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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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

C Name of organization
GETTYSBURG HOSPITAL FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 2767

City or town, state or country, and ZIP + 4
YORK, PA 17405

D Employer identification number
23-2251358

E Telephone number
(717)851-3055

G Gross receipts $ 1,166,961

F Name and address of principal officer
Bruce Bartels
PO Box 2767
York,PA 174052767

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW WELLSPAN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1983

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The foundation bylaws provide that all funds raised in excess of amounts required for the operations of the Foundation be distributed to, or be held for the benefit of, Gettysburg Hospital

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	101
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	584,072	658,454
9	Program service revenue (Part VIII, line 2g)	260,133	373,727
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,273	109,320
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-48,079	-971
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	902,399	1,140,530
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	387,229	391,707
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶340,967		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	282,887	413,674
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	670,116	805,381
19	Revenue less expenses Subtract line 18 from line 12	232,283	335,149

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	13,781,746	15,088,728
21	Total liabilities (Part X, line 26)	74,715	96,989
22	Net assets or fund balances Subtract line 21 from line 20	13,707,031	14,991,739

Part II Signature Block

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

Sign Here

****** | 2014-05-08
Signature of officer | Date

Michael F O'Connor CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JEFFREY SCHRAGG				P00234543

Firm's name ▶ BDO USA LLP | Firm's EIN ▶

Firm's address ▶ 8405 Greensboro Drive
McLean, VA 22102

Phone no (717) 893-0600

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

The foundation bylaws provide that all funds raised in excess of amounts required for the operations of the Foundation be distributed to, or be held for the benefit of, Gettysburg Hospital

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 406,707 including grants of $ 391,707) (Revenue $ 373,727)

The organization conducts various fundraising activities to raise monies for its related exempt entities in order to provide quality healthcare to the community See Attached Federal Supplemental Information WellSpan Health - 2013 Community Benefit Report

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 406,707

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	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	Yes	
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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 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, line 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 lines 24b through 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**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, 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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			No
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
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
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
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.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶ DAVID RIZZUTO 3350 WHITEFORD ROAD YORK, PA (717) 851-3055

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Bobbie Wolf Director	1 00 0 00	X						0	0	0
(2) Jane Hyde Director	1 00 40 00	X						0	360,643	224,100
(3) Donald Ferrara Director	1 00 0 00	X						0	0	0
(4) Bettina Ellsworth Director	1 00 0 00	X						0	0	0
(5) Tonya White Director	1 00 0 00	X						0	0	0
(6) Mark Bernier Director	1 00 0 00	X						0	0	0
(7) Dan Bringman Chairman	1 00 0 00	X		X				0	0	0
(8) Richard A Harley Director	1 00 40 00	X						0	229,571	60,639
(9) Sherry Farkas Vice Chair	1 00 0 00	X		X				0	0	0
(10) Chucki Strevig Director	1 00 0 00	X						0	0	0
(11) Jean LeGros Secretary Treas	1 00 0 00	X		X				0	0	0
(12) Cynthia A Ford Director	1 00 0 00	X						0	0	0
(13) Michael F O'Connor CFO-WellSpan H	1 00 40 00			X				0	574,340	368,141
(14) Bruce Bartels CEO-WellSpan H	1 00 40 00			X				0	1,441,893	640,768
(15) Theresa Law Executive Dir	12 00 28 00			X				0	161,272	44,099

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶									2,767,719	1,337,747

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	87,688			
	d	Related organizations	1d	54,907			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	515,859			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		658,454			
Program Service Revenue			Business Code				
	2a	Fundraising Fees	811000	373,727	373,727		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		373,727			
	3	Investment income (including dividends, interest, and other similar amounts)		109,320			109,320
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
Other Revenue	8a	Gross income from fundraising events (not including $ 87,688 of contributions reported on line 1c) See Part IV, line 18	a 25,460				
	b	Less direct expenses	b 26,431				
	c	Net income or (loss) from fundraising events		-971			-971
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		0			
	12	**Total revenue.** See Instructions		1,140,530	373,727		108,349

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	391,707	391,707		
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 key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	3,504		3,504	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	24,947		24,947	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,614			22,614
12 Advertising and promotion	25,271			25,271
13 Office expenses	7,294			7,294
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	10,251			10,251
17 Travel	5,216			5,216
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	49			49
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,886			1,886
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Postage and Shipping	5,795			5,795
b Restricted Assets Released	15,000	15,000		
c Management Fees	29,256		29,256	
d Contract Labor	259,566			259,566
e All other expenses	3,025			3,025
25 **Total functional expenses.** Add lines 1 through 24e	805,381	406,707	57,707	340,967
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	0
	2	Savings and temporary cash investments		186,747	2	373,086
	3	Pledges and grants receivable, net		232,182	3	177,614
	4	Accounts receivable, net		12,976	4	4,092
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges		10,702	9	6,256
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 48,209			
	b	Less accumulated depreciation	10b 42,708	7,387	10c	5,501
	11	Investments—publicly traded securities		7,461,706	11	8,323,991
	12	Investments—other securities See Part IV, line 11			12	0
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11		5,870,046	15	6,198,188
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		13,781,746	16	15,088,728
Liabilities	17	Accounts payable and accrued expenses		6,965	17	13,101
	18	Grants payable			18	
	19	Deferred revenue		67,750	19	48,500
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	35,388
	26	**Total liabilities.** Add lines 17 through 25		74,715	26	96,989
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		7,108,162	27	7,893,628
	28	Temporarily restricted net assets		646,864	28	712,962
	29	Permanently restricted net assets		5,952,005	29	6,385,149
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		13,707,031	33	14,991,739
	34	Total liabilities and net assets/fund balances		13,781,746	34	15,088,728

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,140,530
2	Total expenses (must equal Part IX, column (A), line 25)	2	805,381
3	Revenue less expenses Subtract line 2 from line 1	3	335,149
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,707,031
5	Net unrealized gains (losses) on investments	5	1,346,382
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-396,823
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,991,739

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number
23-2251358

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) York Hospital	231352222	3	Yes		Yes		Yes		0
(B) Gettysburg Hosp	231352220	3	Yes		Yes		Yes		221,152
Total									221,152

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number
23-2251358

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	6,598,869	6,675,101	4,072,460	3,562,687	268,063
b	Contributions	229,383	202,613	2,048,036	389,763	-788,689
c	Net investment earnings, gains, and losses	872,914	-85,019	858,182	404,508	
d	Grants or scholarships					188,577
e	Other expenditures for facilities and programs	603,055	193,826	303,577	284,498	
f	Administrative expenses					3,562,687
g	End of year balance	7,098,111	6,598,869	6,675,101	4,072,460	3,562,687

