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DLN: 93493133033293

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

Open to Public Inspection

A Fo	r the :	2011 ca	lendar year, or tax year beginning 07-01-2011	and ending 06-30-2	2012		
		pplicable	C Name of organization	_		D Employer	identification number
	dress ch		WELLSPAN MEDICAL GROUP			23-2730	785
┌ <sub>Na</sub>	me cha	nae	Doing Business As			E Telephone	e number
	tıal retu	_				(717)85	1-3055
_			Number and street (or P O box if mail is not delivered PO BOX 2767	d to street address) Roon	n/suite	<b>G</b> Gross rece	pts \$ 223,176,705
	rmınate						
Am	ended	return	City or town, state or country, and ZIP + 4 YORK, PA 17405				
Ap	plication	n pending					
			<b>F</b> Name and address of principal officer		<b>H(a)</b> Is th	■ is a group ret	turn for
			Bruce M Bartels PO Box 2767		affilia	ates?	⊤Yes 🔽 No
			York,PA 174052767		H(h) Are a	ll affiliates inc	luded?
							ist (see instructions)
<b>I</b> Ta	x-exem	npt status	▼ 501(c)(3)	.947(a)(1) or   527		up exemption	
J W	ebsite	: <b>:-</b> WW	W WELLSPAN ORG				
					<u> </u>		T
			✓ Corporation  Trust  Association Other ►		<b>L</b> Year of fo	mation 1993	M State of legal domicile PA
Ра	rt I	Sum	mary				
			escribe the organization's mission or most sigr n Medical Group, in coordination with York Hos		nital and WallCr		nd Dahahilitation
			provides medical and surgical care to patients				
3	] 3	ability to	pay				
Governance	-						
<u>ē</u>	-						
် ်	2 (	Check th	is box 🕌 if the organization discontinued its	operations or dispos	ed of more than 2	25% of its ne	t assets
			of voting members of the governing body (Part			3	ı
Activities &	1		of independent voting members of the governin			. 4	
	1		mber of individuals employed in calendar year :		•	. 5	
ទូ	1		mber of volunteers (estimate if necessary) .		,	6	<del>'</del>
•			related business revenue from Part VIII, colun			78	
			lated business taxable income from Form 990-			71	-
	-			.,	Prid	or Year	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)			19,981,014	<del> </del>
<u>9</u>	9		m service revenue (Part VIII, line 2g)			191,282,689	<del> </del>
Revenue	10	_	ment income (Part VIII, column (A), lines 3, 4	86,513	<u> </u>		
Ť	11		revenue (Part VIII, column (A ), lines 5, 6d, 8c	1,490,075	<del> </del>		
	12		evenue—add lines 8 through 11 (must equal P		line		
			<u> </u>			212,840,291	223,163,793
	13	Grants	and similar amounts paid (Part IX, column (A	), lines 1–3 )		5,255	1,000
	14	Benefi	ts $paid$ to or for $members$ (Part IX, $column$ (A ),	line 4)			0
ø	15		es, other compensation, employee benefits (Pa	rt IX, column (A), line	es	170,728,567	105 254 025
φ		5-10)		170,720,307	+		
Expenses	16a		sional fundraising fees (Part IX, column (A), lir		0		
ठ	Ь		ndraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$				
	17		expenses (Part IX, column (A), lines 11a-11d	41,937,595	+		
	18		expenses Add lines 13–17 (must equal Part I		1	212,671,417	
	19	Reven	ue less expenses Subtract line 18 from line 1.	2		168,874	71,763
€8 £6						g of Current /ear	End of Year
88 88 88	20	Total	assets (Part X, line 16)		<u> </u>	31,673,702	35,358,741
Net Assets or Fund Balances	21		iabilities (Part X, line 26)			17,318,837	+
გ. 201	21		sets or fund balances Subtract line 21 from li			14,354,865	_
	12 II		ature Block	116 20	•	17,557,00.	14,425,001
Unde know	r penal	ties of p	erjury, I declare that I have examined this return, i f, it is true, correct, and complete. Declaration of				
		****			2	013-05-13	
Sigr	1	Signa	ture of officer			ate	
Her			ael F O'Connor CFO				
		Туре	or print name and title				
		Preparer		Date	Check If		xpayer identification number
Paid		signatur		self- employed 🕨 🔽	(see instructi	ons)	
	arer's	Firm's na	ame (or yours 👠 BDO USA LLP	<u> </u>	<u> </u>	+	
Use (		ıf self-er	nployed), and ZIP + 4 8405 Greensboro Drive			EIN 🕨	
	_	audicss,	ono carrier onto dicelisacio dilve	Phone no	one no 🕨 (703) 893-0600		

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . . .

Par	ŧ 1111	Statement of Program Statement	_		I	
1	Briefl	y describe the organization's m	ission			
prev miss	entive o ion is t	in Medical Group was founded a care, and working collaborativel o promote and to provide qualit Group provides care without re	y as part of an integr y, cost-effective heal	ated health care deliv th care services whic	very system, can deliver a sup th seek to improve the health :	erior standard of care Its
2	the pr	e organization undertake any s ior Form 990 or 990-EZ? .				ΓYes ▼ No
_		s," describe these new services				
3	servi			t changes in now it co	onducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these changes on S	Schedule O			
4	expen	the the organization's program ses Section 501(c)(3) and 50 and allocations to others, the	1 (c )(4 ) organızatıons	and section 4947 (a	)(1) trusts are required to repo	
4a	(Code	) (Expenses \$	209,481,576	ıncludıng grants of \$	1,000 ) (Revenue \$	199,750,677 )
	purpo clinica under local i requir costs	pan Medical Group, which does not column ses of WellSpan Health and promoting ly effective health care services, including a variety of health care financing arradient access to health care services, sements, achieving excellence in clinical and avoiding unnecessary duplication of the part of	the provision of health ca ding professional health ca ngements, enhancing the enhancing the health stat il innovations, service, qui of services and equipmen	are services in South Centi are services, in a cost effe- continuity and quality of us of the communities ser ality, cost and outcomes,	ral Pennsylvania, including York and a ective manner in settings appropriate health care services provided to pati ved by WellSpan Health, effectively and achieving operating efficiencies,	Adams Counties, by providing to patient and payor needs ents, ensuring the continued responding to changing payor such as containing and reducing
4b	(Code	) (Expenses s	:	ıncludıng grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses s		including grants of \$	) (Revenue \$	)
	_					
4d		r program services (Describe enses \$	n Schedule O ) including grants of	· <b>\$</b>	) (Revenue \$	)
		I program service expenses►\$	209,481,57	<u> </u>	, , γ	,
	. 5.4	. p. sg. a sel vice expeliacar p	200,701,07	-		

CHECKIIST OF REGULE CO SCHEDULE	art IV	Checklist o	f Required	Schedule
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	·		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		N o
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
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 $V^{\bullet}$	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			
а	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
С	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		No
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? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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? <i>If</i> "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		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t 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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	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	Yes	
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)			
а	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		No
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		Νo
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		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$ ?	35a		No
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? 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?	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 $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $$	•		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b> 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
)a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Zu	Statements filed for the calendar year ending with or within the year covered by this			
	return			
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)		105	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ju	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
<b>4</b> a	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 🕨			
	222			
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
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	20		
	1. Tes to fine su of sp, and the organization merionin occur. The first in the firs	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
_	services provided to the payor?	<i>,</i>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νo
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		<u>No</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		No_
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		Νo
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		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νο
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
4.4	facilities  Section F01(c)(12) organizations Enter			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
- مر				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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		No
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			
C	Enter the aggregate amount of reserves on hand			
4.4		4.4-		NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No No
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Νo

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 . . .

Se	ection A. Governing Body and Management			
			Yes	No
	Enterphysical Control of Control			
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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			
а	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
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
4.0			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
D	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		No
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	
С	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 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
ь	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		No
Se	ection C. Disclosure	-		
17				
18	Section 61.04 requires an organization to make its Form 1.023 (or 1.024 if applicable), 990, and 990-T (501(c)			

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website V Upon request
- 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

(717)851-3055

State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 DAVID RIZZUTO 3350 WHITEFORD ROAD YORK, PA 174029081

# 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

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

◆ 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

(A) Name and Title	(B) Average hours per week (describe hours	(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	
	for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations	
(1) Rıdge Salter MD Chaırman	40 00	х		Х				188,609	0	46,588	
(2) Catherine M Heilman MD Vice Chair	40 00	х		х				182,146	0	48,202	
(3) Jeffrey Lobach Director	1 00	х						0	0	0	
(4) Rajesh Singal MD Director	40 00	х						273,791	0	53,834	
(5) Neal Friedman MD Director	1 00	х						0	298,129	52,000	
(6) Charles H Chodroff MD Director	1 00	х						0	505,317	321,575	
(7) Larry Miller Director	1 00	х						0	0	0	
(8) Bruce M Bartels CEO-WellSpan H	1 00	х		Х				0	4,307,133	635,755	
(9) Brad J Cooper MD Director	40 00	х						167,671	0	44,684	
(10) Lee Maddox MD Director	40 00	х						448,344	0	53,047	
(11) Thomas R McGann MD Pres, Sec	40 00			Х				498,114	0	322,424	
(12) Michael F O'Connor CFO-WellSpan H	1 00			Х				0	545,763	347,807	
(13) Jack Jensen VP & COO - WellSpan Medical Group	40 00				х			197,052	0	43,624	
(14) Orı Shokek MD Radıatıon Oncol	40 00					х		771,190	0	58,805	
(15) Sukumar Puvvala MD Radiologist	40 00					х		830,248	0	45,026	
(16) Eugene Eline MD Surgeon	40 00					х		849,985	0	55,654	
(17) Mark Richardson MD VP-Orthop Service	40 00					Х		927,416	0	53,993	

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

<b>(A)</b> Name and Title		(B) A verage hours per week (describe	mor unles an	more than one box, unless person is both an officer and a director/trustee) compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC)						Reportable compensation from related organizations (W- 2/1099-	Estim amount of compen from organizat	ated of other sation the tion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	relat organız	
(18) Surge	Thomas DıPasquale MD on	40 00					х		923,341	0		55,657
(19) I	Michael A Wilson MD er Chairman	0 00						х	198,553	0		48,830
								-				
14	Sub-Total							<u> </u> ▶				
1b c	Total from continuation sheets			· ·	<u>.</u>	<u> </u>		<u> </u>				
d	Total (add lines 1b and 1c) .						•	<b>P</b>	6,456,460	5,656,342		2,287,505
2	Total number of individuals (inc \$100,000 of reportable comper						above	) who	received more tha	n		
											Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sc										3 Yes	
4	For any individual listed on line organization and related organization									from the		
5	Did any person listed on line 1a	receive or accri	e com	• nencs	• ition	fron	n anv	• IInre	lated organization o		4 Yes	

## 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

services rendered to the organization? If "Yes," complete Schedule I for such person . . . . . .

