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DLN: 93493128016065

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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		applicable	C Name of organization GETTYSBURG HOSPITAL	013 , 2013, and ending 06	30 2014	D Employ	er ider	ntification number
Addı	ess c	hange	Doing Business As			23-13	52220)
Nam		_	Doing Business As					
Initia 			Number and street (or P O box if mail is not de PO BOX 2767	elivered to street address) Room,	/suite	E Telepho	ne num	ber
Terr						(717)	851-3	055
_		return	City or town, state or province, country, and ZI YORK, PA 17405	P or foreign postal code				
Appl	icatio	n pending						282,040,869
			F Name and address of principal office Kevin Mosser MD	cer		s this a group ubordinates?	return	for
						re all subordir ncluded?	nates	┌ Yes 🗸 No
Tax	-exer	npt status	√ 501(c)(3)	☐ 4947(a)(1) or ☐ 527	I	f "No," attach	a lıst	(see instructions)
J We	bsit	e:► WW	W WELLSPAN ORG		H(c)	Group exemptı	on nur	nber ►
K Form	of or	rganızatıon	Corporation Trust Association Other	+	L Year	of formation 191	.9 M	State of legal domicile PA
Par	tΙ	Sum	mary					
Governance		The Get	escribe the organization's mission or mos ysburg Hospital is a tax exempt organiza k, travel through and vacation in Adams C	tion dedicated to providing			ervices	s for the people who
ovell	2	Check th	is box দ if the organization discontinue	d its operations or dispose	d of more th	an 25% of its	net as	sets
	3	Number	of voting members of the governing body ((Part VI. line 1a)		1	з	1!
Activities &			of independent voting members of the gov			· · · · · · · · · · · · · · · · · · ·	4	10
	5	Total nu	mber of individuals employed in calendar y	year 2013 (Part V, line 2a)		[5	967
~	6	Total nu	nber of volunteers (estimate if necessary)		[6	270
			related business revenue from Part VIII,				7a	938,087
	b	Net unre	lated business taxable income from Form	990-T, line 34			7b	142,070
		Contri	nutions and grants (Part VIII line 1h)			Prior Year 277,0	5 7 F 7	Current Year 690,017
ē	8 9		butions and grants (Part VIII, line 1h) . m service revenue (Part VIII, line 2g) .			139,866,6		139,334,856
Revenue	10		ment income (Part VIII, column (A), lines			4,124,7		7,860,155
걛	11		revenue (Part VIII, column (A), lines 5, 6			877,2		753,595
	12		evenue—add lines 8 through 11 (must eq		ine	145,145,6	71	148,638,623
	13		and similar amounts paid (Part IX, colum		.	7,873,6	-	7,922,000
	14		ts paid to or for members (Part IX, column			, , , , , , ,		0
	15		es, other compensation, employee benefit					
Expenses 		5-10)				61,271,6	94	56,757,656
<u>₹</u>	16a		sional fundraising fees (Part IX, column (,	•	•			C
മ	ь 17		ndraising expenses (Part IX, column (D), line 25) • expenses (Part IX, column (A), lines 11a		-	64,226,7	0.3	69,394,693
	18		expenses Add lines 13-17 (must equal P			133,372,0	_	134,074,349
	19		ue less expenses Subtract line 18 from li		· -	11,773,5	-	14,564,274
Not Assets or Fund Balances						nning of Curren Year	-	End of Year
ess Baka 	20	Total	assets (Part X, line 16)			183,625,6	06	211,837,028
2 년 1 년	21	Total	iabilities (Part X, line 26)			48,400,0	21	49,136,103
	22		sets or fund balances Subtract line 21 fr	om line 20		135,225,5	85	162,700,925
ny kn	pen owle er h	alties of dge and as any ki	-					
			or print name and title					
Doid			rınt/Type preparer's name Preparer' EFFREY SCHRAGG	's signature	Date		PTIN P00234	543
Paid Prep			ım's name ► BDO USA LLP			Firm's EIN 🕨		
•			ırm's address ► 8405 Greensboro Drive			Phone no (703)	893-06	500

McLean, VA 22102

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

┌Yes ┌ No

Par		tatement of Program Soneck if Schedule O contains a			III	
1	Briefly	lescribe the organization's mis	sion			
					lity health care services for the	e people who live, work,
trave	l through	and vacation in Adams Count	y, Pennsylvania and	d northern Maryland		
2	the prior	organization undertake any sig Form 990 or 990-EZ?			which were not listed on	┌ Yes ┌ No
		describe these new services				
3	services	organization cease conducting		-	nducts, any program	
	If "Yes,'	describe these changes on S	chedule O			
4	expense		(c)(4) organizations	are required to report	ree largest program services, at the amount of grants and allo	
4a	(Code) (Expenses \$	109,608,172	ıncludıng grants of \$	7,922,000) (Revenue \$	140,017,309)
	years Be maternit this area	yond the acute care hospital, it has g y center, heart center, home health s 's resource for meeting health and wo	rown to be a comprehe services, preventive hea ellness needs As a Well	ensive health-care provider lith education and screening ISpan Health hospital, Getty	ities of Adams county and northern M with family health centers across the g programs, and 24-hour emergency ysburg Hospital and all of its facilities tion WellSpan Health - 2014 Commu	region, a very special services Gettysburg Hospital is serve the community with the
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
40	(Couc) (Expenses \$		including grants or \$) (Nevenue \$,
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other; (Expen	orogram services (Describe in ses \$	Schedule O) including grants of	f\$) (Revenue \$)
	Total n	rogram service expenses	109,608,172			
	P		,000,272			

Part TV	Check	dist 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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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 2	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^{\square}	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			
а	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	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	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	
е	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? <i>If</i> "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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h	Vas	

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	200		NO
	complete Schedule L, Part IV	28b	Yes	
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		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		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	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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?	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V		Yes	. J No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3		res	INC
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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		N
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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	F-		
6~	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		N
	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			- IN
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0			- ' '
	in res, indicate the number of forms of 202 med during the year 1 1 1 1	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
_	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		N
y	required?	7g		N
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N
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		N
9	Sponsoring organizations maintaining donor advised funds.	0-		N.
	Did the organization make any taxable distributions under section 4966?	9a 9b		N N
b LO	Section 501(c)(7) organizations. Enter	90		IN
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		N1
	Note. See the instructions for additional information the organization must report on Schedule O	134		N
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			
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		1 1

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 or note to any line in this Part	VΙ														
--	----	--	--	--	--	--	--	--	--	--	--	--	--	--	--

36	ection 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			
	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			
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		Νo
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		Νο
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	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
h				
U	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		
		10b 11a	Yes	
11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		Yes	
11a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
11a b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a	Yes	
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b	Yes	
11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Yes Yes Yes	
11a b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	11a 12a 12b 12c 13	Yes Yes Yes	
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13	Yes Yes Yes Yes	
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
11a b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	
11a b 12a c 13 14 15 a b 16a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	
11a b 12a c 13 14 15 a b 16a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	

- 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 174029081 (717) 851-3055

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

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

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

- 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) A verage hours per week (list any hours	more pers	than on is	one bot ecto	not box h ar or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	ighest compensated mployee (e) employee (final final frustee) Institutional Trustee Individual trustee		Former Highest compensated employee Key employee Officer		(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) Kevin Mosser	1 00	х		х				0	660,426	634,272
Director/CEO-WS	40 00								·	·
(2) Edward Mackle MD Director	40 00	х						625,157	0	59,797
(3) James Williams	0 00				_					
		×		х				0	0	C
Vice Chairman (4) Bruce Bartels	0 00									
		х		х				0	2,125,520	827,350
CEO until 09/30 (5) Megan Shreve	40 00 1 00									
		х		х				0	0	C
Chairman (C) Country A Ford	0 00									
(6) Cynthia A Ford	1 00	x						0	0	C
Director	0 00									
(7) Richard Seim	1 00	×						0	671,571	344,774
Director	40 00								,	,
(8) Douglas E Eyer MD	6 00	×						26,431	0	3,870
Director	0 00							20,101		5,0.0
(9) William Steinour MD	40 00	×		×				388,998	0	55,632
Treasurer	0 00	^						300,990	0	33,032
(10) Orville G McBeth Jr MD	1 00	,,							251 705	E4 250
Director	40 00	X						0	251,705	54,259
(11) Julie Ramsey	1 00									
Director	0 00	X						0	0	C
(12) R Hal Baker	1 00									
Director	40 00	Х						0	424,590	306,303
(13) Wayne Hill	1 00									
. , ,		X		Х				0	0	C
Secretary (14) Robin Fitzpatrick	0 00				\vdash					
,		x						0	0	C
Director (15) Shannon Harvey	0 00				\vdash					
	1 00	x						0	0	C
Director (16) Jane Hyde	0 00				\vdash		_			
(16) Jane Hyde	40 00			х				388,788	0	238,085
Pres ex-officio	0 00							,		,
(17) Michael F O'Connor	1 00			x				0	592,268	401,350

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl k, unle n office rustee	ss er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	,	(F Estim amount o compen from	ated of other isation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		organiz and re organiz	lated
(18) Joseph Edgar	40 00				Х			227,25	2	0		51,358
VP Operations	0 00							·	1	_		
(19) Angela Brooks	40 00					x		319,89	5	0		37,214
Chief Pathologist (20) Mark A Resciniti MD	0 00 40 00								1	+		
Anesthesiologist	0 00					х		367,81	7	0		56,230
(21) Bradley Heffner MD	40 00									+		
Anesthesiologist	0 00					X		345,18	1	0		55,581
(22) Charles Marley JrDO	40 00					<u> </u>		242.24				44.006
VP Medical Affairs	0 00					Х		342,31	3	0		41,006
(23) Mitchell E Zuckerman MD	40 00					x		367,88	2	0		56,567
Anesthesiologist	0 00					<u> </u>		307,00				30,307
						Ļ				\perp		
1b Sub-Total			•	•		.						
c Total from continuation sheets to Part d Total (add lines 1b and 1c)						<u> </u>		3,399,714	4,726,080			3,223,648
Total number of individuals (including b \$100,000 of reportable compensation	ut not limited to	those	liste		bove	e) who	rec		1,725,555	1		3,223,313
											Yes	No
3 Did the organization list any former offi on line 1a? <i>If "Yes," complete Schedule J</i>								hest compensat	ed employee	3		No
For any individual listed on line 1a, is the organization and related organizations of individual										4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization?									individual for	5		No
Section B. Independent Contracto	rs											
1 Complete this table for your five highes		ındepe	nder	nt co	ntra	ctors	that	t received more	than \$100,000 d	of		

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Quest Diagnostics Inc 12436 Collections Center Drive Chicago IL 60693	Lab & Pre-employment	531,756
HCSC Laundry PO Box 25092 Lehigh Valley PA 18002	Laundry Service	315,868
Mobile PETCT Associates LLC 43 Leopard Road Suite 200 Paoli PA 19301	Diagnostic Imaging	240,860
Century Link PO Box 96064 Charlotte NC 282960064	Network Access Fees	227,514
American Healthcare Services PO Box 2767 Traverse City MI 49685	Staffing Services	204,459

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 \blacktriangleright 12

1	,	
1	,	
	•	

Form 99	90 (20	13)						Page 9
Part V	/III	Statement of		aa ar nata ta anu lin	a in this Dout VIII			
		C neck IT Schedu	ile O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w 20	1a	Federated camp	paigns 1a					
ant	ь	Membership due	es 1b					
19 E	c	Fundraising eve	ents 1c					
ffs, FA	d	Related organiz	ations 1d	616,163				
	e	Government grants		10,821				
Sir		_		63,033				
utic Per	f	similar amounts no						
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$						
S É	h	Total. Add lines	31a-1f	· · · •	690,017			
				Business Code				
nua	2a	EHR Incentive Prog	ıram(MU)	621500	31,822	31,822		
Fe.	Ь	Net Patient Service		621500	158,569,944	157,727,021	842,923	
Program Serwce Revenue	C	W/O -Financial Assi	ıstance	621500	-6,992,216	-6,992,216		
, <u>, , , , , , , , , , , , , , , , , , </u>	d	W/O-Bad Debt		621500	-12,274,694	-12,274,694		
Ę	e							
Sars	f	All other progra	m service revenue	Ţ				
Š	g	Total. Add lines	ا 2a-2f		139,334,856			
	3		ome (including dividend		1,560,926			1,560,926
	4		ar amounts) tment of tax-exempt bond p	H=	1,300,320			1,300,320
	5	Royalties	· · · · · · ·	, ioceccus	0			
			(ı) Real	(II) Personal				
	6a	Gross rents	267,273					
	Ь	Less rental expenses	293,506					
	c	Rental income	-26,233					
	d	or (loss) Net rental incor	me or (loss)		-26,233		-2,211	-24,022
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	139,392,958	15,011				
	ь	than inventory Less cost or						
		other basis and sales expenses	133,097,740	11,000				
	C	Gain or (loss)	6,295,218	4,011				
	d		s)		6,299,229			6,299,229
Other Revenue	8a	Gross income frevents (not incl \$	uding reported on line 1c)					
<u>.</u>		•	a					
Ť	Ь		penses b					
0	C		loss) from fundraising 6	events 🛌	0			
	9a	See Part IV, line						
	ь	Lace direct and	a penses b					
	c	•	loss) from gaming activ	/ities 	o			
		Gross sales of i	·					
		returns and allo						
	١.		a					
	b c	Less cost of go	oods sold . . b [loss) from sales of inve	entory -	0			
	F-	Miscellaneous		Business Code	0			
	11a	Corner Cafe		722210	198,104	198,104		
	b	Gift Shop Sales		453220	227,875	227,875		
	С	Health Promo/W		611710	108,618	108,618		
	d	All other revenu			245,231	147,856	97,375	
	e	Total. Add lines	: 11a-11d	🕨	779,828			
	12	Total revenue.	See Instructions	🗚	·	120 174 200	000.05	7.006.405
	1				148,638,623	139,174,386	938,087	7,836,133

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) .マ Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 7,922,000 7,922,000 Grants and other assistance to individuals in the United States See Part IV, line 22 0 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 2,065,368 1,438,495 626,873 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 39,623,134 39,264,738 358,396 Pension plan accruals and contributions (include section 401(k) 2,921,865 2,632,812 289,053 and 403(b) employer contributions) Other employee benefits 9,197,808 9,191,593 6,215 10 2,949,481 2,945,247 4,234 11 Fees for services (non-employees) Management 17,614,740 17,614,740 10,777 10,777 Legal 37,365 37,365 0 0 Professional fundraising services See Part IV, line 17 Investment management fees -140,008 -140,008 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 15,480,095 15,465,657 Schedule O) 14.438 Advertising and promotion . . 33,622 30,910 2,712 12 13 Office expenses . . . 15,270,071 15,263,856 6,215 5,094,183 5,094,183 14 Information technology . 15 0 Royalties . 2,506,039 2,470,651 35,388 16 Occupancy **17** 100,951 93,584 7,367 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings . 31,130 30,154 976 20 Interest 1,800,347 1,800,347 Payments to affiliates 21 O 4,919,960 22 Depreciation, depletion, and amortization . 4,919,960 23 1,419,847 1,419,847 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 Repair & Maintenance 2,449,863 2,418,756 31,107 Utilities 1,337,912 1,334,135 3,777 Reimbursed Expenses 374,432 374,432 d Equipment Rentals 272,145 272,145 e All other expenses 781,222 693,285 87,937 Total functional expenses. Add lines 1 through 24e 25 134,074,349 109,608,172 24,091,745 374,432 Joint costs. Complete this line only if the organization 26 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

Pai	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	184,555	1	373,438
	2	Savings and temporary cash investments	14,363,231	2	22,054,047
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	21,348,599	4	21,959,066
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		,	
\$	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		5	0
Assets				6	0
	7	Notes and loans receivable, net		7	0
_	8	Inventories for sale or use	903,662	8	937,169
	9	Prepaid expenses and deferred charges	3,293,909	9	3,293,148
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 104,449,621			
	Ь	Less accumulated depreciation		10c	42,751,335
	11	Investments—publicly traded securities	45,423,995	11	29,984,295
	12	Investments—other securities See Part IV, line 11	36,458,086	12	70,184,424
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets	3,289,890	14	3,241,864
	15	Other assets See Part IV, line 11	15,459,671	15	17,058,242
	16	Total assets. Add lines 1 through 15 (must equal line 34)	183,625,606	16	211,837,028
	17	Accounts payable and accrued expenses	2,307,389	17	1,928,235
	18	Grants payable		18	
	19	Deferred revenue	351,129	19	1,147,163
	20	Tax-exempt bond liabilities	31,755,846	20	31,249,167
Ø	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ge		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	4,032,677	23	4,292,111
	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	9,952,980	25	10,519,427
	26	Total liabilities. Add lines 17 through 25	48,400,021	26	49,136,103
φ O		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete Innex 27 through 29, and lines 33 and 34.			
ž	27	Unrestricted net assets	120,024,932	27	145, 125, 710
<u> </u>	28	Temporarily restricted net assets	15,200,653	28	17,575,215
=	29	Permanently restricted net assets		29	<u> </u>
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and			
ö		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
4	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	135,225,585	33	162,700,925
	34	Total liabilities and net assets/fund balances	183,625,606	34	211,837,028

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				. .
1	Total revenue (must equal Part VIII, column (A), line 12)				
•	Total revenue (mast equal varie viii, column (A), mie 12)	1		148,6	38,623
2	Total expenses (must equal Part IX, column (A), line 25)	2		134,0	74,349
3	Revenue less expenses Subtract line 2 from line 1	3		14,5	564,274
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		135,2	225,585
5	Net unrealized gains (losses) on investments	5		-	989,656
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		1,9	21,410
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		162,7	00,925
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. F
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	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 sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	it of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	า			
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?	e	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

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As Filed Data -

DLN: 93493128016065

OMB No 1545-0047

SCHEDULE A Publi

(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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization GETTYSBURG HOSPITAL

Employer identification number

23-1352220

Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All or	ganızatıor	s must com	plete this	part.) See		 5.	
				e foundation becaus								
1		A churc	h, conventi	on of churches, or as	ssociation o	fchurches	described in	section 170	(b)(1)(A)(i).			
2			•	in section 170(b)(1								
3	<u> </u>	A hosp	ıtal or a coo	perative hospital se	rvice organi:	zatıon desc	rıbed ın secti	on 170(b)(1	.)(A)(iii).			
4	Ē	•		n organization operat	=					(1)(A)(iii).	Enter the	
		hospita	l's name, ci	ty, and state								
5	Г	An orga	anızatıon op	erated for the benefi	t of a college	e or univers	ity owned or	operated by	a governmer	ital unit des	cribed in	
		sect ion	170(b)(1)(A)(iv). (Complete P	art II)							
6	Г	A feder	al, state, or	local government or	r governmental unit described in section 170(b)(1)(A)(v).							
7	Г	_		-	a substantial part of its support from a governmental unit or from the general public							
8	_			n 170(b)(1)(A)(vi). described in sectior	•	•	mnlete Dart	Π.)				
9	<u>'</u>		•	at normally receives			•	•	hutions man	harchin faa	e and are	cc
•	,	_		ities related to its ex	-		* *		•	-	-	55
				oss investment inco								;
			_	janization after June				•		,		
10	Г			, ganızed and operated								
11	Ē			ganized and operated							the purpo	ses of
		the box	that descri	y supported organız bes the type of supp b Type II c	orting organ	nization and	complete lin	es 11e thro	ugh 11h			
е	Γ	other th		ox, I certify that the on managers and otl								
f				received a written de	etermination	from the I	RS that it is a	Type I, Ty	pe II, or Type	III support	ing organ	ızatıon,
			his box									Γ
g			ugust 1/, 2 g persons?	2006, has the organi	zation acce	pted any gr	tt or contribu	tion from an	y of the			
			-	rectly or indirectly o	ontrols, eith	ner alone or	together with	n persons de	escribed in (ii)	Yes	No
				governing body of th			_	•	•		g(i)	
			•	er of a person descri		_					ı(ii)	
			*	lled entity of a perso			above?				(iii)	
h				ng information about							1	
	i) Nan		(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	u notify	(vi) Is		(vii) A	mount of
	suppo			organization	organizat		the organ		organiza			netary
O	rganiz	ation				ın col (i) suppo	•	col (i) or	-	su	support	
				lines 1- 9 above or IRC section	docume	_	Suppo	,,,,,	III the t	, , ,		
				(see								
				instructions))	Yes	No	Yes	No	Yes	No	┪	
						 	+	+	+	+		
						1						
[ota	1					1	1	1	1	1	1	

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (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						
3	behalf The value of services or facilities						
3	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						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts 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	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is i	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ □
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

Schedule A (Form 990 or 990-EZ) 2013 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

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") 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						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	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) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the state of the sta	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV		formation. Provide the explanations required by Part II, line 10; Part II, lin ne 12. Also complete this part for any additional information. (See instruction	
		Facts And Circumstances Test	
Retu	ırn Reference	Explanation	
		Schodulo A / Form 000 o	000 E7) 201

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493128016065

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.aov/form990.