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 89 960 %
- c Temporarily restricted endowment ▶ 10 040 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		48,209	42,708	5,501
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				5,501

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

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

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

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

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

(a) Description	(b) Book value
(1) Cash Surrender Value of Life Insurance	76,424
(2) Beneficial Interest Trusts	6,121,764
(3) AR Intercompany	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	6,198,188

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Intercompany AP	35,388
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	35,388

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	982,299
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	473,468		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	473,468
3	Subtract line **2e** from line **1**			3	508,831
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	631,699		
c	Add lines **4a** and **4b**			4c	631,699
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,140,530

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

1	Total expenses and losses per audited financial statements			1	387,221
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	387,221
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	418,160		
c	Add lines **4a** and **4b**			4c	418,160
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	805,381

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Grants-affilities netted against revenue $391707 Revenue netted against expenses $26453
Part XI, Line 4b	Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	Grants-affiliates netted against revenue $391707 Revenue netted against expenses $26453 Restricted Contributions(Net) $213539
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, 2013
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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number
23-2251358

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☑ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Golf (event type)	(b) Event #2 Tennis (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	97,201	15,947		113,148
	2 Less Contributions	73,261	14,427		87,688
	3 Gross income (line 1 minus line 2)	23,940	1,520		25,460
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	4,737			4,737
	6 Rent/facility costs				
	7 Food and beverages	1,574			1,574
	8 Entertainment				
	9 Other direct expenses	17,737	2,383		20,120
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(26,431)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-971

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	
b	An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number
23-2251358

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Grant - WellSpan Health PO Box 2767 York, PA 17405	22-2517863	501(c)(3)	170,555	0			Tobacco Cess & Rural AED Grants
(2) Grant - Gettysburg Hospital PO Box 2767 York, PA 17405	23-1352220	501(c)(3)	221,152	0			Health care service grant

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number
23-2251358

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)Theresa Law Executive Dir	(i)							
	(ii)	150,552	10,720		9,840	34,259	205,371	
(2)Richard A Harley Director	(i)							
	(ii)	192,715	33,010	3,846	26,515	34,124	290,210	
(3)Michael F O'Connor CFO-WellSpan H	(i)							
	(ii)	429,893	135,960	8,487	325,915	42,226	942,481	135,960
(4)Jane Hyde Director	(i)							
	(ii)	293,513	67,130		200,908	23,192	584,743	
(5)Bruce Bartels CEO-WellSpan H	(i)							
	(ii)	777,484	254,363	410,046	589,055	51,713	2,082,661	249,150

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
Sch J, Part I, 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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2012

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Name of the organization
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number
23-2251358

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Adams County National Bank	Bernier Offi	109,243	Checking & Trust Mgmt		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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number
23-2251358

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Decreases	Net Perm Assets Released = -$396823

Identifier	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

Identifier	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	This organization does not directly compensate any employees The following procedure is followed by our parent company and affiliates in setting compensation The Compensation Committee of WellSpan Health is responsible for rewarding and reinforcing key executives for the achievement of annual and long-term performance objectives The Compensation Committee shall consist of not more than six (6) persons, of whom two (2) shall be the Chairman and Vice Chairman of the Board of the Corporation, and the remaining members shall be such other persons as may be appointed by the Chairman of the Board of the Corporation, with the approval of the Board of Directors, provided, however, that the Compensation Committee shall not include any persons who are employed by the System The Chairman of the Board of Gettysburg Hospital shall participate The role of the Compensation Committee is to set the Executive Compensation Philosophy for the system and ensure adherence, evaluate performance and establish compensation for the WellSpan President, evaluate team performance of the executive team and establish awards, review and approve senior executive base salary ranges, and oversee employed physician compensation programs The Committee will approve salary ranges for each executive position and review incumbent salaries annually The Committee will be responsible for reviewing the President's salary each year, and if warranted, authorizing an adjustment to maintain competitiveness The President will have the authority to make salary adjustments for subordiate positions The Committee is responsible for approving and authorizing payment of the performance awards The Committee will approve and authorize payment of the President's performance awards Integrated Healthcare Strategies, Inc , based in Minneapolis Minnesota is the external consultant to the committee This consultant focuses exclusively on executive and physician compensation in the health care industry In summary, the executive and physician compensation review process consists of the following 1) Cash compensation reviewed annually 2) Cash compensation reviewed by external consultant biennially 3) external total compensation (cash, incentives, benefits, perquisites) reviewed by external consultant periodically 4) Process is integrated with compensation analysis for other WellSpan positions 5) Committee decisions are documented in minutes maintained in Human Resources

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	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 questionnaire annually The questionnaire 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

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b 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

Identifier	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 shall have reserved powers with respect to certain affairs of the Foundation, including without limitation, the right to approve the use of Foundation assets other than for Hospital purposes (except as specifically required by the terms of the donor's gift or bequest)

Identifier	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 no fewer than eleven and no more than twenty-two members, which shall include (1) The President of the Hospital(2) A representative of the Board of Directors of the Hospital, selected by the Board of Directors of the Hospital (3) A representative of the active Medical Staff of the Hospital, selected by the Nominating Committee of the Foundation (4) A representative of the active Medical Staff of the Hospital, selected by the Executive Committee of the Medical Staff (5) The President or other designated representative of the Hospital Auxiliary, selected by the Hospital Auxiliary (6) The remaining six to seventeen directors (the "At-large Directors") shall be appointed by the Board of Directors of the Hospital These persons shall be selected for their experience, relevant areas of interest and expertise, and ability and willingness to participate effectively in fulfilling the Board's responsibilities and to do so free from any conflicting interests

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The sole member of the Gettysburg Hospital Foundation is Gettysburg Hospital

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number
23-2251358

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) 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 Facil	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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) Apple Hill Condominium Association PO Box 2767 York, PA 174052767 23-2504543	Condo Mgmt Association	PA	N/A	Homeowner Assoc					No
(2) WellSpan Provider Network PO Box 2767 York, PA 174052767 23-2907828	Coord managed care risk contracts	PA	NA	C Corp					No
(3) York Health Plan PO Box 2767 York, PA 174052767 23-2664989	Preferred Provider Organization	PA	NA	C Corp					No
(4) Wellspan Reciprocal Risk Retention Group PO Box 2767 York, PA 174052767 20-0048457	Risk Retention Group	PA	NA	C Corp					No
(5) Wellspan Pharmacy Inc PO Box 2767 York, PA 174052767 23-2374072	Dispenses Rx & provides IV therapy	PA	N/A	C Corp					No

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Additional Data Return to Form

Software ID: 12000229
Software Version: 2012v2.0
EIN: 23-2251358
Name: GETTYSBURG HOSPITAL FOUNDATION