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Weatherby Locums Inc PO Box 972633 Dallas, TX 75397	Temporary Help	446,704
Star Building Services Inc 106 Quigley Boulevard PO Box 11410 Wilmington, DE 19850	Janıtorial Services	332,301
Nighthawk Radiology Services PO Box 673398 Detroit, MI 482673398	MRI Reading	946,322
Emdeon Business Services 12016 Collections Center Drive Chicago, IL 60693	Collection Services	340,554
Edco The Document People 1351 N Belcrest PO Box 7010 Springfield, MO 658017010	Document Archival	351,559
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►12

Νo

Form 99		Statement of Revenue					Page <b>9</b>
Part	<u> </u>	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
\$ 22	1a	Federated campaigns 1a	1				
죮듯	ь	Membership dues 1b					
βΣ	c	Fundraising events 10	:				
£ ë	d	Related organizations 1d	21,500,000				
S.E	e	Government grants (contributions) 1e	80,670				
교	f	All other contributions, gifts, grants, and 1f	19,802		İ		
<b>₽</b> ₽	g	similar amounts not included above  Noncash contributions included in					
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$					
ှင် မ	h	Total. Add lines 1a-1f	🛌	21,600,472			
<u> </u>			Business Code				
e III	2a	W/O - Free Care	621110	-4,613,557	-4,613,557		
Fe.	b	W/O - Bad Debt	621110	-5,287,754	-5,287,754		
<u> </u>	c	Teaching Services	611600	3,947,237	3,947,237		
Z.	d	Health Care Services	621110	205,704,751	205,704,751		
Program Service Revenue	e						
Š Š	f	All other program service revenue					
ξ	g	Total. Add lines 2a-2f		199,750,677			
	3	Investment income (including divider		, ,			
		and other similar amounts)	▶	446,142			446,142
	4	Income from investment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties		0			
	_	(ı) Real	(II) Personal				
	6a	Gross rents Less rental					
	b	expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)		0			
		(ı) Securities	(II) Other				
	7a	Gross amount from sales of					
		assets other than inventory					
	Ь	Less cost or other basis and	12,912				
	_	sales expenses Gain or (loss)	-12,912				
	c d	Net gain or (loss)	-12,512	-12,912			-12,912
	8a	Gross income from fundraising	<sub> </sub>	,			
<u> </u>		events (not including					
듄		\$ of contributions reported on line 1c)					
ě		See Part IV, line 18					
45		а					
Other Revenue	b	Less direct expenses b		o			
•	9a	Net income or (loss) from fundraising Gross income from gaming activities	events F				
		See Part IV, line 19					
		а					
	Ь	Less direct expenses <b>b</b>					
	C	Net income or (loss) from gaming act	ıvıtıes	0			
	10a	Gross sales of inventory, less returns and allowances .					
		а					
	ь	Less cost of goods sold ${\bf b}$					
	С	Net income or (loss) from sales of inv		0			
	11-	Miscellaneous Revenue	Business Code 900004	321,563		321,563	
	11a	NICU Coverage Memorial	900004	540,930		540,930	
	b	Billing Services	900004	320,379		320,379	
	C	All other revenue	900004	196,542		196,542	
	d e	All other revenue  Total. Add lines 11a-11d		170,342		170,342	
	[	. Jean Add lines II a - II u	· · · · •	1,379,414			
	12	<b>Total revenue.</b> See Instructions .	▶	222 462 702	100 750 677	1 270 444	422.220
	1			223,163,793	199,750,677	1,379,414	433,230 Form <b>990</b> (2011)

## 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 no	ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations				
	in the United States See Part IV, line 21	1,000	1,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
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	0			
•	key employees	2,443,060	1,747,592	695,468	
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	144,456,575	138,432,304	6,024,271	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,483,792	9,104,344	379,448	
9	Other employee benefits	21,529,524	19,506,293	2,023,231	
10	Payroll taxes	7,341,884	6,683,914	657,970	
11	Fees for services (non-employees)	7,511,554	3,333,314	33.,3.0	_
a	Management	888,752		888,752	
b	Legal	164	164	000,732	_
c	Accounting	741,286	734,030	7,256	
d	Lobbying	0	,	.,	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g g	Other	5,602,713	5,108,200	494,513	
12	Advertising and promotion	215,398	212,759	2,639	
13	Office expenses	1,135,353	1,001,651	133,702	
14	Information technology	2,262,000	836,762	1,425,238	
15	Royalties	0		_,,	
16	Occupancy	8,642,937	8,271,201	371,736	
17	Travel	643,798	545,573	· ·	-
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	·	,	_
19	Conferences, conventions, and meetings	383,819	349,020	34,799	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,236,039	3,878,617	357,422	
23	Insurance	3,341,080	3,828,371	-487,291	
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	Dues and Subscriptions	563,896	551,176	12,720	
b	Taxes & Licenses	566,967	423,110	143,857	
c	Utilities	1,170,614	1,123,850	46,764	
d	Direct Supplies	6,249,915	6,249,915		
e					
f	All other expenses	1,191,464	891,730	299,734	
25	Total functional expenses. Add lines 1 through 24f	223,092,030	209,481,576	13,610,454	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				rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 11,256 0 1 1 441.822 0 2 2 3 3 0 15.865.333 15.901.228 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . . . . 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 6 0 Schedule L . . . . . 7 0 389.314 8 464.759 9 684.035 9 899.049 Prepaid expenses and deferred charges . . . . . . 35,273,159 Land, buildings, and equipment cost or other basis *Complete* 10a Part VI of Schedule D 10a 10b 20,061,358 10c b Less accumulated depreciation . . . . 14,281,942 15,211,801 0 11 11 12 0 12 Investments—other securities See Part IV, line 11 . . . . . . 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 15 2,881,904 15 31,673,702 35,358,741 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 16,961,987 20,791,725 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 23 Secured mortgages and notes payable to unrelated third parties . . . 140.388 23 138.015 24 Unsecured notes and loans payable to unrelated third parties . . . . 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 216,462 25 D . . . . . 26 17,318,837 26 20,929,740 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 14,337,739 14,396,073 Unrestricted net assets . . . . 17,126 28 32.928 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . . 14.354.865 33 14,429,001 31,673,702 34 Total liabilities and net assets/fund balances . . . . . 34 35, 358, 741

Pa	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		223,1	163,79
2	Total expenses (must equal Part IX, column (A), line 25)	2			092,03
3	Revenue less expenses Subtract line 2 from line 1	3			71,76
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		14,3	354,86
5	Other changes in net assets or fund balances (explain in Schedule O)	5			2,37
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		14,4	129,00
Pai	Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII				
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $ \cdot   \cdot  $		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 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued			
	Separate basis  Consolidated basis  Both consolidated and separated basis				
За	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?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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OMB No 1545-0047

## **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.

Inspection **Employer identification number** 

Name of the organization WELLSPAN MEDICAL GROUP 23-2730785

Pai	rt I	Reas	on for Pu	blic Charity Sta	tus (All org	ganızatıons	must comp	olete this p	art.) See ın	structions	
				te foundation becaus							
1	Γ	A chur	ch, convent	on of churches, or a	ssociation of	churches <b>s</b>	ection 170(b	)(1)(A)(i).			
2	Γ	A scho	ol described	in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Schedu	ıle E)				
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state								
5	Г	An orga	anızatıon op	erated for the benefi	t of a college	or universit	y owned or o	perated by a	government	al unit descr	nbed in
		sect ion	170(b)(1)(	(A)(iv). (Complete P	art II )						
6	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).		
7	Γ	describ	oed in	at normally receives (A)(vi) (Complete P		l part of its	support from	a governme	ntal unit or fr	om the gene	ral public
8	Г			described in <b>section</b>		A)(vi) (Com	nnlete Dart II	1			
9	, \			at normally receives					utions mam	harchin faac	and arose
•	,-			rities related to its ex							
		•		oss investment inco	•	·=		•			
		•		ganızatıon after June				•		, o.m buc	· · · · · · · · · · · · · · · · · · ·
10	Г			ganized and operated							
11	$\Gamma$			ganized and operated						carry out th	ne purposes of
		the box	•	ly supported organiz bes the type of supp <b>b</b> Type I	orting organ	ization and c		s 11e throug	jh 11h		111 - Other
e	Γ	By che	cking this b	ox, I certify that the	organization	ıs not contr	olled directly	or indirectly	by one or m	ore disquali	fied persons
				on managers and ot	her than one	or more pub	licly support	ed organizati	ons describe	ed in section	509(a)(1) or
f			1509(a)(2)	received a written de	otormination	from the IDS	E that it is a	Type I Type	II or Type I	II cupportin	a organization
•			this box	received a writteri di	etermination	nom the IK.	o ciiac ic is a	iype i, iype	II or rype I	II Supportin	
g				2006, has the organi	ızatıon accep	ted any gift	or contribution	on from any	of the		
			ng persons?	rectly or indirectly c	antrols aith	aralone orte	agether with i	nersons des	cribed in (ii)		Yes No
				governing body of th				persons des	cribed iii (ii)	11g(	
		•		er of a person descri		_	icion ·			11g(	<del></del>
				lled entity of a perso			bove?			11g(i	
h				ng information about						9(.	,
						- u - u - g - u - u - u - u - u - u - u	(-)				
				(iii)	(iv)						
				Type of	Is the	<u> </u>	(v)	ufy the	( <b>vi)</b> Is the	,	
	(i) Name		(ii)	organization (described on	organızatı		Dıd you not organızatı		organizati		(vii)
	uppoi		EIN	lines 1- 9 above	col (ı) lıst		col (ı) of		col (ı) orga		A mount of
	ganız			or IRC section	your gove docume		suppor	t?	ın the U		support?
				(see		ı	.,				
				ınstructions))	Yes	No	Yes	No	Yes	No	
Total											