Open to Public

ema	il Revenue Service		Inspection
	me of the organization TTYSBURG HOSPITAL		Employer identification number
Do	Organizations Maintaining Donor Ad	vised Eunds or Other Similar E	23-1352220
FC	organizations Maintaining Donor Ad organization answered "Yes" to Form 990		unds of Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
ŀ	Aggregate value at end of year		
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	<u> </u>	nor advised Yes No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?		
Pa I	rt III Conservation Easements. Complete if	f the organization answered "Yes" t	o Form 990, Part IV, line 7.
-	Purpose(s) of conservation easements held by the orgonization of land for public use (e.g., recreation Protection of natural habitat Preservation of open space	n or education)	certified historic structure
	Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a qualified conservation contribution in t	the form of a conservation
	,		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified hist	oric structure included in (a)	2c
d	Number of conservation easements included in (c) accommodate structure listed in the National Register	quired after 8/17/06, and not on a	2d
	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	ed by the organization during
	the tax year ►		
	Number of states where property subject to conservat	tion easement is located ►	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easer	ments during the year
	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s during the year
	▶ \$		
	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(H)$?	(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	ne footnote to the organization's financia	
ar	t IIII Organizations Maintaining Collection Complete if the organization answered "\	ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
а	If the organization elected, as permitted under SFAS aworks of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under SFAS : works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	116 (ASC 958), to report in its revenue ets held for public exhibition, education,	statement and balance sheet
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
	If the organization received or held works of art, historical following amounts required to be reported under SFAS		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		<u></u>
			- т

Part	Organizations Maintaining Co	llections of Art, Hi	storic	al Tre	easures, or C)the	r Similar As	sets (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other records, o	check a	ny of th	ne following that	are a	ı sıgnıfıcant use	ofits	
а	Public exhibition	d	Γ	Loan o	r exchange prog	rams	•		
ь	Scholarly research	e	Γ	Other					
c	Preservation for future generations								
4	Provide a description of the organization's co Part XIII	ollections and explain ho	ow they	further	the organizatio	n's ex	xempt purpose	ın	
5	During the year, did the organization solicit of						nılar	-	
Dar	assets to be sold to raise funds rather than t t IV Escrow and Custodial Arrang						ac" to Form (Yes	No
Fai	Part IV, line 9, or reported an an					u	es to rollin.	750,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermedıar	ry for co	ntrıbut	ions or other as:	sets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the follo	owing ta	ble	r				
							Ar	nount	
С.	Beginning balance				-	1c			
d	Additions during the year				-	1d			
e •	Distributions during the year				-	1e			
f	Ending balance		_		l	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21	7					│ Yes	Г No
ь	If "Yes," explain the arrangement in Part XII	<u> </u>							<u>'</u>
Pa	rt V Endowment Funds. Complete		nswere b)Prior ye		''' to Form 990 o (c)Two years bac			(e)Four y	ears hack
1a	Beginning of year balance	15,200,653		66,389	13,835,96		9,889,081	(C)i oui y	223,090
ь	Contributions	648,190	1	77,857	242,03	2	126,547		1,021,444
c	Net investment earnings, gains, and losses	1,902,998	1 2	00 073	E2 E6	1	2 022 002		
d	Grants or scholarships	1,902,990	1,3	09,972	53,56	1	3,922,083		225,604
e	Other expenditures for facilities					+			
	and programs	176,626	1	53,565	265,17	1	101,744		
f	Administrative expenses					_			9,889,081
g	End of year balance	17,575,215	•	00,653	13,866,38	9	13,835,967		9,889,081
2	Provide the estimated percentage of the curi	ent year end balance (I	ıne 1g,	column	(a)) held as				
а	Board designated or quasi-endowment ►								
b	Permanent endowment ►								
C	remporarily restricted endowment	000 %							
	The percentages in lines 2a, 2b, and 2c show	•							
За	Are there endowment funds not in the posses organization by	ssion of the organization	n that a	re held	and administere	d for	the	Yes	No
	(i) unrelated organizations						За		No
	(ii) related organizations						3a(ii) Yes	
b	If "Yes" to 3a(II), are the related organization	· ·					3	y Yes	<u> </u>
4	Describe in Part XIII the intended uses of the				1.154				
Par	t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line :		organı	zation	answered Ye	s' to	Form 990, Pa	art IV, li	ne
	Description of property			Cost or o (Investm			(c) Accumulated depreciation	(d) Bo	ok value
1a	Land				14	0,421			140,421
	Buildings				53,29	-	20,422,36	9 3	2,872,719
	easehold improvements				1,51	5,476	938,80	4	577,672
d I	Equipment				11,28	3,816	10,316,07	9	967,737
	Other				38,21	3,820		4	8,192,786
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part X, co	lumn (B), line 1	0(c).)	•		4	2,751,335
, J.Ca		quai i oiiii 330, Fait A, CO.	anni (D	,, iiii	· (C/-/ · · ·	•	Schedule I		

Part VIII Investments—Other Securities. Comp	plete if the organization a	answered 'Yes' to Forr	n 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of va	
(including name of security)		Cost or end-of-year r	narket value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	70,184,424		
Part VIII Investments—Program Related. Con			rm 990, Part IV, line 11c.
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	
		Cost of end-of-year i	narket value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		D+ 11/ los- 11 d C 5	000 D 15
Part IX Other Assets. Complete if the organization (a) Descrip		, Part IV, nne IId See F	(b) Book value
(1) Due from affiliates			(-,
(2) Unamortized Bond Issue Costs			179,948
			·
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.			17,058,242
Part X Other Liabilities. Complete if the organ	ization answered 'Yes' to	Form 990, Part IV, li	ne 11e or 11f. See
Form 990, Part X, line 25. 1 (a) Description of liability	(b) Book value		
	(=, 200), Falue		
Federal income taxes Accrued Payroll and Payroll Taxes	2 170 765		
Accrued Payroll and Payroll Taxes Accrued Sales Tax	2,178,765		
Accrued Vacation	2,222,830		
Derivative Valuation	5,089,232		
Due to Affiliates	1,021,028		
Note Payable - WRRRG	5,688		
	3,000		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	10,519,427		

ıncluded ın F/S

	•			
Part		evenue per Audited Financial Statements With Revenue preserved 'Yes' to Form 990, Part IV, line 12a.	er R	eturn Complete If
1	_	r support per audited financial statements	1	159,013,796
2	· - ·	t not on Form 990, Part VIII, line 12		133,013,730
a		ments		
a b	-	acilities		
c		5		
d				
	Add lines 2a through 2d .		2e	10,989,656
е 3	•		3	
4		0, Part VIII, line 12, but not on line 1		148,024,140
		uded on Form 990, Part VIII, line 7b . 4a		
a b				
		· · · · · · · · · · · · · · · · · · ·	4-	614402
C -		4c. (This must equal Form 990, Part I, line 12)	4c 5	614,483
5 Dart		xpenses per Audited Financial Statements With Expenses		148,638,623
rait		swered 'Yes' to Form 990, Part IV, line 12a.	, hei	Return. Complete
1		audited financial statements	1	126,131,430
2		t not on Form 990, Part IX, line 25		
а		ocilities		
b	Prior year adjustments		1	
c			1	
d			-	
e			2e	
3	_		3	126,131,430
4		0, Part IX, line 25, but not on line 1:	Ť	
a		uded on Form 990, Part VIII, line 7b 4a		
b				
c			4c	7,942,919
5		nd 4c. (This must equal Form 990, Part I, line 18)	5	134,074,349
	XIII Supplemental Inf			154,074,545
Prov Part	de the descriptions required for	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		de any additional
	Return Reference	Explanation		
	, Line 4 Intended uses of the ment fund	The funds were used to improve the health and welfare of the residents of Pennsylvania	York	and Adams counties of
	FIN48 Footnote I, Line 4b Other revenue	In June 2006, the Financial Accounting Standards Board (FASB) issued accounting for Uncertainty in Income Taxes-an interpretation of FASB S Accounting for Income Taxes (FIN 48), which creates a single model to a positions and clarifies the accounting for income taxes by prescribing the threshold a tax position is required to meet before being recognized in the the requirements of FIN 48, tax-exempt organizations could now be required to result of a tax position they have historically taken or various tax 48, the determination of when to record a liability for tax exposure was because considered probable and reasonably estimable in accordance with SF Contingencies. On July 1, 2007, the parent company, WellSpan Health, a Health determined that it does not have any uncertain tax positions through the stricted Contributions (Net) \$471564 Revenue netted against expense	tatem addres mining finar ired to expos ased o FAS N idopte igh Ju	ent NO 109, as uncertainty in tax mum recognition icial statements. Under precord an obligation ure items. Prior to FIN in whether a liability o 5, Accounting for d FIN 48 WellSpan ne 30, 2014
amour includ	ts included on 990 but not ed in F/S	against rental revenue \$-293505 Grant - WellSpan Medical Group \$7045000 Grant - WellSpan Health \$75		
	II, Line 4b Other revenue its included on 990 but not	against expense \$436424 Expenses netted against revenue \$-293505	,5000	Nevellue liettea

•	<u> </u>					
Part XIII	Part XIII Supplemental Information (continued)					
Ret	turn Reference	Explanation				

Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493128016065

OMB No 1545-0047

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization GETTYSBURG HOSPITAL

Employer identification number

23-1352220

Pa	rt I Financial Ass	sistance and	d Certain (Other Community	Benefits at Cost				
_	D 111				A T C HALL H			Yes	No
	Did the organization hav		•			on 6a	1a	Yes	
	If "Yes," was it a written						1b	Yes	
2	If the organization had n financial assistance poli		•			oplication of the			
	Applied uniformly to Generally tailored to	-			nly to most hospital fac	cilities			
3	Answer the following bas			nce eligibility criteria th	at applied to the larges	t number of the			
а	Did the organization use If "Yes," indicate which					providing <i>fre</i> e care?	За	Yes	
	r 100% r 150% r	200% ┌ 0	ther		%	-	Ju	163	
b	Did the organization use which of the following wa						3b	Yes	
	┌ 200% ┌ 250% ┌	300%	50% Г 400	0%		%			
c	If the organization used criteria for determining e used an asset test or ot discounted care	ligibility for fre	e or discoun	ted care Include in the	description whether the	e organization			
4	Did the organization's fir							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
5a	provide for free or discound the organization bud the tax year?	get amounts fo	r free or disc	ounted care provided u	nder its financial assist		<u>4</u>	Yes	
ь	If "Yes," did the organize						<u>5a</u> 5b	Yes	
	If "Yes" to line 5b, as a			•	_		<u> </u>	103	
	care to a patient who wa	_				- F	5c		Νo
	Did the organization pre		•		r?		6a	Yes	
b	If "Yes," did the organiza			•			6b	Yes	
	Complete the following t worksheets with the Sch		worksneets p	provided in the Schedule	e H INSTRUCTIONS DO NOT	submit these			
7	Financial Assistance	and Certain	Other Com	munity Benefits at Co	st				
	ancial Assistance and Means-Tested	(a) Number of activities or programs	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community bene expense	٠, ١	f) Percer otal expe	
G C	overnment Programs Financial Assistance at cost	(optional)	, ,				+		
b	(from Worksheet 1) Medicaid (from Worksheet 3,		4,178	2,772,396		2,772,3	96	2 0	70 %
С	column a)		21,344	14,650,085	6,063,230	8,586,8	55	6 4	00 %
	government programs (from Worksheet 3, column b) .						\perp		
d	Total Financial Assistance and Means-Tested Government Programs .		25,522	17,422,481	6,063,230	11,359,2	:51	8 4	70 %
	Other Benefits								
е	Community health improvement services and community benefit operations	49	15 450	675 471	F1 220	624.3	E1	0.4	70 0/
f	(from Worksheet 4) Health professions education	48	15,450	675,471	51,220	624,2		0.4	70 %
g	(from Worksheet 5) Subsidized health services	2	25	892			92		
h	(from Worksheet 6) Research (from Worksheet 7)	2	4,588	117,022	21,707	95,3	15	0 0	70 %
1	Cash and in-kind contributions for community	2		5,111		E 1	11		
j	benefit (from Worksheet 8) Total. Other Benefits	54	20,063	798,496	72,927	5,1 725,5	-	0 54	40 %
-	Total. Add lines 7d and 7 ₁ .	54	45,585	18,220,977	6,136,157	12,084,8	-		10 %

Par	Community Building activities during the of the communities i	tax year, an								uıldın	
	or the communices i	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	1 ' '	rect off revenue	-	(e) Net communit building expense		(f) Perc total ex	
1	Physical improvements and housing	, ,									
2	Economic development										
3	Community support	1		5,07	1			5	071		
4	Environmental improvements			5,01					0,1		
	Leadership development and training										
6	for community members Coalition building	1	43	76	_				765		
	Community health improvement	1	43	70	,				703		
8	advocacy Workforce development								-		
9	Other										
10	Total	2	43	5,83	6			5,	836		
	Bad Debt, Medicar	e, & Collec	tion Practic	es						1	
	on A. Bad Debt Expense Did the organization report bac	d dobt ovnons	n in accordance	with Hoathcaro Fir	ancial M	20200	mont A	scociation [Yes	No
1	Statement No 15?			with Heathcare Fir		anage		ssociation .	1	Yes	
2	Enter the amount of the organi				e						
3	methodology used by the orga Enter the estimated amount of				· ·	2		4,848,504			
3	patients eligible under the org	anızatıon's fina	ancıal assıstan	ce policy Explain i	n Part VI						
	the methodology used by the cany, for including this portion of					3		197627			
4	Provide in Part VI the text of t						ribes hi	187,637			
-	or the page number on which t						lines no	ad debt expense			
Secti	on B. Medicare										
5	Enter total revenue received fi			•		5		39,356,474			
6	Enter Medicare allowable cost		,			6		67,341,052			
7 8		6 from line 5 This is the surplus (or shortfall)									
0	Also describe in Part VI the c	scribe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit o describe in Part VI the costing methodology or source used to determine the amount reported on line 6 eck the box that describes the method used									
	Cost accounting system	▽ c∘	st to charge ra	tio Г	O ther						
Secti	on C. Collection Practices										
9a	Did the organization have a wr								9a	Yes	
b	If "Yes," did the organization's contain provisions on the colleassistance? Describe in Part 1	ection practice	es to be followed	d for patients who a	re known	to qua	lify for	financial	9b	Yes	
Par	t IV Management Comp	anies and 3	Joint Ventur	es (owned 10% or more by	officers, dire	ectors, tr	ustees, ke	y employees, and physicia	ans—se	e instruct	ions)
	(a) Name of entity	(t	 Description of principle activity of entition 		(c) Organı profit % o ownersh	r stock	e) Officers, directors, trustees, or key mployees' profit % stock ownership %	pro	Physic ofit % or ownershi	stock
1 PH	O of Gettysburg	Educate & prov	health network		!	50 000 °	/o			50 0	000 %
2 We	/ellSpan RRRG Risk Retention Group 13 200 %										
3									T		
4							+		+		
5							+		+		
									+		
6											
7											
8											
9											
10									+		
11							+		+		
12							-				
13		1							+		

Part V Facility Information	Part V Facility Information									
Clist in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2 Name, address, primary website address,	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other		
and state license number		<u> </u>							Other (Describe)	Facility reporting group
See Additional Data Table										
	-									
l - 										

Schedule H (Form 990) 2013

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Α

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: lir	ie number o	f
hospital facility (from Schedule H, Part V, Section A)		

			Yes	No
Con	nmunity Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
а	A definition of the community served by the hospital facility			
b	Demographics of the community			
c	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	How data was obtained			
е	The health needs of the community			
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	The process for consulting with persons representing the community's interests			
i	Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA $$ 20 $$ $$ $$ 20 $$ $$ $$ $$ $$ 20 $$ $$ $$ $$ $$ $$ $$ $$ $$ $$			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital	٣	1 03	\vdash
	facilities in Part VI	4	Yes	-
5	Did the hospital facility make its CHNA report widely available to the public?	5	Yes	ــــــ
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	Hospital facility's website (list url) www wellspan org			
b	, ,			
C	A vailable upon request from the hospital facility			
d	Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
	Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
	Execution of the implementation strategy			
	Participation in the development of a community-wide plan			
	Participation in the execution of a community-wide plan			
	Inclusion of a community benefit section in operational plans			
	Adoption of a budget for provision of services that address the needs identified in the CHNA			
_	Prioritization of health needs in its community			
	Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		No
	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			
	Schodulo H /F			2012

P	art V Facility Information (continued)			
Fir	ancial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 0000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Used FPG to determine eligibility for providing discounted care?	11	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 0000% If "No," explain in Part VI the criteria the hospital facility used			
12	Explained the basis for calculating amounts charged to patients?	12	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
а	▼ Income level			
Ь	Asset level			
c	Medical indigency			
d	▼ Insurance status			
e	Uninsured discount			
f	Medicaid/Medicare			
а	State regulation			
h	Residency			
i	Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	13	Yes	
	Included measures to publicize the policy within the community served by the hospital facility?	14	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
а	The policy was posted on the hospital facility's website			
b	The policy was attached to billing invoices			
c	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	The policy was posted in the hospital facility's admissions offices			
e	The policy was provided, in writing, to patients on admission to the hospital facility			
f	The policy was available upon request			
g	Other (describe in Part VI)			
Bil	ling and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	1 =	_{v a a}	
16	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes	
	the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
а	Reporting to credit agency			
b	Lawsuits			
C	Liens on residences			
d	Body attachments			
е	Other similar actions (describe in Section C)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	17		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
а	Reporting to credit agency			
b	Lawsuits			
C	Liens on residences			
d	Body attachments			
_	Other similar actions (describe in Section C)	l	I	

If "Yes," explain in Part VI

Pa	art V Facility Information (continued)			
18	Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)			
а	Notified individuals of the financial assistance policy on admission			
b	Notified individuals of the financial assistance policy prior to discharge			
C	Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bil	lls		
d	Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	Other (describe in Section C)			
Ро	licy Relating to Emergency Medical Care			
			Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19	Yes	
	If "No," indicate why			
а	The hospital facility did not provide care for any emergency medical conditions			
b	The hospital facility's policy was not in writing			
C	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d	Other (describe in Part VI)			
Ch	arges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)			
20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP- eligible individuals for emergency or other medically necessary care			
а	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
C	The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	Other (describe in Part VI)			
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	21		No
	If "Yes," explain in Part VI			
22	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any	22		No

Schedule	Η	Form	990	2013
Schedule		(1 01111	,,,,,,	, 2013

Page 7 **2**

Part V	Facility	Information	(continued)

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1_J, 3, 4, 5d, 6_I, 7, 10, 11, 12_I, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

	33113111
Form and Line Reference	Explanation
See Additional Data Table	

Schedule H (Form 990) 2013

Gettysburg, PA 17325

Part V Facility Information (continued)

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

How	many non-hospital health care facilities did the	e organization operate during the tax year?10
\.\.		Turn of Footby (decombs)
	e and address	Type of Facility (describe)
1	Aspers Health Center	Imaging Services, Lab Services, Coumadin Clinic,
	2060 Carlisle Road	Rehabilitation
_	Gettysburg, PA 17304	
2	Adams Health Center	Lab, Oncology, Diabetes Education, Imaging, Physical Medicine
	40 V-Twin Dr	Rehab, Sleep Lab, Infusion
	Gettysburg, PA 17325	Course les Clause Polosis Lais Courses
3	Towne Center	Coumadin Clinic, Rehab, Lab Services
	4910 Fairfield Rd Fairfield, PA 17320	
	,	Diagnostic Cabadulina Camuas
4	Gettysburg Family Practice 524 South Washington St	Diagnostic Scheduling Service
	Gettysburg, PA 17325	
5	Washington Street Health Center	Imaging, Pre-hospital Assessment Services, Coumadin
,	450 S Washington St	Clinic,Maternal Fetal Medicine and Women's Servi
	Gettysburg, PA 17325	Chine, Material Fetal Medicine and Women's Servi
5	West Street Plaza	Outpatient Surgical Center
•	236 West Street	o dipatient surgical center
	Gettysburg, PA 17325	
7	ALSU-Littlestown	Advanced Life Support
•	40 E King St	Travalleda Elle Bapport
	Littlestown, PA 17340	
8	Deatrick Commons Complex	Imaging, Rehabilitation
	18 Deatrick Drive	3 3,
	Gettysburg, PA 17325	
9	Thurmont Professional Center	Lab Services
	52 Water St	
	Thurmont, PA 21788	
10	Herrs Ridge	Rehabilitation
	820 Chambersburg Rd	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 6a - Related Organization Community Benefit Report	Community Benefit Information is included in the Community Benefit Report for WellSpan Health

Form and Line Reference	Explanation
To Estimate Bad Debt Expense	The number was calculated using the cost to charge ratio factor applied against actual patient bad debt write-offs These numbers are included after all efforts have been exhausted to determine if the patient meets our charity care write-off policy based on federal poverty levels

Form and Line Reference	Explanation
Estimated Amount & Rationale for	The estimate of bad debt attributable to charity care policy was calculated by dividing the bad debt amount that was originally coded bad debt but later found to qualify as charity care by the amount coded to the charity care write-off codes. This ratio is applied to the bad debt cost factor expense.

Form and Line Reference	Explanation
	The Company provides an allowance for doubtful accounts for estimated losses resulting from the unwillingness or inability of patients to make payments for services. The allowance is determined by analyzing specific amounts and historical data and trends. Patient accounts receivable are charged off against the allowance for doubtful accounts when management determines that recovery is unlikely and the Company ceases collection efforts. Losses have been consistent with management's expectations in all material respects.

Form and Line Reference	Explanation
Shortfall As Community Benefit	Gettysburg Hospital maintains records to identify and monitor the level of charity care and community service it provides. These records include the amount of charges forgone based on established rates for services and supplies furnished under its charity care and community service policies and the estimated cost of those services. Payments from Medicare are generally less than Gettysburg Hospital's costs of providing the service.

Form and Line Reference	Explanation
Part III, Line 9b - Provisions On Collection Practices For Qualified Patients	Guidelines for suggested minimum number of phone attempts and letters to be sent before the account is turned over to an outside collection agency are included in the Patient Administrative Services Policy Upon final PARO (Payment Assistance Rank Ordering) scoring, if a patient qualifies for presumptive charity, their account would not be forwarded to any third party collections. It shall be the policy of Patient Administrative Services to recommend accounts to Bad Debt on a timely basis. Inpatient/Outpatient accounts will go to bad debt automatically after the account has been in the financial class Pending Bad Debt for 30 days. All accounts must follow the approved limits for refunds and write offs, as established in Policy PF-102, before being transferred. The primary agencies will work the accounts for 6 months or until they feel it is uncollectable and return the account. The accounts are forwarded to secondary agencies from the primary agencies. Closed and Return Reports. The financial class is changed to Bad Debt Other after the Closed and Return Reports are received from the Secondary Agency. The agencies must get written approval from the manager in the relatively rare instance of legal action being taken to collect the debt.