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation	

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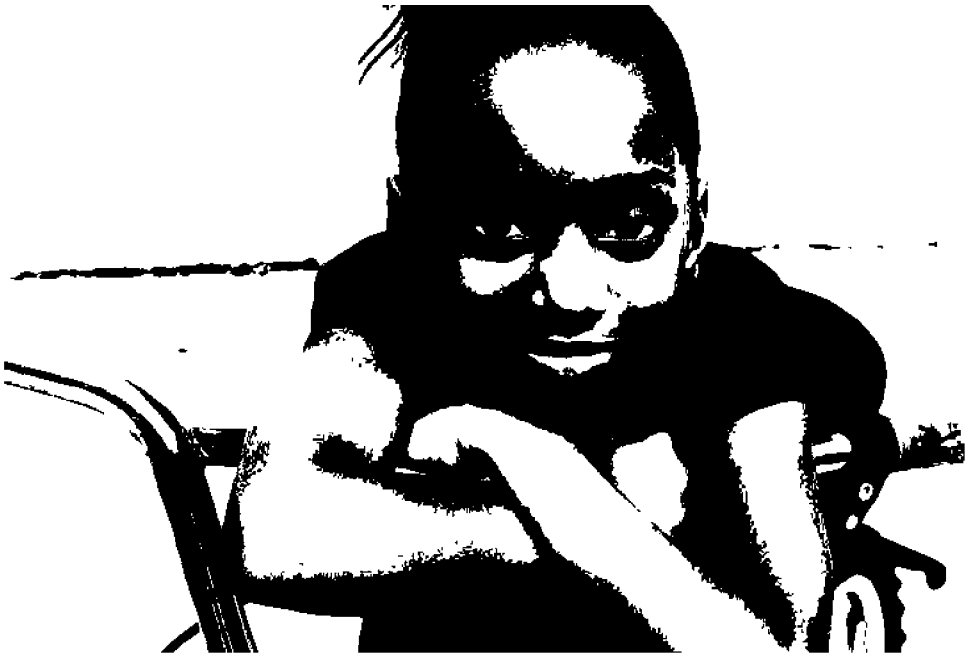
WELLSPAN®
HEALTH

2013 Community Benefit Report

Table of Contents:

How We Help



Every member of our community deserves the care they need

At WellSpan, it is our core belief that access to 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 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

Helping the uninsured make community health connections

Wally, age 35, arrives at WellSpan's HealthConnect van at the York County School of Technology with a painfully swollen, bruised index finger on his right hand

The nail is dark and the finger is stiff Wally slammed the door shut on his finger as he tried to prevent a child from running into his car door

"No good deed goes unpunished," jokes Wally

Wally has no health insurance He works as a temp since losing his full-time job last year

Sarah, Wally's wife, does not work enough hours to afford a health insurance premium They do not pay for health insurance in order to meet their expenses for shelter, food and raising their 10-year-old son, Dennis

While Wally is being examined, Sarah talks with a care coordinator about her depression She realizes she would feel better if she took her antidepressant, but the cost is too high

She shares her worries about Wally not being able to work because of his injured finger, she worries that she might be late to work and that it could lead to her losing her job

The HealthConnect staff consists of physicians, nurse practitioners, care coordinators, drivers/clerks, volunteers, administrative and maintenance staff They provide care and help families make the health connections they need

Wally needs an antibiotic for his finger Wally and Sarah want to pay for the prescription because personal pride is important to them

The staff calls the Healthy Community Pharmacy, a program of Healthy York Network's community effort to address needs of people who are uninsured and underinsured The pharmacy is able to fill the prescription for an affordable fee and it will be ready in an hour

A Healthy York Network application is given to the family with instructions on where, when and how to complete and deliver it for review Wally and Sarah understand that it is not insurance, but a discount program for support

Wally takes the order to have an X-ray completed and is told that the provider will call him with results Wally knows that he can come back to HealthConnect for follow up, if needed The goal, however, is for Wally and Sarah to develop a relationship with a primary care provider for ongoing care

WellSpan can help them reach that goal

Before they leave the HealthConnect van, they receive information about the importance of good dental hygiene, toothbrushes and some kid-friendly reading materials about dental hygiene for Dennis Sarah also gets a phone number for Crisis Intervention, in case her depression and negative thoughts get worse

Staff members reinforce Wally and Sarah's positives—their parenting skills, their commitment to each other and their willingness to partner with HealthConnect to make a positive impact on their health

They also receive a card with the date of their visit to HealthConnect, the names of staff members they met and a phone number for non-urgent questions

Wally and Sarah are among the more than 800 patients the HealthConnect team treated from July 2012 through June 2013

"Our job is to help the uninsured make community health connections," said Kelly Osmolinski-Smith, manager of Community Health Connections "Our goal is a healthier community despite the individual's resources Our patients are our neighbors in York and Adams counties "

WellSpan's HealthConnect is a community-based medical outreach program designed to "connect" uninsured families with the medical services and health care programs that they need through a mobile service regularly provided in York and Adams counties.

In 2013, WellSpan Health provided over $205 million in care for the uninsured and underinsured

The net cost of care provided in 2013

- Charity Care $22 1 million in free care to patients who participated in our charity care program
- Medicare $88 9 million in cost greater than what was paid to WellSpan by Medicare
- Medicaid $68 million in cost greater than what was paid to WellSpan by Medicaid
- Uncompensated Care $26 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 5 million in free community education and outreach to children and at-risk groups, and the community at large (including adults)
- Medical, Dental and Pharmaceutical Care $15 1 million to support services that provided discounted medical, dental and pharmaceutical care to people in need

Programs for the uninsured that WellSpan supported in 2013

Initiatives we support	Who benefits?	Our progress in 2013
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	812 visits 435 new patients 33 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	$31 million of care provided to more than 8,294 members 9,215 new members enrolled 45,427 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	331 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	3,071 acute and preventive medical visits 489 dental visits
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	23,632 primary care visits and 15,303 obstetrics and gynecology visits

Initiatives we support	Who benefits?	Our progress in 2013
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	25,798 patient visits
Family First Health's Gettysburg Center, a federally qualified community health center that WellSpan supports to provide medical and dental services in Adams County	Underserved adults and children of Adams County, including those who lack sufficient health insurance and those with Medicaid	Actively supported the center and its ability to attract 5,342 patients during the past year Provided dental care to 2,536 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	14,237 outpatient visits
Hoodner Dental Center	Individuals who lack sufficient dental insurance and who qualify for Medical Assistance or the Healthy York Network	5,934 visits

Healthy Communities

Collaboration is vital to making an impact on our community health

At WellSpan, 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

Saving victims of sudden cardiac arrest through community action

A 19-year-old Gettysburg College student takes a routine jog through the battlefield Suddenly, she grows weak and collapses It's a sudden cardiac arrest