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

### 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

Se	ction A. Public Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	20,103,257	24,012,385	15,963,807	19,981,014	21,600,472	101,660,935
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	116,976,840	143,725,089	171,590,493	191,282,689	199,750,677	823,325,788
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	137,080,097	167,737,474	187,554,300	211,263,703	221,351,149	924,986,723
	A mounts included on lines 1, 2, and 3 received from disqualified persons						0
b	A mounts 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						0
c	Add lines 7a and 7b						
8	<b>Public Support</b> (Subtract line 7c from line 6)						924,986,723
	ction B. Total Support		<u>'</u>			<u>'</u>	
Cale	ndar year (or fiscal year			( ) 2000			(C) T
	• • • • • • • • • • • • • • • • • • • •	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) 2011	<b>(f)</b> Total
9	beginning in) A mounts from line 6	(a) 2007 137,080,097	<b>(b)</b> 2008	187,554,300	( <b>d</b> ) 2010 211,263,703	(e) 2011 221,351,149	
9 10a	beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						924,986,723
9	beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	137,080,097	167,737,474	187,554,300	211,263,703	221,351,149	924,986,723 1,031,754 0
9 lOa b	beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	137,080,097	167,737,474	187,554,300	211,263,703	221,351,149	924,986,723 1,031,754 0 1,031,754
9 l0a b	beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or	137,080,097	167,737,474	187,554,300	211,263,703	221,351,149 446,142	924,986,723 1,031,754 0 1,031,754
9 l.0a b c 111	beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9,	137,080,097	167,737,474	187,554,300	211,263,703	221,351,149 446,142	924,986,723 1,031,754 0 1,031,754 0
9 l0a b c 11	beginning in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	137,080,097 130,773 130,773	167,737,474 193,829 193,829	187,554,300 148,609 148,609	211,263,703 112,401 112,401 211,376,104	221,351,149 446,142 446,142 221,797,291	924,986,723 1,031,754 0 1,031,754 0 0 926,018,477
9 l0a b c 11 12	beginning in)  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11 and 12)  First Five Years If the Form 990 is check this box and stop here	137,080,097 130,773 130,773 137,210,870 for the organizat	167,737,474  193,829  193,829  167,931,303  Ion's first, second,	187,554,300 148,609 148,609	211,263,703 112,401 112,401 211,376,104	221,351,149 446,142 446,142 221,797,291	924,986,723  1,031,754  0  1,031,754  0  926,018,477
9 l0a b c 11 12	beginning in)  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is	137,080,097  130,773  130,773  137,210,870  for the organizat	167,737,474  193,829  193,829  167,931,303  Ion's first, second,	187,554,300 148,609 148,609 187,702,909 third, fourth, or f	211,263,703 112,401 112,401 211,376,104	221,351,149 446,142 446,142 221,797,291	924,986,723  1,031,754  0  1,031,754  0  926,018,477
9 l0a b c 11 12	beginning in)  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is check this box and stop here	137,080,097  130,773  130,773  137,210,870  for the organizat  Plic Support P  1 (line 8 column	167,737,474  193,829  193,829  167,931,303  Ion's first, second,	187,554,300 148,609 148,609 187,702,909 third, fourth, or f	211,263,703 112,401 112,401 211,376,104	221,351,149 446,142 446,142 221,797,291 501(c)(3) organi	924,986,723  1,031,754  0  1,031,754  0  926,018,477  zation,
9 l0a b c 111 12 13 14 See 15 16	beginning in)  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11 and 12)  First Five Years If the Form 990 is check this box and stop here  ction C. Computation of Pub Public Support Percentage for 201	137,080,097  130,773  130,773  137,210,870  for the organizat  lic Support P  1 (line 8 column  10 Schedule A , F	167,737,474  193,829  193,829  167,931,303  Ion's first, second,  Percentage  (f) divided by line  Part III, line 15	187,554,300 148,609 148,609 187,702,909 third, fourth, or f	211,263,703 112,401 112,401 211,376,104	221,351,149 446,142 446,142 221,797,291 501(c)(3) organi	924,986,723  1,031,754  0  1,031,754  0  926,018,477  zation,  99 890 %
9 l0a b c 111 12 13 14 Sec 15 16 Sec 15 Sec 16 Sec 17 Sec	beginning in)  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is check this box and stop here  ction C. Computation of Pub Public Support Percentage from 20	137,080,097  130,773  130,773  137,210,870  for the organizat  lic Support P 1 (line 8 column 10 Schedule A, F	167,737,474  193,829  193,829  167,931,303  Ion's first, second,  Percentage (f) divided by line Part III, line 15	187,554,300 148,609 148,609 187,702,909 third, fourth, or f	211,263,703  112,401  112,401  211,376,104  Ifth tax year as a	221,351,149 446,142 446,142 221,797,291 501(c)(3) organi	924,986,723  1,031,754  0  1,031,754  0  926,018,477  zation,  99 890 %
9 l0a b c 111 12 13 14 See 15 16 See 17 18	beginning in)  A mounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is check this box and stop here  ction C. Computation of Pub Public Support Percentage from 20  ction D. Computation of Inv	137,080,097  130,773  130,773  137,210,870  for the organizat  lic Support P 1 (line 8 column 10 Schedule A, F  estment Inco 2011 (line 10 c c m 2010 Schedule	167,737,474  193,829  193,829  193,829  167,931,303  Ion's first, second,  Percentage  (f) divided by line Part III, line 15  Dime Percentage  olumn (f) divided by  A, Part III, line 1	187,554,300 148,609 148,609 187,702,909 third, fourth, or f	211,263,703  112,401  112,401  211,376,104  Ifth tax year as a	221,351,149  446,142  446,142  221,797,291  501(c)(3) organi  15  16  17  18	924,986,723  1,031,754  0  1,031,754  0  926,018,477  zation,  99 890 %  99 820 %  99 820 %  0 110 %  0 180 %

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

Part IV	<b>Supplemental Information.</b> 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

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493133033293

OMB No 1545-0047

**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.

Open to Public Inspection

	me of the organization		Emp	loyer ident if ica	tion numbe	er
VVE	LLSPAN MEDICAL GROUP		23-2	2730785		
Pa	rt I Organizations Maintaining Donor Ad				Complet	te if the
	organization answered "Yes" to Form 99					
	Tabel number at and of users	(a) Donor advised funds	(	<b>b)</b> Funds and o	ther accou	nts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3 4	Aggregate grants from (during year)					
	Aggregate value at end of year			1		
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	organization's exclusive legal control?			┌ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben				Г Yes	□ No
Da	conferring impermissible private benefit  rt II Conservation Easements. Complete	if the organization answered "Ves" to	o Form	a QQA Dart IV	· .	
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space  Complete lines 2a-2d if the organization held a quality	rganization (check all that apply) on or pleasure)	histori ertified	cally important d historic struct	ly land are	a
	easement on the last day of the tax year	Γ		Held at the	End of the	Vear
а	Total number of conservation easements		2a	ricia at the	Life of the	- Teur
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d			
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by th	e organization (	during	
4	Number of states where property subject to conserva	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents di	uring the year 🕨		
7	A mount of expenses incurred in monitoring, inspectiness	ng, and enforcing conservation easements	durıng	the year		
В	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial				
Par	<b>t IIII</b> Organizations Maintaining Collectio Complete if the organization answered "	ns of Art, Historical Treasures, ( 'Yes" to Form 990, Part IV, line 8.	or Otl	ner Similar <i>I</i>	Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in fu			≘,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ir				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r finan			
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$		

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

Part	<b>III</b> Organizations Maintaining Co	llections of Art,	<u>, His</u>	<u>toric</u>	al Tre	<u>ası</u>	ures, or C	the	<u>r Similar</u>	· Ass	ets (cc	ntınued)
	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e follo	_		_			llectio	n	
а	Public exhibition		d	Γ	Loan or	rexc	hange prog	ams	;			
b	Scholarly research		e	$\Gamma$	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	ın hov	v they	further	the	organızatıor	ı's ex	kempt purp	ose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Part	Part IV, line 9, or reported an an						n answere	d "Y	es" to For	m 99	0,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for co	ntrıbutı	ions	or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	follow	ıng ta	ble		г					
							-		<del>                                     </del>	Amo	unt	
C	Beginning balance							1c	<del>                                     </del>			
d	Additions during the year							1d	<del>                                     </del>			
e	Distributions during the year						-	1e	<u> </u>			
f	Ending balance						L	1f	<u></u>			
	Did the organization include an amount on Fo		21?							Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV											
Par	t V Endowment Funds. Complete										- 15 17	Dl-
1a	Beginning of year balance	(a)Current Year 17,126	(D)	Prior Y	ear 11,277	(C)1V	wo Years Back 10,95	<del></del>	Three Years	Dack (	e)rour Y	ears Back
La b	Contributions	19,514			6,014		3,80	-		$\dashv$		
_	Investment earnings or losses	23,311			-,,,,,			+		+		
d	Grants or scholarships				-+			+		+		
	Other expenditures for facilities	3,712			165		3,48	8		+		
-	and programs							$\perp$				
f	Administrative expenses											
g	End of year balance	32,928			17,126		11,27	7				
2	Provide the estimated percentage of the yea	r end balance held a	ıs		·						·	<u>-</u> -
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ►											
	Term endowment ► 100 000 %											
	Are there endowment funds not in the posse:	ssion of the organiza	ation t	:hat a	re held	and a	admınıstere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations			•		•		•		3a(i)	+	No
L	(ii) related organizations					•		•		3a(ii)	<del>'  </del>	No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the							•		3b	Д	No
	Land, Buildings, and Equipme					<del></del>						
		ALL SECTORING 950	<u> , га</u>		Cost or ot		(b)Cost or o	ther	(c) Accumu	lated T		
	Description of property				(investm		basis (othe		depreciat		( <b>d)</b> Bo	ok value
	and			<u> </u>						$\longrightarrow$		
	Buildings		•	<u> </u>						$\longrightarrow$		
	easehold improvements		•	<u> </u>			10,448		,	73,100		5,875,588
	quipment		•	<u> </u>			24,824	,471	15,48	88,258		9,336,213
			<u>.</u>	Ļ					<u> </u>			
	. Add lines 1a-1e (Column (d) should equal Fo	was 000 Davit V salves	(D)									5,211,801

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		d of valuation -year market value
(1)Financial derivatives		Cost of elia-of	- year market value
(2)Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(B) Book value	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, III			# T T T T T T T T T T T T T T T T T T T
(a) Descri	ption		(b) Book value
(1) AR Intercompany			2,881,904
Tabal (Caluma (b) about descriptions 200, Bart V, and (B) trans	(5.)		2.001.001
Total. (Column (b) should equal Form 990, Part X, col.(B) line in			2,881,904
<b>Part X</b> Other Liabilities. See Form 990, Part > 1 (a) Description of Liability			
<u>-</u>	(b) A mount		
Federal Income Taxes			
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	I	l	
Total (Column (b) should equal room 350, rail x, cor (b) mile 25 )			

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	223,163,793
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	223,092,030
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	71,763
4	Net unrealized gains (losses) on investments	4	2,373
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	2,373
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	74,136
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	201,650,364
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	2,373
3	Subtract line <b>2e</b> from line <b>1</b>	3	201,647,991
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	21,515,802
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	223,163,793
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	223,092,030
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	223,092,030
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	223,092,030
Do.	+ YIV Supplemental Information		

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

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

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	In June 2006, the Financial Accounting Standards Board (FASB) issued Interpretation NO 48, Accounting for Uncertainty in Income Taxes-an interpretation of FASB Statement NO 109, Accounting for Income Taxes (FIN 48), which creates a single model to address uncertainty in tax positions and clarifies the accounting for income taxes by prescribing the minimum recognition threshold a tax position is required to meet before being recognized in the financial statements. Under the requirements of FIN 48, tax-exempt organizations could now be required to record an obligation as the result of a tax position they have historically taken or various tax exposure items. Prior to FIN 48, the determination of when to record a liability for tax exposure was based on whether a liability was considered probable and reasonably estimable in accordance with SFAS No 5, Accounting for Contingencies. On July 1, 2007, the parent company, WellSpan Health, adopted FIN 48. WellSpan Health determined that it does not have any uncertain tax positions through June 30, 2012.
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Grant-York Hospital \$16890000 Grant-Gettyburg Hospital \$4610000 Restricted Contributions \$15802
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	The funds were used to improve the health and welfare of the residents of York and Adams counties of Pennsylvania

DLN: 93493133033293

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

**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.

Open to Public Inspection

Internal Revenue Service	► Attach to Form 990. ► See separate instructions.	Inspection
Name of the organization WELLSPAN MEDICAL GROUP	Employer id	dentification number
	23-27307	85

ГС	Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  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)			
	The isolationary spending account in the interpretation of the int			
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	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	_		
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 14.	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
,	organization's CEO/Executive Director Check all that apply			
	▼ Compensation committee			
	✓ Independent compensation consultant ✓ 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			
а	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?	<b>4</b> c		Νo
	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			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form $990$ , Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo
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			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No

#### 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>(B)</b> Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
See Additional Data Table								

#### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
Line 1a	Part I, Line  1a Relevant information in regards to selections on 1a	Bruce Bartels, WellSpan CEO, received additional compensation to cover the tax on personal use of his company vehicle

Schedule J (Form 990) 2011

**Software ID:** 11000144 **Software Version:** 2011v1.5

**EIN:** 23-2730785

Name: WELLSPAN MEDICAL GROUP

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Thomas R McGann MD	(I) (II)	365,636	125,070	7,408	284,762	37,662	820,538	125,070
Thomas DıPasquale MD	(I) (II)	823,341	100,000	1	12,231	43,426	978,998	
Sukumar Puvvala MD	(I) (II)	618,651	211,597		12,631	32,395	875,274	
Rıdge Salter MD	(I) (II)		10,053	i	14,089	32,499	235,197	
Rajesh Singal MD	(I) (II)		49,645	,	18,302	35,532	327,625	
Orı Shokek MD	(I) (II)		317,498	,	10,154	48,651	. 829,995	
Neal Friedman MD	(I) (II)	257,321	40,808	3	18,302	33,698	350,129	
Michael F O'Connor	(I) (II)		122,430	8,240	306,582	41,225	893,570	122,430
Mıchael A Wilson MD	(I) (II)	164,975	33,578	<i>i</i>	14,832	33,998	247,383	
Mark Richardson MD	(I) (II)		100,000	1	10,508	43,485	927,416 5 53,993	
Lee Maddox MD	(I) (II)				14,009	39,038	501,391	
Jack Jensen	(I) (II)		27,047		14,720	28,904	240,676	
Eugene Eline MD	(I) (II)				13,232	42,422	905,639	
Charles H Chodroff MD	(I) (II)		120,780	7,520	283,362	38,213	826,892	120,780
Catherine M Heilman MD	(I) (II)		. 27,755	,	13,606	34,596	230,348	
Bruce M Bartels	(I) (II)	733,794	221,916	3,351,423	543,822	91,933	4,942,888	216,810
Brad J Cooper MD	(I) (II)	143,024	24,647		12,525	32,159	212,355	

