN POVE RTY THE GOOD SAMARITAN HOSPITAL IS THE ONLY HOSPITAL IN LEBANON COUNTY THE HOSPITAL PROV IDES EMERGENCY CARE TO APPROXIMATELY 54,000 INDIVIDUALS EACH YEAR THE HOSPITAL CARED FOR 8,139 ACUTE CARE PATIENTS IN ADDITION, THE HOSPITAL HAS PERFORMED THOUSANDS OF OUTPATIENT PROCEDURES- FROM SURGERIES TO IMAGING TO LABORATORY TO PHYSICAL THERAPY- EVERY YEAR THE HOSPITAL ALSO PROVIDES A CONTINUITY OF CARE THROUGH A SKILLED NURSING UNIT, REHABILITATION SERVICES, HOME HEALTHCARE, AND HOSPICE CARE THE HOSPITAL IS THE LARGEST PROVIDER OF CARE TO MEDICAID AND MEDICARE POPULATIONS WHILE MOST LEBANON COUNTY RESIDENTS CHOOSE TO STAY IN THE COUNTY FOR THEIR CARE, WITH MORE THAN 60% CHOOSING THE GOOD SAMARITAN HOSPTIAL FOR SERVICES ACCORDING TO THE ROBERT WOOD JOHNSON FOUNDATION COMMUNITY HEALTH RANKINGS, LEBAN ON COUNTY IS THE 13TH MOST HEALTHY OF PENNSYLVANIA'S 67 COUNTIES THE HEALTH RANKINGS INDI CATE KEY AREAS OF IMPROVEMENT, INCLUDING DIABETES, TOBACCO USE, AND OTHER HEALTH BEHAVIORS THAT ARE PROBLEMATIC THE HOSPTIAL HAS TAKEN STEP

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI, LINE 2	S TO ADDRESS THESE AREAS BY EXPANDING SERVICES AND EDUCATIONAL OPPORTUNITIES

Identifier	ReturnReference	Explanation
COMMUNITY BENEFIT REPORT	PART VI, LINE 5	Good Samaritan strives to deliver powerful medicine with comforting care every day As par t of our non-profit mission, The Good Samaritan Hospital and its affiliated organizations deliver healthcare services that improve the quality of life throughout the region As Leb anon County's only hospital, Good Samaritan is the community's primary - and sometimes onl y - resource for -Inpatient hospital care -Emergency care -Surgical services -Digestive he alth services -Maternity services -Cardiac & Vascular services -Radiology and medical imag ing services -Laboratory diagnostic services and blood bank -Physical and occupational the rapies -Transitional care and rehabilitation services -Home health and hospice services -W ound care and hyperbaric medicine -Dialysis -Sleep disorders -Physician services for neede d specialties including cardiac, gastroenterology, general surgery, hematology, hospitalis ts, oncology, pediatrics, primary care (particularly for Medicaid population), thoracic, v ascular, and wound care -Medical residency program to train new physicians -And many more Community Benefit Total $579,401 GOOD SAMARITAN AND ITS EMPLOYEES DONATE MANY HOURS OF TI ME TO IMPROVE THE HEALTH OF THE COMMUNITY IN 2012, KEY PROJECTS INCLUDED HEALTH FAIRS TH E COUNTYWIDE 50+ FESTIVAL AND INDIVIDUAL EVENTS HOSTED BY VARIOUS NURSING AND RETIREMENT F ACILITIES, EMPLOYERS AND OTHER COMMUNITY GROUPS EDUCATION PROGRAMS OFFERED AT THE HOSPITA L OR PRESENTED TO COMMUNITY GROUPS ON TOPICS SUCH AS SMOKING CESSATION, CARDIAC HEALTH, CA NCER PREVENTION, SLEEP DISORDERS, DIABETIC HEALTH, AND MORE MEDICAL CLINIC GOOD SAMARITAN DONATED EMPLOYEE TIME TO SUPPORT A NEW INDEPENDENT MEDICAL CLINICS FOR POOR AND LOW-INCOM E PATIENTS HEALTH SCREENINGS SCREENINGS FOR SKIN CANCER, BLOOD PRESSURE, VARICOSE VEINS A ND OTHER HEALTH CONDITIONS WERE PROVIDED THROUGHOUT THE YEAR CHARITABLE AND UNCOMPENSATED CARE IN REFLECTION OF OUR NON-PROFIT MISSION, GOOD SAMARITAN DELIVERED $17 5 MILLION DOLL ARS IN CHARITABLE AND UNCOMPENSATED CARE TO THE COMMUNITY ECONOMIC IMPACT IN ADDITION TO OUR CORE HEALTHCARE MISSION, GOOD SAMARITAN IS LEBANON COUNTY'S LARGEST NON-GOVERNMENT EMP LOYER - AND POSITIVELY IMPACTS THE ECONOMY BY GENERATING MORE THAN 1,000 JOBS OUTSIDE OF T HE HEALTH SYSTEM THE GOOD SAMARITAN HOSPITAL HAD A NET HOSPITAL REVENUE OF $165 MILLION I N 2012 SERVICE STATISTICS THE GOOD SAMARITAN HOSPITAL TREATED 8,893 PATIENTS IN 2012 IN ADDITION, THE HEALTH SYSTEM OFFERS A WIDE VARIETY OF DIAGNOSTIC AND NON-ACUTE HEALTH SERV ICES THAT ARE NEEDED BY THE COMMUNITY MANY OF THESE SERVICES WOULD NOT BE AVAILABLE TO TH E COMMUNITY IF THEY WERE NOT OFFERED BY GOOD SAMARITAN BEHIND THE STATISTICS THE GOOD SA MARITAN EMERGENCY DEPARTMENT IS ONE OF THE REGION'S BUSIEST AND HAS ONE OF THE LOWEST WAIT TIMES IT OPERATES THE ONLY EMERGENCY ROOM IN THE COUNTY TO HELP IMPROVE COMMUNITY CARE, THE GOOD SAMARITAN HOSPITAL HAS INVESTED TO UPGRADE TO DIGITAL PRE-HOSPITAL EKG SOFTWARE THIS ALLOWS THE EMERGENCY DEPARTMENT TO RECEIVE REAL-TIME, DIGITAL EKG READINGS BEFORE TH E PATIENT ARRIVES AT THE HOSPITAL THE JOINT VENTURE WITH FIRST AID & SAFETY OF LEBANON OR IGINATED IN 2006 WITH THE DEPLOYMENT OF EKG EQUIPMENT IN THE FIELD A PATIENT EXPERIENCING CHEST PAIN WOULD RECEIVE AN EKG ON THE SCENE AND THE RESULTS WERE FAXED TO THE EMERGENCY DEPARTMENT DUE TO THE JOINT VENTURE WITH FIRST AID & SAFETY, THE GOOD SAMARITAN HOSPITAL EMERGENCY DEPARTMENT NOW INTERACTS WITH SIX EKG MACHINES DEPLOYED TO THE UNITS IN THE COUN TY THE DATA TRANSMITTED BY THE UNITS IS READ BY A PHYSICIAN WHO DETERMINES WHETHER OR NOT THE PATIENT WILL REQUIRE CARDIAC CATHETERIZATION THIS ALLOWS THE HOSPITAL TO ACTIVATE TH E CATHETERIZATION LAB RESPONSE TEAM PRIOR TO THE PATIENT'S ARRIVAL BECAUSE THE DATA IS TR ANSMITTED DIGITALLY, GOOD SAMARITAN CLINICIANS ARE ABLE TO RECEIVE THE INFORMATION MUCH FA STER AND SIGNIFICANTLY DECREASE OUR CARDIAC DOOR-TO-BALLOON TIME THIS CREATES BETTER OUTC OMES FOR THE PATIENTS BECAUSE THEY ARE RECEIVING CRUCIAL CARE MUCH SOONER SUPPORTING OUR COMMUNITY THE EMPLOYEES OF THE GOOD SAMARITAN HEALTH SYSTEM HAVE A SPIRIT OF GENEROSITY EACH YEAR EMPLOYEES DONATE THEIR TIME, GOODS AND MONEY TO SUPPORT WORTHY CAUSES UNITED WA Y - GOOD SAMARITAN EMPLOYEES DONATE MORE THAN $30,000 ANNUALLY TO THE UNITED WAY OF LEBANO N COUNTY REACH OUT AND READ - A NATIONAL PROGRAM TO GIVE FREE BOOKS TO CHILDREN OF LOW IN COME FAMILIES CRIBS FOR KIDS - BRAND NEW CRIBS PROVIDED TO LOW-INCOME FAMILIES BRIDGE OF LOVE - PERSONAL CARE ITEMS PROVIDED TO FAMILIES IN NEED CAR SEATS - NEW CAR SEATS ARE MADE AVAILABLE TO LOW-INCOME FAMILIES AMERICAN HEART ASSOCIATION - MORE THAN 100 EMPLOYEES PAR TICIPATE IN THE ANNUAL HEART WALK, RAISING THOUSANDS OF DOLLARS EACH YEAR OPERATION GOOD S AM - DURING THE THANKSGIVING FOOD DRIVE, FOOD IS COLLECTED AND DELIVERED TO MORE THAN 100 FAMILIES IN NEED GOOD SAMARITAN CHRISTMAS TOY DRIVE - EMPLOYEES DONATE TOYS THAT ARE DELI VERED TO MORE THAN 250 CHILDREN EACH YEAR TO SPREA

Identifier	ReturnReference	Explanation
COMMUNITY BENEFIT REPORT	PART VI, LINE 5	D HOLIDAY CHEER COMMUNITY HEALTH COUNCIL THE GOOD SAMARITAN HOSPITAL HELPED TO CREATE THE INDEPENDENT COMMUNITY HEALTH COUNCIL OF LEBANON COUNTY FROM ITS HUMBLE INCEPTION, THE CO UNCIL HAS GROWN INTO A PREMIER COUNTY ORGANIZATION MORE THAN 400 VOLUNTEERS COLLABORATE O N PROGRAMS TO INCREASE HEALTHY LIFESTYLES AND TO ELIMINATE ALCOHOL AND DRUG ABUSE IN THE C OUNTY THE COUNCIL SPONSORS PROGRAMS THAT ADDRESS THE SPECIAL NEEDS OF YOUTH, PARENTS AND SENIORS A HOME FOR COMMUNITY GROUPS THE GOOD SAMARITAN HOSPITAL OPENS ITS DOORS TO SUPPO RT A VARIETY OF COMMUNITY GROUPS THE HOSPITAL PROVIDES RENT-FREE CLASSROOM SPACE FOR A VA RIETY OF SUPPORT GROUPS SUCH AS -ALCOHOLICS ANONYMOUS -ALANON -BETTER BREATHER'S CLUB -NA RCOTICS ANONYMOUS - JOURNEY THROUGH GRIEF BEREAVEMENT SUPPORT (ADULT FOCUSED HOSPICE SUPPOR T) -SUPPORT AND HELP IN AIRING AND RESOLVING EXPERIENCES (FOR GRIEVING PARENTS) -RAINBOW C ONNECTION (TEEN FOCUSED HOSPICE SUPPORT) -I CAN COPE (CANCER SUPPORT) -LELECHE LEAGUE SHAR ING OUR KNOWLEDGE AT GOOD SAMARITAN HEALTH SYSTEM, CARING FOR OUR COMMUNITY EXTENDS BEYON D PROVIDING MEDICAL SERVICES THROUGH OUR EDUCATIONAL SERVICES DEPARTMENT, WE OFFER CLASSE S AND SUPPORT GROUPS THAT ADDRESS MULTIPLE HEALTH RELATED TOPICS, WHICH IN TURN OFFER THE MEMBERS OF OUR COMMUNITY AN OPPORTUNITY TO IMPROVE THEIR HEALTH, BOTH PHYSICALLY AND EMOTI ONALLY THE EDUCATIONAL SERVICES DEPARTMENT OVERSEES COMMUNITY EDUCATION CLASSES SUCH AS B ABYSITTER TRAINING AND A VARIETY OF HEARTSAVER CPR PROGRAMS, WHICH RANGE FROM BASIC FIRST AID TO ADVANCED CARDIAC LIFE SUPPORT THESE CLASSES PROVIDE INDIVIDUALS A CHANCE TO OBTAIN SKILLS WHICH CAN BENEFIT THEIR LIVES BOTH PERSONALLY AND PROFESSIONALLY DIABETES IS PROM INENT IN THE LEBANON COUNTY TO ADDRESS THIS GROWING HEALTH CONCERN, GOOD SAMARITAN OFFERS DIABETIC EDUCATION CLASSES THIS PROGRAM IS A SERIES OF FOUR CLASSES WHICH ADDRESSES TOPI CS SUCH AS THE IMPORTANCE OF MANAGING DIABETES, MEAL PLANNING, USE OF MEDICATION, GLUCOSE MONITORING, AND COPING WITH DIABETES COMMUNITY MEMBERS DEALING WITH SUBSTANCE ADDICTION OR THOSE WHO ARE GRIEVING CAN RECEIVE MUCH NEEDED SUPPORT THROUGH COMMUNITY GROUPS WHOSE M EETINGS ARE SCHEDULED THROUGH THE EDUCATIONAL SERVICES DEPARTMENT THESE INCLUDE AL-ANON, JOURNEY THROUGH GRIEF, NARCOTICS ANONYMOUS, AND SMOKE STOPPERS MOST OF THESE PROGRAMS AR E OFFERED ON A WEEKLY OR BI-WEEKLY BASIS AND ALL ARE FREE OF CHARGE IN ADDITION TO OFFERI NG CLASSES TO THE GENERAL PUBLIC, THE EDUCATIONAL SERVICES DEPARTMENT ALSO ASSISTS IN THE COORDINATION OF NURSING STUDENT CLINICAL ROTATIONS WORKING IN CONJUNCTION WITH HARRISBURG AREA COMMUNITY COLLEGE AND THE LEBANON COUNTY CAREER AND TECHNOLOGY CENTER, GOOD SAMARITA N HEALTH SYSTEM ASSISTS WITH PROVIDING NURSING STUDENTS THE OPPORTUNITY TO RECEIVE ON-THE- JOB TRAINING WHILE BEING MENTORED AND SUPERVISED BY A NURSING INSTRUCTOR THE AVAILABILITY OF THESE PROGRAMS WOULD NOT BE POSSIBLE IF IT WERE NOT FOR THE MANY DEDICATED AND HIGHLY SKILLED MEMBERS OF THE EDUCATIONAL SERVICES DEPARTMENT THESE ARE INDIVIDUALS WHO SEEK PRO GRAMS WHICH ARE RELEVANT, TIMELY AND VERY MUCH A NECESSITY IN THE COMMUNITY IF YOU OR SOM EONE YOU KNOW MAY BENEFIT FROM THE PROGRAMS MENTIONED OR IF YOU WOULD LIKE TO FIND AVAILAB ILITY FOR ANY OF OUR CLASSES AND SUPPORT GROUPS, PLEASE VISIT OUR WEBSITE AT WWW GSHLEB OR G BELOW IS A LISTING AND BRIEF DESCRIPTION OF PROGRAMS AND SUPPORT GROUPS CURRENTLY OFFER ED AT GOOD SAMARITAN HEALTH EDUCATION -DIABETIC EDUCATION - ASSISTS INDIVIDUALS WITH DIAB ETES IN CONTROLLING AND COPING WITH THEIR DISEASE (4 CLASSES PER SESSION) -SMOKE STOPPERS - COMPREHENSIVE EDUCATION AND SUPPORT PROGRAM FOR SMOKING CESSATION (8 CLASSES PER SESSION) CPR & FIRST AID TRAINING BABYSITTING COURSE - TRAINING FOR GIRLS AND BOYS 12 YEARS OF AG E AND OVER (3 CLASSES PER SESSION) - HEARTSAVER CPR - BASIC CPR SKILLS FOR ADULT/CHILD AND MANAGEMENT OF CHOKING -HEARTSAVER FIRST AID AND PEDIATRIC FIRST AID - BASIC FIRST AID TRAI NING FOR ADULTS AND CHILDREN -BASIC LIFE