Form and Line Reference	Explanation
Part VI - Needs Assessment	In the early 1990s, our organization began developing new ways of working more closely with hits communities. The first Community Health Assessment for Adams County was completed in 1997 Since that time, we've completed health assessment for Adams County as a doubted in 1997 Since that time, we've completed health assessments in 1997, 2000, 2005, 2008 and 2 012 These are led by the regional health coalition, Healthy Adams County Coalition, which we support and are done collaboratively with other community partners. The assessments ev aluate the health of Adams County as a whole, and often target specific geographic or demo graphic segments for further study - such as the growing Latino Population. The gathering of data is one component of the health assessment process. As a community, the data is ut Ized as a basis of public meetings and forums to identify priorities for the community. These involve stakeholders from health and human services, government, business and others ectors. Our system-wide planning committee, which includes Gettysburg Hospital Board member is an our Gettysburg Hospital Board dedicates a meeting to this topic and the priorities identified are used to define our organization's community health objectives in its annual plan The Community Health Assessment is distributed and utilized broadly in the community and provides other organizations as well as our own with more datadiver pictures of the issues and needs facing our community. Our focus is to understand the health status and behaviors of those residing in Adams County, prioritize resident and dentify community needs, and respond to those needs through the implementation of evidence-based strategies. In the recent 2012 Assessment, 809. Adams County adults were interviewed and served as a sample of the patients with whom our organization daily interacts. These individuals are geographically distributed cross 48 zip codes and represent the diversity - age, gender, race/et hincity, educational background, and socioeconomic status - of th

Form and Line Reference	Explanation
Part VI - Needs Assessment	ne a larger group of interested parties including community-based organizations (YMCA/YWC A), faith communities, healthcare insurers and providers, law enforcement agencies, local school districts, social service organizations, and, the general public to brainstorm about how to effect community change that improves health status and encourages positive health behaviors. As with past assessments, the lead researcher for the 2012 CHNA served as the keynote speaker and presented the overall results. A combination of general and breakout sessions were then employed to identify priorities and associated programmatic opportunities. The 2012 CHNA provided the most robust data, to date, and has enabled our organization to better integrate its results into our annual organizational and entity-level planning processes. Our system-wide Community Benefit Council, comprised of representation from both acute care facilities, and service line and corporate leadership, reviewed the CHNA results and identified four key priorities for the organization, including each of our three h ospitals adult overweight/obesity, avoidance of healthcare because of cost, depression, and, tobacco use CHNA results continue to be shared at varying levels of our organization and are foundational to the creation of entity-level objectives and associated evaluation indicators in our community health implementation strategy. Our CHNA was finalized and made available to the public in fiscal year 2013. The implementation strategy for WellSpan He alth (The WellSpan Community Health Improvement Plan) was developed during fiscal year 2013. and is attached to this return. The CHNA process is continuous in that, for example, 2012. Plan objectives are being implemented as planning for the 2015. Community Health Needs. As sessment is underway.

Form and Line Reference	Explanation
Part VI - Patient Education of Eligibility for Assistance	For more than a decade, our organization has been working to improve access to care - based on the community health assessment's prioritization of medical, dental and oral health access as high. A key element of our strategy in addressing this need is to reach beyond simply informing patients about our patient assistance policies to proactively identifying patients without access and connecting them to available public and community programs. Outreach is conducted through programs like Health Connect, a mobile health program which travels throughout the county and takes care of immediate medical issues, while seeking opportunities to link unconnected individuals with a primary care provider and health insurance and charity care options. WellSpan also sponsors case managers within Healthy York Network (HYN) to support patient enrollment in public programs (i.e., Medicaid), health insurance marketplace options or in its own HYN discounted care program, which is based on the charity care guidelines of health care providers. In this time of healthcare reform, Healthy York Network has focused on communicating changes clearly to members and has provided support in directing members to the health insurance marketplace and other resources. Patient education is also provided by identifying special resources for at risk populations, including members of racial and ethnic minority communities, and supporting lay Community Health Workers to guide people toward enrollment options. Finally, through a multi-year initiative to ensure awareness among all people who qualify for charity care and financial assistance, our website has been updated, our enrollment processes and late bill communications have been simplified, the provision and availability of financial support resources at high visibility care sites has improved, and our partnership with our local Federally Qualified Health Center (FQHC) for early identification and qualification of patients has been strengthened.

Form and Line Reference	Explanation
Part VI - Community Information	To the casual observer, our service area could be described as one community. The combined population of York and Adams counties is over 545,000 people. This population is expected to increase by 4% or 21,000 people over the next five years. The York/Adams population is growing older. While the 18-44 age group comprises the largest segment of the population, this group will experience nominal growth through 2017. Most growth will occur in the 45-64 (4% or 6,300 people) and the 65+ (18% or 14,000 people) age groups. This shift is occurring as the baby boom generation ages, as people live longer due to healthy lifestyles and medical advances, and as retirees move from the Baltimore/Washington metro area to Southern York and Adams counties to find a safer, lower cost lifestyle. Although the overall population growth projected for the York/Adams area over the next five years is moderate, the changing demographic profile of the population will result in elevated incidence rates for both acute and chronic disorders that present themselves ever increasingly as the population ages. Adams County is situated along the Mason-Dixon line in south-central. Pennsylvania. Harrisburg, the state capital, is located 36 miles north of Gettysburg, the county seat. The outer suburbs of Washington, DC and Baltimore are within an hours drive from many county communities. Surrounding Counties in Clude Cumberland, Franklin and York in Pennsylvania, and Carroll and Frederick Counties in Maryland Generally and historically, employment rates are better than state and national averages but the composition of the workforce contains more manufacturing, production and tourism related business. An assessment of general health status is gathered as part of Community Health Assessments. The percent of adult in Adams County rating their health as fair or poor was 16.4%. Our in-depth knowledge of the community, gathered through community health assessments and focused studies during the past 15 years, however, show that our service area is not made

Form and Line Reference	Explanation
Form and Line Reference Part VI - Explanation Of How Organization Furthers Its Exempt Purpose	Historically, our organization has taken planned steps to build community capacity that ad dress complex health issues as identified by the Community Health Needs Assessments we con duct Our involvement and support of a county health coalition - Healthy Adams County - ha se engaged hundreds of community members in community health improvement nitratives. Examp les of past initiatives include supporting the establishment of a Federally-Qualified Health Center (FQHC) to increase to undeserved individuals, improving adolescent health and decrease teenage pregnancy rates through targeted task force initiatives, sponsoring leader ship conferences for 7th grade girls and boys, increasing awareness of domestic violence through education and community trainings, and, educating female immates of the county correctional facility on the benefits of leading a tobacco-free lifestyle. In addition, we have a provided leadership to the York-Adams Metropolitan Medical Response System (YAMMRS), a local coalition seeking to improve coordination in the event of a regional disaster. Adams County is a small, well-connected community which has the capacity to engage various organ izations in collaborative projects. The collaborative culture of Adams County has made task forces like the Adams County residents through programs such as Healthy Adams County a ffiliated task force, the Food Policy Council successful As a Healthy Adams County and fifted before for Adams County Food Policy Council programs such as Healthy Options. This program, led by the Adams County Food Policy Council programs such as Healthy Adams County extends the mission of WellSpan Health throughout the county and promotes ownership of community issues while also enhanicing the health of the community by focusing on the CHNA priorities. This year, in partnership with the Healthy York County Coa lition and WellSpans Health Community Health and Wellness department, the Healthy Adams County will launch a depression awareness campaign called Feeling Blue in early Novemb
	Childrens Advocacy Center I n order to gain access to underserved groups in need of car seats and car seat inspections. In addition, WellSpan Health-Gettysburg Hospital continues to support and promote tobacc o cessation programs throughout the community and

Form and Line Reference	Explanation
Part VI - Explanation Of How Organization Furthers Its Exempt Purpose	is enhancing the referral process for providers, community organizations, and employers I n 2014, WellSpan Health successfully submitted a grant application to the American Lung As sociation, with the proposed launch in the summer of 2014 Both in the hospital and across our health system, community members actively volunteer their time to support activities and initiatives, and generously donate funds to the organization During the fiscal year, approximately 2,000 individuals across the system volunteered a total of 170,000 hours of service, equivalent to approximately \$3,500,000 In addition, the Gettysburg Hospital Foun dation raised \$751,700 to support an array of health services and programs, and the Hospit al Auxiliary remains committed to also providing support through community partnerships and fundraising

Form and Line Reference	Explanation
Part VI - Affilated Health Care System Roles and Promotion	WellSpan Health is an integrated health system serving the Adams-York-Northern Lancaster county region. As a community-based, not-for-profit organization, WellSpan is dedicated to improving the health and well-being of the people it serves. WellSpan will assume a leadership role and develop partnerships with other organizations to improve access to coordinated, high-quality, cost-effective health care services, educate the health care providers of tomorrow, promote healthy lifestyles and lifelong wellness, and make its local communities healthier, more desirable places to live, work, and play. Gettysburg Hospital works with other parts of the system to provide a comprehensive approach to meeting community needs. WellSpan Health includes. Gettysburg Hospital, York Hospital, WellSpan Surgery and Rehabilitation Hospital, Ephrata Community Hospital, Apple Hill Surgical Center, VNA. Home Health, WellSpan Medical Group, Northern Lancaster County Medical Group, Physician Specialists of Northern Lancaster County Medical Group, WellSpan Population Health. Services, WellSpan Pharmacy, Gettysburg Hospital Foundation, York Health Foundation, Ephrata Community Health Foundation, WellSpan Provider Network and Healthy York Network/Healthy Community Pharmacy. Gettysburg Hospital's community benefit report is contained in a report prepared by their parent organization, WellSpan Health. See Attached Federal Supplemental Information. WellSpan Health.

Form and Line Reference	Explanation
Part VI - States Where Community Benefit Report Filed	PA

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1_J, 3, 4, 5d, 6_I, 7, 10, 11, 12_I, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line	Explanation
Reference	
Part V, Line 3 - Account Input from Person Who Represent the Community	In the early 1990s, WellSpan Health-Gettysburg Hospital began developing new ways of work in gmore closely with its communities. The first Community Health Needs Assessment for Adam's County was completed in 1997, with subsequent assessments conducted in 1997, 2000, 2005, 2008 and 2012. These are led by the county health coalition, Healthy Adams County, which we support and are done collaboratively with other community partners. The assessments eval luste the health of Adams County as a whole, and often target specific geographic or demog raphic segments for further study such as the growing Latino Population Gathering data is one component of the community health needs assessment process and, as a community, is used at public meetings and forums to dentify priorities for the community. These involve stakeholders from health and human services, government, business and other sectors. Our system-wide planning committee, which includes Gettysburg Hospital Board dembers and our Gettysburg Hospital Board dedicates a meeting to this topic and the priorities identified a re used to define our organization's community health objectives in its annual plan The Co munity Health Needs Assessment is distributed and utilized broadly in the community and provides other organizations, as well as our own, with a more data-driven picture of the is sues and needs facing our community. Our focus is to understand the health status and beha viors of those residing in Adams County, prioritize results and identify community needs, and respond to those needs through the implementation of evidence-based strategies. In the recent 2012 Assessment, 809 Adams County adults were interviewed and served as a sample of the patients with whom our organization daily interacts. These individuals are geographically distributed across 48 zip codes and represent the diversity - age, gender, race/ethn icity, educational background, and socioeconomic status - of the community our organization of a contractive community and prograndations of the commun

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.		
Form and Line Reference	Explanation	
Part V, Line 3 - Account Input from Person Who Represent the Community	opulations A consultant to conduct the CHNA has been identified and secured, with the int ent to begin data collection in the fall of 2014 and release results at a community forum in June 2015	

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part V, Line 4 - List Other Hospital Facilities that Jointly Conducted Needs Assessment	York Hospital and WellSpan Surgery and Rehabilitation Hospital

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part V, Line 5c - Description of Making Needs Assessment Widely Available	The 2012 CHNA provided the most robust data, to date, and has enabled our organization to better integrate its results into our annual organizational and entity-level planning processes. Our system-wide Community Benefit Council, comprised of representation from both acute care facilities, and service line and corporate leadership, reviewed the CHNA results and identified four key priorities for the organization, including each of our three hospitals adult overweight/obesity, avoidance of healthcare because of cost, depression, and, tobacco use. CHNA results continue to be shared at varying levels of our organization and are foundational to the creation of entity-level objectives and associated evaluation indicators in our community health implementation strategy. Our CHNA was finalized and made available to the public in fiscal year 2013. The implementation strategy for WellSpan Health (The WellSpan Community Health Improvement Plan) was developed during fiscal year 2013 and is attached to this return. Results from the CHNA are available on the Healthy Adams County website (www.healthyadamscounty.org) and the WellSpan Health website (www.wellspan.org) and also upon request.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1], 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.							
Form and Line Reference	Explanation						
Part V, Line 7 - Explanation of Needs Not Addressed and Reasons Why	Public health research recommends that a root cause approach be utilized to address many chronic disease, diabetes, respiratory ailments, and overweight/obesity. A focus on improving healthy eating and physical activity behaviors and reducing tobacco use has demonstrated efficacy in reducing the impact of various chronic conditions. A few cardiovascular indicators were ranked high by Community Benefit Council members, but not selected as priorities. These include those who have high blood pressure and high cholesterol, and those who have been told that they have heart disease, heart attack, or stroke risk indicators. Council members felt that the root causes of these conditions - unhealthy eating, physical inactivity, and tobacco use - were already part of the selected priorities - adult overweight/obesity and tobacco use.						

1), 3, 4, 5d, 6	upplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions ty in a facility reporting group, designated by "Facility A," "Facility B," etc. Explanation
Part V , Line 14g - Other Means Hospital Facility Publicized the Policy	Our organization maintains its commitment to improving access to care, based on the community health needs assessment's prioritization of medical, dental and oral health access as high. A key element of our strategy in addressing this need is to reach beyond simply informing patients about our patient assistance policies to proactively identifying patients without access and connecting them to available public and community programs. Outreach is evident through Community Health Workers and health coaches, who actively seek out patients and community members and focus on meeting them where they are, working through both medical and social needs. WellSpan also sponsors case managers within Healthy York Network (HYN) to support patient enrollment in public programs (i.e., Medicaid), health insurance marketplace options or in its own HYN discounted care program, which is based on the charity care guidelines of health care providers. In this time of healthcare reform, Healthy York Network focuses on communicating changes clearly to members and provides support in directing members to the health insurance marketplace and other resources. Finally, through a multi-year initiative to ensure awareness among all people who qualify for charity care and financial assistance, our website has been updated, our enrollment processes and late bill communications have been simplified, the provision and availability of financial support resources at high visibility care sites has improved, and our partnership with our local Federally Qualified Health Center (FQHC) for early identification and qualification of patients has been strengthened.

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

Section D.	Other Health	Care Facilities	That Are No	ot Licensed,	Registered,	or Similarly	Recognized	as a
Hospital F				·		-	_	

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
Aspers Health Center 2060 Carlisle Road Gettysburg,PA 17304	I maging Services, Lab Services, Coumadin Clinic, Rehabilitation
Adams Health Center 40 V-Twin Dr Gettysburg, PA 17325	I maging Services, Lab Services, Coumadin Clinic, Rehabilitation
Towne Center 4910 Fairfield Rd Fairfield,PA 17320	I maging Services, Lab Services, Coumadin Clinic, Rehabilitation
Gettysburg Family Practice 524 South Washington St Gettysburg,PA 17325	I maging Services, Lab Services, Coumadin Clinic, Rehabilitation
Washington Street Health Center 450 S Washington St Gettysburg,PA 17325	I maging Services, Lab Services, Coumadin Clinic, Rehabilitation
West Street Plaza 236 West Street Gettysburg, PA 17325	I maging Services, Lab Services, Coumadin Clinic, Rehabilitation
ALSU-Littlestown 40 E King St Littlestown, PA 17340	I maging Services, Lab Services, Coumadin Clinic, Rehabilitation
Deatrick Commons Complex 18 Deatrick Drive Gettysburg, PA 17325	I maging Services, Lab Services, Coumadin Clinic, Rehabilitation
Thurmont Professional Center 52 Water St Thurmont, PA 21788	I maging Services, Lab Services, Coumadin Clinic, Rehabilitation
Herrs Ridge 820 Chambersburg Rd Gettysburg,PA 17325	I maging Services, Lab Services, Coumadin Clinic, Rehabilitation

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General Information on Grants and Assistance

DLN: 93493128016065

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GETTYSBURG HOSPITAL

Schedule I

(Form 990)

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 23-1352220

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
1) Family First Health Suite 200 116 S George St York, PA 17401	23-7118262	501(c)(3)	105,000	0			Op Support Gettysburg Ctr
2) Main Steet Gettysburg 571 W Middle Street Gettysburg, PA 17325	23-2595192	501(c)(3)	10,000	0			General Support
3) WellSpan Health 3350 Whiteford Road York,PA 17402	22-2517863	501(c)(3)	755,000	0			General Support
4) Wellspan Medical Group 3350 Whiteford Road York,PA 17402	23-2730785	501(c)(3)	7,045,000	0			General Support

(a) Type of grant or assistance

(b) Number of

recipients

Research Funding)

(f)Description of non-cash assistance

t 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.	•	

(d)A mount of

non-cash assistance

WellSpan Health It does not cover grants made by the organization Research grants are defined as those that involve "a systematic investigation designed to develop or contribute to generalizable knowledge (45CFR 46 102(d))" and are overseen by Emig Research Center (Policy #619 Extramural

(e)Method of valuation

(book,

(c)A mount of

cash grant

		recipients	cash grant	non cash assistance	FMV, appraisal, other)	
Part IV Supplemental In	nforma	tion. Provide the info	ormation required in Pa	rt I, line 2, Part III, col	umn (b), and any other a	dditional information.
Return Reference	Explana	ation				
Grantmaker's Description of How Grants are Used	All WellSpan non-research grant activities must be coordinated through the York Health Foundation and Gettysburg Hospital Foundation to insure that grant projects are implemented, evaluated, and monitored in accordance with applicable granting agency regulations, with WellSpan policies and procedures, and are consistent with the strategies and priorities of the organization WellSpan has defined the processes by which grants are identified, developed, reviewed, approved, and monitored by the organization. This policy covers non-research grants applied for and received by an entity of					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493128016065

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization GETTYSBURG HOSPITAL

Employer identification number

23-1352220

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments			
	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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	•	V	
	an ectors, trastees, officers, merading the electric bifector, regarding the feelins effected in line 14	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			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		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			
а	The organization?	6a		Νo
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			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation				
See Addıtıonal Data Table							

Schedule J (Form 990) 2013

Part III Supplemental Information

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

Return Reference	Explanation
•	Bruce Bartels, WellSpan CEO, received additional compensation to cover the tax on personal use of his company vehicle until September 30, 2013 Jane
_	Hyde, President of Gettysburg Hospital, received additional compensation to cover housing expenses during her transition into her new position with WellSpan

Schedule J (Form 990) 2013

Additional Data

Software ID: 13000170

Software Version: 2013v4.0

EIN: 23-1352220

Name: GETTYSBURG HOSPITAL

Form 990, Schedule J, Part	[I - Officers, Directors,	Trustees, Key E	Employees, and	l Highest Compe	nsated Employee	S
						_

		 			. 		1	
(A) Name	1	(B) Breakdown of	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Angela Brooks Chief Pathologist	(I) (II)				14,507	22,707	7 357,109	
Bradley Heffner MD A nesthesiologist	(I) (II)		32,028		15,296	40,285	5 400,762	
Bruce Bartels CEO until 09/30	(I) (II)		270,288	1,061,078	770,825	56,525	5 2,952,870	267,300
Charles Marley JrDO VP Medical Affairs	(I) (II)		·					
Edward Mackle MD Director	(I) (II)		298,572	2 6,224	17,825	41,972	2 684,954	
Jane Hyde Pres ex- officio	(I) (II)		50,830		213,851	. 24,234	626,873	
Joseph Edgar VP Operations	(I) (II)		7 32,383	3,762	15,885	35,473	278,610	
Kevin Mosser Director/CEO-WS	(I) (II))) 492,126	168,300	را	591,825	42,447	7 1,294,698	168,300
Mark A Resciniti MD Anesthesiologist	(I) (II)		32,028	6,393	17,825	38,405	5 424,047	
Michael F O'Connor CFO - WellSpan	(I) (II)		141,900	0 8,699	356,775	44,575	5 993,618	141,900
Mitchell E Zuckerman MD Anesthesiologist	(ı) (ıı)	329,461	32,028	6,393	17,825	38,742	2 424,449	
Orville G McBeth Jr MD Director	(I) (II)		5 21,129)	17,594	36,665	5 305,964	+
R Hal Baker Director	(I) (II)		100,320	0 6,751	266,175	40,128	8 730,893	100,320
Richard Seim Director	(I) (II)		132,330					
William Steinour MD Treasurer	(I) (II)	388,998	•		17,825			
1	•			•	-	•	•	

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(Form 990)

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions. DLN: 93493128016065 OMB No 1545-0047

Open to Public

	rtment of the Treasury nal Revenue Service	►Informati	on about Schedule	K (Form 990) and it	s instruction	s is at <u>v</u>	www.ir	rs.gov/for	<u>m 990</u> .				Open to Inspe	o Publi ection	С
	e of the organization									En	nployer i	dentific	ation nu	mber	
	TYSBURG HOSPITAL									23	3-1352	220			
Pa	rt I Bond Issues		T	T	Γ	T	Π								
										(a) De	feased) O n alf of		Pool
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f)	Descriptio	n of purpose	(9)		1	suer	fina	ancing
										Yes	No	Yes	No	Yes	No
A	See Schedule O														
Pa	rt III Proceeds	'	•	•	_										
					<u> </u>	A			В		С			D	
1	A mount of bonds retired												—		
	A mount of bonds legally d	efeased 											—		
3	Total proceeds of issue												<u> </u>		
4	Gross proceeds in reserve														
5	Capitalized interest from p														
6	Proceeds in refunding esc														
7	Issuance costs from proc														
8	Credit enhancement from	proceeds													
9	Working capital expenditu	res from proceeds													
10	Capital expenditures from	proceeds													
11	O ther spent proceeds														
12	O ther unspent proceeds														
13	Year of substantial comple	etion													
					Yes	No	•	Yes	No	Yes		No	Yes	5	No
14	Were the bonds issued as	part of a current refund	ing issue?												
15	Were the bonds issued as	part of an advance refu	ndıng ıssue?												
16	Has the final allocation of	proceeds been made?													
17	Does the organization mai allocation of proceeds?	·	nd records to supp	oort the final											
Par	TENNI Private Busines	s Use													
					-	A			В		C		 	<u>D</u>	
	Was the organization a pa	rtner in a nartnership o	ra member of an I	I C which owned	Yes	No	<u> </u>	Yes	No	Yes		No	Yes	-	No
1	property financed by tax-e		. a member of all L	.20, willen owned											
2	Are there any lease arrang	gements that may resul	t in private busines	ss use of bond-											

financed property?