Each year, more than 350,000 Americans suffer the same experience Less than 10 percent survive

An automated external defibrillator (AED) can make all the difference It sends an electric shock to the victim's heart to restore a normal rhythm

"An AED's shock to the heart—when applied within six minutes after the event—significantly increases a person's chance of survival," said Deb Sheets, RN, WellSpan Community Health Improvement

Sheets is the coordinator of WellSpan's Operation Heartbeat program, which places AEDs across rural Adams County Operation Heartbeat AEDs can be found in a variety of public spaces, and inside every police cruiser in the county

"In many emergencies, police officers arrive on the scene first," Sheets explained "So we're placing AEDs in patrol cars and making sure the officers are trained on them "

Fortunately for the young college student, Operation Heartbeat also stocks the ranger vehicles at Gettysburg National Military Park As she lay unconscious, an alert ranger retrieved an AED and applied its two sticky pads to her chest The briefcase-sized device went to work, analyzing her abnormal heartbeat and delivering its lifesaving shock

The student made a full recovery She graduated in the spring of 2013 and returned to thank the rangers

At least five other people have been saved with Operation Heartbeat AEDs since the program's inception in 2001

"When one of our AEDs saves a life, we recognize the law enforcement officer or community member who played a part in that save," said Kevin Alvarnaz, director, WellSpan Community Health Improvement

Recently, Operation Heartbeat replaced its 70 aging AEDs with brand new units—and added a dozen new ones—thanks to funding from a federal grant Nancy Newton, a grants officer with WellSpan, said federal officials were impressed by public outpouring for the program

"All of the different police departments were so supportive of this project," Newton said "So were the Gettysburg Adams Chamber of Commerce and the national military park "

The federal grant also enabled Operation Heartbeat to begin offering free CPR and AED classes to the public

"It's not just about placing AEDs out there in the community," Alvarnaz said "It's about training lay people in AED use, so that they feel ready to respond in the case of an emergency "

For more information or to sign up for WellSpan's CPR and AED classes, contact Kevin Alvarnaz at (717) 851-3232

Community health initiatives WellSpan supported in 2013

Initiatives we support	Issues they address	Our progress in 2013
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, depression, planning for end of life and access to affordable and nutritious foods	• Held the sixth annual Adams County Health Summit for nearly 100 health and human services professionals and community residents which focused on mental health issues • Established committee focused on end-of-life issues and provided community education • Food Policy Council completed second Healthy Options Program for families in the food gap in coordination with the Adams County Farmers Market Association and printed the third installment of the Local Foods Guide for Adams County
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	• Oral Health Task Force produced a brochure to educate mothers on the importance of oral health care for infants and toddlers
Reach Out and Read	Early childhood literacy	• 5,494 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	Domestic violence and child abuse	• Provided care to more than 300 patients
Community sponsorships	Health and quality of life across south central Pennsylvania	• Over $500,000 in sponsorships to area organizations and contributions to local government and school districts

Initiatives we support	Issues they address	Our progress in 2013
Community Partnership Grants	Health and quality of life across south central Pennsylvania	$292,900 provided to support • York County Community Foundation • York College Department of Nursing – Nurse Managed Centers and WellSpan Health collaboration • York County Literacy Council • HACC York Campus (Nursing eLab) • United Way of Adams County • Healthy Adams County/Food Policy Council • Manos Unidas Hispanic-American Center • Junior Achievement (STEM Summit) • York Academy Regional Charter School (Simpson Station Playground) • YMCA of York County (LifeStrong Program) • Family First Health (Nurse Family Partnership Program) • Healthy Adams County (AmeriCorps VISTA) • Heathy Adams County (Empowerment through Exercise Program) • YMCA of York and York County • Healthy York County Coalition • York Hospital Community Health Center
Outreach to the Latino population	Childhood obesity, early prenatal care, Latino health	• Provided mammography screening education to 19 Latino women, including information regarding recommended preventive screenings • Educated 232 Latino community members on local resources for healthcare, including how to access services through Healthy York Network, where to go for a family doctor and how to access eye screening services and providers • Encouraged 57 Latino families to take a Smoke Free Home Pledge
Project SEARCH, a school-to-work program for area students with disabilities	Real-life work experience and preparation for employment	• Provided total immersion in the workplace for ten area students • Partnership with Lincoln Intermediate Unit (LIU), the Office of Vocational Rehabilitation (OVR) and York/Adams Mental Health/Mental Retardation

Lifelong Wellness

Sometimes healthier living starts with simple behavior changes

At WellSpan, we recognize that unhealthy behaviors can harm 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

Annual leadership conferences inspire 7th-graders across York and Adams counties

The impact of bullying. Managing feelings of isolation. Lessons on Internet and cellphone safety. Self-discovery and goal setting. Avoiding unhealthy behaviors.

These are just a few of the important topics that seventh grade students across York and Adams counties receive during special one-day leadership conferences each October

Supported by WellSpan, the annual young women's and young men's leadership conferences in both counties are designed to educate, encourage and empower young people

Seventh grade girls and boys are the focus of the conferences for a reason Research shows that self-esteem among kids often declines around seventh-grade

"It's a really difficult time in their life as they're growing up," said Dianne Moore, RN, manager, Women's Health and Clinical Quality, WellSpan, who helps to coordinate events in both counties "We're trying to plant seeds with some positive messages about reaching their greatest potential and about the importance of being a leader "

At both young women's conferences, held respectively at Gettysburg College and York College, the girls listen to a keynote presentation on important topics and then attend workshops on issues ranging from health and body image to peer pressure and healthy relationships to career choices

The speeches and workshops give the students "take-home" messages Every topic is aimed at this age group Each presenter provides a take-home message that enhances the students' personal leadership and their wellness

Separate, same-day leadership events for the boys feature a keynote speaker and guests who discuss key issues aimed specifically to the male audience

The young people who experience the events have shared how it allowed them to talk openly about the common problems they face, like friendship and relationship issues, reaching their goals and overcoming self-consciousness

Students have shared personal stories on the challenges of breaking away from a crowd and forging their own path The conference teaches students about following their dreams and finding ways to make those dreams a reality

They also learn that their dreams can sometimes be clouded by unhealthy behavior - like using drugs or alcohol, developing eating disorders, joining a gang or being involved in unhealthy friendships or relationships

"The age group is mature enough to absorb the information and start building a foundation for lifetime skills and good decision-making," said John Wagner co-chair of the planning committee for the Adams County leadership conferences