Identifier	ReturnReference	Explanation
MEETING UNMET COMMUNITY NEEDS		THE GOOD SAMARITAN HOSPITAL STRIVES TO FULFILL UNMET COMMUNITY HEALTH NEEDS AS LEBANON CO UNTY'S ONLY HOSPITAL, GOOD SAMARITAN DELIVERS SERVICES THAT CLOSE HEALTHCARE GAPS THE FOL LOWING PAGES SHOW HOW GOOD SAMARITAN HAS REINVESTED TO MAINTAIN, TO IMPROVE AND TO INCREAS E PUBLIC ACCESS TO QUALITY HEALTHCARE SERVICES HERE ARE SOME EXAMPLES OF HOW GOOD SAMARIT AN HAS MADE A DIFFERENCE IN LEBANON COUNTY WOUND CARE & HYPERBARIC MEDICINE IN 2009 GOOD SAMARITAN OPENED THE FIRST WOUND CARE CENTER IN LEBANON COUNTY TO FULFILL THE UNDERMET NEE DS OF OUR COMMUNITY CHRONIC OR NON-HEALING WOUNDS CAN RESULT FROM MANY TYPES OF HEALTH CO NDITIONS SUCH AS A LACK OF MOBILITY, DIABETES, POOR CIRCULATION, TRAUMA AND VASCULAR DISEA SE THE SPECIALLY TRAINED STAFF AT THE WOUND CARE CENTER INCLUDES A PHYSICIAN, REGISTERED NURSES AND HYPERBARIC THERAPY TECHNICIANS WHO HAVE HAD SPECIALIZED TRAINING IN WOUND CARE FOR PATIENTS LIKE SCOT ADAMS, THE WOUND CARE CENTER OFFERED HOPE WHEN IT SEEMED AS IF THE RE WAS NONE LEFT SCOT CAME TO US WITH A VERY DEEP INFECTION IN HIS ANKLE CAUSED BY MRSA (METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS), POTENTIALLY A VERY VIRULENT AND DIFFICULT TO TREAT BACTERIA, ESPECIALLY IN THE BONE IT WAS A PERSISTENT INFECTION THAT HAD NOT BEEN E RADICATED BY PREVIOUS TREATMENTS INCLUDING SURGERY AND INTRAVENOUS ANTIBIOTICS "I WAS LOO KING AT THE POSSIBILITY OF LOSING MY FOOT, EVEN PART OF MY LEG," SAID SCOT "MY OTHER DOCT ORS WERE RUNNING OUT OF OPTIONS MY WIFE READ AN ARTICLE ABOUT THE WOUND CARE CENTER AND R ECOMMENDED THAT I ASK MY DOCTOR IF IT WAS WORTH A TRY I WAS LUCKY, IT OPENED A FEW WEEKS LATER AND I WAS ONE OF THE FIRST PATIENTS " AFTER FOUR MONTHS AND OVER 60 HYPERBARIC TREAT MENTS, SCOT'S WOUND FINALLY HEALED HE SAID, "IT WAS AMAZING AFTER EACH TREATMENT YOU COU LD SEE AN IMPROVEMENT IN A COUPLE OF DAYS " HE ADDED, "THE EXPERIENCE WAS LIFE-CHANGING AN D I AM GRATEFUL FOR THE CARE I RECEIVED FROM THE STAFF NOT JUST THE MEDICINE, BUT THE WAY THEY TREATED ME AS A PERSON I FELT LIKE THEY GENUINELY CARED I WOULD DEFINITELY RECOMME ND THAT PEOPLE WITH A WOUND THAT WON'T HEAL GO TO GOOD SAMARITAN, IT CHANGED MY LIFE " LIF ESAVING HYPOTHERMIA TREATMENT WHEN DALE LONG SUFFERED A SUDDEN CARDIAC ARREST WHILE WORKI NG AT LEBANON SEABOARD, HIS CO-WORKERS CALLED 911 AND STARTED CPR IMMEDIATELY ONCE EMTS W ERE ON THE SCENE, THEY WERE ABLE TO RESTORE A LIFE SUSTAINING HEART RHYTHM AND TRANSPORT H IM TO THE GOOD SAMARITAN HOSPITAL STILL UNCONSCIOUS WHEN HE ARRIVED AT THE ER, DOCTORS FO UND THAT DALE HAD SUSTAINED AN INJURY TO HIS HEAD WHEN HE COLLAPSED FEARING HIS FALL MAY HAVE CAUSED BRAIN DAMAGE, HIS MEDICAL TEAM DECIDED TO IMPLEMENT A PROTOCOL KNOWN AS THERAP EUTIC HYPOTHERMIA, A LIFE-SAVING PROTOCOL OFFERED BY ONLY A FEW HOSPITALS IN THE AREA THE RAPEUTIC HYPOTHERMIA LOWERS THE PATIENT'S BODY TEMPERATURE AND REDUCES THE BRAIN'S DEMAND FOR OXYGEN AND NUTRIENTS RESULTING IN A LOWER RISK OF NEUROLOGICAL IMPAIRMENT ONCE DALE A WOKE AND SHOWED NO SIGNS OF NEUROLOGICAL IMPAIRMENT, THE TEAM STARTED TO WORK ON HIS HEART TO REPAIR THE VENTRICULAR FIBRILLATION WHICH CAUSED THE SUDDEN ATTACK DALE RECEIVED A CA RDIAC CATHETERIZATION WHERE IT WAS DETERMINED THAT HE SUFFERED FROM FOUR SEVERE BLOCKAGES AND REQUIRED QUADRUPLE BYPASS SURGERY ALTHOUGH DALE'S BYPASS SURGERY WAS A SUCCESS, HIS H EART MUSCLE WAS WEAKENED LEAVING HIM SUSCEPTIBLE TO HEART RHYTHM ISSUES, KNOWN AS ARRHYTHM IA, WHICH COULD CAUSE FUTURE ATTACKS DALE WAS FITTED WITH A TEMPORARY EXTERNAL DEFIBRILLA TOR CALLED A LIFE VEST THE LIFE VEST WOULD PAINLESSLY SHOCK HIS HEART BACK INTO A HEALTHY RHYTHM IF IT SUDDENLY WENT INTO A LIFE THREATENING ARRHYTHMIA AFTER IT WAS DETERMINED HE WAS A CANDIDATE FOR A MORE PERMANENT DEFIBRILLATOR, HE RECEIVED A DEVICE THAT WILL MAINTA IN HIS HEART RHYTHM FOR SEVERAL YEARS AND REQUIRES ONLY AN OUTPATIENT VISIT TO REPLACE IT FOLLOWING SURGERY DALE WAS ADMITTED TO THE OUTPATIENT CARDIAC REHABILITATION PROGRAM IN O RDER TO SLOWLY REBUILD HIS STAMINA AND DECREASE HIS RISK FOR FUTURE HEART RELATED ILLNESS AFTER COMPLETING THE PROGRAM IN 18 WEEKS, DALE WAS ABLE TO RETURN TO WORK WITHIN A FEW MO NTHS OF SUFFERING A MAJOR CARDIAC EVENT DALE IS ALIVE TODAY THANKS TO THE QUICK ACTIONS O F HIS CO-WORKERS AND THE ADVANCED CARDIAC CARE HE RECEIVED AT GOOD SAMARITAN ACCORDING TO DALE, "PERSONAL CARE AND ATTENTION ARE A HUGE PART OF THE HEALING PROCESS AT GOOD SAMARIT AN I ATTRIBUTE THAT TO HOW QUICKLY I RECOVERED " FINDING SPECIALISTS THE GOOD SAMARITAN HOSPITAL IS ALSO WORKING TO PROTECT THE HEALTH OF LEBANON VALLEY RESIDENTS BY ENSURING THA T THE COUNTY'S PHYSICIAN COMPLEMENT INCLUDES SPECIALISTS NEEDED TO CLOSE GAPS IN THE HEALT HCARE SYSTEM GOOD SAMARITAN HAS CREATED NEW PRACTICES TO STRENGTHEN PHYSICIAN RECRUITMENT EFFORTS TO ENSURE A LONG-TERM, SUSTAINABLE PHYSICIAN BASE FOR THE COUNTY THE HOSPITAL AL SO PARTNERS WITH LOCAL PHYSICIANS TO AID IN RECRUITMENT EFFORTS WHEN NECESSARY ACCESS TO QUALITY HEALTH CARE IMPROVED WHEN GOOD SAMARITAN R

Identifier	ReturnReference	Explanation
MEETING UNMET COMMUNITY NEEDS		ECRUITED KEY SPECIALISTS IN RECENT YEARS GOOD SAMARITAN SURGICAL ASSOCIATES - LEBANON COU NTY HAD LOST A NUMBER OF GENERAL SURGEONS TO RETIREMENT OVER RECENT YEARS GOOD SAMARITAN CREATED A NEW PRACTICE TO HIRE ONE LOCAL SURGEON AND ADD THREE NEW GENERAL SURGEONS FROM O UTSIDE THE COUNTY GOOD SAMARITAN GASTROENTEROLOGY ASSOCIATES - THIS PRACTICE HAS STABILIZ ED THE NUMBER OF GASTROENTEROLOGISTS IN THE COUNTY AND PROVIDES A PLATFORM TO RECRUIT MORE SURGEONS IN THE FUTURE GOOD SAMARITAN ONCOLOGY & HEMATOLOGY ASSOCIATES - THIS PRACTICE E NABLED THE HOSPITAL TO RECRUIT A NEW ONCOLOGIST TO ACCOMPANY THE TWO TALENTED PROVIDERS AL READY IN THE COUNTY GOOD SAMARITAN CARDIOVASCULAR SURGICAL ASSOCIATES - THIS PRACTICE FEA TURES THE COUNTY'S ONLY CARDIAC, THORACIC AND VASCULAR SURGEONS GOOD SAMARITAN PEDIATRICS - THIS PRACTICE IS THE LARGEST PEDIATRIC PRACTICE IN THE COUNTY AND ONE OF THE FEW PRIMAR Y CARE PROVIDERS ACCEPTING MEDICAID PATIENTS IN ADDITION, THE HOSPITAL HAS ASSISTED LOCAL PHYSICIANS IN THEIR EFFORTS TO RECRUIT OB/GYN, GASTROENTEROLOGY, CARDIAC AND OTHER KEY SP ECIALISTS THAT ARE NEEDED TO ADDRESS THE HEALTH NEEDS OF THE LOCAL POPULATION, BUT WERE NO T AVAILABLE PREVIOUSLY SAFE NURSES HELP SEXUAL ASSAULT VICTIMS THE GOOD SAMARITAN HOSPIT AL WORKED DILIGENTLY TO IMPROVE THE LIVES OF SEXUAL ASSAULT VICTIMS OVER THE PAST SEVERAL YEARS, THE HOSPITAL AND ITS NURSES INVESTED THE TIME AND RESOURCES NECESSARY TO CREATE A SEXUAL ASSAULT FORENSIC EXAMINER PROGRAM FOR LEBANON COUNTY - THE FIRST TIME THESE SERVICE S HAVE BEEN MADE AVAILABLE WITHIN THE COUNTY TEN EMERGENCY AND MATERNITY NURSES VOLUNTEER ED FOR THE REQUIRED 42 6 HOURS OF TRAINING TO BECOME CERTIFIED AS SAFE NURSES BY VOLUNTEE RING FOR CERTIFICATION, THE MEMBERS OF THE GOOD SAMARITAN HOSPITAL NURSING STAFF WENT ABOV E AND BEYOND THEIR REGULAR DUTIES THEY NOW ARE ABLE TO EXAMINE THE VICTIMS AND COLLECT FO RENSIC EVIDENCE FOR USE BY LAW ENFORCEMENT OFFICIALS IN COURT CASES IN ADDITION, THE NURS ES LEARNED ABOUT HOW TO MAINTAIN THE CHAIN OF EVIDENCE NECESSARY TO PROSECUTE OFFENDERS AN D MAY BE ASKED TO SERVE AS EXPERT WITNESSES IN COURT CASES THE NURSES WERE TRAINED IN HOW TO CONDUCT AN INTERVIEW IN THE BEST POSSIBLE AND MOST THERAPEUTIC WAY, AS WELL AS HOW TO USE THE FORENSIC KIT THAT IS USED DURING THE EXAMINATION OF A SEXUAL ASSAULT VICTIM THIS HELPS ELIMINATE THE LIKELIHOOD OF MISSED OR IMPROPERLY COLLECTED EVIDENCE AND INCREASES TH E NUMBER OF SUCCESSFUL CONVICTIONS OF GUILTY PERPETRATORS DUE TO ADEQUATE PREPARATION FOR COURTROOM TESTIMONY THE NURSES ARE ALSO TRAINED TO DEAL WITH THE EMOTIONAL TRAUMA OF A SE XUAL ASSAULT VICTIM BY OFFERING A CALMING, COMFORTING AND REASSURING ENVIRONMENT THE PROG RAM IS INTENDED TO CARE FOR THE WHOLE PERSON, NOT ONLY THE MEDICAL CONDITION, BUT THE EMOT IONAL HEALTH AS WELL TO ENSURE THAT SEXUAL ASSAULT VICTIMS RECEIVE COORDINATED CARE, THE SAFE NURSES TOOK THE INITIATIVE TO MEET DIRECTLY WITH LOCAL POLICE, THE DISTRICT ATTORNEY' S OFFICE AND THE SEXUAL ASSAULT RESOURCE COUNSELING CENTER THE FOCUS OF THESE EFFORTS WAS TO ENSURE PROPER COORDINATION TO SUPPORT CRIMINAL PROCEEDINGS AS WELL AS TO PROVIDE A THE RAPEUTIC ENVIRONMENT THAT TRANSITIONS INTO A LONG-TERM HEALING PROCESS THE GOOD SAMARITAN HOSPITAL HAS MADE A FIRM COMMITMENT TO IMPROVING THE QUALITY OF CARE IT PROVIDES TO COUNT Y RESIDENTS WHO HAVE BEEN TRAUMATIZED BY SEXUAL ASSAULT BY PARTNERING WITH LOCAL SEXUAL A SSAULT SUPPORT GROUPS AND LAW ENFORCEMENT, THE GOOD SAMARITAN HOSPITAL IS BETTER ABLE TO H ELP PATIENTS MOVE TOWARD RECOVERY AND HEALING FINDING BREAST CANCER SOONER DEDICATED TO ADVANCING WOMEN'S HEALTH CARE IN LEBANON COUNTY, GOOD SAMARITAN HEALTH SYSTEM HAS DELIVERE D THE LATEST BREAST IMAGING TECHNOLOGY TO OUR COMMUNITY GOOD SAMARITAN HEALTH SYSTEM NOW PROVIDES ANALOG AND DIGITAL MAMMOGRAPHY, BREAST MRI AND MRI-GUIDED BREAST BIOPSY IN ADDITI ON TO THE OTHER BREAST-IMAGING SERVICES AVAILABLE THROUGHOUT THE SYSTEM OUR COMPREHENSIVE BREAST IMAGING SERVICES NOW INCLUDE DI