00110	date it (Form 330) 2013									rage z
Par	Private Business Use (Continued)									
				<u> </u>		В		C		D
_			Yes	No	Yes	No	Yes	No	Yes	No
3a 	Are there any management or service contracts that may result in private b of bond-financed property?	ousiness use								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or outside counsel to review any management or service contracts relating to property?									
С	Are there any research agreements that may result in private business use financed property?	of bond-								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or coutside counsel to review any research agreements relating to the financed									
4	Enter the percentage of financed property used in a private business use by other than a section 501(c)(3) organization or a state or local government	entities •								
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Does the bond issue meet the private security or payment test?									
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bond issued?									
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or d	lisposed of				•		<u>'</u>		- I
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s 1 141-12 and 1 145-2?	sections								
9	Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?									
Par	t IV Arbitrage			•		•		•	•	
		Α			В		С		D	
		Yes	No	Yes	No	Y	es	No	Yes	No
1	Has the Issuer filed Form 8038-T?									
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?									
b	Exception to rebate?									
С	No rebate due?									
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?									
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?									
b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?	_							_	
е	Was the hedge terminated?									

Pa	rt IV Arbitrage (Continued)								
	<u> </u>	Α		Е	3	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?								
7	Has the organization established written procedures to monitor the requirements of section 148?								
Pa	rt V Procedures To Undertake Corrective Action								
		Α	1	E	3	С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

DLN: 93493128016065

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule L (Form 990 or 990-EZ)

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. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

GETTYSBURG HOSPITAL 23-1352220 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 (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part III 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 (b) (d) Loan to (e)Original (f)Balance (i)Written (c) (g) In (h) ınterested Relationship Purpose of or from the principal due default? Approved agreement? with organization? amount bν person loan organization board or committee? Τо Yes Yes No From No Yes Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between (c) A mount of assistance (d) Type of assistance (a) Name of interested (e) Purpose of assistance person interested person and the organization

Part IV Business Transactions Complete if the organiza			e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zatıon's
				Yes	No
(1) Jolene Eyer RN BSN	Eyer Family	59,214	Employee of GH		No
(2) HACC	Harvey VP	210,750	services		No
(3) CE Williams Sons Inc	Williams	110,677	Helı-Pad contract		No
	1		l		ı

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2013

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As Filed Data -

DLN: 93493128016065

OMB No 1545-0047

2013

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Inspection

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization GETTYSBURG HOSPITAL Employer identification number

23-1352220

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

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The Board of Directors initially shall consist of no fewer than twelve and no more than sixteen persons, which shall include (1) The following two "Positional Directors" the then-current President of the Hospital, and the then-current President of the Medical Staff, each of whom shall be subject to ratification by the Member notwithstanding such positions held (2) Three "Medical Staff Directors," each of whom shall be nominated by the Medical Staff and appointed by the Member (3) The balance of directors shall be "At-large Directors", who shall be appointed by the Member at the annual meeting of the Member At-large Directors shall include no fewer than two persons from the Member's Board of Directors or the member's senior management staff, provided, however, that no more than two At-large Directors shall be from the Member's senior management staff All directors shall be selected for their experience, relevant areas of interest and expertise, and ability and willingness to participate effectively in fulfilling the Board of Director's responsibilities and to do so free from any conflicting interests

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	Except as otherwise provided in the Articles of Incorporation or the Bylaws, the affairs of the Hospital shall be managed and directed by its Board of Directors, which shall have responsibility for the control and management of the property, funds, and operations of the Hospital. The Board of Directors shall have full power and authority to do and perform any and all acts and functions that are not inconsistent with the laws governing the operations of the Hospital or the Bylaws or the Articles of Incorporation, provided, however, that except as otherwise provided in the Articles of Incorporation or the Bylaws, the Member may initiate and implement any of the following actions, and if any such action is initiated by the Hospital's usuch action shall not become effective unless approved by the Member, (a) The adoption, amendment, or revocation of the Hospital's Articles of Incorporation or Bylaws, provided, however, that the Member shall not amend such Articles of Incorporation or Bylaws, provided, however, that the Member shall not amend such Articles of Incorporation or Bylaws with respect to changes to the name "Cettysburg Hospital" or with respect to the appointment, term, or removal of the Hospital Board of Directors' approval (b) The termination, liquidation, reorganization, division, conversion, or dissolution of the Hospital Board of Directors' approval (b) The termination, liquidation, reorganization, division, conversion, or dissolution of the Hospital, or the merger, consolidation, or combination of the hospital with another entity, provided, however, that the Member shall not approve the merger of the Hospital into another Member affiliate without the approval of the Hospital Board of Directors and the Member's action with respect to this subject matter shall require the affirmative vote of at least two-thirds of the Board of Directors of the Member than in office (c)Any change or transfer of the Member's membership interest in the Hospital, or the creation or issuance of any additional membership in

Return Reference	Explanation
	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.

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Officers, directors, and key employees fill out a WellSpan Health Conflict of Interest Disclosure Statement 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.

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

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

	Return Reference	Explanation
Other Chan	ges In Net Assets Or Fund Balances - Other Increases	Change in Net Assets of Foundation = \$1855293

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Net assets released from restriction-PPE = \$18412

	Return Reference	Explanation
Othe	er Changes In Net Assets Or Fund Balances - Other Increases	Unrealized Gain on restricted assets = \$47705

Return Reference	Explanation
Schedule K - Tax-Exempt Bonds	\$412,230,0000 of Revenue Bonds for WellSpan Health Obligated Group, Series 2008A, 2008B, 2008C and 2008D were issued 11/12/2008 by General Authority of Southcentral Pennsylvania. The purpose of this bond issue was to refund bonds issued 5/13/2002, 5/17/2005, 6/16/2005, and 6/5/2007. WellSpan Health, the parent organization, allocated portions of the proceeds of this tax-exempt bond issue to York Hospital (22-2517863), Gettysburg Hospital (23-1352220), WellSpan Properties (22-2842252), and WellSpan Specialty Services (23-2899911). In order to remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond issue is reported on the WellSpan Health (22-2517863). Schedule K As of 6/30/14, the allocation of the Debt Capital program was as follows. York Hospital \$229,015,336 (61.37%), WellSpan Properties \$50,791,774 (13.61%), WellSpan Health \$2,347,624 (63%), WellSpan Specialty Services \$59,422,225 (15.92%) and Gettysburg Hospital \$31,573,040 (8.46%). These amounts are reported on the respective balance sheets (Part X Line 20)for each of these entities. The 11/12/2008 issue included reissuance of all unspent proceeds from the refunded 2007 bond issue. Total proceeds of issue includes the original 11/12/2008 issue plus investment earnings on transferred proceeds and the short investment of proceeds between date of issue and payoff on 12/1/2008.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE R**

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization GETTYSBURG HOSPITAL

Related Organizations and Unrelated Partnerships

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

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493128016065 OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

23-1352220

Part I Identification of Disregarded Entities Comple	ete if the organization	answered "Yes" o	n Form 990, P	art 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	D	(f) Irect controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations Complete if the tax year.	the organization a	nswered "Yes'	" on Form 990, P	art IV,	line 34 because it	: had oi	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ction Public charity (if section 501	status (c)(3)) (f) Direct controlling entity		Section (13) cor entit	
See Additional Data Table							Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 99	<u> </u>	Cat No 501	35V	'		Schedule R (For	m 990) 3	2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		rtionate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or aging ner?	(k) Percentage ownership
						Yes	No		Yes	$\overline{}$	
(1) Apple Hill Surgical Center Partners	Surgical Cn	PA	NA				No			No	
PO Box 2767 York, PA 174052767 23-2489452											
(2) Central PA Alliance Laboratories LLC	Ref Lab	PA	NA				No			No	
PO Box 2767 York, PA 174052767 23-2910950											
(3) Littlestown Health Care Partners	Lease facility	PA	NA				No			No	
300 West King Street Littlestown, PA 17340 23-2880464											
(4) Cherry Tree Cancer Center LLP	Radiation	PA	NA				No			No	
PO Box 2767 York, PA 174052767 23-2915628											
	Physical	PA	Ephrata				No			No	
855 Springdale Drive Suite 20 Exton, PA 19341 25-1687903	Therapy Rehab		Hospital								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	Section (b)(contro enti	on 512 (13) rolled
		<u> </u>		<u> </u>	1			Yes	No
(1) Wellspan Pharmacy Inc PO Box 2767 York, PA 174052767 23-2374072	Dispenses pharm & provides IV therapy	PA		С Согр					No
(2) Wellspan Reciprocal Risk Retention Group PO Box 2767 York, PA 174052767 20-0048457	Risk Retention Group	PA	NA	C Corp	769,816	3,106,639	13 200 %		No
(3) York Health Plan PO Box 2767 York, PA 174052767 23-2664989	Preferred Provider Organization	PA	NA	С Согр					No
(4) WellSpan Provider Network PO Box 2767 York, PA 174052767 23-2907828	Coordinate managed care risk contracts	PA	NA	C Corp					No
(5) Apple Hill Condominium Association PO Box 2767 York, PA 174052767 23-2504543	Condo Mgmt Association	PA	N/A	Homeowner Assoc					No
(6) North Lanc Co Phys Hosp Alliance PO Box 2767 York, PA 174052767 23-2421885	Coord Phys & Hospital	PA	NA	С согр					No
		1				'			

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

Yes

f 1 During the tax year, did the orgranization engage in any of the following transactions with one or more $f r$	elated organızatıons lı:	sted 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		No			
c Gift, grant, or capital contribution from related organization(s)				1 c		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)				1 g		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	Yes				
k Lease of facilities, equipment, or other assets from related organization(s)				1k	Yes				
I Performance of services or membership or fundraising solicitations for related organization(s)									
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			
• Sharing of paid employees with related organization(s)				10		No			
p Reimbursement paid to related organization(s) for expenses				1р	Yes				
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									
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount ir	nvolved				
1) Gettysburg Hospital Foundation	m	374,432	General Ledger						

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

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

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

revenue) that was not a related organization. See instructions i																	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(j) General or managing partner?		(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No					
												1					
													_				
			<u> </u>				l					<u> </u>					

Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013

Software ID: 13000170 **Software Version:** 2013v4.0 **EIN:** 23-1352220

Name: GETTYSBURG HOSPITAL

Form 990, Schedule R, Part II - Identification of Re	(b)	(c)	(d)	(e)	(f)	(g	3)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c) (3))	Direct controlling entity	Sectio (b)(contr enti	n 512 13) olled
						Yes	No
(1) Apple Hill Surgical Center Inc	Sole GP in limited ptnrshp operating	PA	501(c)(3)	9	NA		No
PO Box 2767 York, PA 174052767 22-2842253	surgical center						
(1) Gettysburg Hospital Foundation	Fundraising for	PA	501(c)(3)	11 Type 1	NA	Yes	
PO Box 2767 York, PA 174052767	Gettysburg Hospital						
23-2251358 (2) Healthy Community Pharmacy Inc	Reduced rate	PA	501(c)(3)	11 Type 1	NA		No
PO Box 2767 York, PA 174052767	prescription drugs			11.,901			
20-0519121							
(3) VNA Community Services	Home personal care services for elderly and	PA	501(c)(3)	9	NA		No
PO Box 2767 York, PA 174052767 23-2338591	dısabled						
(4) VNA Home Health Services	Home health and hospice care services	PA	501(c)(3)	9	NA		No
PO Box 2767 York, PA 174052767 23-1352573							
(5) WellSpan Health	Integrated Health System	PA	501(c)(3)	11 Type 1	NA		No
PO Box 2767 York, PA 174052767 22-2517863	System						
(6) WellSpan Health Care Services	Health-related activities in the service	PA	501(c)(3)	11 Type 1	NA		No
PO Box 2767 York, PA 174052767 23-2400237	area						
(7) WellSpan Medical Group	Medical and surgical care	PA	501(c)(3)	9	NA		No
PO Box 2767 York, PA 174052767 23-2730785	curc						
(8) York Health Foundation	Charitable	PA	501(c)(3)	11 Type 3	NA		No
PO Box 2767 York, PA 174052767 23-3050192	contributions for WellSpan entities						
(9) York Hospital	Community teaching	PA	501(c)(3)	3	NA		No
PO Box 2767 York, PA 174052767 23-1352222	nespital.						
(10) WellSpan Specialty Services	Mgmt support for	PA	501(c)(3)	11 Type 1	NA		No
PO Box 2767 York, PA 174052767 23-2899911	hospice & home health care services						
(11) Wellspan Properties Inc	Leases outpatient	PA	501(c)(3)	11 Type 1	NA		No
PO Box 2767 York, PA 174052767	facilities to affiliates						
22-2842252 (12) Ephrata Community Hospital	Health care services	PA	501(c)(3)	3	NA		No
PO Box 2767 York, PA 174052767							
23-1370484 (13) Ephrata Community Health Foundation	Fundraising for Ehprata	PA	501(c)(3)	11 Type 1	Ephrata Community		No
PO Box 2767	Hospital				Hospital		
York, PA 174052767 80-0940005							
(14) Northern Lancaster County Medical Group	Medical and surgical care	PA	501(c)(3)	11 Type II	Ephrata Community Hospital		No
PO Box 2767 York, PA 174052767 20-3033058	care				Ποσριταί		
(15) Phys Spec of North Lanc Co Med Gr	Physician Practices	PA	501(c)(3)	11 Type II	Northern Lancaster County Medical Group		No
PO Box 2767 York, PA 174052767 45-2537633							

WellSupported

Working as one to improve the health of our communities, one person at a time.

Community Benefit Report









Supported
Community Impact

Cared For Transforming Care

Committed
How We Help

11

Partnered
Healthy Communities

15

Planned
Lifelong Wellness

20

2014 Community Benefit Report

WellSpan Health's Charitable, Mission:

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

At WellSpan Health, we are proud to be part of the communities of south central Pennsylvania. That's why we are committed to understanding local healthcare needs and working with physicians, community leaders and area residents to provide 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 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.

WellSpan Health includes:

- WellSpan Ephrata Community Hospital
- WellSpan Gettysburg Hospital
- WellSpan York Hospital
- WellSpan Surgery and Rehabilitation Hospital
- Apple Hill Surgical Center
- WellSpan VNA Home Care
- WellSpan Medical Group
- SOUTH CENTRAL Preferred
- WellSpan Pharmacy
- Ephrata Community Health Foundation
- Gettysburg Hospital Foundation
- York Health Foundation
- WellSpan Provider Network

Managed Chronic Care Prepared Learning

28

Served
Our charitable, non-profit mission

31

Advised

WellSpan Board Leadership

36

Supported:

WellSpan's Community Impact

WellSpan Health is south central Pennsylvania's largest, most comprehensive health system. As such, we are honored to serve Adams, Lancaster and York counties – an area with a combined population of

nearly 1.1 million people.

As we continue to grow in the months and years ahead, we look forward to serving more communities in new and innovative ways. This is, we feel, the best way to ensure that quality, coordinated health care remains available right here at home.



Regularly ranked among the **Top 100** Integrated Health Networks in the country

A network of more than **884** community providers who work together as part of the WellSpan Provider Network

A regional resource featuring a **Level 1** trauma center at WellSpan York Hospital and a regional Brain Injury Unit at WellSpan Surgery and Rehabilitation Hospital, and other experts in caring for the seriously injured and ill

More than **130** locations including **4** hospitals conveniently located in our local communities

Recognized **Leaders** in quality and patient satisfaction at WellSpan Ephrata Community Hospital¹, WellSpan Gettysburg Hospital², WellSpan Surgery and Rehabilitation Hospital³, and WellSpan York Hospital⁴

Transforming the doctor-patient **Relationship** and helping our friends and neighbors achieve their health goals

A **Source of Care** for our communities' most vulnerable populations, including those who occasionally e difficulty helping themselves.

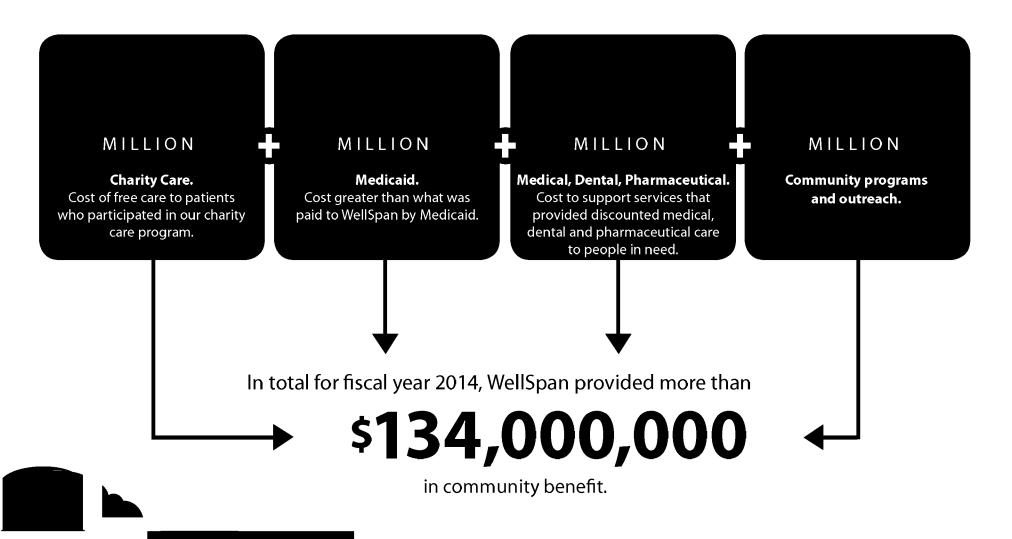
merican Nurse Credentialing Center Pathway to Excellence

Supported:

Community Benefit Report

WellSpan's Community Impact

There are many ways to measure the impact that WellSpan has had on the local communities of south central Pennsylvania. Here are four important ways:



Of course that's only part of the story. In 2014 the people of WellSpan:



Helped our patients pursue the goal of better health through more than than **650,000 visits** to our primary care practices.



Helped more than **1,000** individuals make the effort to quit tobacco use.



Cared for more than **43,000** people in our hospitals and more than **4,400** people in their homes.



Welcomed more than **4,400 babies** into our communities.



Volunteered for **more than 100** non-profit community organizations.



Provided jobs for more than **11,500 members** of our communities.



Received more than **135,000 visits** to our emergency departments.



Trained more than **675** medical residents and visiting medical students.



Transformed **28 local primary care practices** into Patient Centered Medical Homes, which offer a higher level of coordination and engagement with the patient and specialty physician offices.



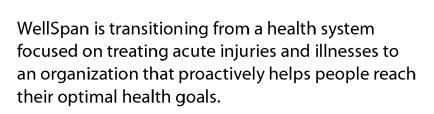
Educated more than **12,000** people on living healthier lives through nutrition and physical activity.



Were supported by more than **2,000 volunteers** who offered more than 170,000 hours of their time.







By doing so, WellSpan will make a difference in the health and quality of life of the individuals and communities it serves for generations to come.

In the near future, WellSpan will measure success by improving health outcomes, patient satisfaction and quality while simultaneously managing costs among three major patient



segments: those who are well, those who are chronically ill, and those who are acutely ill or injured.

This type of change requires a new approach to caring for individuals that includes redesigning components of the health system to assess the health of the individual and community, optimally treat chronic disease and efficiently treat people with acute illnesses and injuries. At the same time it encourages and empowers consumers to improve their own health through information, selfcare and a relationship with a primary care provider that assumes accountability for their health across the lifespan.

From 'my' patient to 'our' patient: How new models are transforming care

Improving the health of individuals and communities across Central Pennsylvania, WellSpan Health has established patient-centered medical homes (PCMHs) in its primary care practices.

The PCMH model engages providers to partner with patients to help them achieve their health goals — rather than merely treat patients when they have illnesses or injuries.

"This is a paradigm shift in health care," noted Karen Jones, MD, FACP, vice president and chief medical officer of the WellSpan Medical Group. "It's very different from the way we practiced medicine in the last century. Before, physicians concentrated on patients who came to the office seeking care, and there wasn't much focus on patients who weren't present. Now, WellSpan Health is transforming care delivery to optimize the health of individual patients and populations. Patients and families are engaged with a care team led by the primary care provider to optimize their health during the visit and between office visits. For example, if a patient is overdue for needed care, we'll send them a letter or give them a call.

We take every opportunity to make sure patients are up-todate on their medical care."

In today's evolving healthcare landscape, the PCMH model allows for better care delivery than traditional methods.

"I've been in primary care for 30 years, and the days when a primary care physician could provide all necessary services are gone," said Thomas McGann, MD, senior vice president of clinical practice at WellSpan Health and president "... the days when
a primary care
physician could
provide all necessary
services are gone."

of the WellSpan Medical Group. "Innovations and regulatory measures associated with seeing patients are being introduced at an increasingly rapid pace, and one physician can't do everything alone. WellSpan's philosophy incorporates other providers and staff members who can ease the burden on the physician and distributes responsibility for patient health across all members on the care team."

Everyone is on board

Although the PCMH model differs in some key respects from traditional healthcare practices, it maintains the bedrock principle of strong relationships between primary care provider and patient. However, the provider has more in-office resources to facilitate better care delivery.

For example, when a patient signs in for an appointment, frontdesk personnel provide patients with a personalized patient report generated from their electronic health record (EHR). This report identifies any necessary preventive screenings, immunizations or

WellCared For: **Transforming Care**

(Continued from page 6)

blood tests. The clinical staff then discusses the information with patients before the provider goes into the exam room.

After the appointment, the same personnel gauge patient reactions to provider recommendations. Patients are frequently concerned about expensive medications, and if staff members believe a prescription may go unfilled, they introduce patients to social workers who can help find solutions.

Within the past two years, WellSpan has introduced care coordination teams made up of health coaches, case managers and social workers to support the work of the Patient Centered Medical Home. Health coaches are embedded in a primary care practice to help physicians coordinate the various services that patients require. If, for example, family members feel they can no longer care for an ill loved one, the care coordination team will work with the family to arrange the necessary in-home services or placement in an extended care facility.