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DLN: 93493133033293

OMB No 1545-0047

#### 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.

Open to Public Inspection

Name of the organization **Employer identification number** WELLSPAN MEDICAL GROUP 23-2730785 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 (c) (a) Name of disqualified person 1 (b) Description of transaction Corrected? Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 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 (f) (b) Loan to Approved (g)Written (e) In (a) Name of interested person and or from the (c)O riginal (d)Balance due default? by board or agreement? organization? purpose principal amount committee? Yes From No Yes Yes No (1) Eugene Elina MD Χ 65,000 65,000 Nο Yes Yes (2) Sukumar Puvrela MD Χ 67,200 67,200 Νo Yes Yes . . . . . . . . . . . . . 132,200 Part IIII Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c) A mount of grant or type of assistance and the organization

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	ween interested (c) A mount of (d) Description of tran		(e) Sharing of organization' revenues?	
	organization			Yes	No
(1) Barley Snyder LLC	Partner Lobach	212,916	Provides Legal Serv WSH		No
(2) Brenda Sıngal	Family Mem Singal	152,264	Employee of WMG		No
(3) David Zelis	Family Mem Salter	238,191	Employee of WMG		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 (Form 990 or 990-EZ) 2011

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SCHEDULE O

As Filed Data -

DLN: 93493133033293

OMB No 1545-0047

**ZUII** Open to Public

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization WELLSPAN MEDICAL GROUP	Employer identifi	cation number
	23-2730785	

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

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Compensation Committee of WellSpan Health is responsible for rewarding and reinforcing key executives for the achievement of annual and long-term performance objectives. The Compensation Committee shall consist of not more than six (6) persons, of whom two (2) shall be the Chairman and Vice Chairman of the Board of the Corporation, and the remaining members shall be such other persons as may be appointed by the Chairman of the Board of the Corporation, with the approval of the Board of Directors, provided, however, that the Compensation Committee shall not include any persons who are employed by the System The Chairman of the Board of Gettysburg Hospital shall participate. The role of the Compensation Committee is to set the Executive Compensation Philosophy for the system and ensure adherence, evaluate performance and establish compensation for the WellSpan President, evaluate team performance of the executive team and establish awards, review and approve senior executive base salary ranges, and oversee employed physician compensation programs. The Committee will approve salary ranges for each executive position and review incumbent salaries annually. The Committee will approve salary ranges for each executive position and review incumbent salaries annually. The Committee will be responsible for reviewing the President's salary each year, and if warranted, authorizing an adjustment to maintain competitiveness. The President's salary adjustments for subordinate positions. The Committee is responsible for approving and authorizing payment of the performance awards. The Committee will approve and authorize payment of the President's performance awards. Integrated Healthcare Strategies, Inc., based in Minneapolis Minnesota is the external consultant to the committee. This consultant focuses exclusively on executive and physician compensation review process consists of the following. 1) Cash compensation reviewed annually. 2) Cash compensation reviewed by external consultant bennially. 3) external total compens

ldentifier	Return Reference	Explanation
· '	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Officers, directors, and key employees fill out a WellSpan Health Conflict of Interest Disclosure Statement questionaire annually. The questionaire is administered by the Internal Audit Department of WellSpan Health, the Parent Company There shall be full disclosure by any Director having a business or personal interest or relationship which may be in conflict with the interests of the Corporation. After such disclosure the Director shall abide by the determination of the Board of Directors as to whether a conflict exists, the extent to which, if at all, the Director will be permitted to be present during the Board of Directors' discussion of the matter in which the Director may be interested, and whether the Director will be permitted to participate in such discussion and cast a vote in such matter.

ldentifier	Return Reference	Explanation
•	Form 990, Part VI, Line 11 Form 990 Review Process	Management provided an electronic copy of the form 990 to each voting member of the organization's governing body, prior to its filing with the IRS. The organization's finance management team provided a presentation to the Audit Committee on the organization's 990 return

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 7b	Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	The Member of the Corporation shall meet at any place, date, and time designated by the Member, for the transaction of the general business of the Corporation. Action of the Member shall generally be taken by a written consent in lieu of a meeting. Any action which may be taken at a meeting of the Member may be taken without a meeting if a consent or consents in writing, setting forth the action so taken, shall be signed by the Member and filed with the Secretary of the Corporation.

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

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

ldentifier	Return Reference	Explanation
		Client Note 1 - WeilSpan Health - 2012 Community Benefit ReportWeilSpan Health includes. W eilSpan Gettysburg Hospital o WeilSpan York Hospital o WeilSpan Surgery and Rehabilitation Hospital o Apple Hill Surgical Center o VNA Home Health to WeilSpan Hospital o SQUTH CENTRAL Preferred or WeilSpan Farmancy o Gettysburg Hospital Foundation o York Health Found atton o York Provider NetworkWeilSpan Health's Charitable, Non-Profit Mission Workinga and Health Community and the provider NetworkWeilSpan Health's Charitable, Non-Profit Mission Workinga and each to mean the mount of York Provider NetworkWeilSpan Health's Charitable, Non-Profit Mission Workinga and the Health Care needs and working the Health Schrift WeilSpan and Health Care needs and working with physicians, community leaders and area residents to establish services and programs where people live, work and play By offering a vast array of inpatient, outpatient, home health and physician services and by partnering with other organizations and community physicians, we make it possible for people too find and access the health services that they need, without having to travel the mome By ossible for people too find and access the health services that they need, without having to travel the mome By ossible for people too find and access the health services that they need and the physicians, we make it possible for people to did and access the health services that they need and they apply apply applying the provided and they apply applying they applying they applying they applying they applying they apply applying they a

ldentifier	Return Reference	Explanation
		surance Our progress "22,763 primary care visits"18,670 obstetrics and gynecology visitso Thomas Hart Family Practice Center, which is staffed by resident and faculty physicians at WellSpan York Hospital and provides acute, chronic, preventive and obstetric care. The program benefits adults and children, many of whom lack sufficient health insurance. Our progress "26,499 visitso Family Firist Health's Gettysburg Center, a federally qualified community health center that WellSpan supports to provide medical and dental services in Adams C ounty. This program benefits underserved adults and children of Adams County, including those with Center that WellSpan supports to provide medical and dental services in Adams C ounty. This program benefits underserved adults and children of Adams County, including those with Medical Our progress." Actively supported the start-up of the center and its ability to attract 5,643 patients during the plast year. "Family First Health Center in Gettysburg began providing dental care to patients who are uninsured and those with MedicaidoThe George W. T. Bentzel, DDS Dental Center, which is staffed by licensed dentists and residents from the WellSpan York Hospital Dental Residency Program. This program benefits adults and children, many of whom lack sufficient dental insurance. Our progress "14,325 outpatient visitso-Hoodner Dental Center program that is supports individuals who lack sufficient dental insurance and who qualify for Medical As sistance or the Healthy York Network. Our progress "6,191 visits-Healthy CommunitiesAt Well Span, we wholeheartedly agree with the World Health Organization's assessment that health is "a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity." And we recognize the dangers and issues facing a community that can not achieve this level of health To help our communities become healthy places to live, wo rk and play, we are constantly planning for the future, developing partnerships, building community a

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(Form 990)

# **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.

2011

DLN: 93493133033293

Open to Public

Department of the Treasury Internal Revenue Service

internal Revenue Service								эрсско	
Name of the organization WELLSPAN MEDICAL GROUP							lentification number		
			1.10.4			23-273078	35		
Part I Identification	n of Disregarded Entities (Complete	if the organizatio	n answered "Yes"	on Form 990, Pa	art IV, I	ine 33.)			
Name, address, ar	(a) nd EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		<b>(e</b> End-of-ye	ear assets	<b>(f)</b> Direct controlling entity		
-									
	n of Related Tax-Exempt Organizared tax-exempt organizations during the		I If the organization	answered "Yes"	on Fori	m 990, Pa	art IV, line 34 becaus	se it had	one
Name, address, and	(a) EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section		(e) charity status on 501(c)(3))		Section 5 cont	( <b>g)</b> 512(b)(13 trolled nization
G. Alli. 18 : T.II								Yes	No
See Additional Data Table									
For Privacy Act and Paperwor	k Reduction Act Notice, see the Instructions	for Form 990.	Cat No 50	0135Y			Schedule R (F	Form 990'	2011

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.)

	e it had one of more		- organizations tre	acea as a partito	omp daring the	,,					
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?  Yes No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	ral or iging	<b>(k)</b> Percentage ownership
(1) Community Healthcare Imaging Partners  PO Box 2767 York, PA 174052767 23-2444154	MRI Center	PA	NA				No			No	
(2) Cherry Tree Cancer Center LLP PO Box 2767 York, PA 174052767 23-2915628	Radiation	PA	NA				No			No	
(3) Littlestown Health Care Partners 300 West King Street Littlestown, PA 17340 23-2880464	Lease facıl	PA	NA				No			No	
(4) Q-WH LLC PO Box 2767 York, PA 174052767 20-8226561	GP of CHIP	PA	NA				No			No	
(5) Central PA Alliance Laboratories LLC PO Box 2767 York, PA 174052767 23-2910950	Ref Lab	PA	NA				No			No	
(6) Apple Hill Surgical Center Partners PO Box 2767 York, PA 174052767 23-2489452	Surgical Cn	PA	NA				No			No	

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership
(1) York Provider Network PO Box 2767 York, PA 174052767 23-2907828	Coord managed care risk contract	PA	NA	C Corp			
(2) York Health Plan PO Box 2767 York, PA 174052767 23-2664989	Preferred Provider Organization	PA	NA	C Corp			
(3) Wellspan Reciprocal Risk Retention Group PO Box 2767 York, PA 174052767 20-0048457	Risk Retention Group	PA	NA	C Corp	1,071,388	3,429,848	15 260 %
(4) Wellspan Pharmacy Inc PO Box 2767 York, PA 174052767 23-2374072	Dispenses Rx & provides IV therapy	PA	C Corp				

Pai	Transactions With Related Organizations (Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35, 3	35A, or 36.)			
	<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No	
<b>1</b> Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organ	nizations listed in Parts	s II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			<b>1</b> a		No	
b	Gift, grant, or capital contribution to related organization(s)			1b		No	
С	c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s)						
d	d Loans or loan guarantees to or for related organization(s)						
е	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)			<b>1</b> g	Yes		
h	Exchange of assets with related organization(s)			1h		No	
i	Lease of facilities, equipment, or other assets to related organization(s)			1i		No	
j	Lease of facilities, equipment, or other assets from related organization(s)			<b>1</b> j	Yes		
k	Performance of services or membership or fundraising solicitations for related organization(s)			1k	Yes		
I	Performance of services or membership or fundraising solicitations by related organization(s)			11	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			10	Yes		
p	Reimbursement paid by related organization(s) for expenses			1p		No	
q	Other transfer of cash or property to related organization(s)			<b>1</b> q		No	
r	O ther 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, in	ncluding covered relati	onships and transact	cion thresholds			
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determing Involved		ount	
1)							
2)							
3)							
4)							
5)							
(6)						·	