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE SYSTEM	PART VI, LINE 6	THE GOOD SAMARITAN HOSPITAL IS A PART OF THE GOOD SAMARITAN HEALTH SYSTEM THE SYSTEM INCLUDES A FOUNDATION, DIALYSIS CENTER, REAL ESTATE COMPANIES, MRI CENTER, FAMILY PRACTICES, SPECIALITY HEALTH SERVICES, AND A DME COMPANY IN ADDITION TO THE COMMUNITY BENEFITS PROVIDED BY THE HOSPITAL, THE HEALTH SYSTEM EVALUATES THE NEEDS THE COMMUNITY AND THE SYSTEM WILL PARTICIPATE IN COMMUNITY BENEFIT PROGRAMS, LIKE SUPPORTING THE VOLUNTEERS IN MEDICINE FREE CLINIC WHICH SERVES THE UNDERPRIVILEGED MEMBERS OF THE COMMUNITY

Additional Data

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

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **11** Name and address	Type of Facility (Describe)
THE GOOD SAMARITAN HOSPITAL FOURTH AND WILLOW STREETS LEBANON, PA 17042	REHAB AND TCU UNITS
THE GOOD SAMARITAN HOSPITAL FOURTH AND WILLOW STREETS LEBANON, PA 17042	REHAB AND TCU UNITS
THE GOOD SAMARITAN HOSPITAL FOURTH AND WILLOW STREETS LEBANON, PA 17042	REHAB AND TCU UNITS
THE GOOD SAMARITAN HOSPITAL FOURTH AND WILLOW STREETS LEBANON, PA 17042	REHAB AND TCU UNITS
THE GOOD SAMARITAN HOSPITAL FOURTH AND WILLOW STREETS LEBANON, PA 17042	REHAB AND TCU UNITS
THE GOOD SAMARITAN HOSPITAL FOURTH AND WILLOW STREETS LEBANON, PA 17042	REHAB AND TCU UNITS
THE GOOD SAMARITAN HOSPITAL FOURTH AND WILLOW STREETS LEBANON, PA 17042	REHAB AND TCU UNITS
THE GOOD SAMARITAN HOSPITAL FOURTH AND WILLOW STREETS LEBANON, PA 17042	REHAB AND TCU UNITS
THE GOOD SAMARITAN HOSPITAL FOURTH AND WILLOW STREETS LEBANON, PA 17042	REHAB AND TCU UNITS
THE GOOD SAMARITAN HOSPITAL FOURTH AND WILLOW STREETS LEBANON, PA 17042	REHAB AND TCU UNITS
THE GOOD SAMARITAN HOSPITAL FOURTH AND WILLOW STREETS LEBANON, PA 17042	REHAB AND TCU UNITS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Good Samaritan Hospital The

Employer identification number
23-0794160

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) DAVID BRODERIC SCHOLARSHIP	21	7,500	0		
(2) MARGARET CONNELL SCHOLARSHIP	6	5,000	0		
(3) GSH AUXILIARY SCHOLARSHIP	3	2,200	0		
(4) CAPLAN NURSING SCHOLARSHIP	4	8,200	0		

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

Identifier	Return Reference	Explanation
PROCEDURES TO MONITOR USE OF GRANTS	SCHEDULE I, PART I, LINE 2	THE DAVID BRODERIC EMPLOYEE SCHOLARSHIP PROGRAM AND THE MARGARET L CONNELL SCHOLARSHIP FUND ARE FOR THE SONS AND DAUGHTERS OF EMPLOYEES THE GSH AUXILIARY AND CAPLAN NURSING SCHOLARSHIPS ARE AWARDED TO LEBANON COUNTY RESIDENTS ENROLLED IN A NURSING PROGRAM PART III, COLUMN (B) THE GOOD SAMARITAN HOSPITAL DISTRIBUTES A PORTION OF THE MONEY ALLOTTED TO EVERY PERSON WHO APPLIES FOR THE SCHOLARSHIP

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Good Samaritan Hospital The

Employer identification number
23-0794160

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) ROBERT J LONGO	(i)	407,197	85,050	21,262	0	796	514,305	0
	(ii)	0	0	0	0	0	0	0
(2) KIMBERLY FEEMAN	(i)	232,644	37,180	15,414	0	0	285,238	0
	(ii)	0	0	0	0	0	0	0
(3) JACQUELYN M GOULD	(i)	159,373	27,287	9,558	0	0	196,218	0
	(ii)	0	0	0	0	0	0	0
(4) ROBERT J RICHARDS	(i)	234,109	38,744	19,126	0	0	291,979	0
	(ii)	0	0	0	0	0	0	0
(5) JULIE MIKSIT	(i)	138,408	23,250	12,035	0	0	173,693	0
	(ii)	0	0	0	0	0	0	0
(6) ROBERT D SHAVER MD	(i)	292,136	43,540	0	0	0	335,676	0
	(ii)	0	0	0	0	0	0	0
(7) ELIZABETH MUHIIRE-NTAKI	(i)	153,213	15,768	0	0	0	168,981	0
	(ii)	0	0	0	0	0	0	0
(8) DARIA KOVARIKOVA	(i)	179,441	8,239	0	0	0	187,680	0
	(ii)	0	0	0	0	0	0	0
(9) BYARD YODER	(i)	165,197	0	8,518	0	0	173,715	0
	(ii)	0	0	0	0	0	0	0
(10) ROBERTA SCHERR	(i)	169,280	0	0	0	0	169,280	0
	(ii)	0	0	0	0	0	0	0
(11) RICHARD FOLLETT	(i)	147,952	5,000	12,063	0	0	165,015	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	PART I, LINE 3	THE COMPENSATION COMMITTEE HIRES AN INDEPENDENT COMPENSATION CONSULTANT TO ESTABLISH THE CEO'S COMPENSATION AMOUNT AND COMPOSE THE CONTRACT THE COMPENSATION COMMITTEE PRESENTS THE INFORMATION TO THE BOARD IF A BOARD MEMBER WOULD LIKE TO REVIEW THE CONTRACT, THEY CAN CONTACT A MEMBER OF THE COMPENSATION COMMITTEE TO REVIEW THE CONTRACT PRIVATELY PART I, LINE 4B ROBERT J LONGO IS A PARTICIPANT IN A 457F RETIREMENT PLAN HE RECEIVED NO PAYMENT FROM THE PLAN THIS YEAR PART I, LINE 7 THE EXECUTIVE BONUS PROGRAM IS A NON-FIXED PAYMENT PROGRAM DISCRETION IS EXERCISED AS TO THE AMOUNT AND WHEN/IF PAYMENT WILL BE MADE

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Good Samaritan Hospital The

Employer identification number
23-0794160

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds defeased	0			
3	Total proceeds of issue	17,255,816			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrow	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2004			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?								
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		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 ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?	X							

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE K	0	REFUND OUTSTANDING 94 BONDS ISSUED ON 1/13/94

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Good Samaritan Hospital The

Employer identification number
23-0794160

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ARTHUR FUNK AND SONS	SEE PART V	365,370	CONSTRUCTION PROJECTS		No
(2) WELCH WAGNER PARTNERSHIP	SEE PART V	280,071	PROPERTY RENTAL		No
(3) FREDERICK CHEVROLET CADILLAC TOYO	SEE PART V	111,382	CAR SALES		No
(4) REILLYWOLFSONSHEFFEYSCHRUMLUNDB	SEE PART V	108,857	ATTORNEY FEES		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE L		PART IV, LINE 1 ROBERT J FUNK, A TRUSTEE OF THE GOOD SAMARITAN HOSPITAL, IS A PARTNER IN ARTHUR FUNK AND SONS PART IV, LINE 2 JOHN WELCH, A TRUSTEE OF THE GOOD SAMARITAN HOSPITAL, IS A PARTNER IN WELCH WAGNER PARTNERSHIP PART IV, LINE 3 FREDERICK LAURENZO, A TRUSTEE OF THE GOOD SAMARITAN HOSPITAL, IS A PARTNER IN FREDERICK CHEVROLET, CADILLAC, AND TOYOTA PART IV, LINE 4 FREDERICK WOLFSON, A TRUSTEE OF THE GOOD SAMARITAN HOSPITAL, IS A PARTNER IN REILLY, WOLFSON, SHEFFEY, SCHRUM & LUNDBERG

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Good Samaritan Hospital The

Employer identification number
23-0794160

Identifier	Return Reference	Explanation
EXPLANATION FOR CHANGES TO PRIOR YEAR REVENUE AMOUNTS FROM 2010 RETURN	FORM 990, PART I, LINES 9 AND 11	During the audit for the year ending 6/30/2012, the auditors determined that the money received from the state of Pennsylvania for the Medicaid Modernization Act should be considered program service revenue rather than other revenue As a result of this determination, the auditors restated the program service and other revenue for 6/30/2011 On Part I of the 2011 990, the revenue listed on lines 9 and 11 for the prior year will not match the 2010 990 revenue numbers due to the revised audited financial statements PART III, LINE 4A - PROGRAM SERVICE EXPENSE #1 THE GSH IS A 196 LICENSED BED, (ACUTE CARE 177, SKILLED CARE 19) TAX EXEMPT, NON-PROFIT ACUTE CARE HOSPITAL PROVIDING A FULL RANGE OF INPATIENT AND OUTPATIENT SERVICES INCLUDING RESPIRATORY THERAPY, PHYSICAL THERAPY, RADIOLOGY, INPATIENT AND OUTPATIENT SURGERY, PEDIATRICS, INTENSIVE CARE, TELEMETRY, CARDIAC CARE, HEMODIALYSIS, INHALATION THERAPY, PULMONARY FUNCTIONS, ENDOSCOPY, 24 HOUR EMERGENCY CARE, OCCUPATIONAL MEDICINE, TRACTION, PACEMAKERS, EEG, EKG, STRESS MONITORING, MAMMOGRAPHY, ULTRASOUND, CT SCAN, CANCER CARE, NUCLEAR MEDICINE, PHARMACY, OBSTETRICS, BLOOD BANK, PERIPHERAL VASCULAR LAB, CARDIOVASCULAR LAB, CARDIOVASCULAR SURGERY, AND LABORATORY WHICH INCLUDE CHEMISTRY, HEMATOLOGY, HISTOLOGY, CYTOLOGY AND MICROBIOLOGY FY 6/30/12 STATISTICS 7,402 ADMISSIONS, 32,552 INPATIENT DAYS, 283,650 OUTPATIENT REGISTRATIONS PART III, LINE 4D - PROGRAM SERVICE EXPENSE #4 THE GSH OPERATES HOME HEALTH/VISITING NURSE ASSOCIATION PROVIDING A FULL RANGE OF IN-HOME HEALTH CARE INCLUDING IV THERAPY, MATERNAL/INFANT CARE, HOSPICE, PHYSICAL THERAPY, SPEECH THERAPY, OCCUPATIONAL THERAPY, NUTRITIONAL THERAPY, SOCIAL SERVICES AND HOME HEALTH AIDES FY 6/30/12 STATISTICS 15,904 IN-HOME CARE VISITS WERE PROVIDED