When this situation arises in the office setting, it can be the most challenging kind of patient visit you can have," Dr. McGann noted. "It has traditionally been our responsibility as physicians to mobilize resources and information for the patient. This might mean organizing hospital admissions, finding nursing homes or making referrals — all while your waiting room is packed with other patients. In the old days, these situations ended with hospital admissions, where further care could be arranged. In these situations, WellSpan's health coaches and their connections to hospital-based care coordinators are a tremendous advantage. They make all the arrangements seamlessly without the need for admission."

Community Benefit Report



Putting the pieces together

According to a patient's needs, a healthcare team is assembled to help the patient manage their care in an efficient and effective manner. As a result, chronic conditions are treated optimally, and the need for emergency room visits and readmissions is sharply reduced.

While the primary care office serves as the patient's medical home, this team engages with highly skilled specialists and other essential providers across the system in a coordinated fashion.

"Healthcare often requires a multidisciplinary approach, and the next ring of services outside the primary care office is the patient-centered medical neighborhood," Dr. McGann said. "Across our health system, we've improved the connection between the home and neighborhood models."

The medical neighborhood may include cardiologists, orthopedists, endocrinologists, surgeons or other specialists, and WellSpan ensures smooth patient transitions from one provider to another.

"In the past, each specialist had a separate chart," Dr. McGann said. "This created a lack of consensus in the overall care plan and could cause complications if, for instance, medications interacted. By bringing each WellSpan physician onto the same EHR and instituting a messaging system on which physicians can communicate asynchronously, we've significantly improved communication among specialties."

Providers in WellSpan's Patient Centered Medical Home and Neighborhood also coordinate vital, community-based services that patients may require.

"The idea of partnership extends beyond the provider and patient relationship," Dr. Jones said. "We have forged strong relationships with multiple agencies and organizations to enhance the quality of local healthcare."

As part of its PCMH initiative, WellSpan has established a broad network, including partnerships with the Area Agency on Aging, local nursing homes, and other hospitals and emergency rooms. Independent physicians are also invited to integrate their services into the patient-centered medical neighborhood.

"Transforming to a PCMH is a journey," Dr. Jones said. "We've made stepwise progress in transitioning to this model. One of the basic tenets of the PCMH is a philosophical adjustment, in which 'my' patient becomes 'our' patient. We realize this requires a team effort, and since 2009, we've added components from across the health care continuum to achieve our vision."

Patient engagement

WellSpan physicians encourage patients to take ownership of their health and actively participate in decision-making.

"We emphasize the idea of healthcare as a partnership," Dr. Jones explained.

"Traditionally, physicians have been perceived as the sage leaders who know precisely what's needed to cure an ailment. While a physician's understanding of medical science is clearly an integral part of care, we also realize that no one knows the patient better than the patient."

Along with the responsibility that accompanies being the center of the care team, patient partners take part in shaping the processes and approach to continuous improvement that are integral to the delivery of care. They volunteer their time to attend meetings to improve quality measures and workflows, and as the "customers," their input has led to the institution of several changes to improve the patient experience across our organization.

For example, WellSpan physicians care for a large number of people with diabetes. In large endocrinology practices, previously only a few exam rooms had blood glucose meters, which caused a delay while nurses searched for one. Patients identified this as an area for improvement; now, there's a meter in every exam room.



"That's a great example of why the patient perspective is so important," said Dr. McGann. "It identifies little things that we as physicians can miss because we're focused on the medicine."

Making a difference

By engaging patients and aligning the resources of the care team, WellSpan's PCMH and neighborhood helps physicians concentrate on doing what they do best: caring for patients.

"This is an exciting new approach to delivering healthcare," Dr. Jones said. "Physicians and their care team are now able to manage patients and broader populations to improve the health of our communities."

For more information about WellSpan Medical Group, visit www.WellSpan.org/WMG.

WellCared For: **Transforming Care**

WellSpan's efforts to transform care in 2014

WellSpan's efforts to transform care have resulted in redesign of the health experience of our patients. The Patient Centered Medical Home/Neighborhood (PCMH/N) model has supported the redesign of primary care in the practice and is beginning to transform the care of a larger "neighborhood" to soon include specialty and acute services. The following illustration outlines our progress:

Recognition

27 WellSpan Medical Group practices achieved recognition as National Committee for Quality Assurance (NCQA) Level 3 PCMH practices.

Coordinated

To support the transformation of care and advance care coordination, WellSpan has created several programs:

Care Coordination Teams (CCTs) to re-deploy hospital-based Case Management staff to a PCMH orientation;

Transitional Care Management (nurse practitioner) Home Visit Program for vulnerable patients with medical conditions on discharge from the hospital.

Bridges to Health, focusing on the extremely vulnerable patient population.

Performance

Performance improvement efforts are organized in a Learning Collaborative that consists of monthly webinar calls on key topics, performance improvement efforts and quarted educational and improvement dinners where activities are shared and celebrated.

Volunteerism

WellSpan worked with Aligning Forces for Quality to increase the presence of volunteer patient partners in WellSpan Medical Group practices. More than 70 trained Patient Partners throughout Adams, York and Lancaster are working directly with WellSpan primary, specialty and inpatient care providers in care improvement activities system-wide.

Grants

Working to expand the scope of the Robert Wood Johnson Foundation's grant-sup, PCMH collaborative to actively engaging specialty services (like Emergency care, Hospitalist, Endocrinology) and community services (like Area Agency on Aging) in evolution of the PCMH/N model.

Specialities

WellSpan is working to advance this care model across our regional system of care and to include other new practices, such as pediatrics. Additionally, we are incorporating other specialty services into a PCMH/N model such as behavioral health, home care and rehabilitation services.

MyWellSpan

Supporting care transformation, clinical technology improvements, such as the MyWellSpan secure, online patient portal, have made significant advances in patient health care self-management. Our progress includes:

More than 95,000 patients enrolled on MyWellSpan patient portal with access to medical records, online appointment scheduling, direct and secure physician messaging, test result reviewing and prescription refill orders.





Committed: How We Can 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 our region, there are still thousands of individuals who fall through coverage gaps and live without adequate health insurance.

This community health challenge 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

WellCommitted: How We Can Help

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 outpatient services into urban and rural communities, improve access to oral health care and help people establish a "medical home" with a primary care physician.

Healthy Options program seeks to close the food gap

Low-income households receive vouchers for fresh fruits, vegetables and more

Experts call it the food gap. It affects families who earn too much for food stamps, but too little to shop nutritiously. The result is a diet of highly processed, unhealthy food.

A whopping 26 percent of Adams County families with children are caught in the food gap, reports the Adams County Food Policy Council, a task force of Healthy Adams County.

"When families are struggling to pay their bills for the month, the food budget is usually the first thing to get cut," explained Kathy Gaskin, executive director of Healthy Adams County. "At the grocery store, instead of buying fresh fruits and vegetables they're looking at canned food, which costs a little less."

Three years ago, WellSpan's Gettysburg Hospital Foundation began funding an innovative program called Healthy Options. It seeks to close the food gap, and support local farmers in the process.

Through Healthy Options, low-income households receive vouchers for fresh fruits, vegetables, breads and meats at participating Adams County farmers' markets. The program targets families who do not qualify for the Supplemental Nutrition Assistance Program (SNAP), more commonly known as food stamps. They receive \$40 in vouchers each month to use at the farmers' markets.

Healthy Options also educates. Participants learn to grow and prepare their own food through a series of gardening classes, farm tours, and healthy cooking classes. Judy Alder, manager of community philanthropy at the Gettysburg Hospital Foundation, said her board of directors did not hesitate to approve funding for Healthy Options. "We are pleased to support a program like this because of the direct impact it is having on families, not only with the vouchers, but through the educational programs," Alder said.

This past year, Healthy Options helped 74 needy families. The program runs from June through September. Kathy Glahn, president of the Adams County Farmers' Market Association, said that few farmers' markets across the country participate in food assistance programs. Her group, however, views it as a special opportunity to not only serve the community, but also gain new customers.

Healthy Options and SNAP combine for more than 10 percent of sales, Glahn said. "Hopefully, after these families get through the rough patch in their lives, they will continue to think of the farmers' market as part of their weekly routine for shopping for fresh produce," she said.

For more information about Healthy Options and Healthy Adams County, visit

www.healthyadamscounty.org.



In fiscal year 2014, WellSpan Health provided more than \$275 million in care for the uninsured and underinsured in our community.

Community Benefit provided to people we serve:

\$22.9 MILLION

Cost of free care to patients who participated in our charity care program.

\$88.8 MILLION

Cost greater than what was paid to WellSpan by Medicaid.

\$15.6 MILLION

Cost to support services that provided discounted medical, dental and pharmaceutical care to people in need.

\$5.9 MILLION

Community Education and Outreach: \$5.9 million in free community education and outreach to children and at-risk groups, and the community at large (including adults).

Other costs of providing care for people in our community:

\$114.5 MILLION

Cost greater than what was paid to WellSpan by Medicare.

\$30 MILLION

Cost of services to patients who received care for which they did not pay and who did not participate in the charity care program.



Programs for the uninsured that WellSpan supported in 2014:

Healthy York Network and Healthy Community Pharmacy - a collaborative effort that facilitates access to discounted health care services and prescription medication for individuals who lack sufficient health insurance.

Our progress:

\$24 million of care provided

3,000 new members enrolled

WellCommitted: How We Can Help

The advent of the Health Insurance Marketplace - in 2013, changed the national health insurance landscape and necessitated an increased level of enrollment assistance for individuals from vulnerable populations. Through our community health worker program, people are receiving help with navigating the health care system and enrolling in available programs.

Our progress:

311 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, that provides medical and dental care for underserved adults and children.

Our progress:

3,490 acute and preventive visits

York Hospital Community Health Center - which provides primary care services, women's health care, HIV care and pediatric care for medically complex conditions for adults and children lacking sufficient health insurance.

Our progress:

22,759 primary care visits

15,204 obstetrics and gynecology visits

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 for people lacking sufficient health insurance.

Our progress:

25,041 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 for underserved adults and children.

Our progress:

7,172 patient visits

2,140 dental visits

The George W. T. Bentzel, DDS Dental Center - which is staffed by licensed dentists and residents from the WellSpan York Hospital Dental Residency Program.

Our progress:

12,525 outpatient visits

Hoodner Dental Center - for individuals lacking sufficient dental insurance and who qualify for medical assistance or the Healthy York Network.

Our progress:

5,980 dental visits

ECH Cares - a program of WellSpan Ephrata Community Hospital, is designed to help eligible patients cover the costs of their healthcare services.

Our progress:

In fiscal year 2014, ECH Cares provided total benefits worth \$8 million to more than 1,900 patients.

Welsh Mountain Medical and Dental Center - in New Holland, Lancaster County, which is staffed by licensed physicians and dentists, as well as a Certified Registered Nurse Practitioner. Welsh Mountain is a federally qualified health center with four locations in rural Lancaster County and Lebanon County. The center serves the general population along with Medicaid and uninsured patients.

Our progress:

14, 172 medical visits in fiscal year 2014

10,444 dental visits in fiscal year 2014



Partnered: 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

WellPartnered: Healthy Communities

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.

WellSpan and York County Community Foundation create new EMS fund

WellSpan Emergency Services Fund intended to support regionalization efforts

WellSpan Health and the York County Community Foundation have partnered to create the WellSpan Emergency Services Fund, which is intended to encourage Emergency Medical Services (EMS) providers in York County to work toward a more coordinated, regional EMS system.

WellSpan donated \$500,000 to establish a fund at the foundation for this purpose. WellSpan hopes to grow the fund to \$1 million by encouraging new donations through an additional \$250,000 match.

"York County Community Foundation and WellSpan Health aim to facilitate and nurture a strong regional emergency medical response system in York County," said Keith Noll, president of WellSpan York Hospital and senior vice president, WellSpan. "We believe the best EMS model for York County is one that is led by the community," he added. "WellSpan has committed to ongoing support of regional solutions for EMS services."

The foundation's well-established and community-led grant process will serve as the funding mechanism for community providers of EMS that agree to collaborate toward a more regional EMS system for York County. The community foundation will solicit grant applications from eligible organizations. Those applications will be reviewed by a committee and approved by the foundation board of directors.

Grants will be made for purposes such as professional services, for start-up resources, and/or for the development of new and innovative collaborative projects in order to meet the emergency service needs of the community. Applicants and their proposed partner organizations must be either a non-profit and tax-exempt organization, or a unit of government or a public agency.

Applicants must demonstrate an interest in collaboration, the capacity to expand their core of service, and the ability to sustain the project post-grant.

In Adams County, WellSpan continues to provide Advanced Life Support services until a sustainable community model is developed and implemented. WellSpan is committed to supporting community leaders to ensure the high quality delivery of EMS services throughout Adams County now and into the future.

Community health initiatives WellSpan supported in 2014:

Healthy Adams County

Healthy Adams County is a partnership of community members dedicated to continuing assessment, development and promotion of efforts toward improving physical, mental and social well-being. The issues our efforts address include health literacy, healthy lifestyles, oral health, depression, children's health and nutrition, end of life planning and many more. Our progress in 2014:

- Held the first "Preparing through Life for End of Life" interactive resource fair in Adams County to increase awareness of end of planning and available community resources;
- Developed a "Healthy Choices for Kids" menu program for local restaurants to address obesity;
- Began a sub-committee of the Behavioral Health Task Force to focus on suicide prevention primarily targeting adult males;
- Successfully completed the third annual "Healthy Options" program, a voucher program for qualified residents to shop at the Adams County Farmers Market Association Markets; and
- Held the seventh annual Adams County Health Summit focused on understanding your health care for more than 100 health and human services professionals and community residents.



Healthy York County Coalition

The Healthy York County Coalition is an ongoing collaborative effort to improve the health and wellness of the York County community. The coalition's current priorities are access to care, adult overweight/obesity, depression, end-of-life planning, oral health, prenatal care and smoking/tobacco. Our progress this year:

- Access & Empowerment Committee is introducing activities to educate the newly insured and the uninsured on why and how to select health insurance.
- Depression Workgroup is working with WellSpan Health to conduct a community campaign that provides resource support for residents dealing with depression.

WellPartnered: Healthy Communities

Healthy York County Coalition (Cont.)

- Oral Health Task Force distributed educational handouts for pregnant women and mothers caring for infants.
- Prevention & Wellness Committee is planning an initiative to showcase and build on successful sustainable strategies that contribute to the physical, mental and environmental health of county residents.
- Your Life Your Wishes Task Force is conducting educational sessions to help residents understand their end-of-life choices, encourage family conversations, and complete advanced directives.

Reach Out and Read

Reach Out and Read program to address early childhood literacy. Our progress:

• 5,460 books distributed to children ages 6 months to 5 years through the Thomas Hart Family Practice Center and the York Hospital Community Health Center.

SAFE

SAFE, teams of specially trained Emergency Department nurses at WellSpan York Hospital and WellSpan Gettysburg Hospital to address domestic violence and child abuse. Our support:

Community Benefit Report

• Provided care to more nearly 400 patients.



Community sponsorships

Community sponsorships to support health and quality of life across south central Pennsylvania. Our support:

• More than \$650,000 in sponsorships to area organizations and contributions to local government and school districts.

Community partnership grants

Community partnership grants to address health and quality of life program issues within the communities we serve. Our support:

• \$223,800 provided to support organizations that included:

York County Library System
Adams County Arts Council
Epilepsy Foundation of
Western Central Pennsylvania
Healthy Adams County
Healthy York County Coalition
Gettysburg C.A.R.E.S. Inc.

Leg Up Farm

NAMI PA York County

York County Literacy Council

Welsh Mountain Health Centers

Children's Home of York

YMCA of York County

York Hospital Community Health Center

Outreach

Outreach to the Latino population to address issues such as childhood obesity, early prenatal care and Latino health. Our progress:

- Educated 185 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.
- Engaged nearly 1,000 Latino community members and families at the Binational Health Fair in conversations about healthy lifestyles, cancer prevention and encouraged women to sign up for mammograms.

Operation Heartbeat rural AED program

Through the Operation Heartbeat rural AED program, 247 law enforcement personnel, National Park Service staff and community members in Adams County were trained in current AED and CPR guidelines.

Project SEARCH

Project SEARCH, a school-to-work program for area students with disabilities that provides real-life work experience and preparation for employment. Our progress:

- Provided total immersion in the workplace for nine area students.
- This high school program located within the WellSpan Health Network is in partnership with Lincoln Intermediate Unit #12(LIU), the Office of Vocational Rehabilitation (OVR) and Office of Development/Programs (ODP)/York/Adams MH/IDD.
- Since its inception, this program has graduated 39 students, 11 of which have since secured employment.

Support for community health initiatives

WellSpan Ephrata Community Hospital staff actively participate in several county-wide coalitions to support community health initiatives including:

- Tobacco-Free Coalition of Lancaster County
- Lighten-Up Lancaster County
- Lancaster Health Improvement Partnership
- Lancaster Health Summit Planning Committee
- Mental Health Collaborative



Stroke Committee

The Stroke Committee of WellSpan Ephrata Community Hospital has focused its outreach efforts on helping the community identify stroke symptoms and initiating the call for help. The Act FAST message is spread by community presentations, health fairs, social media and the distribution of Act FAST magnets. Since 2011, more than 13,000 refrigerator magnets have been distributed to educate and remind community members to Act FAST.



Planned: 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.



Smoking-cessation efforts prove to be life-saving

Steve Colamarino of Sinking Spring, Pa. smoked for 40 years. His wife, Sarah, smoked for 30. They tried to quit in the past and failed. This time would be different, they said.

They enrolled in the tobacco cessation program at WellSpan Ephrata Community Hospital's Wellness Center. Then came an unexpected turn.

Each week, while tobacco treatment specialist Sharon Czabafy addressed the class, CPR coordinator Tracy Van Marter sat in the back and recorded vital signs. Van Marter took Steve's blood pressure. "She told me, 'You've got to get to the doctor,'" he said. He began immediate treatment for a variety of cardiovascular problems, the byproducts of a lifetime of smoking. "Everything was coming to a head," Czabafy remembered. "He was a walking time bomb."

The critical situation was all too familiar to Czabafy. She's seen it many times during her 12 years of tobacco counseling. "People just don't realize that smoking is interrelated with every other chronic disease," she said. "Nicotine is the most addictive drug known to humankind. It's more addictive than heroin and cocaine."

Steve and Sarah continued the seven-week program. When it came time to bid a final farewell to tobacco, Sarah chose the help of a nicotine patch. Steve couldn't use any aids because of his health.

The Ephrata program follows CDC guidelines for effective tobacco cessation. Roughly half of all participants remain smoke free three months later. Steve struggled, but he remembered the tips from class: Avoid situations that trigger urges. Focus on alternate activities. Eat right.

In January, the retired truck driver underwent an open-heart procedure by Larry Shears, II, MD, of WellSpan Cardiothoracic Surgery. It was a complete success.



Today, Steve and Sarah are still tobacco free. Steve's health improves a little more each day. He has begun a vigorous walking regimen, and he revels in the strength returning to his body. He credits the program with saving his life, and for finally making it smoke free. "If it wasn't for the class, I don't think I would have succeeded," he said. "The classes are awesome," Sarah echoed. The urge creeps up occasionally, she admits, but now she knows how to defeat it.

"The average smoker quits seven times before they stay quit," noted Czabafy. She said Steve and Sarah offer further proof that even lifelong smokers can win. "It's never too late, and there is always help available," she said. "You don't have to do it alone."

For more information on WellSpan tobacco cessation programs available in each of the communities we serve, visit:

www.wellspan.org.

WellPlanned: Lifelong Wellness

Lifelong wellness initiatives WellSpan supported in 2014:

Leadership

Adams County Young Women's/Young Men's Annual 7th Grade Leadership Conference.

Our progress:

 More than 1,180 attended; topics included Internet safety, respect, healthy body image, goal setting and leadership skills.

The York County Young Women's Leadership Conference.

Our progress:

 More than 1,147 seventh-grade girls attended; topics included social hierarchies and teen relationships, gender aggression, stress management, healthy body image and goal setting.

Physical Activity and Reading

GO York community initiative to promote physical activity and summer reading.

Our progress:

 An estimated 9,417 GO and Dig It Up! program guides were distributed by York County libraries with 1,361 (14.5%) returned at the program's completion. Participants who returned their guides collectively walked 16,750 miles.

Staying Healthy

Numerous programs that encourage healthy eating and physical activity among young people and adults.

Our progress:

- 31 individuals completed an hour-long Steps to a Healthier You class; 44 people in York County and 31 in Adams County participated in the eight-week A Healthy You program focused on healthy weight management.
- Conducted a pilot Fruit & Vegetable Prescription program in which patients at four WellSpan Medical Group practices were provided with a "prescription" to purchase and consume fruits and vegetables. In addition, 10 patients at each of these practices were identified and offered "Market Bucks" each month to assist in purchase of produce from select farmer's markets.
- Distributed Market Basket of the Month resource kits and monthly newsletters to promote fresh produce items to participating schools, markets and organizations.

Injury Prevention

SafeKids injury prevention programs for children and parents; and bicycle, car seat, home and pedestrian safety initiatives.

Our progress:

- 2,355 children and adults participated in bike and pedestrian events.
- 524 children and adults participated in Buckle Up Community events.
- Inspected 497 child passenger safety seats (car seats).
- 174 local law enforcement officers, health and human service professionals, and hospital personnel participated in child passenger safety training.
- 954 children and adults engaged in home safety events.
- 345 children and adults received educational information on safe sports.



Community Programs

WellSpan Ephrata Community Hospital offers life-enhancing programs, health screenings and personal consultations through its Wellness Center. The center provides programs throughout the year, including weight management, tobacco cessation, diabetes education, CPR & first-aid classes and senior programs – all at minimal cost to participants.

Children' Health

Children's Wellness Days, sponsored by the York Hospital Auxiliary.

Our progress:

• More than 1,400 third-grade students from public and private schools attended.