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	<b>(k)</b> 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

Schedule R (Form 990) 2011

**Software ID:** 11000144 **Software Version:** 2011v1.5 **EIN:** 23-2730785

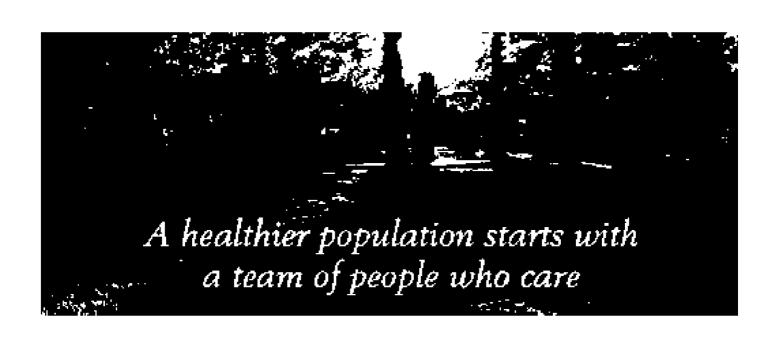
Name: WELLSPAN MEDICAL GROUP

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

Form 990, Schedule R, Part II -	Identification of R	elated Tax-	Exempt Orga	nizations		1
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	<b>(f)</b> Direct Controlling Entity	g Section 512 (b)(13) controlled organization
Wellspan Properties Inc						
PO Box 2767 York, PA 174052767 22-2842252	Leases facilities to affiliates	РА	501(c) (3)	11 Type 1	NA	No
WellSpan Specialty Services  PO Box 2767 York, PA 174052767 23-2899911	Mgmt hospice/home health	PA	501(c) (3)	11 Type 1	NA	No
York Hospital PO Box 2767 York, PA 174052767 23-1352222	Community teaching hospital	PA	501(c) (3)	3	NA	No
York Health Foundation  PO Box 2767  York, PA 174052767 23-3050192	Charitable contributions for Wellspan entities	PA	501(c) (3)	11 Type 3	NA	No
Wellspan Health Care Services  PO Box 2767 York, PA 174052767 23-2400237	Health-related activitiesin the service area	РА	501(c) (3)	11 Type 1	NA	No
Wellspan Health PO Box 2767 York, PA 174052767 22-2517863	Integrated Health System	РА	501(c) (3)	11 Type 1	NA	No
VNA Home Health Services  PO Box 2767  York, PA 174052767 23-1352573	Home health and hospice care services	РА	501(c) (3)	9	NA	No
VNA Community Services PO Box 2767 York, PA 174052767 23-2338591	Home personal care services for elderly and disabled	PA	501(c) (3)	9	NA	No
Healthy Community Pharmacy Inc PO Box 2767 York, PA 174052767 20-0519121	Reduced rate prescription drugs	PA	501(c) (3)	11 Type 1	NA	No
Gettysburg Hospital Foundation PO Box 2767 York, PA 174052767 23-2251358	Fundraising for Gettysburg Hospital	PA	501(c) (3)	11 Type 1	NA	No
Gettysburg Hospital  PO Box 2767  York, PA 174052767 23-1352220	Health Care Services	PA	501(c) (3)	3	NA	No
Apple Hill Surgical Center Inc  PO Box 2767 York, PA 174052767 22-2842253	Sole GP in limited pntrshp operating surgical center	PA	501(c) (3)	9	NA	No



# 2012 Community Benefit Report





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# How We Help



# **Every member of our community deserves** the care they need

t WellSpan, it is our core belief that accessible health care is one of the keys to a healthy community. Yet, in York and Adams counties, there are nearly 40,000 individuals who live without adequate health insurance.

This community health problem cannot be ignored and requires careful planning and forethought. Fortunately, WellSpan has done both

We take measures to care for those who have no insurance and are unable to pay We offer discounted care to individuals whose income falls within 300 percent of federal poverty guidelines Additionally, all uninsured patients, regardless of whether they qualify for charity care, receive discounts similar to those offered by private insurance companies. We offer free care to patients who participate in our charity care program.

Together with our community partners, we support programs to take basic primary care and other services into urban and rural communities, improve access to oral health care and help people establish a "medical home" with a primary care physician

# How We Help

## Connecting dentists with those in need



or struggling families who lack insurance,
dental care typically ranks pretty low on the
list of priorities. In rural areas where dentists
are scarce, finding affordable dental care may seem
nearly impossible

It's a problem all too familiar to Kathy Gaskin, the executive director of Healthy Adams County

"In Adams County, we definitely have a shortage of dentists especially dentists who accept Medicaid patients," Gaskin explained "We were having a huge issue with dental care access for people with Medicaid or no insurance"

To address the problem, WellSpan partnered with Family First Health, a nonprofit, federally funded community health center. In June 2012, with the funding by a WellSpan grant, Family First Health opened a state-of-the-art dental facility in Gettysburg.

Family First Health accepts all forms of insurance, including Medicard, and offers discounts to uninsured patients based on their family size and income

"We provide comprehensive dentistry," said Jenny Englerth, executive director of Family First Health "We do everything from cleanings and hygiene services to fillings and crowns root canals extractions bridges dentures and even emergency care"

The dental center treated 500 people in its first 90 days A third of those patients were young children

"We've set up our services around seeing children at an early an age as possible," Englerth explained "That's in conjunction with the change in guidelines from the American Academy of Pediatrics about when to start accessing dental care for your child"

She said that some nine and 10 year-olds are coming into the center for the first dental visit of their lives.

The center's primary dentist, Joseph Mountain, DMD, said that many of his young patients are contending with more than just economic barriers. They may have an unstable family life, no transportation, or parents who don't speak English.

"These patients are our most vulnerable," he said

Mountain spoke of a young mother who brought her two-year-old daughter, seeking to learn proper dental care for the child. The woman had missing teeth, and those that remained were discolored and pocked with cavities. She said it was too late for her, but she hoped her daughter could avoid the same pain and social stigma she had endured.

"Until this point, I don't think she realized she could also be seen at our facility," Mountain said "I told her it is never too late, and she should set up a newpatient exam with us She left here ecstatic"

WellSpan Health has worked to provide greater access to dental care for underserved and uninsured people in Adams County for several years. The dental services now available through the Family First Health Dental Center represent the efforts of long-standing community organizations and committed individuals.

# How We Help

In 2012, WellSpan Health provided over \$100 million in care for the uninsured and underinsured



### The net cost of care provided in 2012:

## **Charity Care:**

\$20 2 million in free care to patients who participated in our charity care program

### **Medicare:**

\$64 8 million in cost greater than what was paid by Medicare

### Medicaid:

\$58 8 million in cost greater than what was paid by Medicaid

### **Uncompensated Care:**

\$26 2 million in services to patients who received care for which they did not pay and who did not participate in the charity care program

## **Community Education and Outreach:**

\$6 million in free community education and outreach to children and at-risk groups

# Medical, Dental and Pharmaceutical Care:

\$13.2 million to support services that provided discounted medical, dental and pharmaceutical care to people in need

# **How We Help**

# **Programs for the uninsured that WellSpan supported in 2012**



Initiatives we support	Who benefits?	Our progress in 2012
HealthConnect, a mobile health care program that provides basic primary care services and helps individuals find a medical home	Individuals who lack sufficient health insurance	1,312 visits 973 new patients 137 referrals to a primary care physician
Healthy York Network and Healthy Community Pharmacy, a collaborative effort that facilitates access to discounted health care services and prescription medication	Individuals who lack sufficient health insurance	\$33 million of care provided to more than 8,309 members 9,117 new members enrolled 52,234 prescriptions filled
Community Health Workers, who help people navigate the health care system, enroll in public assistance programs and implement health outreach programs	Individuals who lack sufficient health insurance and people of disparate populations	372 individuals were assisted with access to healthcare and enrollment in health assistance programs such as Healthy York Network
Family First Health's Hannah Penn Health Center, a partnership of WellSpan York Hospital, Family First Health and the City of York School District	Underserved adults and children, including those who lack sufficient health insurance and those with Medicaid	3,658 acute and preventive medical visits 1,620 dental visits in calendar year 2011
WellSpan York Hospital Community Health Center, which provides primary care services, women's health care, HIV care and pediatric care for medically complex conditions	Adults and children who lack sufficient health insurance	22,763 primary care visits and 18,670 obstetrics and gynecology visits

Initiatives we support	Who benefits?	Our progress in 2012		
Thomas Hart Family Practice Center, which is staffed by resident and faculty physicians at WellSpan York Hospital and provides acute, chronic, preventive and obstetric care	Adults and children, many of whom lack sufficient health insurance	26,499 visits		
Family First Health's Gettysburg Center, a federally qualified community health center that WellSpan supports to provide medical	Underserved adults and children of Adams County,	Actively supported the start-up of the center and its ability to attract 5,643 patients during the past year		
and dental services in Adams County	including those who lack sufficient health insurance and those with Medicaid	Family First Health Center in Gettysburg began providing dental care to patients who are uninsured and those with Medicaid		
The George W T Bentzel, DDS Dental Center, which is staffed by licensed dentists and residents from the WellSpan York Hospital Dental Residency Program	Adults and children, many of whom lack sufficient dental insurance	14,325 outpatient visits		
Hoodner Dental Center	Individuals who lack sufficient dental insurance and who qualify for Medical Assistance or the Healthy York Network	6,191 visits		

# **Healthy Communities**

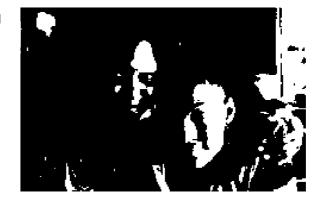


# Collaboration is vital to making an impact on our community health

t Well Span, we wholeheartedly agree with the World Health Organization's assessment that health is "a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity" And we recognize the dangers and issues facing a community that cannot achieve this level of health

To help our communities become healthy places to live, work and play, we

are constantly planning for the future, developing partnerships, building community assets, engaging citizens, and sponsoring initiatives. Our efforts are broad based and wide reaching, but so is the need. We believe that our progress, on all fronts, continues to make a difference.





# Matching community priorities with actions

In order to gauge the community's needs regarding health and human services, WellSpan Health, Healthy York County Coalition, Healthy Adams County, along with several partnering organizations collaborated to conduct a comprehensive community health assessment survey of people living in York and Adams counties

A community health assessment of the region is completed every three years. The results are used by both county health coalitions and area healthcare providers to plan programming and identify emerging needs and issues.

The results of the 2012 assessment produced several notable observations and findings that will serve as strategic planning objectives for area community health organizations over the next few years Findings from this year's survey include

 A dams and York counties are growing in population and also getting older

- One-in-five residents in both York and Adams counties have been diagnosed with a depressive or anxiety disorder
- Adams and York counties have significant numbers of overweight or obese individuals and a majority of people who have low rates of regular exercise
- Poverty rates are rising in both counties. The rates are most pronounced in York City, where 37 percent of residents live in poverty
- Health disparities data show that poverty and age are significantly associated with differential outcomes related to access, health conditions and prevention behaviors
- Only three to four percent of people in the region are eating three servings of vegetables a day
- Area residents are spending more time commuting to work compared to 10 years ago.

In June, Healthy Adams County and the Healthy York County Coalition shared the assessment findings with key community stakeholders. Individuals representing area social services, health care, education and government attended the events to establish dialogue and share insights on the assessment findings.