Identifier	Return Reference	Explanation
COMMITTEES WITH BROAD AUTHORITY	FORM 990, PART VI, LINE 1A	THERE ARE NO MATERIAL DIFFERENCES IN VOTING RIGHTS AMONG THE MEMBERS OF THE GOVERNING BODY THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE OFFICERS OF THE CORPORATION OTHER THAN THE VICE PRESIDENTS, THE PRESIDENT OF THE MEDICAL STAFF, THE SOLICITOR, THE CHAIRMEN OF ALL STANDING COMMITTEES AND THE MOST RECENT PAST CHAIRMAN OF THE BOARD IT SHALL BE THE DUTY OF THE EXECUTIVE COMMITTEE TO REVIEW MATTERS BROUGHT TO ITS ATTENTION AND TO MAKE RECOMMENDATIONS TO THE BOARD FOR BOARD ACTION IT SHALL HAVE THE POWER TO TRANSACT EMERGENCY BUSINESS OF THE CORPORATION DURING THE INTERVAL BETWEEN BOARD MEETINGS, PROVIDED SUCH ACTION DOES NOT CONFLICT WITH POLICIES AND EXPRESSED WISHES OF THE BOARD IT SHALL REPORT ANY ACTIONS TAKEN TO THE BOARD AT THE BOARD'S NEXT REGULAR MEETING MEMBERS OR STOCKHOLDERS FORM 990, PART VI, LINE 6 THE GOOD SAMARITAN HEALTH SERVICES FOUNDATION, ANOTHER 501(C)(3) ORGANIZATION, IS THE SOLE MEMBER OF THE GOOD SAMARITAN HOSPITAL

Identifier	Return Reference	Explanation
MEMBERS WHO MAY ELECT TRUSTEES OF THE GOVERNING BODY	FORM 990, PART VI, LINE 7A	THE GOOD SAMARITAN HEALTH SERVICES FOUNDATION, AS THE SOLE MEMBER OF THE GOOD SAMARITAN HOSPITAL, MAY ELECT ONE OR MORE TRUSTEES OF THE HOSPITAL'S GOVERNING BODY DECISION OF GOVERNING BODY SUBJECT TO APPROVAL BY MEMBERS FORM 990, PART VI, LINE 7B CERTAIN DECISIONS OF THE HOSPITAL'S GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE HOSPITAL'S SOLE MEMBER, THE GOOD SAMARITAN HEALTH SERVICES FOUNDATION

Identifier	Return Reference	Explanation
REVIEW PROCESS OF FORM 990	FORM 990, PART VI, LINE 11B	AN ACCOUNTANT PREPARES THE 990 AND 990-T FOR THE GOOD SAMARITAN HOSPITAL THE HOSPITAL THEN PAYS AN AUDITING FIRM TO REVIEW THE 990 TAX RETURN THE CONTROLLER AND THE CFO REVIEW THE FINAL DRAFT OF THE RETURN BEFORE IT IS DISTRIBUTED TO THE BOARD OF DIRECTORS AND THEN FILED WITH THE IRS

Identifier	Return Reference	Explanation
MONITORING & ENFORCEMENT OF CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C	THE GOOD SAMARITAN HOSPITAL HAS A COMPLIANCE OFFICER THAT IS RESPONSIBLE FOR MONITORING AND ENFORCING THE COMPLIANCE OF POLICIES THE BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT EVERY YEAR WHICH STATES WHAT ORGANIZATIONS OR BUSINESSES HE OR SHE IS THE OWNER, OFFICER, MEMBER OR EMPLOYEE IF AN ISSUE IS BROUGHT TO THE BOARD AND THERE IS A CONFLICT OF INTEREST THAT INVOLVES ONE OF THE BOARD MEMBERS THAT BOARD MEMBER WOULD REMOVE HIMSELF OR HERSELF FROM THE DISCUSSION AND ABSTAIN FROM VOTING ON THE ISSUE DETERMINATION OF COMPENSATION FORM 990, PART VI, LINE 15A THE COMPENSATION COMMITTEE HIRES AN INDEPENDENT COMPENSATION CONSULTANT TO ESTABLISH THE CEO'S COMPENSATION AND COMPOSE THE CONTRACT THE COMPENSATION COMMITTEE PRESENTS THE INFORMATION TO THE BOARD FOR DISCUSSION THE DELIBERATION AND COMPENSATION DECISION ARE DOCUMENTED IN THE COMMITTEE AND/OR BOARD MINUTES

Identifier	Return Reference	Explanation
DISCLOSURE OF DOCUMENTS TO THE PUBLIC	FORM 990, PART VI, LINE 19	THE GOOD SAMARITAN HOSPITAL HAS ALL OF ITS POLICIES AND FINANCIAL STATEMENTS AVAILABLE FOR THE GENERAL PUBLIC THE PUBLIC NEEDS TO SCHEDULE AN APPOINTMENT WITH ADMINISTRATION TO COME IN AND VIEW THE INFORMATION UNDER HOSPITAL SUPERVISION

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A, COLUMN (B)	ALL OF THE HOSPITAL TRUSTEES ALSO SERVE 1 HOUR PER WEEK ON THE GOOD SAMARITAN HEALTH SERVICE FOUNDATION'S BOARD ROBERT J LONGO GOOD SAMARITAN HOSPITAL - 40 HOURS/WEEK GOOD SAMARITAN HEALTH SERVICES FOUNDATION - 1 HOUR/WEEK GOOD SAMARITAN PHYSICIAN SERVICES - 12 HOURS/WEEK GSH SERVICES, INC - 1 HOUR/WEEK GOOD SAMARITAN REAL ESTATE, INC - 1 HOUR/WEEK GSH REALTY, INC - 1 HOUR/WEEK GSH HOME MED CARE, INC - 1 HOUR/WEEK GSH DIALYSIS, INC - 1 HOUR/WEEK LEBANON MRI ASSOCIATES, LTD - 1 HOUR/WEEK GOOD SAMARITAN PHYSICIAN HOSPITAL ORGANIZATION - 1 HOUR/WEEK ROBERT J RICHARDS GOOD SAMARITAN HOSPITAL - 40 HOURS/WEEK GOOD SAMARITAN PHYSICIAN SERVICES - 12 HOURS/WEEK GSH SERVICES, INC - 1 HOUR/WEEK GOOD SAMARITAN REAL ESTATE, INC - 1 HOUR/WEEK GSH REALTY, INC - 1 HOUR/WEEK GSH HOME MED CARE, INC - 1 HOUR/WEEK GSH DIALYSIS, INC - 1 HOUR/WEEK LEBANON MRI ASSOCIATES, LTC - 1 HOUR/WEEK GOOD SAMARITAN PHYSICIAN HOSPITAL ORGANIZATION - 1 HOUR/WEEK KIMBERLY FEEMAN GOOD SAMARITAN HOSPITAL - 40 HOURS/WEEK GOOD SAMARITAN PHYSICIAN SERVICES - 12 HOURS/WEEK LEBANON MRI ASSOCIATES, LTC - 3 HOURS/WEEK JACQUELYN M GOULD GOOD SAMARITAN HOSPITAL - 40 HOURS/WEEK GOOD SAMARITAN PHYSICIAN SERVICES - 12 HOURS/WEEK GSH DIALYSIS, INC - 3 HOURS/WEEK JULIE MIKSIT GOOD SAMARITAN HOSPITAL - 40 HOURS/WEEK GOOD SAAMRITAN PHYSICIAN SERVICES - 10 HOURS/WEEK ROBERT D SHAVER, M D GOOD SAMARITAN HOSPITAL - 40 HOURS/WEEK GOOD SAMARITAN PHYSICIAN SERVICES - 10 HOURS/WEEK

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCE	FORM 990, PART XI, LINE 5	THE GOOD SAMARITAN HOSPITAL NEEDED TO RESERVE MONEY IN ORDER TO PROVIDE THE RETIRED EMPLOYEES AND FUTURE RETIRED EMPLOYEES WITH SUFFICIENT PENSION PAYMENTS THE GOOD SAMARITAN HOSPITAL WAS ABLE TO RELEASE FUNDS THAT WERE RESTRICTED FOR A SPECIFIC PURPOSE THE GOOD SAMARITAN HOSPITAL WROTE OFF A LARGE RECEIVABLE THAT WAS DUE FROM THE AFFILIATED CORPORATION GOOD SAMARITAN PHYSICIAN SERVICES THE HOSPITAL ALSO HAD UNREALIZED LOSSES FROM ITS INVESTMENT PORTFOLIO UNREALIZED LOSS ON INVESTMENTS $ (265,224) PENSION RESERVE ADJUSTMENT (27,651,540) GOOD SAMARITAN PHY SVCS REC WRITE-OFF (8,748,175) ---------- $(36,664,939) ========== **NOTE GOOD SAMARITAN PHYSICIAN SERVICES IS A RELATED 501 (C)(3) EXEMPT ORGANIZATION

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

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Name of the organization
Good Samaritan Hospital The

Employer identification number
23-0794160

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) GOOD SAMARITAN HEALTH SERVICE FOUNDATION 259 SOUTH FOURTH STREET LEBANON, PA 17042 23-2356151	PARENT	PA	501(C)(3)	11,TYPE I	NA		No
(2) GOOD SAMARITAN REAL ESTATE 241 SOUTH FOURTH STREET LEBANON, PA 17042 23-2447262	TITLE HOLDING	PA	501(C)(2)		GSHS FDN	Yes	
(3) GSH DIALYSIS INC 440 OAK STREET LEBANON, PA 17042 23-2500940	DIALYSIS SVCS	PA	501(C)(3)	3	GSHS FDN	Yes	
(4) GOOD SAMARITAN PHYSICIAN SERVICES 259 SOUTH FOURTH STREET LEBANON, PA 17042 23-1832359	FAMILY MED	PA	501(C)(3)	9	GSHS FDN	Yes	

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) LEBANON MRI ASSOCIATES LTD 4THWALNUT ST LEBANON, PA 17042 36-3730905	MRI SERVICES	PA	NA									

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
(1) GSH SERVICES INC 241 SOUTH FOURTH STREET LEBANON, PA 17042 23-2353047	MGMT & ACCTG	PA	GSHS FOUNDATION	C CORP			
(2) GSH HOME MED CARE INC 301 SCHNEIDER DRIVE LEBANON, PA 17046 23-2028099	MEDICAL EQUIP	PA	GSHS FOUNDATION	C CORP			
(3) GSH REALTY INC 241 SOUTH FOURTH STREET LEBANON, PA 17042 23-2446622	TITLE HOLDING	PA	GSHS FOUNDATION	C CORP			

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

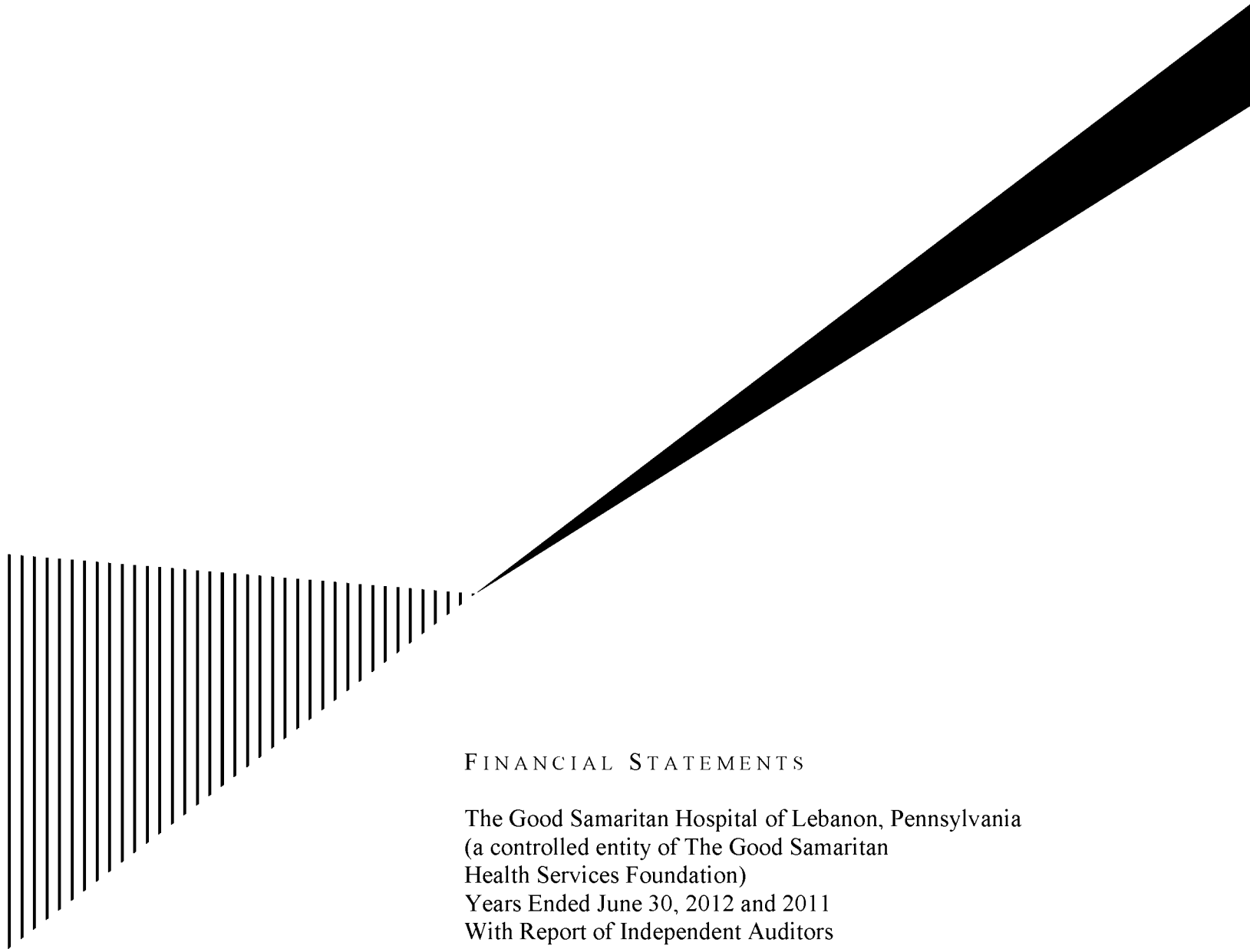
Additional Data

Return to Form

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	GOOD SAMARITAN REAL ESTATE INC	J	605,522	LEASE AGREEMENT
(2)	GSH REALTY INC	J	312,966	LEASE AGREEMENT
(3)	LEBANON MRI ASSOCIATES LTD	L	486,123	MEDICARE REIMB
(4)	GSH HOME MED CARE INC	L	105,982	CASH
(5)	GSH HOME MED CARE INC	P	94,236	FMV
(6)	GSH HOME MED CARE INC	P	59,645	SALARIES
(7)	GSH DIALYSIS INC	K	145,379	MEDICARE REIMB
(8)	GSH DIALYSIS INC	P	286,617	CASH
(9)	GSH DIALYSIS INC	P	51,708	SALARIES
(10)	GOOD SAMARITAN PHYSICIAN SERVICES	P	473,190	INSURANCE
(11)	GOOD SAMARITAN PHYSICIAN SERVICES	P	96,264	FMV
(12)	GOOD SAMARITAN PHYSICIAN SERVICES	P	498,658	SALARIES
(13)	GOOD SAMARITAN PHYSICIAN SERVICES	I	229,254	LEASE AGREEMENT
(14)	LEBANON MRI ASSOCIATES LTD	I	125,653	LEASE AGREEMENT