Lifelong wellness initiatives WellSpan supported in 2013

Initiatives we support	Our progress in 2013
Adams County Young Women's/Young Men's Annual 7th Grade Leadership Conference	• More than 1,205 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 1,120 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 4,900 children and adults participated in programming ranging from distribution of education resources to one-on-one cessation counseling
Numerous programs that encourage healthy eating and physical activity among young people and adults	• 60 individuals completed an hour-long *Steps to a Healthier You* class, 53 people in York County and 5 in Adams County participated in the eight-week *A Healthy You* program focused on healthy weight management • Partnered with eight area middle schools to implement wellness policies that support healthy eating and physical activity • Awarded more than $1,700 in fitness equipment to seven schools in York and Adams counties, which will benefit approximately 3,000 students • Challenged approximately 3,340 students to accumulate 1,260 minutes of physical activity over a 21-day period through the Kids on the Move program • Distributed *Market Basket of the Month* resource kits to promote fresh produce items to participating schools and expanded offering at four community market sites in York County
Children's Wellness Days, sponsored by the WellSpan York Hospital Auxiliary	• More than 1,300 third-grade students from public and private schools attended
York County Countdown2Drive program participant	• Program promoted safe driving and being a safe passenger, and encourages communication to 300 students age 13-15 and their guardians

Initiatives we support	Our progress in 2013
SafeKids injury prevention programs for children and parents, and bicycle, car seat, home and pedestrian safety initiatives	• 1,631 children and adults participated in bike and pedestrian events • 849 children and adults participated in Buckle Up Community events • Provided inspection of 434 children car seats and provided 52 car seats to low income members of the community • 67 local law enforcement officers, health and human service professionals, and hospital personnel participated in child passenger safety training • 814 children and adults engaged in home safety events • 780 children and adults received educational information on safe sports
GO York community initiative to promote physical activity and summer reading	• An estimated 11,152 *GO and Search the Galaxy* program guides were distributed by York County libraries with 1,283 returned at the program's completion Participants who returned their guides collectively walked 14,970 miles
Roads to Freedom, a community initiative in Adams County to create active learning around 150th anniversary of the Battle of Gettysburg	• An estimated 1,368 program guides were distributed through local libraries and visitor's centers, with 184 returned at program completion to verify participation Participants who returned their program information walked a minimum of 1,582 miles at various locations throughout Adams County

Chronic Care

Living better with a chronic illness

For 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, WellSpan 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

Heart disease patients learning the art of stress reduction

The future for patients suffering from heart disease is uncertain

They must cope with changes in lifestyle and limitations One question on the minds of many of these patients is, "How long do I have to live?"

"Heart disease patients often experience up and down times and this plays on their emotions," said Joann Smith, a nurse practitioner with the Heart Failure Clinic, WellSpan Gettysburg Hospital

"They often experience depression, anxiety, fatigue and pain "

Recognizing this, the WellSpan Center for Mind/Body Health collaborated with the Heart Failure Clinic, part of WellSpan Heart and Vascular, to develop a stress reduction class for cardiac outpatients The class was open to anyone in the community with a cardiac diagnosis, along with their family member or caregiver

Julie Falk, a nurse and yoga instructor who trained at the Center for Mindfulness at the University of Massachusetts Medical School, is teaching the eight-week class to 18 patients

She teaches meditation and gentle yoga as tools for relaxation and to identify conscious thought patterns that foster stress

"Once people mindfully evaluate the way they think and behave, they are able to reduce their sources of stress," offered Falk She said many patients with heart disease have difficulty keeping their mind in the present

"They are constantly projecting into the future," said Falk "We work with them to learn to live in the present moment, which is the only time we can ever influence anything Learning to use their breath to calm and re-orient themselves gives them some control "

Smith and Falk agree that patients have responded well to the stress reduction class

"Most patients realize that stress has had a big impact on their lives," said Smith "It can affect their sleep, their mood and their outlook on life

"Patients tell me that the class is helping them," added Smith "I can see a difference in their attitudes "

Smith, Falk and nurse Laura James are using a grant from the Beryl Institute to conduct a research project with the group

In preparing the research proposal, a lot of literature supporting this type of program for cancer patients was found There were, however, only a few published studies showing the benefits of mindfulness-based stress reduction training and its effect on cardiac patients

As part of the study, class participants had their depression, anxiety, fatigue and pain measured pre-class Those factors will be measured post-class

"We're giving patients the tools to help them reduce stress," said Smith "This is not just another pill "

Smith and Falk are optimistic that the study will show positive results

Plans are to offer the class again and to perhaps extend it to patients with other chronic diseases in the future

Chronic Care initiatives that WellSpan supported in 2013

Initiatives we support	Our progress in 2013
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	• Implementation of patient partner program with nearly 60 community members who work directly with WellSpan primary and specialty care providers in quality improvement activities, 36 physician offices and six clinics engaged in quality improvement collaborative and regional payment reform
For Heart's Sake, an outreach initiative for uninsured and underinsured African-Americans residing in York City	• Community Health Improvement held its seventh annual "For Heart's Sake" screening event in northeastern York City, 32 community members attended In addition, the lay health leader network assisted in the coordination of nutrition education classes which featured demonstrations of how to prepare traditional African American cuisine in a healthy way Lay health leaders brought 21 community members with them to the cooking classes
Stress Less, a program designed to help adults overcome daily stressors by learning to relax, breathe, and adapt to stress	• 77 attendees across programs in York and Adams counties
Camp Green Zone, a five-day event which teaches children ages 6-12 how to control their asthma	• 34 young people participated
Community screening programs in Adams County	• Screenings such as blood pressure and blood glucose were provided to 3,674 individuals in Adams County at multiple venues Additionally, flu vaccines were offered to community members, including free vaccine distributed by the Department of Health to underserved groups More than 1,000 flu and pneumonia vaccinations were given throughout Adams County

Learning

Care for the next generation of our community starts today

At WellSpan, 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

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

Rita Allison, 59, of York, was in her last year 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 "

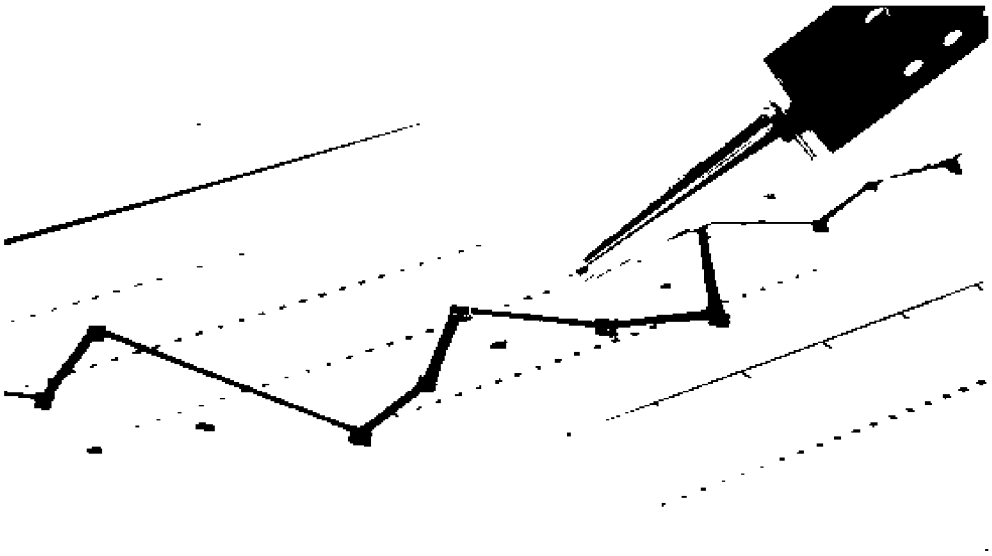
Allison was so grateful for the care that she received at the York Cancer Center that she and a friend started volunteering at WellSpan