"We saw some new faces at this year's health assessment forum and that's encouraging because that translates into new ideas and energy," said Kathy Gaskin, executive director, Healthy Adams County "Everyone was engaged in the issues. There was a lot of discussion and that will lead to creating better solutions to answer community needs."

Based on the 2012 assessment, Healthy York County Coalition established six priority areas. They are obesity, tobacco use, depression, workplace wellness, prenatal care and reaching out to those who avoid obtaining health care because of costs

Healthy Adams County determined four priorities obesity, depression, dental access and health literacy

Robin Rohrbaugh, executive director of Healthy York County Coalition, believes York and Adams counties share many similar priorities and that it will help in coordinating strategic planning sessions between the two counties

"In most cases, the coalitions will be able to link the identified priorities to existing work groups," Rohrbaugh said "We aren't starting from scratch in overcoming these identified challenges"

In addition to their own efforts, the coalitions have been working closely with WellSpan's Community Benefit Council to coordinate efforts in identifying the top priorities and establishing action plans for each hospital in the WellSpan system

# 2012 Adams & York County Community Health Assessment Partners:

Adams-Hanover Counseling Services

Collaborating for Youth

Family First Health

Gettysburg College

Hanover Hospital

Healthy Adams County

Healthy York County Coalition

Memorial Hospital

United Way organizations of Adams and York counties

WellSpan Health

York City Bureau of Health

York College

York County Community Foundation

To see the full 2012 community health assessment report with results from both York and Adams counties, visit www.healthyadamscounty.org or www.healthyyork.com.



# **Healthy Communities**

# Community health initiatives WellSpan supported in 2012

Initiatives we support	Issues they address	Our progress in 2012
Healthy Adams County, a partnership of community members dedicated to continuing assessment, development and promotion of efforts toward improving physical, mental and social well-being	Health literacy, healthy lifestyles, oral health, quality health care for the chronically ill, school wellness	The sixth annual Adams County Health Summit, which included nearly 100 health and human services professionals and community residents  Partnered with PA Dept of Conservation and Natural Resources and the South Mountain Partnership to plan a regional health summit in September 2012
Healthy York County Coalition, an ongoing, independent collaborative effort dedicated to improving the health and wellness of York County	Health literacy, healthy lifestyles, oral health, quality health care for the chronically ill, school wellness	The GO Explore the World! program promoted municipal, county and state parks in York County as places for children and families to be physically active More than 10,818 passports were distributed
Reach Out and Read	Early childhood literacy	5,488 books distributed to children ages six months to five years
SAFE, teams of specially trained Emergency Department nurses at WellSpan York Hospital and WellSpan Gettysburg Hospital who treat victims of sexual assault while simultaneously gathering evidence of a crime	Domestic violence and child abuse	Provided care to more than 400 patients
Volunteerism on local non- profit boards, with schools and in youth activities	Quality of life across south central Pennsylvania	WellSpan Health employees supported local organizations through volunteerism

Initiatives we support	Issues they address	Our progress in 2012
Community Partnership Grants	Health and quality of life across south central	\$238,900 provided to support York and Adams Counties Community Health
	Pennsylvania	Assessment
		YorkCounts/York County Youth Development Center
		National Alliance on Mental Illness (NAMI-York County)
		YMCA of York County
		Adams Food Policy Council/The Center for Public Service, Gettysburg College
		Garden Club of York Basket of York Endowment
		York Day Nursery, Inc
		Healthy York County Coalition
Community sponsorships	Health and quality of	\$545,000 in sponsorships to area organizations
	life across south central Pennsylvania	and contributions to local government and school districts
Outreach to the Latino	Childhood obesity, early	Prenatal care resources for over 102 Latino women
population	prenatal care, Latino health	in their first timester of pregnancy, including a Latino Health Educator
		Health education resources, referrals and guidance provided to over 300 Latino community members regarding access to care, diabetes prevention and management, and cardiovascular health

# **Lifelong Wellness**

# Sometimes healthier living starts with simple behavior changes



t Well Span, we recognize that unhealthy behaviors can wreak havoc on an individual, a family and an entire community. We also recognize that simple behavior changes and access to the right information can make all the difference in promoting lifelong wellness. That's why we create, support and contribute to numerous programs designed to lay the groundwork for healthier living.



# **Lifelong Wellness**

## "Get Fit! Have Fun!" helps kids combat childhood obesity



t wasn't unusual this past summer to see kids showing up 45 minutes early for the weekly "Get Fit! Have Fun!" program that was run by the WellSpan York Hospital Family Medicine residents every Tuesday in the Salem Square neighborhood in York

"The kids were very excited," said Gordon Zubrod, M D, associate program director, WellSpan York Hospital Family Medicine Residency "They looked forward to coming every week, and they had fun"

"Get Fit! Have Fun!" was designed to combat childhood obesity. It was funded by a \$17,000 grant from the American Academy of Family Physicians. The program started in March and ran through October.

Weekly activities featured four stations, where kids ages four to 14, spend 15 minutes at each. The stations included an obstacle course, a relay race, some type of game and a sports activity such as soccer or football.

Activities were held at the St Paul E C Church WellSpan York Hospital Family Medicine residents and community volunteers helped coordinate the events

Zubrod said the goal of "Get Fit! Have Fun!" is to reach children early and help them become active and adopt healthy habits

"Childhood obesity is an epidemic," said Zubrod "Thirty-five percent of our children at Thomas Hart Family Practice are overweight or obese "Obesity cames many consequences," he added "Obese children are less likely to graduate from high school, report more trouble making friends and are more likely to end up on disability."

At age five, an obese child has 25 percent of continuing to be obese. At age 15, however, the chance increases to 75 percent, according to Zubrod

At the beginning of the program, children had their baseline height and weight recorded and completed a health survey. The process was repeated at the conclusion of the program.

"It's encouraging to see how enthus astic the kids are," offered Zubrod "We're very satisfied with the number of kids who participated (25 to 30)"

Zubrod said Family Medicine residents used their experience from an earlier child obesity program to try to eliminate barners of costs, transportation, parental consent and sustainability

"This was really a neighborhood project," said Zubrod "We partnered with St. Paul E.C. Church and the Salem Square Neighborhood Association A project like this not only benefits children, but it strengthened the community by building pride and increasing involvement"

WellSpan believes that encouraging behavior changes and providing access to health care information that we can make a difference in promoting lifelong wellness—both individually and collectively for the people we serve



# **Lifelong Wellness**

# Initiatives WellSpan supported in 2012 that promote lifelong wellness

Initiatives we support	Our progress in 2012
Adams County Young Women's/Young Men's Annual 7th Grade Leadership Conference	More than 1,275 attended, topics included Internet safety, respect, healthy body image, stress management, movement, healthy choices and relationships, nutrition, careers, goal setting and leadership skills
The York County Young Women's Leadership Conference	More than 1,100 seventh-grade girls attended, topics included social hierarchies and teen relationships, gender aggression, stress management, healthy body image and goal setting
Inpatient and outpatient tobacco education and cessation at WellSpan York Hospital and WellSpan Gettysburg Hospital	More than 4,310 youth, children and adults participated
Growing Healthy programs to encourage healthy eating and physical activity among young people and adults	Trained 41 early childhood providers at three sites in York and Adams counties to use curriculum that promotes healthy eating and activity for an estimated 600 preschool students and their families
	Distributed more than 250,000 educational materials to 10 primary care practices regarding pediatric healthy eating and physical activity
	Maintained a three-program weight management series for adults with 162 individuals participating in York and Adams counties
	830 preschoolers received healthy eating and physical activity educational resources through the Growing Healthy Tots program
	Maintained strong partnerships with 11 area middle schools to implement wellness policies that support healthy eating and physical activity, and to provide technical assistance to school faculty and staff

Initiatives we support	Our progress in 2012
SafeKids injury prevention programs for children and parents, and bicycle, car seat, home and pedestnan safety initiatives	675 preschoolers participated in a program about proper hand washing
	443 children participated in home safety community events
	130 preschoolers learned about pedestrian safety
	603 child passenger safety seats were correctly installed
	Participated in launching of Countdown2Drive, a new York County program that reached over 600 students age 13-15 Program promotes safe driving and being a safe passenger, and encourages communication between children and their guardians
Children's Wellness Days, sponsored by the WellSpan York Hospital Auxiliary	More than 1,300 third-grade students from public and private schools attended
Camp Mend-A-Heart, a VNA program for children who have experienced the death of a loved one	23 young people participated
Roads to Freedom, a community initiative in Adams County to create active learning around 150th anniversary of the Battle of Gettysburg	More than 800 journals distributed in program's opening month (June 2012)

# **Chronic Care**

# Life can be better if you're living with a chronic illness



or 125 million Americans, chronic illness is a never-ending problem that in many cases limits their lives, their sense of freedom and joy. Yet, with prevention, education, detection, treatment and care, many of these chronic conditions can be managed and even alleviated. Clearly, a better life is a better plan. To help achieve it, Well Span works with individuals across south central. Pennsylvania and northern Maryland on a variety of services and programs conceived and designed to improve the lives of those with chronic illness.

## Lifting the weight

Mental health medications can make a normal life possible. They lift the mind from the depths of depression, level out disruptive mood swings, and aid in rational decision-making. Well-Span's Healthy Community Pharmacy recently implemented two special programs for community members who are struggling with mental health issues.

The first program targets disorder sufferers who were recently released from York County Prison Clair Doll, the prison's deputy warden for treatment, said that establishing a way for former inmates to receive a temporary supply of their mental health medication can help prevent recidivism

"We wanted to provide 30 days of medication, in order to bridge the gap between when they are released and when they can get in to see a psychiatrist," Doll said "Our probation officers have said this is very helpful, since access to medication can be a stumbling block"

Prior to releasing a prisoner, Doll's office faxes a 30-day voucher to the Healthy Community Pharmacy When prisoners arrive to pick it up, the pharmacists offer them additional services

"We can connect them with a family doctor or a mental health doctor, and we can get them enrolled in Healthy York Network if they don't have any health insurance," said Healthy Community Pharmacy Manager Trisha Rudisill, Pharm D

The Healthy Community Pharmacy has filled more than 700 prisoner prescriptions since the program began in 2010 RudisII said that the pharmacy gives York County Prison a discount, and Doll noted that the prescriptions cost taxpayers nothing, since they are paid for with proceeds from inmate purchases at the prison's commissary

The second program began in spring 2012 and benefits patients of WellSpan Behavioral Health who are having trouble purchasing their medications or using them properly

"We reach out to drug companies and try to obtain free medication for patients who are uninsured and can't afford their brand-name mental health prescriptions, which can be very expensive," Rudisll said



Pharmacists also travel to a Behavioral Health Services clinic to consult with patients about any difficulties they may be experiencing with their medications Rudisill gave the example of a young woman she met recently who was slouching and slurring her speech

"After speaking with her and her father, and reviewing her chart, I discovered a problem with her medications due to kidney dysfunction," Rudisill explained "I made a re-dosing recommendation to her doctors, and within a week her normal day-to-day functioning had improved"

The Healthy Community Pharmacy, located at 116S GeorgeStreet in York, remains prepared to help the underserved of the community get the medications they need

Healthy Community Pharmacy is a program of Healthy York Network's community effort to address the growing needs and concerns of people who are uninsured and underinsured in Adams and York counties