FINANCIAL STATEMENTS

The Good Samaritan Hospital of Lebanon, Pennsylvania
(a controlled entity of The Good Samaritan
Health Services Foundation)
Years Ended June 30, 2012 and 2011
With Report of Independent Auditors

Ernst & Young LLP

ERNST & YOUNG

The Good Samaritan Hospital of Lebanon, Pennsylvania
(a controlled entity of The Good Samaritan Health Services Foundation)

Financial Statements

Years Ended June 30, 2012 and 2011

Contents

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Report of Independent Auditors

To the Board of Trustees of
The Good Samaritan Hospital of Lebanon, Pennsylvania

We have audited the accompanying balance sheets of The Good Samaritan Hospital of Lebanon, Pennsylvania, a controlled entity of The Good Samaritan Health Services Foundation, as of June 30, 2012 and 2011, and the related statements of operations, changes in net assets (deficiencies), and cash flows for the years then ended These financial statements are the responsibility of the Hospital's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement We were not engaged to perform an audit of the Hospital's internal control over financial reporting Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Good Samaritan Hospital of Lebanon, Pennsylvania as of June 30, 2012 and 2011, and the results of its operations, changes in its net assets (deficiencies), and its cash flows for the years then ended, in conformity with U S generally accepted accounting principles

As discussed in Note 2 to the financial statements, the Hospital changed its method of reporting estimated insurance claims receivable and insurance claims liabilities as a result of the adoption of Accounting Standards Update (ASU) No 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*, effective June 30, 2012

Ernst + Young LLP

November 5, 2012

The Good Samaritan Hospital of Lebanon, Pennsylvania
(a controlled entity of The Good Samaritan Health Services Foundation)

Balance Sheets
(In Thousands)

	June 30 2012	June 30 2011
Assets		
Current assets		
Cash and cash equivalents	**$ 2,278**	$ 2,409
Patient accounts receivable, net of allowance for doubtful accounts of $19,750 in 2012 and $25,227 in 2011	**18,638**	18,803
Accounts receivable – other	**1,747**	6,246
Inventories	**1,686**	1,656
Prepaid expenses	**2,851**	2,465
Due from parent and parent-controlled entities	**162**	232
Current portion of funds held by trustee	**84**	84
Current portion of pledges receivable, net of allowances	**624**	753
Total current assets	**28,070**	32,648
Assets limited as to use, net of current portion		
Funds held by trustee	**6,963**	6,810
Board-designated funds	**7,480**	7,312
Total assets limited as to use	**14,443**	14,122
Long-term investments	**22,372**	21,832
Property, buildings, and equipment, net	**69,587**	73,244
Pledges receivable, net of current portion and allowances	**406**	620
Goodwill and other assets	**9,410**	7,034
Total assets	**$ 144,288**	$ 149,500

	June 30	
	2012	**2011**
Liabilities and net assets (deficiencies)		
Current liabilities		
Current portion of postretirement benefits payable	**$ 294**	$ 310
Current portion of long-term debt	**1,474**	1,419
Line of credit	**1,987**	2,701
Accounts payable	**10,035**	4,720
Accrued expenses	**2,141**	2,502
Accrued payroll and fees	**6,001**	5,837
Insurance liabilities	**942**	991
Due to third-party payors	**4,541**	4,818
Total current liabilities	**27,415**	23,298
Postretirement benefits payable, net of current portion	**2,927**	2,925
Accrued pension liability	**52,750**	27,508
Insurance liabilities, net of current portion	**3,693**	1,715
Other noncurrent liabilities	**885**	892
Long-term debt, net of current portion	**63,183**	64,646
Total liabilities	**150,853**	120,984
Net assets (deficiencies)		
Unrestricted	**(9,284)**	25,571
Temporarily restricted	**2,047**	2,273
Permanently restricted	**672**	672
Total net assets (deficiencies)	**(6,565)**	28,516
Total liabilities and net assets (deficiencies)	**$ 144,288**	$ 149,500

See accompanying notes.

The Good Samaritan Hospital of Lebanon, Pennsylvania
(a controlled entity of The Good Samaritan Health Services Foundation)

Statements of Operations
(In Thousands)

	Year Ended June 30 2012	2011
Unrestricted revenues		
Net patient service revenue	**$ 171,917**	$ 171,376
Other operating revenue	**6,106**	5,802
Unrestricted gifts and grants	**540**	230
	178,563	177,408
Operating expenses		
Salaries, wages, and professional fees	**66,715**	61,631
Supplies and other	**69,937**	65,020
Employee benefits	**16,061**	17,379
Interest	**3,904**	3,962
Depreciation and amortization	**9,769**	9,570
Provision for doubtful accounts	**12,067**	10,138
	178,453	167,700
Income from operations	**110**	9,708
Nonoperating gains (losses)		
Income from investments and Board-designated funds	**996**	922
Other-than-temporary decline in the market value of investments	**(90)**	–
Provision on receivable from Good Samaritan Physician Services, Inc	**(8,748)**	(7,206)
Loss on sale/disposition of fixed assets	**(27)**	(55)
Equity earnings in physician hospital organization	**30**	33
Nonoperating losses	**(7,839)**	(6,306)
(Deficiency) excess of revenues and gains over expenses and losses	**(7,729)**	3,402
Net unrealized (loss) gain on investments	**(150)**	2,866
Changes in accrued pension liability and postretirement benefits	**(27,652)**	9,369
Net assets released from restrictions – property, buildings, and equipment purchases	**704**	922
Other changes in unrestricted net assets (deficiencies)	**(28)**	–
(Decrease) increase in unrestricted net assets (deficiencies)	**$ (34,855)**	$ 16,559

See accompanying notes.

The Good Samaritan Hospital of Lebanon, Pennsylvania
(a controlled entity of The Good Samaritan Health Services Foundation)

Statements of Changes in Net Assets (Deficiencies)
(In Thousands)

	Year Ended June 30	
	2012	**2011**
Unrestricted net assets (deficiencies)		
(Deficiency) excess of revenues and gains over expenses and losses	**$ (7,729)**	$ 3,402
Net unrealized (loss) gain on investments	**(150)**	2,866
Changes in accrued pension liability and postretirement benefits	**(27,652)**	9,369
Net assets released from restrictions – property, buildings, and equipment purchases	**704**	922
Other changes in unrestricted net assets (deficiencies)	**(28)**	–
(Decrease) increase in unrestricted net assets	**(34,855)**	16,559
Temporarily restricted net assets		
Contributions, net of provision for allowances	**425**	830
Investment income	**53**	26
Net assets released from restrictions – fund operations	–	5
Net assets released from restrictions – property, buildings, and equipment purchases	**(704)**	(922)
Decrease in temporarily restricted net assets	**(226)**	(61)
Permanently restricted net assets		
Investment income	–	5
Net assets released from restrictions	–	(5)
Change in permanently restricted net assets	–	–
(Decrease) increase in net assets	**(35,081)**	16,498
Net assets, beginning of year	**28,516**	12,018
Net assets (deficiencies), end of year	**$ (6,565)**	$ 28,516

See accompanying notes.

The Good Samaritan Hospital of Lebanon, Pennsylvania
(a controlled entity of The Good Samaritan Health Services Foundation)

Statements of Cash Flows
(In Thousands)

	Year Ended June 30 2012	2011
Cash flows from operating activities		
(Decrease) increase in net assets (deficiencies)	**$ (35,081)**	$ 16,498
Adjustments to reconcile (decrease) increase in net assets to net cash provided by operating activities		
Other changes in accrued pension liability and postretirement benefits	**27,652**	(9,369)
Depreciation and amortization	**9,769**	9,570
Net realized and unrealized loss (gain) on investments	**240**	(2,866)
Provision for doubtful accounts	**12,067**	10,138
Loss on sale/disposition of fixed assets	**28**	55
Equity earnings in CHART and physician hospital organization	**(582)**	(446)
Changes in operating assets and liabilities that provided (used) cash		
Patient accounts receivable	**(11,902)**	(12,576)
Accounts receivable – other	**4,499**	(4,586)
Inventories	**(30)**	49
Prepaid expenses and other assets	**(2,180)**	(482)
Due from parent and parent-controlled entities	**70**	(232)
Pledges receivable	**343**	127
Accounts payable and other noncurrent liabilities	**5,308**	(2,845)
Accrued expenses	**(361)**	(673)
Accrued payroll and fees	**164**	(1,018)
Insurance reserves	**1,929**	25
Due to third-party payors	**(277)**	4,290
Due to parent and parent-controlled entities	**–**	(719)
Accrued pension liability	**(2,410)**	384
Postretirement benefits payable	**(14)**	(248)
Net cash provided by operating activities	**9,232**	5,076

(Continued on following page.)

The Good Samaritan Hospital of Lebanon, Pennsylvania
(a controlled entity of The Good Samaritan Health Services Foundation)

Statements of Cash Flows (continued)
(In Thousands)

	Year Ended June 30 2012	2011
Investing activities		
Net purchases of investments and assets limited as to use	**$ (1,101)**	$ (921)
Purchases of property, plant, and equipment, net	**(6,079)**	(4,729)
Net cash used in investing activities	**(7,180)**	(5,650)
Financing activities		
Net (repayments)proceeds from line of credit	**(714)**	1,091
Repayment of long-term debt	**(1,469)**	(1,379)
Net cash used in financing activities	**(2,183)**	(288)
Net decrease in cash and cash equivalents	**(131)**	(862)
Cash and cash equivalents at beginning of year	**2,409**	3,271
Cash and cash equivalents at end of year	**$ 2,278**	$ 2,409
Supplemental disclosures of cash flow information		
Cash paid for interest	**$ 3,848**	$ 3,966

See accompanying notes.

Notes to Financial Statements

June 30, 2012

1. Organization

The Good Samaritan Hospital of Lebanon, Pennsylvania (the Hospital) is a controlled entity of The Good Samaritan Health Services Foundation (the Parent) The Parent is the sole voting member of the Hospital's Board of Trustees

The Hospital is a 196-bed, tax-exempt, nonprofit, acute care hospital located in Lebanon, Pennsylvania

2. Summary of Significant Accounting Policies

Recent Accounting Pronouncements

In August 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-24 *Presentation of Insurance Claims and Recoveries,* which provides clarification to companies in the health care industry on the accounting for professional liability and other similar insurance Under the new guidance, insurance liabilities should not be presented net of insurance recoveries and an insurance receivable should be recognized on the same basis as the liabilities, subject to the need for a valuation allowance for uncollectible accounts The guidance is effective for fiscal years beginning after December 15, 2010, and should be applied prospectively The Hospital adopted this guidance on June 30, 2012 The adoption of this guidance increased goodwill and other assets and insurance liabilities, net of current portion by $2,334,000 The adoption of this standard did not have an impact on the Hospital's results of operations, cash flows, or financial position

In August 2010, the FASB issued authoritative guidance regarding the calculation and disclosure of charity care The guidance is intended to reduce the diversity in how charity care is calculated and disclosed across health care entities that provide it Charity care is required to be measured at cost, defined as the direct and indirect costs of providing the charity care This guidance does not have an impact on the statements of operations and changes in net assets (deficiencies) This guidance only requires additional disclosures The guidance is effective for fiscal years beginning after December 15, 2010, and should be applied retrospectively The Hospital adopted this guidance on July 1, 2011 and retrospectively applied the provisions to all periods presented The adoption had no impact on previously reported (deficiency) excess of revenues, gains, and other support over expenses or net assets (deficiencies)

2. Summary of Significant Accounting Policies (continued)

In 2010, the FASB issued ASU 2010-20, *Disclosure About the Credit Quality of Financing Receivables and the Allowance for Credit Losses* The guidance is effective for fiscal years ending on or after December 15, 2011 The guidance amends existing guidance by requiring more robust information about the credit quality of the entity's receivables and its allowance for credit losses The Hospital adopted this guidance on June 30, 2012 The adoption of this guidance did not have an impact on the Hospital's financial statements

In July 2011, the FASB issued amended guidance regarding the presentation and disclosure of patient service revenue, the provision for bad debts, and the allowance for uncollectible accounts The guidance is effective for fiscal years beginning after December 15, 2011, with early adoption permitted The guidance states that a healthcare entity that recognizes significant amounts of patient service revenue at the time the services are rendered even though it does not assess the patient's ability to pay must present the provision for bad debts as a reduction of net patient revenue and not include it as a separate item in operating expenses Additionally, healthcare entities are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts The guidance also requires disclosures of patient service revenue by major payor source as well as qualitative and quantitative information about changes in the allowance for uncollectible accounts Changes to the presentation of the provision for bad debts related to patient service revenue in the statement of operations are required to be applied retrospectively to all prior periods presented The enhanced disclosures are required to be provided in the period of adoption and subsequent reporting periods The Hospital will adopt these provisions for the year ended June 30, 2013 The adoption will not have an impact on the Hospital's results from operations, cash flows, or financial position, however, it will change the presentation of unrestricted revenue and operating expenses on the statements of operations and will result in enhanced footnote disclosures

The FASB issued amended guidance regarding testing goodwill for impairment that allows companies to qualitatively evaluate reporting units for potential goodwill impairments, and in some cases, not perform the two-step qualitative test specified in the authoritative accounting guidance The amended guidance is effective for fiscal years beginning after December 15, 2011, with early adoption permitted The adoption of this guidance is not expected to have material impact to the Hospital's financial statements

2. Summary of Significant Accounting Policies (continued)

Basis of Presentation

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States utilizing the "Audit and Accounting Guide for Health Care Organizations" issued by the Health Care Committee and the Health Care Audit Guide Task Force of the American Institute of Certified Public Accountants A summary of the significant accounting policies of the Hospital follows

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements Estimates also affect the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates and assumptions