Pregnancy

WellSpan Ephrata Community Hospital participates in Healthy Beginnings Plus, a state-funded program that assists pregnant women who are eligible for Medical Assistance to have a positive prenatal care experience. Healthy Beginnings Plus blends comprehensive clinical care with group learning sessions, and it includes a care team of obstetricians, nurses and midwives, a social worker, a dietitian and a dental hygienist. The program also receives regular support from hospital employees and area residents, who donate baby supplies and handmade items.

Tobacco

Tobacco education and cessation activities at WellSpan York Hospital and WellSpan Gettysburg Hospital.

Our progress:

 More than 600 Adams County and 425 York County children and adults participated in programming ranging from distribution of education resources to group and one-on-one cessation counseling.



Managed: 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.

Innovative program bridges patients' gaps in health care

Historically, the American health care system focused on treating acute illnesses and injuries, most often in a hospital setting.

The new emphasis, however, is on managing the health of populations. That requires a very different approach and new skills. WellSpan's Bridges to Health is a cutting-edge program for "high utilizers," people with more ED visits and hospitalizations than others with similar problems.

"These patients are consuming more health care resources than appear to be in their—or the community's—best interest," said Chris Echterling, M.D., the Bridges to Health medical director.

His team seeks out high utilizers, tries to learn the circumstances that have led to this situation and works with the patient to figure out a better plan moving forward.

Determining the patient's goals and how those goals can be addressed as opposed to seeing the patient as simply "non-compliant" is a foundational principal of the Bridges to Health's approach.

"Our patients have legitimate medical problems, but it usually becomes pretty clear that other issues are complicating their ability to deal with those medical problems," said Echterling, who is also the WellSpan Medical Group's associate medical director for quality and innovation, and medical director of the Healthy York Network.

"Often there is a history of loss or trauma in their lives, which has made it difficult for them to build trusting relationships," he explained. "Sometimes their priority is not their diabetes, but other issues like the grandchild for whom they have sole responsibility."



High utilizers typically share a common thread: they've fallen into a health care gap. "In almost every situation it seems that despite our best efforts, we as a health system have not communicated very clearly with the patient, or with one another," Echterling said.

Bridges to Health spans those gaps. Its physicians, nurses, and social workers do whatever is necessary to restore effective care. They visit patients' homes. They solve transportation and insurance problems. They sit in on specialist appointments, ensuring good communication. It's slow, arduous work, but it can help interrupt the cycle of high utilization.

Most patients, since joining the program, have significantly reduced their ED visits and hospital stays. Some patients have been transitioned back to their previous patient-centered medical home practice and the care of their primary care provider.

Bridges to Health shares space with the York Hospital Community Health Center at 605 S. George St. in York.

WellManaged: Chronic Care

Chronic care initiatives that WellSpan supported in 2014:

Health Improvement

Aligning Forces for Quality – South Central PA (AF4Q SCPA) is a multi-stakeholder regional health improvement collaborative that has received Robert Wood Johnson Foundation funding since 2007. AF4Q SCPA brings together those that give, get and pay for health care with the goal of improving the quality and cost of care. Our progress:

- Patient Partners/LIFT Collaborative: More than 80 trained Patient
 Partners throughout Adams, York and Lancaster Counties working
 directly with WellSpan primary, specialty and inpatient care
 providers in care improvement activities system-wide.
- High Utilizer Collaborative: Six clinics collaborating to improve quality and reduce health care spending for this high risk, cost patient population.
- I Can! Challenge: More than 160 patients have completed the I Can! Challenge since 2011, improving their patient activation, health outcomes and ability to self-manage their chronic conditions.

Uninsured/ Underinsured

For Heart's Sake, an outreach initiative for uninsured and underinsured African-Americans residing in York City. Our progress:

• Community Health Improvement held its eighth "For Heart's Sake" screening event at William Penn High School in York City, at which 75 community members learned their personal health risks related to cardiovascular disease and how to minimize them through healthy lifestyle behaviors. In addition, 24 screening event participants engaged in healthy eating cooking classes as a part of the For Heart Sake initiative. This initiative is led by a strong network of lay health leaders representing York City residents.

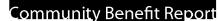
Asthma Management

Camp Green Zone, a four-day event which teaches children ages 6-12 how to control their asthma.

Our progress:

• 85 youth participants





Health Screening

Provision of community screening programs in Adams County.

Our progress:

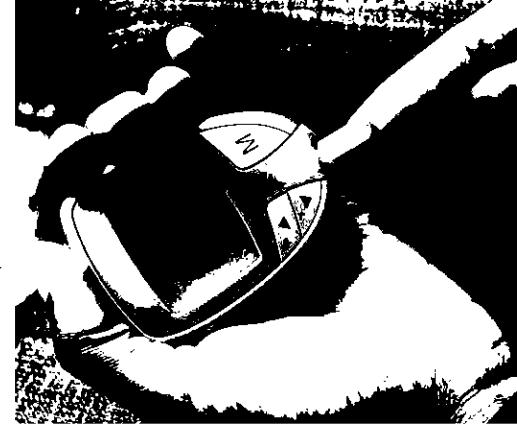
• Screenings such as blood pressure and blood glucose were provided to **3,490 individuals** in Adams County at multiple venues. Additionally, flu vaccines were offered to community members, including free vaccine distributed by the Department of Health to underserved groups. Nearly 1,100 seasonal flu and pneumonia vaccinations were given throughout Adams County.



WellSpan Ephrata Community Hospital offers a 10-hour group instruction for patients diagnosed with diabetes. "Taking Charge of Your Diabetes" includes individual consultations with a dietitian and nurse, as well as follow-up consultations. Recognized by the American Diabetes Association, this course meets national standards for diabetes self-management education and is covered by most insurance plans.

Our progress:

- More than 100 participants
- More than 600 individual diabetes consultations conducted



Stress Management

Stress Less, a program designed to help adults overcome daily stressors by learning to relax, breathe, and adapt to stress. Our progress:

• 12 attendees in Adams County



Prepared: 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.

Breast cancer patient glad to help others through clinical trial

New drug compared to the current standard treatment

This time last year, Vicki Wilson of Lititz had completed six months of chemotherapy for breast cancer, and she was preparing for a grueling regimen of 34 radiation therapy treatments.

Today, however, she's energetic and positive. She gardens, rides her quarter horse and trains two miniature horses to be therapy horses. Wilson, who was diagnosed with breast cancer in November 2012, visits Dr. Wilfred Layne and her radiation oncologist at WellSpan's Ephrata Cancer Center every three months. Her prognosis is good.

Prior to receiving chemotherapy, Layne asked Wilson if she would be interested in participating in a phase III clinical trial, which compares a new drug to the current standard treatment. Patients must meet specific criteria and give their consent to participate in a clinical trial. The clinical trial compares chemotherapy regimens with and without Anthracycline for patients with certain pathology testing results, according to Diane Noll, RN, clinical trials coordinator for the Ephrata Cancer Center.

The clinical trial program is part of WellSpan Ephrata Community Hospital's affiliation with Thomas Jefferson University Hospital. "If I could advance medicine, save sisters, help mothers and daughters, I felt I had an obligation to participate in the clinical trial," said Wilson, a 53-year-old mother of two. "I didn't feel that I would receive a lesser medication, or I was putting myself at risk," she added. "Participating in the clinical trial gave me a good feeling."

Wilson is one of approximately 700 patients who participate in nearly 250 clinical trials throughout WellSpan, according to Tara Moore, quality assessment specialist for research. WellSpan clinical trials are currently being conducted in the areas of oncology, cardiology, neurosciences, orthopedics, emergency medicine and medicine. "Clinical trials help us to develop better treatments," said Noll. "Without clinical trials, we wouldn't have the medications we do."



Each clinical trial goes through four phases before it can receive approval for general use. With the different phases and information review necessary for each trial, it is often years before a procedure, treatment, or therapy receives final approval.

WellSpan has a strong track record of conducting sponsored projects and participating in clinical trials. The Emig Research Center at WellSpan York Hospital provides comprehensive central administrative services for all of WellSpan. A research team works with physicians, nurses and patients to help facilitate enrollment in clinical trials, provide protocol therapy and detail collection of research data. Patients should check with their insurance companies to see if they cover clinical trials.

Wilson encourages other patients to participate in clinical trials, if they meet the criteria. "It's a great way to help others, and advance the field of medicine," she said. Wilson also praised the treatment she received at the Ephrata Cancer Center. "It sounds strange to say, but it was almost worth it to get breast cancer for the chance to know all the people who cared for me at the Ephrata Cancer Center. They are wonderful, caring and professional people."

WellPrepared: Learning

Learning initiatives that WellSpan supported in 2014:



Provision of clinical trials to the community.

Our progress:

 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.

Education

Medical education opportunities.

Our progress:

- 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.
- Certified diabetes education nurses of the Wellness Center
 of WellSpan Ephrata Community Hospital provide diabetes
 and insulin administration training to the staff of more than
 40 assisted living facilities throughout the Lancaster county
 area. The training is provided at a minimal cost and focuses
 on the diabetes disease process, complications and the skills
 necessary to safely administer insulin.





Served:
Our charitable,
non-profit mission

From board members to hospital greeters, our community has a strong history of serving WellSpan for more than 100 years

Likewise, thousands of individuals and businesses have partnered with us to advance WellSpan Health's mission with financial contributions to its three 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.

WellServed: Our charitable, non-profit mission

In fiscal year 2014, funds raised by WellSpan's philanthropic organizations allowed WellSpan to:



Provide funding for the **Emergency Department Redesign Project** at WellSpan York Hospital, through the Kids First Campaign and WellSpan Golf Tournament. The new department will provide timely, effective and safe care in a patient-centered environment.



Help patients in need through the **WellSpan Patient Help Fund.** This fund provides one-time assistance to patients as they are transferring from the hospital to home from an illness or injury.



Fund WellSpan **VNA Home Care** through the Toast of our Town event, 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** 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 low-cost prescription medications and durable medical equipment to patients in need at the **Healthy Community Pharmacy** through the Double Creek Tour.



Provide ongoing support to the **Simulation Center** at WellSpan York Hospital to train hundreds of healthcare providers each year and funding for an on-site patient simulator at WellSpan Gettysburg Hospital.



Fund the operation of **York Hospital Community Health Center**, the Hoodner and Bentzel Dental Clinics, and Healthy York Network.



Ephrata Community Health Foundation

As part of its integration with WellSpan Health, Ephrata Community Hospital has developed its own charitable organization for hospital-and-community-based projects.

The new Ephrata Community Health Foundation has been established as the primary philanthropic arm of WellSpan Health in the communities served by WellSpan Ephrata Community Hospital.

The foundation board of directors has been meeting regularly since November 2013, and the foundation received its official tax-exempt status from the federal Internal Revenue Service in August 2014.

The Ephrata Community Health Foundation's mission statement is: "Working as one to improve health through exceptional care for all, lifelong wellness and healthy communities by growing philanthropy for WellSpan's charitable initiatives within Ephrata Community Hospital's service areas."

Gettysburg Hospital Foundation

In fiscal year 2014, Gettysburg Hospital Foundation participated in securing donations, grants and bequests totaling \$751,700. \$212,424 of these gifts came from grants. \$87,537 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 funds to support local patients in financial distress, such as the Adams Cancer Patient Help Fund and Mammography Help Fund; the purchase of METIman, an advanced patient simulator for clinical training; programs that

support children and their families through the Children's Health Fund; and an annual educational lectureship for clinicians and leadership conference for local youth.

York Health Foundation

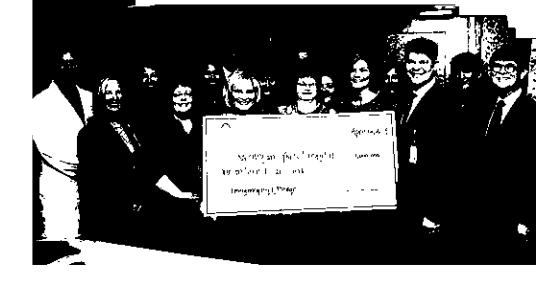
The York Health Foundation helps ensure that WellSpan York Hospital, as well as the other entities in York County remain strong community resources, able to provide care for all. In fiscal year 2014, the foundation raised \$4,810,376, including:

- \$3,115,496 for WellSpan York Hospital
- \$273,084 for WellSpan VNA Home Care and WellSpan Specialty Services, including the WellSpan Surgery and Rehabilitation Hospital
- \$694,687 for WellSpan Health
- \$32,561 for the WellSpan Medical Group
- \$235,108 for other medical care, community health and education and outreach activities across York County

Auxiliary Support

WellSpan Health gratefully acknowledges the generosity and commitment of active auxiliaries at WellSpan Gettysburg Hospital and WellSpan York Hospital. They continue to support their organizations' missions through innovative programs, preventive health education, community partnerships and fundraising.

In fiscal year 2014, Gettysburg Hospital Auxiliary continued to raise funds for the development of a healing garden on the WellSpan Gettysburg Hospital campus. Through the community support of events such as the hospital's annual Spirit of Hope Gala, the auxiliary is playing a lead role in funding the garden that will offer a beautiful new space for respite and restoration for those who gather or need to find time for solitude.



In fiscal year 2014, the York Hospital Auxiliary made their most generous pledge in history by pledging \$1 million to WellSpan York Hospital's Emergency Department Project for the creation of a Behavioral Health Unit. The Auxiliary raised more than \$50,000 at the Book Nook Bonanza to support the grants program. It also sponsored the 33rd annual Children's Wellness Days with more than 1,600 York County third graders in attendance. The Auxiliary awarded more than \$69,000 to WellSpan Health to support programs and equipment in York County, including the Women's Heart Program, the Young Women's Leadership Conference, Breast Cancer Awareness, Nursing Research, infant supplies for the York Hospital Community Health Center & Ob/Gyn Clinic, celling lifts, Cardiac Rehabilitation and the Perinatal Bereavement program to name just a few.

Volunteerism

In 2014, approximately 2,000 individuals volunteered more than 170,000 hours of service at WellSpan facilities across Adams, York and Lancaster counties. The value of these volunteer hours totals more than \$3.5 million.

WellServed: Our charitable, non-profit mission

A partial list of organizations with whom WellSpan employees volunteered during fiscal year 2014 includes:

1st Capital Federal Credit Union

Access York

Adams County Children's Advocacy Center

Adams County Emergency Medical System

Adams Division, American Heart Association

American Cancer Society - Relay for Life of Norlanco

American Heart Association

Better York Board

Boy Scouts of America New Birth Freedom Council

Buy Fresh, Buy Local

Byrnes Education & Health Center

Cassatt Insurance Company

Central Market House

Children's Home of York

Collaborating for Youth

Committee on Public Payor Policy of the Hospital and Health System

Association of PA

Community Progress Council, Inc.

Community Wellness Connection

Criminal Justice Advisory Board

Early Head Start

Eat Play Breathe York

Ephrata Area Education Foundation

Ephrata Area School District

Ephrata Public Library

Family First Health

Farm and Natural Lands Trust

Farmers Market Association

Fatality Review Board of York County

Garden Spot Village Retirement Community

Get Outdoors (GO) York

Gettysburg Children's Community Theater

Gettysburg Convention & Visitors Bureau

Gettysburg Hospital Auxiliary

Gift of Life Donor Program

HACC Gettysburg Campus

Health Literacy Task Force

Healthy Adams County

Horn Farm Center

Hospice & Community Care

Hospital Association of Pennsylvania

Integrated Population Health Improvement Strategy Committee

JA Biztown

Junior Achievement

Lancaster Healthy Communities

Landis Communities (a faith-based nonprofit corporation in

Lancaster County which operates the Landis Homes Retirement

Community & other housing & healthcare services

Living Water Community Church-Finance Committee

Luther Acres (Luther Care continuing care retirement community in

Lititz)

Main Street Gettysburg

Manos Unidas

Martin Library

Mature Driving Committee for York County



Medical/Legal Advisory Board

National Association of Nephrology Technicians/Technologists

PA Health Care Quality Alliance

PA Trauma Systems Foundation

Penn State University Mont Also Campus

Penn State York Advisory Board

Pennsylvania Hearing Advisory Board

Pennsylvania Homecare Association

Pennsylvania Trauma Systems Foundation

Preferred Health Care

Professional Financial Coders Organization

Roads to Freedom

Rotary Club of York

SafeKids Worldwide

SafeKids York County Coalition

South Central Community Action Programs

South Central Tobacco Coalition

South Mountain Summit

Teen Safety Driving Committee for York County

Tel Hai Retirement Community

United Way of York County

Wellness Arts Committee

WITF

York Adams Transportation Authority dba Rabbitttransit

York Area Association for the Education of Young Children

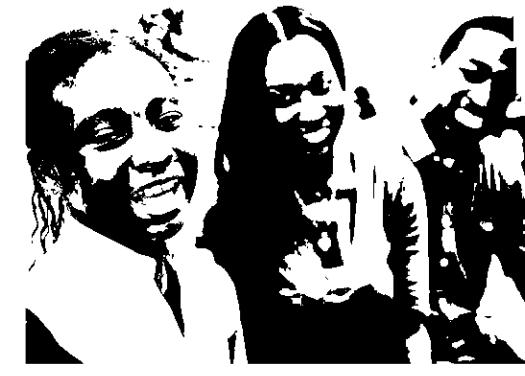
York Area Metropolitan Planning Organization

York City Bureau of Health

York Catholic School Board

York College of Pennsylvania

York County Alliance Against Sexual Abuse



York County American Heart Association

York County Children's Advocacy Center

York County Children's Roundtable

York County Children, Youth & Families Advisory Council

York County Emergency Medical Services Council

York County Fall Prevention Coalition

York County Food Alliance

York Symphony Orchestra

York/Adams Transportation Authority

YorkCounts

YMCA of York County

YWCA Gettysburg Adams County

YWCA of York County

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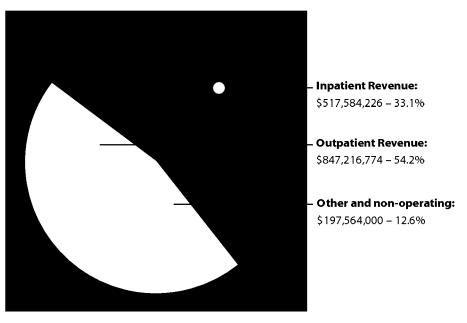
2014: By the numbers

In fiscal 2014 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.

REVENUES

\$1,562,365,000

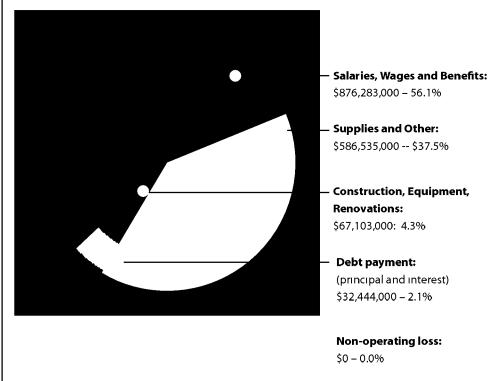
July 1, 2013 through June 30, 2014



EXPENSES

\$1,562,365,000

July 1, 2013 through June 30, 2014



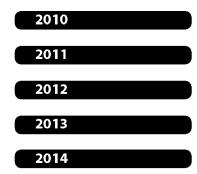


FREE CARE: CHARITY CARE*

	2010
	2011
•	2012
•	2013
	2014

*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*



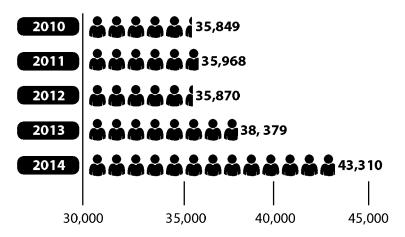
*Bad debt is the total cost of services provided to patients who have not paid their bills and who have demonstrated their inability to pay. This is the cost of providing charity care, not the charge associated with that care.

TOTAL HOME HEALTH PATIENTS

(WellSpan VNA Home Care)



TOTAL HOSPITAL ADMISSIONS

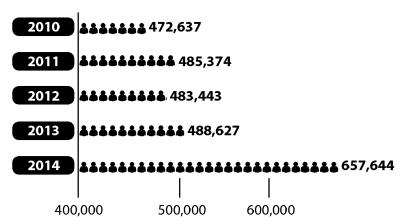


*2014 includes WellSpan Ephrata Community Hospital.

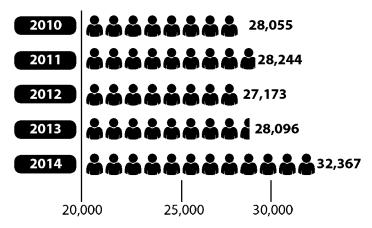
2014: By the numbers

TOTAL PRIMARY CARE VISITS

(WellSpan Medical Group. 2014 included Northern Lancaster County Medical Group visits)



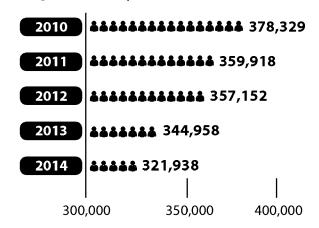
TOTAL SURGERY CASES*



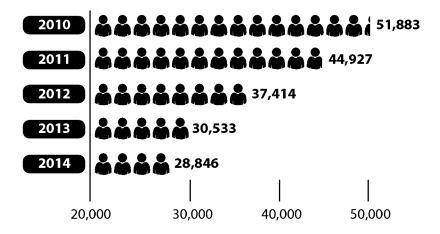
*2014 includes WellSpan Ephrata Community Hospital.