# **Chronic Care**

# Chronic Care initiatives that WellSpan supported in 2012

Initiatives we support	Our progress in 2012
Aligning Forces for Quality (AF4Q), a community collaborative funded by the Robert Wood Johnson Foundation that engages leaders, consumers, physicians, nurses, employers and insurers to improve the quality of care for the chronically ill AF4Q is a program of the Healthy York County Coalition	24 primary care physician practices participated in the one-year Patient Centered Medical Home collaborative and joined the Enduring Learning Forum to continue their improvement efforts, one of which is the reduction of emergency department visits
	Trained and supported Patient Partners working side by side with quality improvement teams in 20 primary care practices, helping them to become more patient centered
	Helped foster the development of a business council on health and a Wellness Incorporated Event in September 2011
Free lifestyle consultations to adults and children at the WellSpan York Hospital Community Health Center	WellSpan Community Health Improvement staff had nearly 120 one-on-one counseling interactions with 78 adult and pediatric patients of the WellSpan York Hospital Community Health Staff Center During sessions, patients were educated on healthy eating and physical activity behaviors, and developed action plans, which link goals with cultural background, socioeconomic status, motives and values of the patient
	A Latino health educator reached 60 Spanish-speaking community members and provided one-on-one counseling
For Heart's Sake, an outreach initiative for uninsured and underinsured African-Americans residing in York City	58 African-Americans participated in a 10-week Zumba program offered in York City church Participants lost a total of 217 pounds over the ten-week period
A diabetes prevention program, designed to educate sixth and eighth grade students on how to reduce their risk of developing type 2 diabetes by making healthy food choices and staying physically active	1,617 students in five schools in Adams and York counties
Camp Green Zone, a five-day event which teaches children ages 6-12 how to control their asthma	37 young people participated
Community screening programs in Adams County	Screenings such as blood pressure and blood glucose were provided to 3,624 individuals in Adams County at multiple venues

Initiatives we support	Our progress in 2012
Stress Less, a program designed to help adults overcome daily stressors by learning to relax, breathe, and adapt to stress	100 attendees across York and Adams counties in program's initial year
Healthcare Lay Leader Networks developed to provide insight and guidance on culturally appropriate community activities	Lay leader networks comprised of representatives from African-American and Latino communities developed in both York and Adams counties

# Learning & Research

# Care for the next generation of our community starts today



t Well Span, we believe in the power of new ideas new approaches new discoveries and new people That's why we sponsor programs that train the next generation of physicians, nurses and other clinical professionals These programs allow us to stay abreast of new techniques to prevent, detect, diagnose and treat medical problems, and ensure an adequate supply of essential clinicians for the future

# Learning & Research

# WellSpan's York Cancer Center is helping to lead the fight against Breast Cancer

of teaching at Dallastown's Loganville-Springfield Elementary when she was diagnosed with stage 1 breast cancer. Her treatment plan required two surgeries followed by 33 radiation treatments. Prior to beginning radiation, the team at WellSpan's York Cancer Center informed her of her eligibility for a clinical breast trial to determine if radiation therapy is more effective with or without. Herceptin in preventing subsequent occurrences of breast cancer. Allison was selected to be part of the control group for the study.

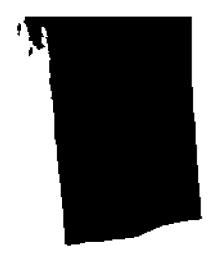
"I think it is great," says Allison "I am thrilled to be part of something that has the potential to advance breast cancer treatment"

As part of the clinical trial, Allison receives check ups and mammograms every six months for five years

"I feel safer because of the regular check ups," remarks Allison "Once you finish radiation, it's like—now what? But being part of this study has allowed me to help advance treatment and get very regular monitoring. I feel safer"

Allison was so grateful for the care that she received at the York Cancer Center that she and a friend started volunteering at WellSpan

"I am so fortunate to be where I am today and be able to give back. I split my time between volunteering in pediatrics and at the cancer center. I just love it. I am blessed."





# Learning & Research

# Learning & Research initiatives that WellSpan supported in 2012

Initiatives we support	Our progress in 2012
Clinical Thals	More than 700 patients participated in the following trial categories breast cancer, prostate cancer, skin cancer, esophageal cancer, colon cancer, lung cancer, cancer of the head and neck, depression in cancer patients receiving radiotherapy, coronary artery disease, coronary artery stents, cardiac arrest, chronic heart disease, seizures in adults and pediatrics, cervical dystonia, facial paralysis, pneumonia, orthopedic treatment and prevention, lung function and pain management
Medical Education	More than 675 residents, visiting medical students and visiting residents cared for patients who don't have a primary care physician. These professionals provide outreach and education for the community, and they often stay in our community long after their training is complete.
	WellSpan York Hospital actively participated in training for nurses and allied health professionals, including clinical pastoral care, pharmacy residencies and internships, clinical laboratory science, nurse anesthetists, respiratory care, radiography, nuclear medicine technology and continuing education for emergency medical service personnel

# **Generous Supporters**

rom board members ■ to hospital greeters to hospice aides, community members have for more than a century served WellSpan Likewise thousands of individuals and businesses have advanced WellSpan Health's mission with financial contributions to its two local foundations Our community's continued generosity supports our charitable mission of service and enables Well Span to continue to prepare and plan for our region's future well-being



## **Gettysburg Hospital Foundation**

In fiscal year 2012, Gettysburg Hospital Foundation participated in securing donations grants and bequests totaling \$713,565 \$289,894 of these gifts came from individuals in surrounding communities \$302,131 came from corporate grants \$25,374 came from bequests and an additional \$96,166 was generated by special events. The generous contributions of our donors were directed toward an array of health services and programs including the WellSpan Gettysburg Hospital Emergency Preparedness program, Cancer Patient Help Fund, Children's Health Fund and WellSpan's HealthConnect mobile healthcare van

### York Health Foundation

The York Health Foundation is a community-based, non-profit organization dedicated to improving the health of the local community by generating charitable contributions for the York-based entities

of WellSpan Health The philanthropy of our community makes possible an extraordinary level of support to those who are most in need of WellSpan medical services and ensures that WellSpan York Hospital, as well as the many specialty and critical care services offered by WellSpan, remain strong

community resources, able to provide the highest level of health care

In fiscal year 2012, the foundation raised \$4,225,279

- \$2,040,886 for WellSpan York Hospital
- \$383,789 for WellSpan VNA Home Care
- \$1,167,897 for WellSpan Health
- \$632,707 for a wide variety of medical care, community health and education and outreach activities
- Significant support for community health programs, medical research, training and scholarships, patient assistance, special projects and unrestricted support

In fiscal year 2012, the funds raised by the York Health Foundation

- Funded patient assistance through the Cancer Patient Help Fund, Joe Jerardi Fund, and Dialysis Patient Help Fund, providing critical support for rent, food, transportation, and utilities for financially qualified patients over and above any charity care provided to them
- Sustained critical community health programs through the KidsFirst Campaign, whose volunteers raised over \$160,000 to support the health needs of children in our community
- Created a Parent Overnight Room at WellSpan York Hospital's Neo-Natal Intensive Care Unit allowing parents whose newborn is in our Level III NICU to stay overnight to be close to their child
- Provided financial support for nursing scholarships and continuing education for clinical staff at WellSpan York Hospital and across WellSpan
- Promoted community health and wellness, provided outreach and education, and helped give free screenings through WellSpan's Community Health Improvement efforts
- Funded the operation of WellSpan York Hospital Community Health Clinic, the Hoodner and Bentzel Dental Clinics, Healthy York Network, Healthy Community Pharmacy and the HealthConnect mobile healthcare van

# York Hospital Auxiliary and the Gettysburg Hospital Auxiliary

WellSpan Health gratefully acknowledges the generosity and commitment of active auxiliaries

at WellSpan Gettysburg Hospital and WellSpan York Hospital They continue to support their organizations' missions through innovative programs, preventive health education, community partnerships and fundraising

In fiscal year 2012, Gettysburg Hospital Auxiliary completed a \$99,000 pledge made towards the Care Path Campaign in support of patient-centered facility improvements within WellSpan Gettysburg Hospital

In fiscal year 2012, the York Hospital Auxiliary raised over \$66,000 at the Book Nook Bonanza to assist Camp Green Zone and equipment needs at the WellSpan Surgery and Rehabilitation Hospital It also sponsored the 31st annual Children's Wellness Days with more than 1,300 York County third graders in attendance. The Auxiliary awarded over \$89,000 to WellSpan Health for programs and equipment in York County, including education classes for the WellSpan York Hospital Community Health Center, work benches for the Parkinson's program and sleep sacks for Newborn Medicine These funds also supported Camp Green Zone, the Kids First Campaign, and two scholarships to teen volunteers pursuing careers in the medical field Because of the York Hospital Auxiliary's innovative programs it was a finalist for the Pennsylvania Association of Hospital Auxiliaries Most Creative Event Award

### **Volunteerism**

In fiscal year 2012, approximately 1,652 individuals volunteered a total of 139,000 hours of service at WellSpan facilities across York and Adams counties. The value of these volunteer hours totals over \$3,028,000

# 2012 WellSpan Stats and Achievements

### Who We Are

t WellSpan Health, we are proud to be part of the communities of Central Pennsylvania. That's why we are committed to understanding local health care needs and working with physicians, community leaders and area residents to establish services and programs where people live, work and play

By offering a vast array of inpatient, outpatient, home health and physician services and by partnering with other organizations and community physicians, we make it possible for people to find and access the health services that they need, without having to travel far from home

By working as one coordinated health care organization, we are transforming care through sophisticated clinical information technology and creating innovative new models as a means to create a high quality, exceptional patient experience

# Our charitable, non-profit mission:

Working as one to improve health through exceptional care for all, lifelong wellness and healthy communities

## Our health system at a glance:

- A valuable community resource that provides more than \$18 million each year in uncompensated medical and outreach services
- More than 9,000 employees, volunteers and physicians
- Highly skilled primary care and specialty

- physicians and providers including more than 500 members of the WellSpan Medical Group
- 35 outpatient health care locations, which offer diagnostic imaging, laboratory, rehabilitation, primary care, retail pharmacy, walk-in health care and other essential services
- A regional home care organization, WellSpan VNA Home Care
- Three respected hospitals WellSpan York Hospital, WellSpan Gettysburg Hospital and the WellSpan Surgery & Rehabilitation Hospital
- Regional referral services in heart and vascular care, oncology, women and children services, orthopedics and spine care, neurosciences and behavioral health
- Partnerships with respected organizations, including Hanover Hospital and Hospice & Community Care (formerly Hospice of Lancaster County), as well as hundreds of private-practice community physicians

### **Achievements**

In fiscal 2012, WellSpan continued its efforts to create a health system that supports the changing needs of individuals and families in south central Pennsylvania and northern Maryland

These efforts have been recognized with the following designations

WellSpan was named a Top 100 Integrated
 Healthcare Network by SDI, a health care data
 and consulting firm in Plymouth Meeting, Pa., for
 the sixth consecutive year and the eighth time in
 the past nine years

- WellSpan was named a Top 25 Most Connected Healthcare Facility by Health Imaging and IT magazine for the sixth consecutive year
- All primary care practices of the WellSpan Medical Group achieved certification by the NCQA as Level I Patient-Centered Medical Homes which are health care settings that facilitate partnerships between patients, their families and their personal physicians
- WellSpan along with Cerner Corporation, a
  healthcare technology company, and Hospira, a
  pharmaceutical and medical delivery company,
  received the Collaboration Award as part of the
  2011 Way Paver Awards In collaboration, the three
  organizations launched the infusion management
  system at WellSpan York Hospital's Medical
  Surgical Intensive Care Unit It was the first of its
  kind in the world
- WellSpan York Hospital's Level 1 Trauma Center was reaccredited for three years
- WellSpan Gettysburg Hospital was recognized as a Top Performer for key quality measures by The Joint Commission
- WellSpan Gettysburg Hospital earned two VHA Achieving Patient Care Excellence (APEX) awards for the prevention of catheter associated blood and urinary tract infections

Well Span enhanced its ability to serve the growing and changing communities of south central Fennsylvania and northern Maryland by