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with a maturity of three months or less when purchased and exclude assets whose use is limited by Board of Trustees' designation or other arrangements under trust agreements or with third-party payors

Net Patient Service Revenue

The Hospital has agreements with third-party payors, including Medicare, Medicaid, commercial insurance carriers, health maintenance organizations, and others, that provide for payments at amounts different from its established charges Payment agreements include prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates Net patient service revenue is reported at the estimated net realizable amounts from third-party payors and others for services rendered including estimated retroactive adjustments

2. Summary of Significant Accounting Policies (continued)

Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined The Hospital's Medicare and Pennsylvania Medical Assistance (PMA) cost reports have been audited and settled by the fiscal intermediary through June 30, 2007 In the opinion of management, adequate provision has been made for estimated settlements and potential adjustments resulting from audit and final settlements with third-party payors Differences between the estimated and final settlements are recorded in the year of settlement Included in the operating results for 2012 and 2011 is $621,000 and $2,137,000, respectively, in unfavorable third-party payor adjustments relating to previous years' estimates

Payments to the Hospital from the Medicare and PMA programs for inpatient hospital services are made on a prospective basis Under these programs, payments are made at a predetermined specific rate for each discharge based on the patient's diagnosis Direct medical education is reimbursed by Medicare based on a percentage of reasonable costs Additional payments are received from Medicare for cases that have unusually high costs in comparison to national or statewide averages

Outpatient services are reimbursed principally on a prospective basis by Medicare except for clinical lab, which is reimbursed on a fee schedule PMA reimburses the Hospital for outpatient services on the basis of an established fee schedule

Section 306 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 directed the Secretary of the Department of Health and Human Services (HHS) to demonstrate the use of Recovery Audit Contractor (RAC) under the Centers for Medicare and Medicaid Services (CMS) Medicare Integrity Program in identifying underpayments and overpayments under the Medicare program, and recouping those overpayments RACs are third-party organizations under contract with CMS, and the law provides that compensation paid to each RAC be based on a percentage of overpayment recoveries identified by the RAC The RAC demonstration was slated to end in March 2008, however, Section 302 of the Tax Relief and Health Care Act of 2006 (TRHCA) made the RAC program permanent and instructed CMS to use RACs to identify Medicare underpayments and overpayments The TRHCA also included several provisions that give Medicare providers certain protections and rights For example, overpayments identified by the RACs are subject to reconsideration and appeal through several forums

2. Summary of Significant Accounting Policies (continued)

The Hospital intends to pursue the reversal of adverse determinations where appropriate, however, the Hospital cannot predict the outcome of any such appeals In addition to any overpayments identified by the RACs that are not reversed, the Hospital will incur additional costs to respond to requests for records and pursue the reversal of payment denials The Hospital has established protocols to respond to RAC requests and payment denials, if any The Hospital recently received RAC requests and is in the process of responding to those requests Provisions for losses as a result of RAC reviews are made when reasonably estimable

In December 2010, the Department of Public Welfare (DPW) received approval from CMS for the Pennsylvania state plan amendments pursuant to Pennsylvania Act 49 of 2010 that, among other things, established a new inpatient hospital fee-for-service payment system (using APR-DRG), established enhanced hospital payments through the state's Medical Assistance managed care program and secured additional matching Medicaid funds through the establishment of the Quality Care Assessment (QCA) DPW concurrently issued hospital-specific QCAs of $2,624,000 and $2,403,000 that are recorded in supplies and other expenses in the statements of operations for the years ended June 30, 2012 and 2011, respectively In February 2011, the DPW received the approvals necessary from CMS on the final technical language for the DPW contracts with managed care organizations The Hospital and Healthcare Association of Pennsylvania issued hospital-specific impacts of the Medicare modernization payment for fiscal years 2012 and 2011 The Hospital recognized $6,756,000 and $6,255,000 related to the Medicare modernization payments in net patient service revenue for the years ended June 30, 2012 and 2011, respectively

For the Federal fiscal years 1997 through 2011, a group of provider care organizations, through the group appeal process, challenged the Department of Human Services (HHS) that CMS incorrectly applied the Rural Floor Budget Neutrality Adjustment (a wage rate adjustment) in developing the base rates when used in calculating reimbursement under the Medicare Inpatient Prospective Payment System In April 2012, HHS agreed to settle with the group of provider care organizations resulting in final payments to those eligible under the claim In 2012, the Hospital recognized $1,649,000 under the settlement which is included in net patient service revenue on the accompanying statement of operations for the year ended June 30, 2012

Capital BlueCross reimburses the Hospital on a prospective basis for inpatient and surgical outpatient services Nonsurgical outpatient services are reimbursed on a percentage-of-charges basis

2. Summary of Significant Accounting Policies (continued)

Revenues from the Medicare and PMA programs accounted for approximately 49% and 50% of the Hospital's net patient service revenues for the years ended June 30, 2012 and 2011, respectively Laws and regulations governing the Medicare and PMA programs are complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and PMA programs

Allowance for Doubtful Accounts

The Hospital establishes an allowance for doubtful accounts to report the net realizable amounts to be received from patients Increases to this allowance are reflected as a provision for doubtful accounts in the statements of operations The Hospital regularly performs a detailed analysis of the collectibility of patient accounts receivable and considers such factors as prior collection experience and the age of the receivables to determine the appropriate allowance level

Inventories

Inventories are stated at the lower of cost or market Cost is determined on the first-in, first-out method

Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the balance sheets primarily by quoted market prices Investment income or loss, including realized gains and losses, interest, and dividends, and other-than-temporary losses, is included in the (deficiency) excess of revenues and gains over expenses and losses, unless the income or loss is restricted by the donor Changes in unrealized gains and losses to the extent that such losses are considered temporary are excluded from the (deficiency) excess of revenues and gains over expenses and losses

2. Summary of Significant Accounting Policies (continued)

Investments and assets limited as to use are periodically reviewed for impairment conditions that indicate the occurrence of an other-than-temporary decline in value When an other-than-temporary decline is identified, the investment's cost basis is written down to its current market value Due primarily to a significant decline in the market value of equity securities, the Hospital recognized an other-than-temporary impairment (OTTI) loss on its investment portfolio of $90,000 for the year ended June 30, 2012 For the year ended June 30, 2011, the Hospital determined that no OTTI losses were necessary The other-than-temporary decline in market value of investments is a component of nonoperating gains (losses)

Fair Values of Financial Instruments

The methods and assumptions used to value the Hospital's financial instruments at fair value are set forth below

- Investments – fair values for investment securities are based on quoted market prices
- Long-term debt – the fair value of the Hospital's long-term debt is based upon quoted market prices
- Cash and cash equivalents, Patient accounts receivable, Accounts payable and accrued expenses, and Due to third-party payors – the carrying amount approximates fair value

Pledges Receivable

Unconditional promises to give are recorded as pledges receivable at their net present value in the year promised and are recognized as temporarily restricted or permanently restricted support as appropriate, based on donor stipulations Conditional pledges are not recorded until the donor-imposed condition has been substantially satisfied

The future expected cash flows from pledges receivable have been discounted using a 0 75% and 2 00% rate for the fiscal years ended June 30, 2012 and 2011, respectively, based on the average duration of such pledges At June 30, 2012 and 2011, pledges receivable, net of allowance for uncollectible pledges, due to the Hospital in less than one year are $624,000 and $753,000, in one to five years are $405,000 and $618,000, and in more than five years are $1,000 and $2,000,

2. Summary of Significant Accounting Policies (continued)

respectively For the years ended June 30, 2012 and 2011, the total allowance for uncollectible pledges is $667,000 and $471,000, respectively, which is recorded against the pledges receivable balance

Property, Buildings, and Equipment

Property, buildings, and equipment are recorded at cost, net of accumulated depreciation Provisions for depreciation are made over the estimated useful lives of the respective assets using the straight-line method

Maintenance and repairs are charged to expense as incurred Betterments and major renewals are capitalized Cost of assets sold or retired and the related amounts of accumulated depreciation are eliminated from the accounts in the year of disposal, and the resulting gain or loss is included in nonoperating gains and losses

Gifts of long-lived operating assets such as land, buildings, or equipment are reported as unrestricted support and are excluded from the (deficiency) excess of revenues and gains over expenses and losses, unless explicit donor stipulations specify how the donated assets must be used Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service

Bond Issue Costs

Bond issue costs, representing costs of issuance, are being amortized on a straight-line basis, which approximates the interest method, over the outstanding life of the related bonds

Goodwill

Goodwill and other intangible assets resulting from business acquisitions consist of the excess of the acquisition cost over the fair value of the net tangible assets of businesses acquired at the date of acquisition

2. Summary of Significant Accounting Policies (continued)

As a result of the acquisition of The Hyman S Caplan Pavilion in 1988, the excess of the purchase price over the fair value of net assets acquired was recorded as goodwill This intangible asset of $2,270,000 is deemed to have an indefinite life The Hospital performs an annual impairment test to determine if any impairment has occurred If impairment has occurred, then the Hospital is required to write down the value of the goodwill to its fair value Management does not believe that there has been any impairment of this intangible asset as of June 30, 2012 or 2011

Self-Insurance

The Hospital is self-insured for employee health benefits, including hospitalization, dental, and vision The self-insurance liability is determined through management's analysis of claims filed and an estimate of claims incurred but not reported

The Hospital is a 6 5% owner of Community Hospital Alternative for Risk Transfer (CHART), a risk retention group domiciled in Vermont and licensed by the Vermont Insurance Department and the Hospital's professional liability insurance carrier (see Note 11) As of June 30, 2012 and 2011, the Hospital's investment in CHART was $3,623,000 and $3,582,000, respectively, and is reflected as a component of goodwill and other assets within the accompanying balance sheets Included in other operating revenue for the years ended June 30, 2012 and 2011, is $582,000 and $503,000, respectively, of equity earnings related to CHART

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets (deficiencies) and reported in the statements of operations as net assets released from restrictions

2. Summary of Significant Accounting Policies (continued)

Unrestricted Net Assets (Deficiencies)

Contributions and gifts which are received with no restrictions or specified uses identified by the grantors or donors are included as unrestricted revenue in the statements of operations of the Hospital when received Certain unrestricted net assets have been designated by the Board of Trustees for future capital expansion and other long-term projects

(Deficiency) Excess of Revenues and Gains Over Expenses and Losses

The statements of operations include the (deficiency) excess of revenues and gains over expenses and losses Changes in unrestricted net assets that are excluded from the (deficiency) excess of revenues and gains over expenses and losses, consistent with industry practice, include unrealized gains and losses on investments to the extent that such losses are considered temporary, permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets), and other changes in accrued pension liability and postretirement benefits

Income Taxes

The Hospital is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code On such basis, the Hospital will not incur any liability for federal income taxes, except for possible unrelated business income

In the course of preparing the Hospital's tax returns, the Hospital evaluates tax positions taken or expected to be taken to determine whether the tax positions are "more-likely-than-not" of being sustained by the applicable tax authorities Tax positions not deemed to meet the more-likely-than-not threshold are recorded as tax benefits or expenses in the current year Management has analyzed all tax positions taken on federal, state, and local income tax returns for all open tax years and has concluded that no provision for federal income tax is required in the financial statements There are no interest and penalties deducted in the current period and no interest and penalties accrued at June 30, 2012

2. Summary of Significant Accounting Policies (continued)

Reclassifications

Certain reclassifications have been made to the financial statements of the prior year to conform to the current-year presentation

3. Concentrations of Credit Risk

The Hospital's operations are located in Lebanon, Pennsylvania, with a primary service area that includes the City of Lebanon and surrounding communities The Hospital grants credit to its patients and third-party payors, primarily Medicare, Medical Assistance, BlueCross and various commercial insurance companies without collateral The Hospital maintains reserves for potential credit losses and such losses have historically been within management's expectations

The mix of patient accounts receivable by payor was as follows

	June 30	
	2012	**2011**
Medicare	**37%**	31%
Medicaid	**6**	6
BlueCross	**13**	12
Commercial insurance	**1**	2
Managed care	**6**	5
Self-pay	**35**	43
Other	**2**	1
	100%	100%

4. Charity Care and Community Service

The Hospital provides services to patients who meet the criteria of its charity care policy Criteria for charity care consider the patient's family income, number of dependents, and ability to pay Poverty guidelines are used as a means of determining the patient's ability to pay

4. Charity Care and Community Service (continued)

The Hospital maintains records to identify and monitor the level of charity care and community service it provides These records include the amount of charges forgone based on established rates for services and supplies furnished under its charity care and community service policies, the estimated cost of those services, and the number of patients receiving services under these policies

Charges forgone for charity care which have been excluded from revenue were approximately $8,468,000 and $7,378,000 in 2012 and 2011, respectively The total direct and indirect amount of charity care provided, determined on the basis of cost, was $6,855,000 and $5,114,000 for the years ended June 30, 2012 and 2011, respectively

Additionally, the Hospital sponsors certain other service programs and charity services that provide substantial benefit to the broader community These programs include services to needy populations that require special services and support, such as community service programs and charity services for the benefit of elderly programs, substance abuse, and child abuse as well as health promotion and education The unreimbursed costs under the various community service and education programs and subsidized health services were $1,338,000 and $1,198,000 in 2012 and 2011, respectively

5. Investments

Investments available for operations of the Hospital, stated at fair value, are as follows

	June 30	
	2012	**2011**
Fixed income	**$ 13,151,000**	$ 12,788,000
Equities	**9,029,000**	8,869,000
	$ 22,180,000	$ 21,657,000

5. Investments (continued)

Investment income, gains, and other-than-temporary decline in market value of investments are comprised of the following

	Year Ended June 30	
	2012	**2011**
Nonoperating gains (losses)		
Interest and dividend income	**$ 534,000**	$ 339,000
Realized gains on sales of securities, net	**288,000**	361,000
Other-than-temporary decline in market value of investments	**(90,000)**	–
	$ 732,000	$ 700,000

Included in long-term investments are funds held by others in an irrevocable trust for the benefit of the Hospital of $192,000 and $175,000 at June 30, 2012 and 2011, respectively

6. Assets Limited as to Use

Funds Held by Trustee

The respective bond indentures for the 2002 Bonds and the 2004 Bonds require that certain funds be established and controlled by the trustee during the period the Bonds are outstanding The current and long-term portions of funds held by trustee, stated at fair value, are as follows