"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 initiatives that WellSpan supported in 2013

Initiatives we support	Our progress in 2013
Clinical Trials	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

2013 WellSpan Stats and Achievements



Who We Are

At 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 $30 million each year in uncompensated medical and outreach services

- **More than 11,000 employees, volunteers and physicians**

- **Highly skilled primary care and specialty physicians and providers**, including more than 660 members of the WellSpan Medical Group

- **47 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

- **Four respected hospitals** WellSpan York Hospital, WellSpan Gettysburg Hospital, WellSpan Surgery & Rehabilitation Hospital and Ephrata Community Hospital

- **Regional referral services** in heart and vascular care, oncology, women and children services, orthopedics and spine care,neurosciences and behavioral health

- **WellSpan Pharmacy**, a retail pharmacy with five locations across York and Adams counties

- **Community based philanthropy** efforts in Gettysburg, York and Ephrata, dedicated to improving the health of their local communities by generating charitable contributions

- **Partnerships with respected organizations**, including Good Samaritan Health System, Hanover Hospital, Summit Health, and Hospice & Community Care (formerly Hospice of Lancaster County), as well as hundreds of private-practice community physicians

- **Healthy York Network/Healthy Community Pharmacy**, a collaborative effort of WellSpan Health, Memorial Hospital, Family First Health, the York City Bureau of Health, Hanover Hospital, the Community Progress Council, United Way and the York County Assistance Office through which uninsured members of the York community receive discounted care and services and discounted prescription drugs

Achievements

In 2013, 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 achievements:

- WellSpan York Hospital received the Get with the Guidelines—Resuscitation Gold Quality Achievement Award from the American Heart Association

- WellSpan received a $125,000 grant from the Highmark Foundation to form a regional learning collaborative around "super utilizers" of health care

- WellSpan York Hospital participated in a national clinical trial that was named The Clinical Trial of the Year by The Society for Clinical Trials The clinical trial aimed to find out whether anti-seizure medication works better when given as an I V directly into a vein or when given as shot in the muscle

- WellSpan York Hospital was one of 15 Pennsylvania hospitals to receive a Silver Medal of Honor from the U S Department of Health and Human Services (HHS) for their successful donation and organ transplant outcomes

- WellSpan York Hospital's Level 1 Trauma Program was ranked among the best in the country for traumatic brain injury (TBI) and shock patient outcomes, according to the Trauma Quality Improvement Program

- WellSpan Gettysburg Hospital received recognition from The Leapfrog Group and VHA Mid-Atlantic APEX (Achieving Patient Care Excellence) for its patient safety efforts

- WellSpan York Hospital, was one of five hospitals in central Pennsylvania, recognized by U S News and World Report as one of the Best Regional Hospitals in its 2012-13 Best Hospitals publication

- Facing Cancer Together, an interactive community education partnership of WellSpan Health and WITF Public Media, earned a Mid-Atlantic Emmy Award for Outstanding Achievement in Community Service

- WellSpan Gettysburg Hospital's breast cancer program received a three-year accreditation from the National Accreditation Program for Breast Cancers (NAPBC) The breast cancer program is one of only 30 accredited centers in Pennsylvania It is the only one in Adams, Franklin and York counties and northern Maryland

- WellSpan York Hospital maintained its Joint Commission-designated Primary Stroke Center for two additional years

- WellSpan was named the winner of the 2012 Most Improved Safety Award by Walsh Integrated

- Received a NRC Picker symposium award as one of two "Most Improved Organizations" in the pediatric category The award recognized York Pediatric Medicine and Springdale Pediatric Medicine's significant increase in the percentage of patients rating their doctor a 9 or 10 on the NRC Picker patient survey

- WellSpan York Hospital's Family Medicine Residency program, which operates Tar Wars in York County, received an award at the national conference Tar Wars educates children about the benefits of being tobacco-free

- Implemented a mandatory flu vaccine policy for all of its staff members, volunteers, physicians, vendors, contractors and health care students

- Announced a partnership with the City of York that will establish a WellSpan Police Training Center, a facility that will enhance the skills and competencies of area police officers as well as provide secure storage of evidence for crime investigations

- WellSpan York Hospital received a three-star rating, the highest possible, in cardiac surgery performance by The Society of Thoracic Surgeons

- WellSpan York Hospital named as a Blue Distinction Center for Spine Surgery and Knee and Hip Replacement by Capital Blue Cross

- The York Cancer Center was reaccredited for three years, including six commendations, by the American College of Surgeons Committee on Cancer

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 $22 1 million in free care and an additional $26 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, HealthConnect, WellSpan York Hospital Community Health Center, and WellSpan Medical Group

- Sponsoring the annual Adams County Community Health Summit, which addressed key mental health issues facing people of all ages in our local communities

- WellSpan co-sponsored the Go Local for Health Summit held in Gettysburg which addressed issues of affordable and accessible healthy eating and recreational opportunities in south central Pennsylvania