TOTAL PRESCRIPTIONS

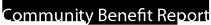
(WellSpan Pharmacy, 6 locations)



SOUTH CENTRAL Preferred Covered Lives



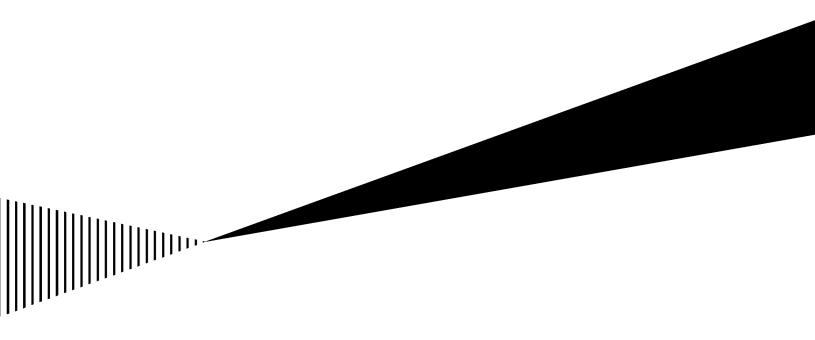




Consolidated Financial Statements and Supplementary Information

WellSpan Health Years Ended June 30, 2014 and 2013 With Report of Independent Auditors

Ernst & Young LLP





Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2014 and 2013

Contents

Report of Independent Auditors	1
Audited Consolidated Financial Statements	
Consolidated Balance Sheets	3
Consolidated Statements of Operations	5
Consolidated Statements of Changes in Net Assets	6
Consolidated Statements of Cash Flows	7
Notes to Consolidated Financial Statements	9
Supplementary Information (2014 Only)	
Consolidating Balance Sheet	69
Consolidating Statement of Operations	71
Consolidating Statement of Changes in Net Assets	72
Combining Balance Sheet – York Hospital and Gettysburg Hospital (Obligated	
Group)	73
Combining Statement of Operations – York Hospital and Gettysburg Hospital	
(Obligated Group)	75



Ernst & Young LLP One Commerce Square Suite 700 2005 Market Street Philadelphia, PA 19103 Tel +1 215 448 5000 Fax. +1 215 448 5500 ev com

Report of Independent Auditors

The Board of Directors WellSpan Health

We have audited the accompanying consolidated financial statements of WellSpan Health, which comprise the consolidated balance sheets as of June 30, 2014 and 2013, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with US generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of the WellSpan Health as of June 30, 2014 and 2013, and the consolidated results of its operations and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating details appearing in conjunction with the consolidated financial statements are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole

Ernst + Young LLP

October 9, 2014

Consolidated Balance Sheets (In Thousands)

	June 30)	
		2014		2013
Assets				
Current assets				
Cash and cash equivalents	\$	128,077	\$	97,541
Assets limited as to use		4,164		7,236
Patient accounts receivable, net of allowance for				
uncollectible accounts of \$50,096 and \$42,593				
in 2014 and 2013, respectively		190,547		160,116
Other receivables		14,190		19,188
Inventories		17,021		11,274
Prepaid expenses		25,381		18,385
Total current assets		379,380		313,740
Investments limited as to use				
Board-designated		831,462		661,708
Self-insurance trust		11,247		7,115
Temporarily restricted investments		9,204		7,360
Permanently restricted investments		3,654		2,999
Beneficial interest in perpetual trusts		18,460		16,071
Total investments limited as to use (fair value was \$884,208				
and \$730,149 in 2014 and 2013, respectively)		874,027		695,253
Pledges receivable, net		2,689		1,571
Property and equipment, net		556,478		462,913
Investments in joint ventures		3,180		718
Deferred financing costs, net		2,933		2,858
Other assets		35,954		22,486
Total assets		1,854,641	\$	1,499,539

	June 30		0		
		2014		2013	
Liabilities and net assets					
Current liabilities					
Current portion of capital lease obligations	\$	3,797	\$	4,015	
Current portion of long-term debt		13,652		7,666	
Accounts payable and accrued expenses		41,310		34,166	
Accrued interest payable		1,610		1,583	
Accrued salaries and wages		91,555		73,493	
Advances from third-party payors		5,544		4,046	
Professional and general liability reserves and					
postretirement benefits		22,473		24,694	
Third-party payor settlements		11,208		4,691	
Total current liabilities		191,149		154,354	
Professional and general liability reserves		50,481		42,164	
Capital lease obligations, less current portion		5,471		9,030	
Long-term debt, less current portion		445,495		402,745	
Accrued retirement benefits		192,510		188,544	
Interest rate swap agreements		43,780		42,012	
Other noncurrent liabilities		1,511		1,511	
Total liabilities		930,397		840,360	
Net assets					
Unrestricted		880,645		620,302	
Temporarily restricted		16,257		13,992	
Permanently restricted		22,129		19,175	
WellSpan Health net assets		919,031		653,469	
Noncontrolling interest		5,213		5,710	
Total net assets		924,244		659,179	
Total liabilities and net assets	\$	1,854,641	\$	1,499,539	

See accompanying notes.

Consolidated Statements of Operations (In Thousands)

	Year Ended June 30		une 30
		2014	2013
Unrestricted revenues, gains, and other support			
Net patient service revenue	\$	1,417,324 \$	1,218,503
Provision for uncollectible accounts		(64,976)	(53,753)
Net patient service revenue less provision for uncollectible accounts		1,352,348	1,164,750
Capitation revenue		12,453	5,398
Other revenue		62,603	63,744
Net assets released from restrictions used for operations		5,558	3,297
Total revenues, gains, and other support		1,432,962	1,237,189
Expenses			
Salaries and wages		655,456	562,293
Employee benefits		220,827	201,370
Professional fees		24,141	15,356
Supplies and other		389,792	334,640
Depreciation and amortization		68,239	59,709
Interest		21,614	20,735
Total operating expenses		1,380,069	1,194,103
Operating income		52,893	43,086
Other income (expense)			
Contributions		1,874	520
Investment income, net		127,581	60,169
Equity gain (loss) of joint ventures		525	(7)
Gain (loss) on sale of assets/other		460	(1.035)
Contributions received in the acquisitions of Ephrata Community			
Hospital and Subsidiaries		96,343	_
Other expense, net		(1,037)	(1.439)
Change in fair value of interest rate swap agreements		(375)	21,641
Total other income (expense)		225,371	79.849
Excess of revenues over expenses before noncontrolling interest		278,264	122.935
Noncontrolling interest		(442)	(609)
Excess of revenues over expenses		277,822	122,326
Other changes in unrestricted net assets			
Change in unrealized gains (losses) on assets limited as to use		_	
and investments – other-than-trading securities		5	(508)
Net assets released from restrictions for purchase of			
property and equipment		1,668	1.480
Other change in accrued retirement benefits		(19,152)	97,994
Increase in unrestricted net assets	<u></u>	260,343 \$	221,292

See accompanying notes

Consolidated Statements of Changes in Net Assets (In Thousands)

	Year Ended June 30		June 30
		2014	2013
Unrestricted net assets			
Excess of revenues over expenses	\$	277,822 \$	122,326
Other changes in unrestricted net assets			
Change in unrealized gains (losses) on assets limited as to			
use and investments – other-than-trading securities		5	(508)
Net assets released from restrictions for purchase			
of property and equipment		1,668	1,480
Other change in accrued retirement benefits		(19,152)	97,994
Increase in unrestricted net assets		260,343	221,292
Temporarily restricted net assets			
Net realized and unrealized gains on restricted investments		1,176	568
Net investment income		308	173
Contribution received in the acquisition of Ephrata Community			
Hospital and Subsidiaries		1,514	_
Contributions		6,493	4,427
Net assets released from restrictions		(7,226)	(4,777)
Increase in temporarily restricted net assets		2,265	391
Permanently restricted net assets			
Net investment income		542	866
Contribution received in the acquisition of Ephrata Community			
Hospital and Subsidiaries		674	_
Net realized and unrealized gains on investments		1,998	1,044
Contributions		237	33
Net assets released from restrictions		(497)	(809)
Increase in permanently restricted net assets		2,954	1,134
Increase in net assets		265,562	222,817
Net assets			
Beginning of year		653,469	430,652
End of year		919,031 \$	653,469

See accompanying notes.

Consolidated Statements of Cash Flows (In Thousands)

			Year Ended Ju 2014	
Operating activities				
Increase in net assets	\$	265,562	\$	222,817
Adjustments to reconcile increase in net assets to net cash				
provided by operating activities				
Contribution received in the acquisition of Ephrata				
Community Hospital and Subsidiaries		(98,531)		_
(Gain) loss on disposal of fixed assets		(460)		1,035
Noncontrolling interest in earnings of consolidated				
entities, net of distributions		(497)		(912)
Depreciation and amortization		68,239		59,709
Net realized and unrealized gains on assets limited				
as to use and investments		(121,605)		(51,157)
Change in fair value of interest rate swap agreements		375		(21,641)
Amortization of original issue discount		207		207
Undistributed loss of investments in joint ventures		271		7
Change in beneficial interest in perpetual trusts		(2,389)		(943)
Provision for bad debts		64,976		53,753
Temporarily restricted net contributions and investment				
income received		(6,801)		(4,600)
Change in cash due to changes in assets and liabilities				
Patient accounts receivable and other receivables		(66,274)		(75,512)
Inventories, pledges receivable, prepaid expenses				
and other assets		(6,208)		(4,601)
Accounts payable and accrued expenses and				
accrued interest payable		52		(10,648)
Accrued salaries and wages		7,284		6,207
Advances from third-party payors		1,170		981
Estimated third-party payor settlements		5,368		(2,615)
Estimated self-insurance costs		795		2,884
Accrued retirement benefits		(9,842)		(112,018)
Net cash provided by operating activities before change		101,692		62,953
(Increase) decrease in investments designated as trading				
securities, net		(58,774)		18,432
Net cash provided by operating activities		42,918		81,385

Consolidated Statements of Cash Flows (continued) (In Thousands)

	Year Ended June 30		June 30
		2014	2013
Investing activities			
Capital expenditures	\$	(67,103) \$	(48,590)
Proceeds on sale of property and equipment		1,126	114
Cash received in the acquisition of Ephrata Community			
Hospital and Subsidiaries		2,946	_
Decrease (increase) in assets limited as to use and			
investments designated as trading securities		39,779	(4,441)
Change in investments in joint ventures		(1,000)	(50)
Net cash used in investing activities		(24,252)	(52,967)
Financing activities			
Temporarily restricted net contributions and investment			
income received		6,801	4,600
Principal repayments on long-term debt and notes payable		(10,830)	(11,612)
Proceeds from issuance of notes payable and long-term debt		15,924	2,801
Deferred financing cost, net of refunds		(25)	
Net cash provided by (used in) financing activities		11,870	(4,211)
Increase in cash and cash equivalents		30,536	24,207
Cash and cash equivalents, beginning of year		97,541	73,334
Cash and cash equivalents, end of year	\$	128,077 \$	97,541
Supplemental cash flow information			
Cash paid for interest, net of capitalized interest	\$	21,587 \$	21,312
Cash paid for income taxes	\$	616 \$	534
Cash para for meonic taxes	Ψ	υιυ ψ	227

See accompanying notes.

Notes to Consolidated Financial Statements (In Thousands)

June 30, 2014

1. Organization

WellSpan Health (WSH) is a not-for-profit corporation and has the following sole-member corporations, equity investments and other affiliates

Entity	WSH Relation to Entity	Date Entity Was Formed	Purpose of Entity
II	•		•
Hospitals York Hospital (YH)	Sole member	January 1880	A not-for-profit corporation that operates a hospital
Getty sburg Hospital (GH)	Sole member	March 1919	A not-for-profit corporation that operates a hospital
Ephrata Community Hospital (ECH)	Sole member	May 1940	A not-for-profit corporation that operates a hospital
WellSpan Specialty Services (WSS)	Sole member	Aprıl 1997	A not-for-profit corporation that operates a hospital and other operations
Foundations			
Getty sburg Hospital Foundation (GHF)	GH is the sole member of GHF	July 1983	A not-for-profit foundation formed to raise funds to further support the operations of GH
York Health Foundation (YHF)	Sole member	March 2000	A not-for-profit foundation formed to raise funds to further support the operations of YH
Ephrata Community Hospital Foundation (ECHF) (Inactive)	ECH is the sole member of ECHF	June 2013	A not-for-profit foundation formed to raise funds to further support the operations of ECH

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization (continued)

Entity	WSH Relation to Entity	Date Entity Was Formed	Purpose of Entity
Other not-for-profit organizations engaged in health services WellSpan Medical Group (WMG)	Sole member	June 1993	A not-for-profit corporation that operates medical practices
Northern Lancaster County Medical Group Medical Group (NLCMG)	ECH is the sole member of NLCMG	July 2005	A not-for-profit corporation that operates medical practices
Physician Specialists of Northern Lancaster County Medical Group (PSNLCMG)	NLCMG is the sole member of PSNLCMG	June 2011	A not-for-profit corporation that operates medical practices
VNA Home Health Services (VNAHHS)	WSS is the sole member of VNAHHS	February 1911	A not-for-profit corporation that provides home health services
VNA Community Services (VNACS)	WSS is the sole member of VNACS	August 1984	A not-for-profit corporation that provides home personal care services
WellSpan Health Care Services (WHCS)	Sole member	January 1986	A not-for-profit corporation that engages in health-related activities in the service area
Healthy Community Pharmacy, Inc (HCP)	WHCS is the sole member of HCP	December 2003	A not-for-profit corporation that dispenses pharmaceuticals to the uninsured population
WellSpan Properties. Inc (WP)	WHCS is the sole member of WP	April 1987	A not-for-profit corporation that developed the Apple Hill Medical Center and other outpatient facilities that are leased to affiliates
Apple Hill Surgical Center, Inc (AHSCI)	WHCS is the sole member of AHSCI	May 1987	A not-for-profit corporation that serves as general partner of AHSCP

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization (continued)

Entity	WSH Relation to Entity	Date Entity Was Formed	Purpose of Entity
Other not-for-profit organizations engaged in health services (continued) York Health Plan d/b/a WellSpan Population Health Services (WPHS)	Sole member	November 1991	A not-for-profit corporation that administers a Preferred Provider Organization
WellSpan Provider Network (WPN)	Sole member	February 1997	A not-for-profit corporation that coordinates managed care risk contracting and care management activities within WSH WPN had no accounting transactions through June 30, 2013
Taxable corporations engaged in taxable activities that support our mission WellSpan Pharmacy. Inc (WRx)	WHCS owns 100% of WRx's outstanding stock	Aprıl 1985	A corporation that dispenses pharmaceuticals and provides intravenous therapy services
WellSpan Reciprocal Risk Retention Group (WRRRG)	Sole member	June 2003	A risk retention group that provides coverage for the primary layer of professional and general liability, beginning July 1, 2003
Apple Hill Condominium Association (AHCA)	WP and AHSCP own 41 8% and 15 0% interest in AHCA, respectively	March 1988	A homeowners` association that oversees the Apple Hill Medical Center building
Apple Hill Surgical Center Partners (AHSCP)	WSH has 66 4% ownership in the partnership units	February 1988	A limited partnership that operates a surgical center
Cherry Tree Cancer Center (CTCC)	WHCS has a 50% partnership interest in CTCC	Aprıl 1997	A limited liability partnership that operates a radiation therapy center

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization (continued)

Entity	WSH Relation to Entity	Date Entity Was Formed	Purpose of Entity
Taxable corporations engaged in taxable activities that support our mission (continued)			
Q-WH, LLC (Q-WH). formerly known as York- Memorial MRI Corp	WHCS has a 100% interest in Q-WH	January 1987	A limited liability company that serves as the general partner in CHIP
Community Healthcare Imaging Partners (CHIP), d/b/a MRI of York	WSH and WHCS have 100% interest in CHIP	January 1987	A limited partnership that operates a magnetic resonance imaging center
Littlestown Health Care Partnership (LHCP)	WHCS has a 50% interest in LHCP	September 1996	A Pennsylvania partnership that leases outpatient medical facilities
Other joint ventures not consolidated			
	30% membership interest	March 1997	A limited liability corporation that operates a regional reference laboratory. The investment is accounted for on the equity basis.
Quest Behavioral Health. Inc (QUEST)	30% membership interest	March 1997	A not-for-profit corporation that provides behavioral health managed care services. The investment is accounted for on the equity basis.
Downtown Renaissance Fund. LLC (DRF)	WSH has a 33 33% interest	December 2009	A limited liability company that operates to advance the charitable, community development, scientific and educational purposes of its members. The investment is accounted for on the equity basis.

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization (continued)

Entity	WSH Relation to Entity	Date Entity Was Formed	Purpose of Entity	
Other joint ventures not consolidated (continued) Physician Hospital Organization of Gettysburg. Inc (PHO)	GH has a 50% interest in PHO	May 1994	A not-for-profit corporation that educates and provides a health network for managed care. The investment is accounted for on the equity basis.	
Central Pennsy Ivania Healthcare Alliance (CPHA)	20% membership interest	March 1997	A not-for-profit corporation that provides the infrastructure for overseeing the joint operation of health services in Central Pennsylvania. The investment is accounted for on the equity basis.	
Northern Lancaster County Physician Alliance (NLCPA)	ECH has a 50% interest	July 1986	A not-for-profit corporation that educates and provides a health network for managed care	
Northern Lancaster County Medical Transport Services Cooperative (NLCMTS)	ECH has a 33 33% interest	November 1996	A cooperative corporation formed to improve the availability and quality of medical transportation services in the communities served by the member organizations	
Ephrata Medical Office Condominium Association (EMOCA)	ECH has an 25 62% interest	September 1988	A corporation that oversees a medical office building in Ephrata PA	
The Rehab Center (ERC)	ECH has a 51% interest	June 1992	A limited partnership that operates a rehab center	
Cassatt Insurance Company. Ltd (CA)	ECH has 3 59% interest in CA	June 1991	A risk retention group that provides coverage for the primary layer of professional and general liability, beginning July 1, 1991	

Notes to Consolidated Financial Statements (continued) (In Thousands)

1. Organization (continued)

Entity	WSH Relation to Entity	Date Entity Was Formed	Purpose of Entity
Other joint ventures not consolidated (continued) AllSpire Health Partners, LLC (AHP)	WSH has 14 29% interest	July 2013	A limited liability company that operates to advance the charitable, community development, scientific and educational purposes of its members. The investment is accounted for on the equity basis.

Certain board members of YH, GH, ECH, WPHS, WMG, WHCS, and WSS also serve as Board members of WSH

2. Significant Accounting Policies

Principles of Consolidation

The consolidated financial statements include the accounts of WSH and its sole member corporations and equity investments, with the exception of the joint ventures where WSH has less than 50% control Joint ventures where WSH has 50% control or more and total management responsibilities are included in the consolidated financial statements. All significant intercompany transactions have been eliminated

Use of Estimates

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

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Significant Accounting Policies (continued)

Fair Value of Financial Instruments

Financial instruments consist of cash equivalents, patient accounts receivable, investments and assets limited as to use, accounts payable and accrued expenses, interest rate swap agreements and long-term debt. The carrying amounts reported in the consolidated balance sheets for financial instruments (except investments in certain limited partnerships and long-term debt) approximate fair value. As prescribed by GAAP, long-term debt is carried at historical cost and investments in limited partnerships are carried at fair value or at cost depending upon the extent of WSH's influence and control

Cash and Cash Equivalents

Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less. The carrying amount approximates fair value because of the short maturity of these instruments. Cash balances are principally uninsured and are subject to normal credit risks. At June 30, 2014 and 2013, and at various times during the year, WSH maintained cash-in-bank balances in excess of the \$250 general deposit federally insured limits.

Allowance for Doubtful Accounts

WSH provides an allowance for doubtful accounts for estimated losses resulting from the unwillingness or inability of patients who do not qualify for charity care to make payments for services. The allowance is determined by analyzing specific accounts and historical data and trends. Patient accounts receivable are charged off against the allowance for doubtful accounts when management determines that recovery is unlikely and WSH ceases collection efforts. Losses have been consistent with management's expectations in all material respects.

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Significant Accounting Policies (continued)

Investments and Assets Limited as to Use

Assets limited as to use primarily include assets held by trustee under bond indenture agreements, self-insurance trust and designated assets set aside by the Board of Directors Investment income from these assets is available for current operations of WSH. Certain bond indentures require funds to be deposited with a trustee for future debt service requirements. The assets have been classified as current or long-term to match the designation of the obligation they are intended to satisfy. Investments in debt and equity securities, mutual funds and money market funds, with readily determinable fair values are measured at fair value based on quoted market prices. WSH has investments in limited partnerships (LP) as a conduit for investing that are not actively traded, for which the ownership interest is less than 5% and are recorded on the cost basis. For investments in limited partnerships which the ownership interest exceeds 5%, WSH applies the fair value option (FVO) when an investment converts from cost to the FVO, WSH records the difference between fair value and cost in the consolidated statement of operations at the time this decision is made.

WSH's board-designated and other unrestricted investments are designated as a "trading" portfolio in accordance with the AICPA Audit and Accounting Guide Health Care Organizations (the Guide) The Guide requires that changes in unrealized gains and losses on marketable securities designated as trading be reported within excess of revenues over expenses

Investment income, realized gains and losses, unrealized gains and losses on trading securities and other-than-temporary losses on investment transactions (for other-than-trading securities) are included in the excess of revenues over expenses, unless the income or loss is restricted by donor or law Realized gains and losses for all investments sold are determined on a specific-identification basis. Unrealized gains and losses on other-than-trading investments and assets limited as to use are excluded from the excess of revenues over expenses, and are included as a component of other changes in unrestricted net assets, to the extent that such losses are considered temporary. Investments designated as other-than-trading are periodically reviewed for impairment conditions, including the magnitude and duration of the decline that indicate the occurrence of an other-than-temporary decline. If such conditions exist, the investment's cost is then written down to its current market value.

Donated securities are recorded at their fair market value

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Significant Accounting Policies (continued)

Investment securities and limited partnerships, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risks associated with certain investment securities and limited partnerships, it is reasonably possible that changes in the value of investments could occur in the short-term and that such changes could materially affect the amounts reported in the accompanying consolidated financial statements

Inventories

Inventories are stated at the lower of cost (first-in, first-out method) or net realizable value and are comprised of the following

	June 30			
	 2014		2013	
Pharmaceutical drugs Medical supplies	\$ 8,073 8,863 85	\$	6,629 4,543 102	
Computer supplies	\$ 17,021	\$	11,274	

Property and Equipment

Property and equipment acquisitions are recorded at cost Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets Capitalized net interest was \$0 for the years ended June 30, 2014 and 2013, respectively

Expenditures for renewals and improvements are charged to the property accounts Replacements, maintenance and repairs that do not improve or extend the life of the respective assets are expensed when incurred WSH removes the cost and the related accumulated depreciation from the accounts for assets sold or retired, and resulting gains or losses are included in the accompanying consolidated statements of operations

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Significant Accounting Policies (continued)

Donated assets are recorded at their fair value at the date of donation Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service

Depreciation and amortization is provided over the estimated useful life of each class of depreciable asset and is computed by the straight-line method Equipment under capital leases is amortized on a straight-line method over the shorter period of the lease term or the estimated useful life of the equipment Such amortization is included in depreciation and amortization in the consolidated financial statements

Deferred Financing Costs

Financing costs incurred in connection with long-term financing have been deferred and are being amortized on a straight-line basis over the life of the related debt

Self-Insurance Costs

The provision for estimated medical malpractice, workers' compensation, and employee health claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Significant Accounting Policies (continued)

Derivative Financial Instruments

The interest rate swap agreements are used by WSH to manage interest rate exposures and to hedge the changes in cash flows on variable rate revenue bonds. These types of derivative financial instruments involve, to a varying degree, elements of market and credit risk. The market risk associated with these instruments resulting from interest rate movements is expected to offset the market risk of the liability being hedged.