	June 30	
	2012	**2011**
Debt service reserve fund	**$ 5,723,000**	$ 5,636,000
Debt service fund	**84,000**	84,000
Revenue fund	**1,240,000**	1,174,000
	7,047,000	6,894,000
Less current portion	**(84,000)**	(84,000)
	$ 6,963,000	$ 6,810,000

6. Assets Limited as to Use (continued)

The above funds are invested in cash and cash equivalents and corporate and government bonds The debt service reserve fund is available for the redemption of bonds, and the debt service fund is used for the payment of principal and interest on the bonds The revenue funds are available for the redemption of bonds within the next 12 months

Interest income earned on funds held by trustee was $117,000 and $31,000 for the years ended June 30, 2012 and 2011, respectively, and is included in other operating revenue

Board-Designated Funds

Board-designated funds, stated at fair value, are as follows

	June 30	
	2012	**2011**
Cash and cash equivalents	**$ 344,000**	$ 344,000
Fixed income	**4,360,000**	4,310,000
Equities	**2,776,000**	2,657,000
	7,480,000	7,311,000
Accrued interest	**–**	1,000
	$ 7,480,000	$ 7,312,000

Investment income and gains from Board-designated funds are comprised of the following

	Year Ended June 30	
	2012	**2011**
Nonoperating gains (losses)		
Interest and dividend income	**$ 113,000**	$ 114,000
Realized gains on sales of securities, net	**61,000**	108,000
	$ 174,000	$ 222,000

7. Fair Value Measurements

ASC 820 clarifies the definition of fair value as the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date The standard outlines a valuation framework and creates a fair value hierarchy in order to increase the consistency and comparability of fair value measurements and the related disclosures

ASC 820 establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value These tiers include Level 1 – defined as observable inputs such as quoted prices in active markets, Level 2 – defined as inputs other than quoted prices in active markets that are either directly or indirectly observable, and Level 3 – defined as unobservable inputs in which little or no market data exists, therefore, requiring an entity to develop its own assumptions

In determining fair value, the Hospital uses the market approach The market approach utilizes prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities

The following tables present the fair value hierarchy for the Hospital's financial assets measured at fair value on a recurring basis at June 30, 2012 and 2011

	Total	Level 1	Level 2	Level 3
June 30, 2012				
Cash and cash equivalents				
Money market funds	**$ 2,278,000**	**$ 2,278,000**	**$ –**	**$ –**
Assets limited as to use				
Equity securities	**2,776,000**	**2,776,000**	**–**	**–**
Bond mutual funds	**10,671,000**	**10,671,000**	**–**	**–**
Money market funds	**1,080,000**	**1,080,000**	**–**	**–**
Investments				
Equity securities	**9,147,000**	**9,147,000**	**–**	**–**
Bond mutual funds	**13,212,000**	**13,212,000**	**–**	**–**
Money market funds	**13,000**	**13,000**	**–**	**–**
	$ 39,177,000	**$ 39,177,000**	**$ –**	**$ –**

7. Fair Value Measurements (continued)

	Total	Level 1	Level 2	Level 3
June 30, 2011				
Cash and cash equivalents				
Money market funds	$ 2,409,000	$ 2,409,000	$ –	$ –
Assets limited as to use				
Equity securities	2,673,000	2,673,000	–	–
Bond mutual funds	9,959,000	9,959,000	–	–
Money market funds	1,574,000	1,574,000	–	–
Investments				
Equity securities	8,932,000	8,932,000	–	–
Bond mutual funds	12,776,000	12,776,000	–	–
Money market funds	124,000	124,000	–	–
	$ 38,447,000	$ 38,447,000	$ –	$ –

8. Property, Buildings, and Equipment

	June 30	
	2012	**2011**
Land	**$ 1,469,000**	$ 1,469,000
Land improvements	**1,645,000**	1,645,000
Buildings and fixed equipment	**101,550,000**	100,730,000
Movable equipment	**81,416,000**	76,383,000
	186,080,000	180,227,000
Less accumulated depreciation and amortization	**(117,408,000)**	(108,602,000)
	68,672,000	71,625,000
Construction in progress	**915,000**	1,619,000
	$ 69,587,000	$ 73,244,000

Depreciation expense relating to property and equipment for the years ended June 30, 2012 and 2011 amounted to $9,709,000 and $9,509,000, respectively

Plant and equipment are being depreciated over the following periods 10 to 15 years for land improvements, 20 to 40 years for buildings and fixed equipment, and 3 to 10 years for movable equipment

9. Long-Term Debt

The composition of long-term debt is as follows

	June 30 2012	2011
Hospital Revenue Bonds, Series of 2002, issued by the Lebanon County Good Samaritan Hospital Authority, the bonds mature serially through fiscal 2036 bearing interest rates of 4 75% to 6 00%	**$ 54,535,000**	$ 54,670,000
Hospital Revenue Bonds, Series of 2004, issued by the Lebanon County Good Samaritan Hospital Authority, the bonds mature serially through fiscal 2019 bearing interest rates of 3 5% to 4 50%	**9,955,000**	11,155,000
Capital lease obligation with imputed interest of 6 25%	**701,000**	792,000
	65,191,000	66,617,000
Less bond discount	**(639,000)**	(674,000)
Plus bond premium	**105,000**	122,000
Less current portion	**(1,474,000)**	(1,419,000)
	$ 63,183,000	$ 64,646,000

In accordance with the bond indentures, the Hospital has granted as collateral to the Authority an interest in its gross revenues In addition, the bond indentures require the Hospital, among other things, to generate "income available for debt service" each fiscal year sufficient to meet 110% of the annual debt service of its long-term debt "Income available for debt service" is defined as the excess of total revenues over all operating and nonoperating expenses before the provision for depreciation, amortization, interest, and any non-cash charges For the years ended June 30, 2012 and 2011, the Hospital was in compliance with the "income available for debt service" requirements

9. Long-Term Debt (continued)

A summary of principal payments during the next five years and thereafter for the years ending June 30 is as follows

	Bonds	Capital Lease
2013	$ 1,390,000	$ 146,000
2014	1,445,000	146,000
2015	1,520,000	146,000
2016	1,585,000	146,000
2017	1,665,000	146,000
Thereafter	56,885,000	501,000
	$ 64,490,000	1,231,000
Less Amounts representing interest at 6 25%		(530,000)
Present value of net minimum lease payment		$ 701,000

The estimated fair value of long-term revenue bond debt was $65,018,000 and $61,792,000 as of June 30, 2012 and 2011, respectively

The capital lease obligation is collateralized by the leased property This property is included in the Hospital's building and fixed equipment with a value of $1,598,000 net of accumulated depreciation of $423,000

The Hospital has available a line of credit in the amount of $5,000,000 At June 30, 2012 and 2011, the amount outstanding under the line of credit was $1,987,000 and $2,701,000, respectively

10. Operating Leases

The Hospital leases various equipment and office space under operating lease arrangements primarily with annual terms from third parties and also with controlled entities of the Parent (see Note 13) Total rent expense related to operating lease agreements was $3,783,000 and $3,855,000 for the years ended June 30, 2012 and 2011, respectively

10. Operating Leases (continued)

The following is a schedule by year of future minimum lease payments under operating leases as of June 30, 2012, that have initial or remaining lease terms in excess of one year

	Third-Party Leases	Related-Party Leases
2013	$ 2,168,000	$ 276,000
2014	1,618,000	276,000
2015	1,252,000	276,000
2016	1,385,000	276,000
2017	1,191,000	276,000

11. Malpractice Insurance

The Hospital is a defendant in civil actions for alleged medical malpractice These actions are being defended by the Hospital's medical malpractice insurance carrier In the opinion of management, the Hospital's potential liability in these actions is within the limits of its medical malpractice liability and comprehensive general liability insurance Additionally, there are known claims and incidents that may result in the assertion of additional claims as well as potential claims from unknown incidents that may be asserted arising from services provided to patients

The Hospital carries professional liability insurance in the amounts of $500,000 each claim and $2,500,000 annual aggregate through CHART, a risk retention group domiciled in Vermont in which the Hospital holds a 6 5% equity interest

Excess limits of $500,000 each occurrence and $1,500,000 annual aggregate are provided by the Pennsylvania Medical Care Availability and Reduction of Error Fund (MCARE Fund) (see below)

The Hospital also carries excess umbrella coverage with CHART of $10,000,000 each occurrence and $45,000,000 aggregate

The Hospital has retained risk for claims of $0 to $500,000 plus pro rata expenses As of June 30, 2012 and 2011, the Hospital's estimated liability for future payments of its unasserted medical malpractice claims, discounted at 3%, is $1,015,000

11. Malpractice Insurance (continued)

Prior to May 1, 2002, the Medical Inter-Insurance Exchange (MIIX) provided the Hospital malpractice insurance coverage for all employees including certain Hospital-based physicians The coverage was contracted under a claims-made basis During 2001, the Risk Based Capital of MIIX Group, Inc 's operating subsidiary, MIIX Insurance Company (MIC), fell below National Association of Insurance Commissioners' (NAIC) minimum thresholds, requiring MIC to file a corrective action plan with the New Jersey Department of Banking and Insurance (NJDBI) that resulted in the company entering solvent runoff As a result of further adverse developments, MIC entered into an Order with the NJDBI on May 1, 2003 that set forth a framework for the regulatory monitoring of MIC As of June 30, 2012, the Hospital had one remaining claim with MIC It is management's belief that the future settlement of this claim will not have a material effect on the Hospital's financial statements

The MCARE Act was enacted by the Pennsylvania legislature in 2002 The Act created the MCARE Fund, which replaced the Pennsylvania Medical Professional Liability Catastrophe Loss Fund (CAT Fund) as the state-mandated funding mechanism for the payment of medical malpractice claims exceeding the primary layer of professional liability insurance carried by the Hospital and other health care providers practicing in the state The MCARE Fund is funded on a "pay as you go basis " The MCARE Fund levies health care provider surcharges, calculated as a percentage of the premiums established by the Joint Underwriting Association (also a Commonwealth of Pennsylvania agency) for basic coverage, to pay claims and administrative expenses on behalf of MCARE Fund participants The MCARE Act legislation provides for the gradual phase-out of MCARE Fund coverage, however, this has been recently deferred by the Pennsylvania legislation and will be considered in the future

The actuarially computed liability for all health care providers (hospital, physicians, and others) participating in the MCARE Fund at June 30, 2011 (the latest date for which such information is publicly available) was $1 23 billion Current law provides that the unfunded liability will likely be funded through assessments in future years as MCARE Fund-covered claims are eventually settled and paid

The Hospital's annual calendar year premiums for participation in the MCARE Fund were $266,000 and $237,000 for the years ended June 30, 2012 and 2011, respectively No provision has been made for any future MCARE Fund assessments in the accompanying financial statements as the Hospital's portion of the MCARE Fund unfunded liability cannot be reasonably estimated

12. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose Temporarily restricted net assets are available for the following purposes

	June 30 2012	2011
Equipment purchases	**$ 576,000**	$ 512,000
Oncology Center	**346,000**	346,000
Scholarships	**47,000**	42,000
Restricted due to timing	**1,078,000**	1,373,000
	$ 2,047,000	$ 2,273,000

Permanently restricted net assets are endowments with the income designated for the following purposes

	June 30 2012	2011
Nursing scholarships	**$ 320,000**	$ 320,000
Employee scholarships	**201,000**	201,000
General	**151,000**	151,000
	$ 672,000	$ 672,000

Endowments

In August 2008, the FASB issued guidance on the net asset classification of donor-restricted endowment funds for a not-for-profit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA) and additional disclosures about an organization's endowment funds The Hospital operates in the Commonwealth of Pennsylvania, and is not required to adopt the provisions related to UPMIFA, however, it is subject to enhanced disclosure requirements

12. Temporarily and Permanently Restricted Net Assets (continued)

The Hospital's Board of Trustees follows the interpretation of Commonwealth of Pennsylvania Act 141 as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation, the Hospital classifies as permanently restricted net assets (a) the value of gifts donated to the permanent endowment and (b) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund This is regarded as the "historic dollar value" of the endowed fund Any remaining unspent earnings or net appreciation of the donor-restricted endowment funds is not classified in permanently restricted net assets and is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital in a manner consistent with the Hospital's spending policy For investment purposes, the Hospital commingles the endowment assets in a pooled investment account established by the Hospital Any investment returns earned on the endowment assets are apportioned for expenditure For the years ended June 30, 2012 and 2011, there were no changes to the endowment net assets

13. Related Party Transactions

Certain members of the Board of Trustees of the Hospital are related to entities providing services to the Hospital in the ordinary course of business The Hospital's policy states that all members of the Board of Trustees must sign a statement each year disclosing any conflict of interest that may arise and agree to abstain when any issue involving the parties with conflicting interests is called to motion

The Hospital incurred the following expenses with controlled entities of the Parent

	Year Ended June 30	
	2012	**2011**
Rental fees	**$ 1,013,000**	$ 974,000
Purchased services	**498,000**	468,000
Medical supplies	–	12,000
	$ 1,511,000	$ 1,454,000

13. Related Party Transactions (continued)

Routine operations for the Hospital resulted in recording receivables for services provided to and payables for services received from the controlled entities of the Parent as of June 30, 2012 and 2011

The Hospital provides financial assistance to Good Samaritan Physician Services Inc (GSPS), a parent-controlled entity, with the expectation of repayment in the future In the current year, and consistent with that of the previous years, the Hospital determined that collection of the related receivable was in doubt and the Hospital reserved the entire balance advanced of $8,748,000 and $7,206,000 for the years ended June 30, 2012 and 2011, respectively

For the year ended June 30, 2012, the Hospital received an unrestricted contribution of $500,000 from an affiliate which is included in unrestricted gifts and grants on the statement of operations No such contribution was received during 2011

14. Pension and Other Postretirement Benefit Plans

The Hospital maintains a noncontributory defined benefit pension plan (pension plan) covering substantially all employees of the Hospital The pension plan provides a pension benefit that is generally based on the years of service and the employee's compensation in certain years preceding retirement Contributions are intended to provide not only for benefits attributed to service to date but also for those expected to be earned in the future The Hospital's policy is to fund annually at least the minimum amount required by the Employee Retirement Income Security Act of 1974 (ERISA)