- 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

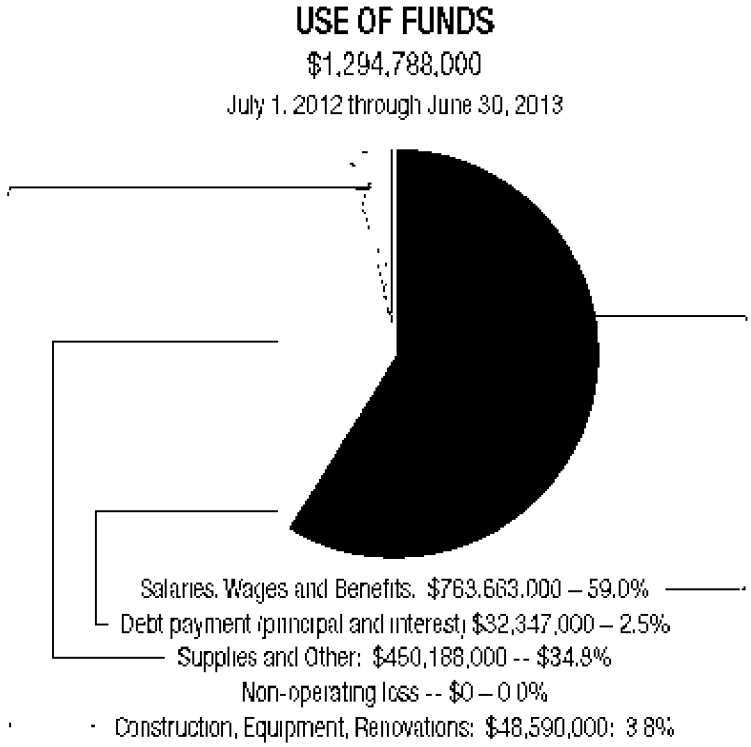
WellSpan worked to create a more coordinated, efficient and viable health care system by:

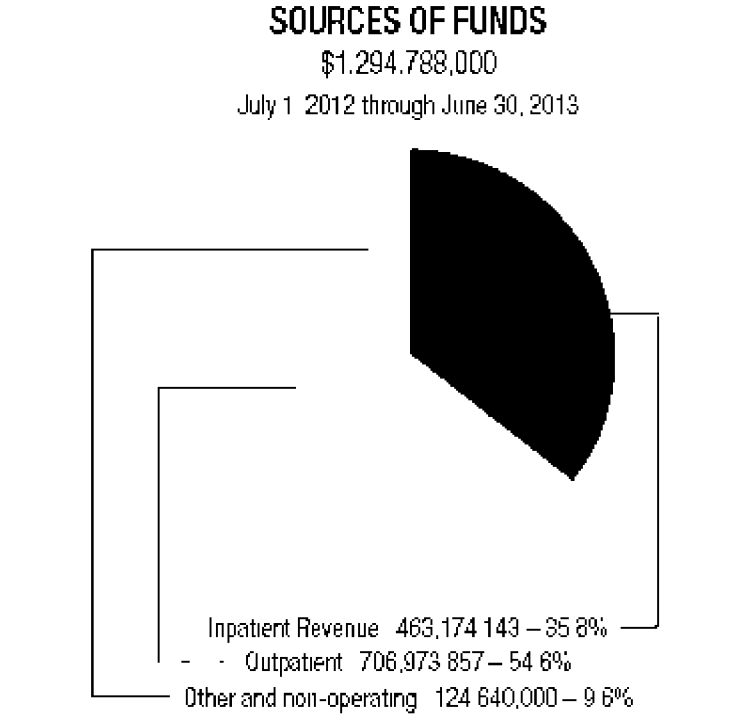
- Continuing to develop an electronic health record as a means to coordinate care among physicians and enhance the patient's ability to access their personal health care information

- Enrolling more than 35,000 patients in the MyWellSpan patient portal which allows patients to access their health care information in a convenient and timely manner

Statistics

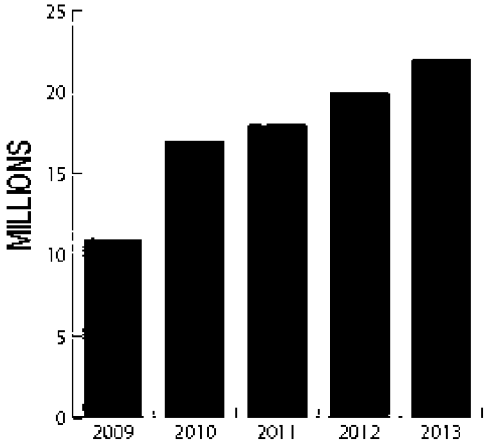
In 2013 WellSpan's charitable purpose brought more benefit to more people than ever before Our bottom line, as detailed in this report, remains the pursuit of more coordinated, convenient, comprehensive and community focused health care services for the journey that is life





FREE CARE*: CHARITY CARE

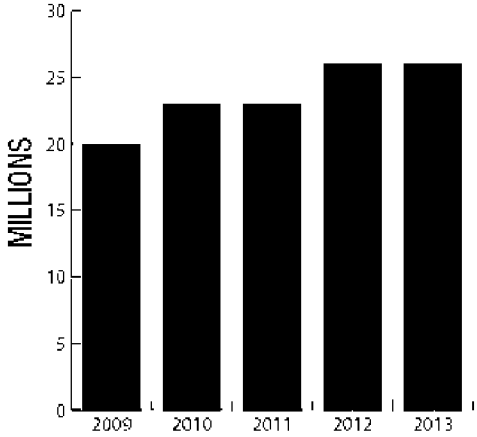
2009: $10,717,000
2010: $16,867,000
2011: $18,427,000
2012: $20,210,000
2013: $22,117,000



*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

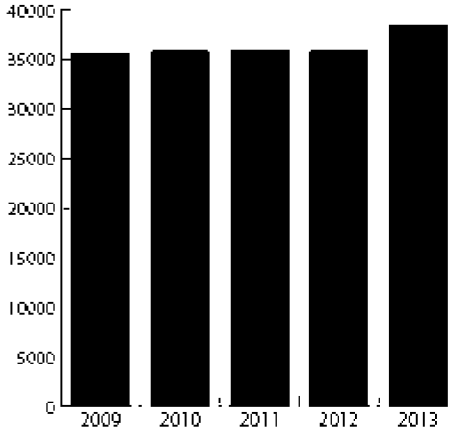
2009. $19,917,000
2010 $22,851,000
2011: $23,387,000
2012: $26,212,000
2013: $26,023,000



TOTAL HOSPITAL ADMISSIONS*

*WellSpan Gettysburg Hospital, WellSpan York Hospital and WellSpan Surgery & Rehabilitation Hospital

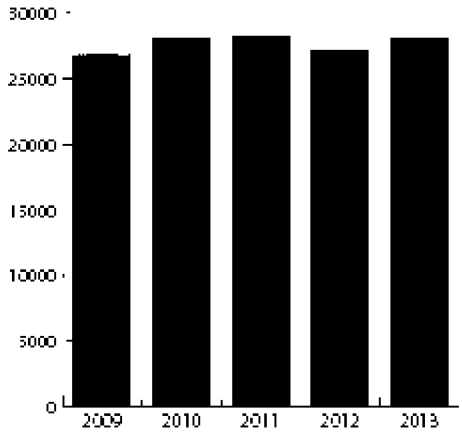
2009: 35,559
2010: 35,849
2011: 35,968
2012: 35,870
2013: 38,379