 Recruiting 65 new physicians and 40 nurse practitioners/physician assistants These professionals provide care in areas such as family medicine, internal medicine, obstetrics

- and gynecology, emergency medicine, surgery, neurology, endocrinology, orthopedic surgery and radiology
- Opened the WellSpan Surgery and Rehabilitation Hospital The 73-bed facility is located on the Apple Hill Health Campus It features 48 rehabilitation beds and 25 beds and four operating rooms dedicated to orthopedic and spine care
- Opened a new 19,000-square-foot addition to the WellSpan Gettysburg Hospital Emergency Department
- Improved access to coordinated urgent care of minor illnesses and injuries with the opening of three WellSpan CareExpress locations in York County
- Expanded outpatient physical therapy and rehabilitation services in southern York County with a new location in Shrewsbury
- Opened the WellSpan Midwifery practice in Adams County to support alternative care needs and preferences of expectant mothers

Well Span worked to create an exceptional patient experience by providing care that is safe, timely, equitable, efficient, effective and patient-centered. For example

- WellSpan York Hospital performed its first
   Transcatheter A ortic Valve Replacement (TAVR)
   cardiac procedure, becoming one of three hospitals
   in the state to offer this alternative to open heart
   surgery
- WellSpan York Hospital and WellSpan Gettysburg Hospital developed a urinary catheter removal protocol in an effort to reduce infection rates

- WellSpan developed a standardized approach for providing care for patients with Clostridium difficile (C Difficile)
- WellSpan York Hospital and WellSpan Gettysburg Hospital implemented Smart infusion pump and PCA technology as a means to significantly reduce the opportunity for an infusion-related error
- WellSpan improved and sustained overall hand hygiene compliance among caregivers from 42% to 95%
- WellSpan introduced a new radiation-saving software called iDose that significantly reduces radiation doses without compromising high-quality CT images

WellSpan remained steadfast in its focus on building a healthy community and providing care to all, including the most vulnerable citizens, by

- Continuing to sponsor innovative outreach efforts and providing \$20.2 million in free care and an additional \$26.2 million in services which were not reimbursed
- Providing a safety net of care for uninsured and underinsured individuals through such services as Healthy York Network, Health Connect, WellSpan York Hospital Community Health Center, and WellSpan Medical Group
- Sponsoring both the Adams County Health Summit and the Healthy York County Coalition Health Summit, with both events focused on sharing the findings of the 2012 Community Health Assessment

 Developing a wide range of educational opportunities for today's healthcare professionals while working to prepare the next generation of physicians, nurses and healthcare workers

WellSpan worked to create a more coordinated, efficient and viable health care system by

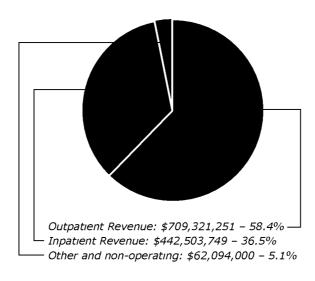
- Continuing to develop an electronic health record as a means to coordinate care among physicians and enhance the patient's ability to access their personal health care information
- Successfully introduced a mobile phone application for patients to access relevant information about WellSpan Health
- Introduced the My WellSpan patient portal to provide access to personal health information Users can obtain lab results, ask questions of providers, request appointments, refill prescriptions and obtain other patient-centered information

# **Statistics**

### **SOURCES OF FUNDS**

\$1,213,919,000

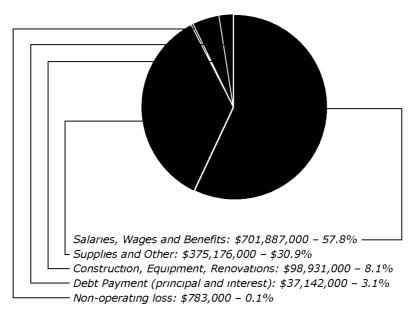
July 1, 2011 through June 30, 2012



### **USE OF FUNDS**

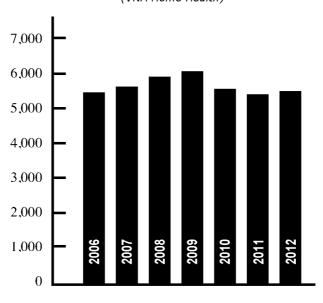
\$1,213,919,000

July 1, 2011 through June 30, 2012



### **TOTAL HOME HEALTH PATIENTS**

(VNA Home Health)

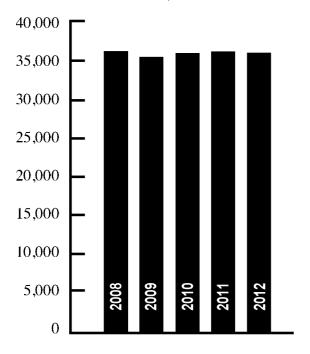


YEAR
2006
2007
2008
2009
2010
2011
2012

### TOTAL HOSPITAL ADMISSIONS

(Gettysburg Hospital, York Hospital and WellSpan Surgery & Rehabilitation Hospital)

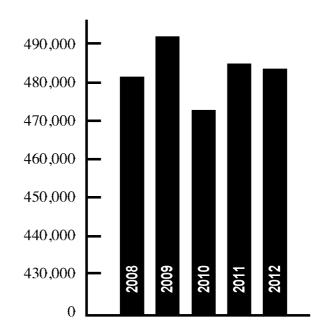
> 2008: 35,973 2009: 35,559 2010: 35,849 2011: 35,968 2012: 35,870



### **TOTAL PRIMARY CARE VISITS**

(WellSpan Medical Group)

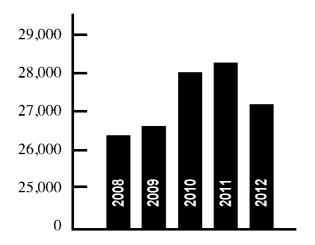
2008. 481,151 2009. 492,765 2010. 472,637 2011. 485,374 2012. 483,443



### **TOTAL SURGERY CASES**

(Gettysburg Hospital, York Hospital, Apple Hill Surgical Center and WellSpan Surgery & Rehabilitation Hospital)

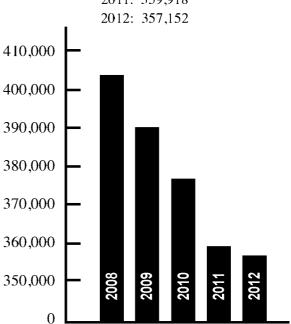
> 2008: 26,328 2009: 26,797 2010: 28,055 2011: 28,244 2012: 27,173

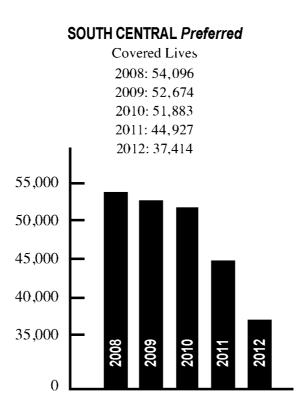


### TOTAL PRESCRIPTIONS

(WellSpan Pharmacy, 6 locations)

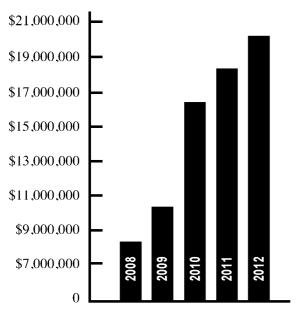
2008: 403,680 2009: 390,063 2010: 378,329 2011: 359,918 2012: 357,152





### FREE CARE\*: CHARITY CARE

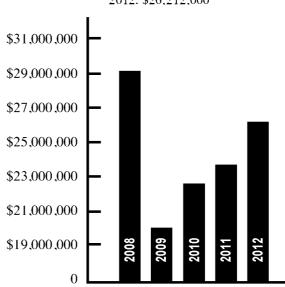
2008. \$8,325,000 2009. \$10,717,000 2010. \$16,867,000 2011. \$18,427,000 2012. \$20,210,000



<sup>1</sup> Charity care is the total cost to provide medical services to those patients who have demonstrated their inability to pay. This is the cost of providing charity care, not the charge associated with that care.

### FREE CARE\*: BAD DEBT

2008. \$29,021,000 2009. \$19,917,000 2010. \$22,851,000 2011. \$23,387,000 2012. \$26,212,000



<sup>4</sup> Bad debt is the total cost of services provided to patients who have not paid their bills and who have demonstrated their inability to pay. This is the cost of providing charity care, not the charge associated with that care

# WellSpan Health Leadership

### WellSpan Health Board

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Wanda Major
William J Scott, III
Megan Shreve
N Daniel Waltersdorff
Emest Waters

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Ken Adams
Sherry Farkas
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Charles H Chodroff, MD
Brad J Cooper, MD
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Lee Maddox, MD
Rajesh Singal, MD
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Peter Brubaker
Wanda Major
Patrick McGannon, MD
Paul Minnich

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William Dannehl, Secretary/Treasurer
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Steve Hovis
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Ronald L Hershner

Robert Iosue

Barbara Linder

Cathy Norns

Richard Sloan, MD

Jacquelyn Summers

Kathy Turkewitz

Laura Wand

### **Management Team**

### Bruce M. Bartels

President

Well Span Health

### Kevin H. Mosser, MD

Executive Vice President & Chief Operating Officer Well Span Health

#### R. Hal Baker, MD

Vice President & Chief Information Officer Well Span Health

### Robert J. Batory

Sr Vice President and Chief Human Resources Officer Well Span Health

#### Charles H. Chodroff, MD

Sr Vice President and Chief Clinical Officer Well Span Health President SOUTH CENTRAL Preferred

#### Michael L. Hamaker

Vice President, Home Care Well Span Health President

Well Span VNA Home Care

#### Richard A. Harley

Vice President, Treasury Management Services Well Span Health

#### Douglas R. Heishman

Vice President, Financial Management & Planning
Well Span Health

#### Jane Hyde

Sr Vice President WellSpan Health President

WellSpan Gettysburg Hospital

### Craig A. Long

Vice President, Facilities Planning & Development WellSpan Health

#### Thomas R. McGann, MD

Sr Vice President, Practice Management WellSpan Health President WellSpan Medical Group

#### Glen D. Moffett, Esq.

Vice President & General Counsel WellSpan Health

### Michael R. "Mick" Murphy

Chief Technology Officer WellSpan Health

#### Keith D. Noll

Sr Vice President WellSpan Health President WellSpan York Hospital

#### Michael F. O'Connor

Sr Vice President, Finance & Chief Financial Officer Well Span Health

#### Maria L. Royce

Sr Vice President, Planning and Community Development WellSpan Health

### Richard L. Seim

Sr Vice President
WellSpan Health
President, WellSpan Specialty Services

#### **Deb Bradley**

Vice President, Ambulatory Services, WellSpan Health

### Astrid Davis, RN

Vice President, Patient Care Services WellSpan York Hospital

#### Joseph H. Edgar

Vice President, Operations Well Span Gettysburg Hospital

### Valerie S. Hardy-Sprenkle, RN

Vice President, Acute Care Nursing Practice Well Span Health

#### Peter M. Hartmann, MD

Vice President, Medical Affairs Well Span York Hospital

### Charles Marley, DO

Vice President, Medical Affairs Well Span Gettysburg Hospital & Well Span Surgery & Rehabilitation Hospital

#### Kris O'Shea, RN

Vice President, Patient Care Services Well Span Gettysburg Hospital Clinical Transformation Officer Well Span Health

#### Raymond Rosen

Vice President, Operations Well Span York Hospital

#### Barbara Yarrish

Chief Operating Officer
Well Span Surgery & Rehabilitation Hospital