The Hospital also sponsors a defined benefit postretirement plan (retirement plan) covering employees who were age 50 or older on July 1, 1993, have a minimum of five years of vesting services, and retire directly from the Hospital after age 55 The contributory retirement plan provides hospitalization, prescription drug and vision health benefits as a supplement to Medicare coverage Hospital contributions are fixed per retiree with retiree contributions adjusted annually Certain eligible retirees receive benefits with no contribution The retirement plan is unfunded

14. Pension and Other Postretirement Benefit Plans (continued)

The following table summarizes information about the Plans and reflects the adoption of ASC 715

	Pension Benefits		Other Benefits	
	2012	**2011**	**2012**	**2011**
Change in projected benefit obligation				
Projected benefit obligation at beginning of year	**$ 83,533,000**	$ 80,797,000	**$ 3,235,000**	$ 3,779,000
Service cost	**2,446,000**	2,545,000	–	–
Interest cost	**4,642,000**	4,350,000	**131,000**	145,000
Actuarial (gain) loss	**855,000**	218,000	**(183,000)**	(466,000)
Change in plan actuarial assumptions	**25,196,000**	(2,377,000)	**290,000**	99,000
Benefits paid	**(2,372,000)**	(2,000,000)	**(252,000)**	(322,000)
Projected benefit obligation at end of year	**114,300,000**	83,533,000	**3,221,000**	3,235,000
Change in plan assets				
Fair value of plan assets at beginning of year	**56,025,000**	44,600,000	–	–
Employer contributions	**6,685,000**	5,523,000	**252,000**	322,000
Actual return on plan assets	**1,212,000**	7,902,000	–	–
Benefits paid	**(2,372,000)**	(2,000,000)	**(252,000)**	(322,000)
Fair value of plan assets at end of year	**61,550,000**	56,025,000	–	–
Funded status at end of year	**$(52,750,000)**	$(27,508,000)	**$ (3,221,000)**	$ (3,235,000)
Amounts recognized in the balance sheets consist of				
Accrued benefit costs	**$(52,750,000)**	$(27,508,000)	**$ (3,221,000)**	$ (3,235,000)

14. Pension and Other Postretirement Benefit Plans (continued)

	Pension Benefits		Other Benefits	
	2012	2011	2012	2011
Amounts recognized in accumulated unrestricted net assets consist of				
Prior service cost (credit)	**$ 3,332,000**	$ 3,998,000	**$ (353,000)**	$ (441,000)
Net actuarial loss	**51,381,000**	23,258,000	**252,000**	146,000
Net amount recognized	**$ 54,713,000**	$ 27,256,000	**$ (101,000)**	$ (295,000)
Components of net periodic benefit cost				
Service cost	**$ 2,446,000**	$ 2,545,000	**$ –**	$ –
Interest cost	**4,642,000**	4,350,000	**131,000**	145,000
Expected return on plan assets	**(4,640,000)**	(3,620,000)	**–**	–
Amortization of prior service cost	**667,000**	667,000	**(88,000)**	(88,000)
Amortization of unrecognized net actuarial loss	**1,355,000**	1,965,000	**–**	–
Net periodic benefit cost	**4,470,000**	5,907,000	**43,000**	57,000
Other changes in accrued pension liability and postretirement benefits recognized in unrestricted net assets consist of				
Current-year actuarial (gain) loss	**4,284,000**	(4,065,000)	**(184,000)**	(466,000)
Recognized actuarial (loss) gain	**(1,355,000)**	(1,965,000)	**–**	–
Change due to change in assumption	**25,196,000**	(2,376,000)	**290,000**	98,000
Amortization of prior service cost	**(667,000)**	(667,000)	**88,000**	88,000
Total recognized in unrestricted net assets (deficiencies)	**27,458,000**	(9,073,000)	**194,000**	(280,000)
Total recognized in net periodic benefit cost and unrestricted net assets (deficiencies)	**$ 31,928,000**	$ (3,166,000)	**$ 237,000**	$ (223,000)
Weighted-average assumptions used to determine benefit obligations at June 30				
Discount rate	**4.05%**	5 65%	**3.12%**	4 52%
Expected return on plan assets	**8.00**	8 00	–	–
Rate of compensation increase	**3.00**	3 75	–	–

14. Pension and Other Postretirement Benefit Plans (continued)

	Pension Benefits		Other Benefits	
	2012	**2011**	**2012**	**2011**
Weighted-average assumptions used to determine net periodic pension cost at June 30				
Discount rate	**4.05%**	5 65%	**3.12%**	4 52%
Rate of compensation increases	**3.00**	3 75	–	–

The investment objectives of the pension plan are invest consistent with the fiduciary standards of ERISA, to provide for the funding and anticipated withdrawals on an ongoing basis, conserve and enhance the capital value of the pension plan in real terms while maintaining a moderate risk profile, to minimize principal fluctuations over the investment cycle, and achieve a long-term level of return commensurate with contemporary economic conditions The expected long-term rate of return with respect to the pension plan is based on an aggregate of expected capital market returns within each asset category

The asset allocation percentage by major asset class and the target allocation for 2012 is as follows

		June 30	
	Target 2012	**2012**	**2011**
Assets			
Fixed income	41% – 50%	**48%**	49%
Equity securities	50% – 60%	**52**	51
		100%	100%

14. Pension and Other Postretirement Benefit Plans (continued)

The following table presents the fair value hierarchy for the Hospital's pension plan assets measured at fair value as of June 30, 2012 and 2011

	Total	Level 1	Level 2	Level 3
June 30, 2012				
Investments				
Cash and cash equivalents	**$ 278,000**	**$ 278,000**	**$ –**	**$ –**
Equity securities	**32,075,000**	**32,075,000**	**–**	**–**
Bond mutual funds	**29,197,000**	**29,197,000**	**–**	**–**
Total assets at fair value	**$ 61,550,000**	**$ 61,550,000**	**$ –**	**$ –**
June 30, 2011				
Investments				
Equity securities	$ 28,681,000	$ 28,681,000	$ –	$ –
Bond mutual funds	27,344,000	27,344,000	–	–
Total assets at fair value	$ 56,025,000	$ 56,025,000	$ –	$ –

At June 30, 2012 and 2011, the accumulated benefit obligation for the pension plan was $104,823,000 and $76,100,000, respectively

A summary of benefit payments, which reflect expected future service, as appropriate, that are expected to be paid to participants in the pension plan during the next five years ending June 30 and the five-year period beginning thereafter is as follows

2013	$ 2,785,000
2014	2,886,000
2015	3,082,000
2016	3,247,000
2017	3,671,000
Five-year period beginning thereafter	24,761,000

For measurement purposes, an 8 0% annual rate of increase in the per capita cost of covered health care benefits was assumed for the 2012 and 2011 fiscal years, respectively The rate was assumed to decrease by 0 5% per year to 5 5% in 2016

14. Pension and Other Postretirement Benefit Plans (continued)

Assumed health care cost trend rates have a significant effect on the amounts reported for the other postretirement benefit plan A one-percentage-point change in assumed health care cost trend rates would have the following effects

	1-Percentage-Point Increase	1-Percentage-Point Decrease
Effect on total of service and interest cost components	$ 6,000	$ 5,000
Effect on postretirement benefit obligation	157,000	140,000

A summary of benefit payments, including prescription drug benefits, that are expected to be paid to participants in the retirement plan during the next five years ending June 30 and the five-year period beginning thereafter is as follows

	Gross Benefit Payments	Gross Subsidy Receipts	Net Benefit Payments
2013	$ 337,000	$ (44,000)	$ 293,000
2014	335,000	(43,000)	292,000
2015	330,000	(41,000)	289,000
2016	313,000	(41,000)	272,000
2017	302,000	(38,000)	264,000
Five-year period beginning thereafter	1,280,000	(148,000)	1,132,000

15. Functional Expenses

The Hospital provides general health care services to residents within its geographic location Expenses related to providing these services are as follows

	Year Ended June 30	
	2012	**2011**
Health care services	**$ 110,595,000**	$ 104,278,000
General and administrative	**67,858,000**	63,422,000
	$ 178,453,000	$ 167,700,000

16. Subsequent Events

The Hospital has evaluated the need for disclosures and/or adjustments resulting from subsequent events through November 5, 2012, the date the financial statements were available to be issued Based on this evaluation, no adjustments or additional disclosures were required to be made to the financial statements as of June 30, 2012

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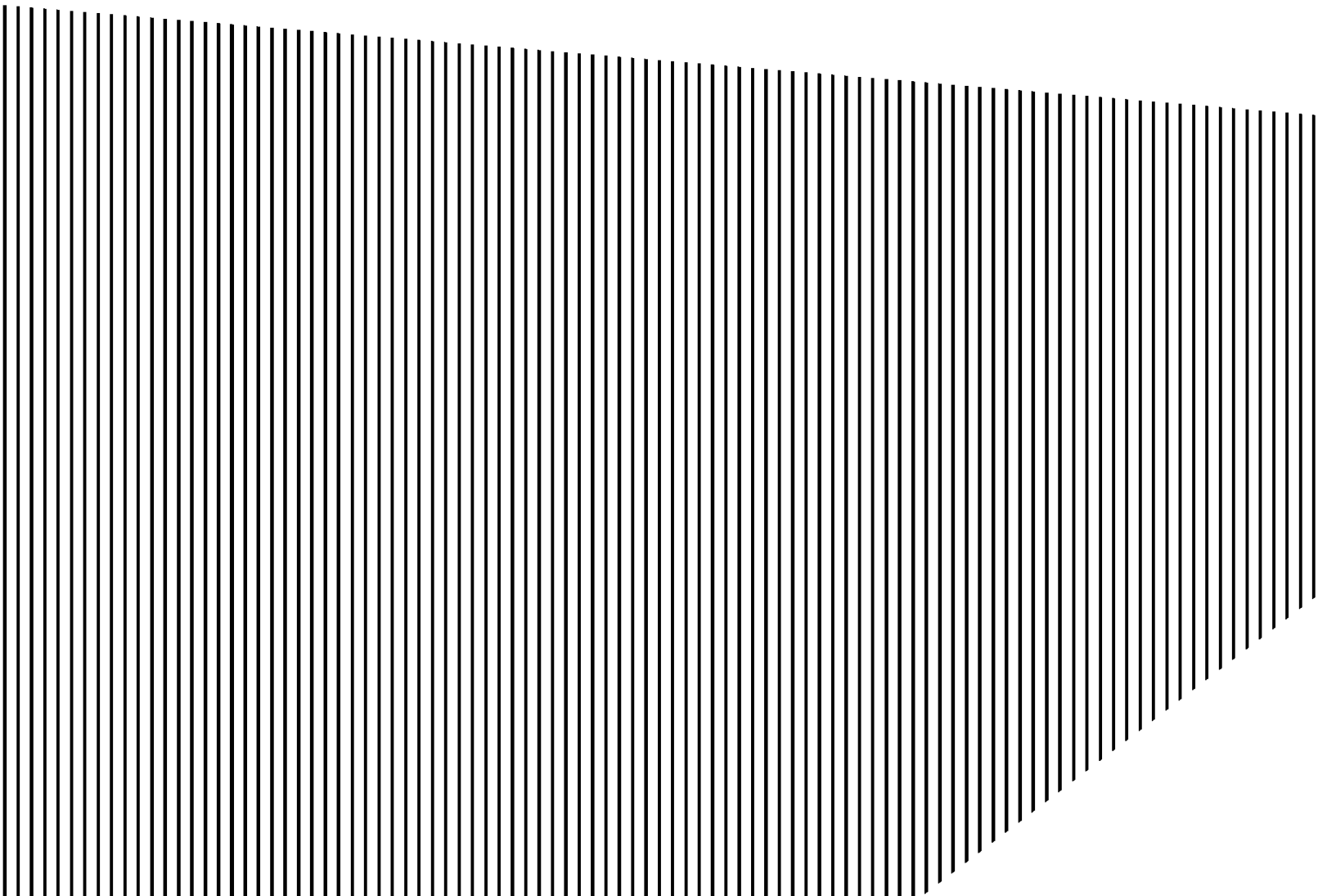

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROL BLECKER TRUSTEE	1 0	X								
EARL H BRINSER TRUSTEE	1 0	X								
SLOAN CAPLAN TRUSTEE	1 0	X								
EVELYN C COLON TRUSTEE	1 0	X								
PAUL R DIGIACOMO TRUSTEE	1 0	X								
DONALD H DREIBELBIS SECOND VICE CHAIRMAN	1 0	X		X						
ROBERT J FUNK TRUSTEE	1 0	X								
ROBERT P HOFFMAN TRUSTEE	1 0	X								
JANE W JUPPENLATZ SECRETARY	1 0	X		X						
FREDERICK C LAURENZO TRUSTEE	1 0	X								
ROBERT J PHILLIPS TRUSTEE	1 0	X								
WILLIAM E SCHAEFFER JR MD TRUSTEE	1 0	X								
DENNIS L SHALTERS CHAIRMAN	1 0	X		X						
GALEN G WEABER TRUSTEE	1 0	X								
JOHN P WELCH MD FIRST VICE CHAIRMAN	1 0	X		X						
DEBORAH T WEAVER TRUSTEE	1 0	X								
FREDERICK S WOLFSON ESQ TREASURER	1 0	X		X						
JULIE ZINSSER TRUSTEE	1 0	X								
ROBERT J LONGO PRES & CEO	40 0	X		X				513,509	0	796
KIMBERLY FEEMAN SENIOR VP & COO	40 0			X				285,238	0	0
ROBERT J RICHARDS VP FINANCE & CFO	40 0			X				291,979	0	0
JACQUELYN M GOULD VP OF NURSING	40 0				X			196,218	0	0
JULIE MIKSIT VP CV SVCS & REHAB THERAPIES	40 0				X			173,693	0	0
ROBERT D SHAVER MD VP MEDICAL AFFAIRS	40 0				X			335,676	0	0
ELIZABETH MUHIIRE-NTAKI PHYSICIAN	40 0					X		168,981	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DARIA KOVARIKOVA PHYSICIAN	40 0					X		187,680	0	0
BYARD YODER PHYSICIAN	40 0					X		173,715	0	0
ROBERTA SCHERR PHYSICIAN	40 0					X		169,280	0	0
RICHARD FOLLETT CHIEF INFORMATION OFFICER	40 0					X		165,015	0	0