TOTAL SURGERY CASES

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

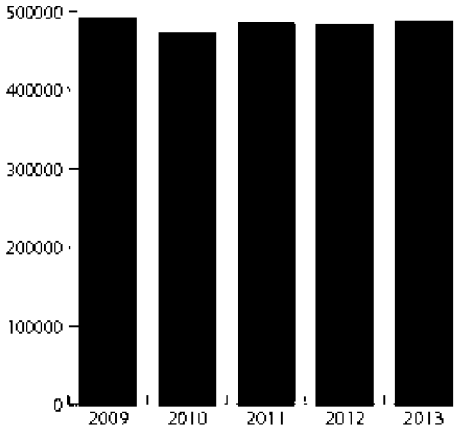
2009: 26,797
2010: 28,055
2011: 28,244
2012: 27,173
2013: 28,096



TOTAL PRIMARY CARE VISITS

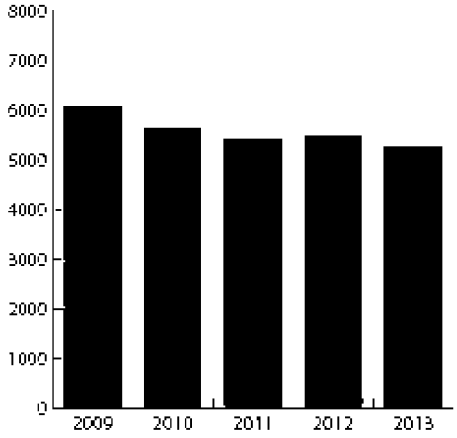
(WellSpan Medical Group)

2009: 492,765
2010: 472,637
2011: 485,374
2012: 483,443
2013: 488,627



TOTAL HOME HEALTH PATIENTS

(WellSpan VNA Home Health)

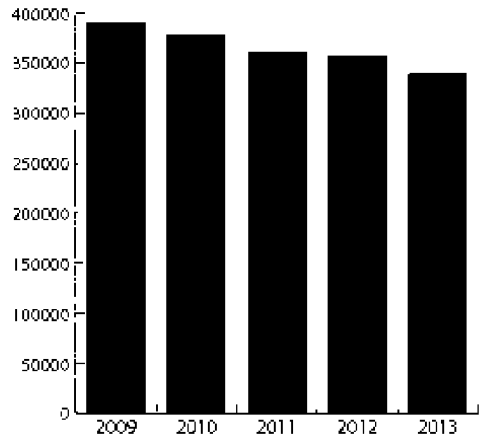


	Total	Home Care	Hospice	Community Service
2009:	6,082	5,512	300	270
2010:	5,648	5,130	332	186
2011:	5,412	4,888	351	173
2012:	5,489	4,982	402	105
2013:	5,252	5,161	NA	91

TOTAL PRESCRIPTIONS

(WellSpan Pharmacy, 6 locations)

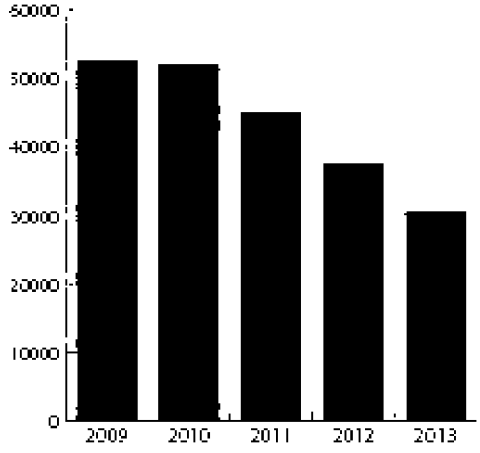
2009: 390,063
2010: 378,329
2011: 359,918
2012: 357,152
2013: 344,958



SOUTH CENTRAL Preferred

Covered Lives

2009: 52,674
2010: 51,883
2011: 44,927
2012: 37,414
2013: 30,533



Generous Supporters

From 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 WellSpan to continue preparing and planning to support the future health needs of our region

In fiscal year 2013, funds raised by WellSpan's philanthropic organizations allowed WellSpan to

- Help the most vulnerable children in our community, those who have been victims of sexual abuse, through funding of the Sexual Assault Forensic Examiner program by both our Kids First Campaign and Book Nook Bonanza event
- Fund WellSpan VNA Home Care through the Monopoly Tournament, as well as through the Dedi Sykes Educational Endowment, which provides opportunities for VNA staff to further their clinical education
- Fund 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
- Provide funding for multiple years of support for the Cribs for Kids program, which provides a safe sleeping environment for families and their newborns who could not otherwise afford a crib
- Promote community health and wellness, provided outreach and education, and helped give free screenings through WellSpan's Community Health Improvement efforts
- Fund the operation of York Hospital Community Health Clinic, the Hoodner and Bentzel Dental Clinics, Healthy York Network, Healthy Community Pharmacy and the HealthConnect mobile healthcare van

Gettysburg Hospital Foundation

In fiscal year 2013, Gettysburg Hospital Foundation participated in securing donations, grants and bequests totaling $668,120 $271,677 of these gifts came from grants $86,719 came from fundraising events, and the remainder came from individuals, corporations and organizations in the community Our generous donors supported a range of projects and programs, including the placement of AEDs in the community, the Cancer Patient Help Fund, Children's Health Fund, free Mammography Fund, educational lectureships and WellSpan's HealthConnect mobile healthcare van

York Health Foundation

The York Health Foundation helps ensure 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 2013, the foundation raised $3,042,183

- $1,351,776 for WellSpan York Hospital
- $473,036 for WellSpan VNA Home Care and WellSpan Specialty Services, including the WellSpan Surgery and Rehabilitation Hospital
- $910,119 for WellSpan Health
- $76,070 for the WellSpan Medical Group
- $231,182 for other medical care, community health and education and outreach activities across York County

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

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 It also began raising funds for the future development of a healing garden on the hospital campus

In fiscal year 2013, the York Hospital Auxiliary raised over $60,000 at the Book Nook Bonanza to assist the Forensic Examiner Team SAFE Program at WellSpan York Hospital It also sponsored the 32nd annual Children's Wellness Days with more than 1,300 York County third graders in attendance The Auxiliary awarded over $28,000 to WellSpan Health for programs and equipment in York County, including an autism program, bililights for the NICU, positioning equipment for Rehabilitation Medicine, education classes for oncology patients, Young Women's Leadership Conference, special armbands for the IV Team, medication totes and pillboxes for Preventive Cardiology and ceiling lifts for Radiation Oncology

Volunteerism

In 2013, approximately 1,800 individuals volunteered a total of 137,000 hours of service at WellSpan facilities across York and Adams counties The value of these volunteer hours totals over $3,033,000

WellSpan Health Leadership

For a complete listing of WellSpan Health board members and leadership, please visit http //www wellspan org/about-wellspan/who-we-are