WSH recognizes the interest rate swap agreements in the consolidated balance sheets at fair value Management has determined that WSH's interest rate swap agreements do not qualify as hedges for financial reporting purposes Consequently, the changes in the fair value of WSH's interest rate swap agreements are included as a component of excess of revenues over expenses in the consolidated statements of operations

Temporarily and Permanently Restricted Investments and Net Assets

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or the purpose for the restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

Permanently restricted net assets represent WSH's beneficial interest in perpetual trusts recorded at fair value Beneficial interests in perpetual trusts are reported at fair value, with WSH's share determined by its interest percentage in the trust Annual changes in fair value are reported as increases or decreases in permanently restricted net assets

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Significant Accounting Policies (continued)

Endowments

WSH's endowments consist of individual funds established for specific purposes and consist solely of donor-restricted endowment funds. As required by U S generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on existence or absence of donor-imposed restrictions

WSH classifies as permanently restricted net assets (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is characterized as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization WSH considers the following factors in making a determination to appropriate or accumulate donor-restricted funds

- The duration and preservation of the fund
- The purposes of WSH and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of WSH
- The investment policies of WSH

WSH has adopted investment policies for its endowment assets that are consistent with the policies and objectives of its overall investments. The assets are invested in a manner that is intended to produce a positive rate of return while assuming a low level of risk. From time to time, the fair value of assets associated with the donor-restricted endowment funds may fall below the level that the donor requires WSH to maintain in perpetual duration. Deficiencies of this nature are reported in unrestricted net assets in accordance with U.S. generally accepted accounting principles

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Significant Accounting Policies (continued)

Excess of Revenues Over Expenses

The consolidated statements of operations include the excess of revenues over expenses Changes in unrestricted net assets that are excluded from the excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on other-than-trading assets limited as to use and investments to the extent losses are deemed temporary, contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets) and changes in accrued retirement benefits

Net Patient Service Revenue

WSH has agreements with third-party payors that provide for payments to WSH at amounts different from its established rates Payment arrangements include prospectively determined rates per discharge, discounted charges, per diem payments and reimbursed costs Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered

WSH's revenues may be subject to adjustment as a result of examination by government agencies or contractors, and as a result of differing interpretation of government regulations, medical diagnosis, charge coding, medical necessity, or other contract terms. The resolution of these matters, if any, often is not finalized until subsequent to the period during which the services were rendered. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Significant Accounting Policies (continued)

Electronic Health Record Incentive Program

The Centers for Medicare and Medicaid Services (CMS) have implemented provisions for the American Recovery and Reinvestment Act of 2009 that provide incentive payments for the meaningful use of certified electronic health record (EHR) technology CMS has defined meaningful use as meeting certain objectives and clinical quality measures based on current and updated technology capabilities over predetermined reporting periods as established by CMS The Medicare EHR incentive program provides annual incentive payments to eligible professionals and hospitals that demonstrate meaningful use of certified EHR technology The Medicaid EHR incentive program provides annual incentive payments to eligible professionals and hospitals that adopt, implement, and meaningfully use certified EHR technology WSH utilizes a grant accounting model to recognize EHR incentive revenues WSH records EHR incentive revenue ratably throughout the incentive reporting period when WSH is reasonably assured that it will meet the meaningful use objectives for the required reporting period and the grants will be received. The EHR reporting period for eligible hospitals is based on the federal fiscal year which runs from October 1 to September 30 During FY 14, the hospitals have not initiated the 90-day reporting required for stage one year two EHR objectives, therefore, no additional revenue was recognized related to these reporting year requirements. The EHR reporting periods for the eligible providers (EPs) runs from January 1 to December 31 Accordingly, for the years ended June 30, 2014 and 2013, WSH recorded EHR incentive revenues of \$4,201 and \$9,690, respectively For the year ended June 30, 2014, the EHR incentive revenues are comprised of \$3,385 of Medicare revenues and \$816 of Medicaid revenues, for the year ended June 30, 2013, the EHR incentive revenues are comprised \$8,034 of Medicare revenues and \$1,656 of Medicaid revenues EHR incentive revenues are included in other revenue in the accompanying consolidated statements of operations EHR incentive receivables from Medicaid, recorded in other receivables, were \$250 and \$1,034 at June 30, 2014 and 2013, respectively

Other Revenue

Other revenue for the years ended June 30, 2014 and 2013 consists primarily of WRx's prescription sales of \$34,348 and \$31,849, respectively Investment income from assets limited as to use under bond indenture agreements, cafeteria sales, grant revenues, EHR incentive revenues, and other non-patient service revenue are also included in other revenue

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Significant Accounting Policies (continued)

Charity Care

For patients who meet certain criteria under its charity care policy, WSH provides care without charge or at amounts less than its established rates Because WSH does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue

Federal and State Income Taxes

WSH, sole member corporations and equity investments, with the exception of WRx, WPHS, AHSCP, PHO, CHIP, Q-WH, CPAL, CTCC, LHCP, WRRRG, and WPN are tax-exempt organizations in accordance with Section 501(c)(3) of the Internal Revenue Code and are not subject to federal or state income taxes for activities related to their exempt purposes. The estimated taxes for the taxable income of WRx, SCP, QUEST, WRRRG, PHO, and WPN are not significant and are provided for in the consolidated statements of operations. No federal or state income taxes have been provided for AHSCP, CHIP, CTCC, and LHCP in the accompanying consolidated financial statements, as they are not payable by these entities. The partners are to include their respective share of these entities' profits or losses in their individual tax returns. As limited liability corporations, CPAL, Q-WH, and DRF are subject to state income taxes, the partners of CPAL, Q-WH, and DRF are subject to federal taxes related to earnings of the respective corporations.

Ephrata Community Hospital Acquisition

On October 1, 2013 (the "Acquisition Date"), WSH acquired ECH, NLCMG and PSNLCMG, which is comprised of a 130-bed, acute care hospital and two physician practice organizations located in and around Ephrata, Pennsylvania WSH acquired ECH, NLCMG and PSNLCMG by means of an inherent contribution where no consideration was transferred by WSH WSH accounted for this business combination by applying the acquisition method and, accordingly, the inherent contribution received was valued as the excess of assets acquired over liabilities assumed In determining the inherent contribution received, all assets acquired and liabilities assumed were measured at fair value as of the Acquisition Date The results of ECH, NLCMG and PSNLCMG operations have been included in the consolidating financial statements since the Acquisition Date

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Significant Accounting Policies (continued)

The following table summarizes the estimated fair values of the assets acquired and liabilities assumed at the Acquisition Date, October 1, 2013

Assets		
Cash and cash equivalents	\$	2,946
Patent accounts receivable, net of allowance for uncollectible accounts		21,016
Other receivable		3,119
Inventories		5,041
Prepaid expenses		3,131
Board-designed investments		32,713
Pledge receivables		1,089
Property and equipment, net		94,754
Investments in joint ventures		1,733
Deferred financing costs, net		320
Other assets		12,203
Total assets acquired	\$	178,065
Liabilities	_	
Accounts payable and accrued expenses	\$	7,119
Accrued salaries and wages		10,778
Advances from third-party payors		328
Third-party payor settlements		1,149
Accrued retirement benefits		13,808
Professional and general liability reserves		5,301
Long-term debt		39,658
Interest rate swap agreements		1,393
Total liabilities assumed		79,534
Excess of assets acquired over liabilities assumed	\$	98,531
Net assets acquired		
Unrestricted	\$	96,343
Temporary restricted	Ψ	1,514
Permanently restricted		674
Excess of assets acquired over liabilities assumed	\$	98,531
Lacess of assets acquired over madmides assumed	<u>Ψ</u>	70,331

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Significant Accounting Policies (continued)

Other assets include the following intangible assets

	ir Value as of quisition Date	Estimate Life
Medical records	\$ 3,200	7
Trade name	6,300	Indefinite
	\$ 9,500	

The following table summarizes amounts attributable to ECH, NLCMG and PSNLCMG since the Acquisition Date, period from October 1, 2013 to June 30, 2014, that are included in the accompanying consolidated financial statements

Total operating revenue	\$ 157,147
Total operating expenses	161,016
Deficiency of operating revenue over operating expenses	(3,869)
Total non-operating gains and losses	3,025
Deficiency of revenue and gains and losses over expenses	\$ (844)
Change in net assets	
Unrestricted net assets	\$ (3,589)
Temporarily restricted net assets	(447)
Permanently restricted net assets	60
Total change in net assets	\$ (3,976)

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Significant Accounting Policies (continued)

The following table represents unaudited pro forma financial information, assuming the acquisition of ECH, NLCMG and PSNLCMG had taken place July 1, 2012 The pro forma information includes adjustments for amortization of intangible assets The pro forma financial information is not necessarily indicative of the results of operations as they would have been had the transaction been effected on the Acquisition Date

	Year Ended June 3 2014 2013			June 30 2013
Total operating revenue Total operating expenses	\$	1,483,011 1,432,224	\$	1,443,814 1,401,429
Deficiency of operating revenue over operating expenses	-	50,787		42,385
Total non-operating gains and losses		129,661		81,349
Deficiency of revenue and gains and losses over expenses	\$	180,448	\$	123,734
Change in net assets	_		_	
Unrestricted net assets	\$	165,000	\$	232,842
Temporarily restricted net assets		1,085		(1,168)
Permanently restricted net assets		2,279		1,159
Total change in net assets	\$	168,364	\$	232,833

Recent Accounting Pronouncements

The Financial Accounting Standards Board (FASB) has issued Accounting Standards Update (ASU) 2011-04, Fair Value Measurements (Topic 820), Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs. The amendments in ASU 2011-04 change the wording used to describe many of the requirements in GAAP for measuring fair value and for disclosing information about fair value measurements. The ASU is effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2011. WSH has adopted the provisions of ASU 2011-04 in 2013. The adoption did not have a material impact on the consolidated financial statements.

Notes to Consolidated Financial Statements (continued) (In Thousands)

2. Significant Accounting Policies (continued)

In May 2013, the FASB issued ASU 2014-09, Revenue from Contracts with Customers, to clarify the principles for recognizing revenue and to improve financial reporting by creating common revenue recognition guidance for GAAP and International Financial Reporting Standards The core principle of the new guidance is that an entity should recognize revenue to depict the transfer to promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for these goods or services ASU 2014-09 is effective for annual reporting periods beginning after December 15, 2016, including interim periods within that reporting period Early application is not permitted An entity should apply the amendments in this update using either a full retrospective application or a modified retrospective application Under the full retrospective application, an entity will apply the standard to each prior reporting period presented. Under the modified retrospective application, an entity recognizes the cumulative effect of initially applying the new standard as an adjustment to the opening balance sheet of retained earnings at the date of initial application Revenue in periods presented before that date will continue to be reported under guidance in effect before the change WellSpan Health is evaluating this new guidance and has not yet determined which approach it will adopt to apply the amendments in ASU 2014-09 or the impact that the adoption of this update will have on its financial statements

3. Net Patient Service Revenue

WSH has agreements with third-party payors that provide for payments to WSH at amounts different from its established rates A summary of the payment arrangements with major third-party payors follows

• Medicare and Medicaid – Net revenue from the Medicare and Medicaid programs accounted for approximately 40% and 39% of WSH's net patient service revenue for each of the years ended June 30, 2014 and 2013, respectively Inpatient acute care services provided to Medicare and Medicaid program beneficiaries are paid at prospectively determined rates per discharge These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors WSH is reimbursed for certain cost reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports by WSH and audits thereof by Medicare WSH's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with WSH Medicare reimburses for most outpatient services

Notes to Consolidated Financial Statements (continued) (In Thousands)

3. Net Patient Service Revenue

on the Outpatient Prospective Payment System (OPPS) Medicaid outpatient services are paid based on a fee schedule YH's and GH's Medicare cost reports have been audited by the Medicare fiscal intermediary through June 30, 2010 YH's and GH's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through June 30, 2009 For the years ended June 30, 2014 and 2013, net patient service revenue reflects a (decrease) increase of approximately \$(2,160) and \$1,009, respectively, due to estimate changes Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term

In December 2010, the Department of Public Welfare (DPW) received approval from Centers for Medicare and Medicaid Services (CMS) for the Pennsylvania state plan amendments pursuant to Pennsylvania Act 49 of 2010 that, among other things, established a new inpatient hospital fee-for-service payment system (using APR-DRG), established enhanced hospital payments through the state's Medical Assistance managed care program and secured additional matching Medicaid funds through the establishment of the Quality Care Assessment (QCA) In February 2011, the DPW received the approvals necessary from CMS on the final technical language for the DPW contracts with managed care organizations. The Hospital and Healthcare Association of Pennsylvania issued hospital-specific impacts of the Medicaid (MA) payment modernization for fiscal year 2011 WSH recorded an operating income impact of approximately \$4,666 and \$5,492 in its consolidated statements of operations and changes in net assets for the years ended June 30, 2014 and 2013, respectively

- Blue Cross Net revenue for services provided under Blue Cross & Blue Shield contracts accounted for approximately 33% and 32% of WSH net patient service revenues for the years ended June 30, 2014 and 2013, respectively Inpatient and outpatient services rendered to Blue Cross subscribers are reimbursed primarily on a discount from established charge basis
- Capitation Revenue WMG has agreements with various Health Maintenance Organizations (HMOs) to provide medical services to subscribing patients Under these agreements, WMG receives monthly capitation payments based on the number of each HMO's participants, regardless of services actually performed by WMG's physicians In addition, WMG may receive additional compensation for services not covered under the

Notes to Consolidated Financial Statements (continued) (In Thousands)

3. Net Patient Service Revenue (continued)

capitation payment as defined in the agreements Under the agreements, certain funds are set aside to cover hospital and other costs. To the extent that these funds are not used, WMG shares in the excess with the HMOs. WMG records the capitation payments as income in the period to which the services relate and records any additional payments at such time as the amounts can be reasonably estimated.

WSH has also entered into payment agreements with certain other commercial insurance carriers, HMOs, and preferred provider organizations. The basis for payment to WSH under these agreements is primarily on a discount from established charges but also includes a prospectively determined per member per month rate and prospectively determined fee schedules.

For patient receivables associated with self-pay patients, including patients with deductible and copayment balances, for which third-party coverage provides for a portion of the services provided, WSH records an estimate for uncollectible accounts in the year of service Overall, the total write-offs of uncollectible accounts and allowances as a percent of accounts receivable on self-pay patient accounts have not changed significantly since June 30, 2013

WSH grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows

	June 30			
	2014	2013		
Medicare	33%	33%		
Medicaid	14	15		
Blue Cross/Blue Shield	12	11		
Other third-party payors	24	23		
Self-pay	17	18		
	100%	100%		

Notes to Consolidated Financial Statements (continued) (In Thousands)

4. Charity Care and Community Service

WSH's tax-exempt organizations' patient acceptance policies are based upon their mission statements and charitable purposes. Accordingly, WSH accepts all patients regardless of their ability to pay. For patients who meet the criteria of its charity service policy, WSH provides services without charge or at amounts less than the established rates. Criteria for charity care consider the patient's family income, family size, and ability to pay. This policy results in WSH's assumption of higher-than-normal patient receivable credit risk. To the extent that WSH realizes additional losses resulting from such higher credit risks and patients are not identified or do not meet WSH's defined charity care policy, such additional losses are included in the provision for bad debts

WSH maintains records to identify and monitor the level of charity care and community service it provides. These records include the amount of charges forgone based on established rates for services and supplies furnished under its charity care and community service policies and the estimated cost of those services. The amount of charity care provided based on WSH's direct and indirect costs was approximately \$22,924 and \$22,117 for the years ended June 30, 2014 and 2013, respectively

Additionally, WSH sponsors certain other service programs and charity services which provide substantial benefit to the greater community Such programs include patient visits in outpatient clinics, mental health services, other outpatient clinical services and health care education programs. These programs serve a large portion of the indigent, elderly, diabetic and other underserved patient populations. The estimated unreimbursed cost of providing these programs and services was approximately \$21,481 and \$20,994 for the years ended June 30, 2014 and 2013, respectively

WSH participates in the Medicare program Medicare is a federally funded program which provides health insurance coverage for individuals who are 65 or older, or who meet other special criteria Payments from Medicare as described in Note 3 are generally less than WSH's costs of providing the service to Medicare beneficiaries Unpaid costs in excess of payments received for the Medicare program were approximately \$114,603 and \$87,781 for the years ended June 30, 2014 and 2013, respectively

Notes to Consolidated Financial Statements (continued) (In Thousands)

4. Charity Care and Community Service (continued)

WSH also participates in the Pennsylvania Medical Assistance (PMA) program which makes payment for services provided to families with dependent children, the aged, the blind, and the permanently and totally disabled, whose income and resources are insufficient to meet the costs of necessary medical services Payments from the PMA as described in Note 3 are generally less than WSH's costs of providing the service Unpaid costs in excess of payments received for the PMA program were approximately \$88,831 and \$67,920 for the years ended June 30, 2014 and 2013, respectively

5. Investments

Investments Limited as to Use

The composition of assets limited as to use is set forth in the following table

	June 30			
		2014		2013
Board-designated				
WSH Master Trust	\$	759,512	\$	591,436
Money market fund		6,709		3,482
Mutual funds		7,527		6,234
Land investment, at cost		5,059		5,059
Government-sponsored enterprise				
mortgage-backed securities		10,252		12,346
Corporate debt securities		17,567		14,310
Debt securities issued by the U S Treasury and other				
U S government corporations and agencies		24,836		28,841
	\$	831,462	\$	661,708
Self-insurance trust investments				
Government-sponsored enterprise				
mortgage-backed securities	\$	1,692	\$	2,390
Corporate debt securities		5,960		4,831
Debt securities issued by the U S Treasury and other				
U S government corporations and agencies		7,759		7,122
Less Trustee-held assets for current self-insurance		(4,164)		(7,228)
	\$	11,247	\$	7,115

Notes to Consolidated Financial Statements (continued) (In Thousands)

5. Investments (continued)

	June 30)
		2014		2013
Temporarily restricted investments				
Cash and short-term investments	\$	498	\$	437
Mutual funds		680		789
WSH Master Trust		8,026		6,134
	\$	9,204	\$	7,360
Permanently restricted investments				
WSH Master Trust	<u>\$</u>	3,654	\$	2,999
Beneficial interest in perpetual trusts Mutual funds held by other trustees	\$	18,460	\$	16,071

WSH Master Trust

WSH maintains the WSH Master Trust for certain funds classified in investments and assets limited as to use in the accompanying consolidated balance sheets. The WSH Master Trust is comprised of the following, by restriction category

	June 30				
		2014			
Board-designated Temporarily restricted Permanently restricted	\$	759,512 8,026 3,654	\$	591,436 6,134 2,999	
•	\$	771,192	\$	600,569	

Notes to Consolidated Financial Statements (continued) (In Thousands)

5. Investments (continued)

A summary of the assets of the WSH Master Trust is as follows

	June 30			
		2014		2013
Investments, at fair value				
Debt securities issued by the U S Treasury and other				
U S government corporations and agencies	\$	15,419	\$	59,557
Government-sponsored enterprise				
mortgage-backed securities		8,691		5,232
Other asset-backed securities		33,635		29,696
Corporate debt securities		31,194		31,333
Aggregate bond index fund		_		11,857
Commodities/real return		35,459		24,556
Equity securities		104,540		156,421
Stock index fund		37,368		39,031
Collective mutual funds and investment trusts		391,255		105,318
Absolute return, limited partnership		1,609		20,149
Real estate, limited partnerships		49,025		14,643
		708,195		497,793
Investments, recorded at cost				
Absolute return, limited partnerships		37,599		56,180
Real estate, limited partnerships		2,211		21,613
Private equity, limited partnerships		23,187		24,983
- · · ·		62,997		102,776
	\$	771,192	\$	600,569

Most real estate, private equity, and absolute return limited partnership investments are adjusted to and are carried at cost because WSH does not have a controlling interest in the related partnerships and the fair value is not readily determinable. The unaudited fair value of these limited partnership investments exceeded the cost basis of these investments by \$9,475 and \$34,896 as of June 30, 2014 and 2013, respectively

Notes to Consolidated Financial Statements (continued) (In Thousands)

5. Investments (continued)

Interest and dividend income, net of investment expenses and gains (losses) for assets limited as to use, cash equivalents and investments are comprised of the following

	Year Ended June 30		
	2014		2013
Other income			
Interest and dividend income	\$ 7,158	\$	9,186
Change in unrealized gains and losses on trading securities	26,577		36,905
Net realized gain on sales of securities	93,846		14,078
	\$ 127,581	\$	60,169
Other changes in unrestricted net assets			
Change in unrealized gains and losses on assets limited as			
to use and investments – other-than-trading securities	\$ 5	\$	(508)

6. Fair Value Measurements

WSH utilizes various methods of calculating the fair value of its financial assets and liabilities, when applicable Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date Fair value measurements are applied based on the unit of account from WSH's perspective The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated) The fair value hierarchy is comprised of three levels based on the source of inputs as follows

- Level 1 Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs
- Level 2 Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data
- Level 3 Unobservable inputs are used when little or no market data is available The fair value hierarchy gives the lowest priority to Level 3 inputs

Notes to Consolidated Financial Statements (continued) (In Thousands)

6. Fair Value Measurements (continued)

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, WSH uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value. Financial assets carried at fair value are classified in the table below in one of the three categories described above.

	June 30, 2014					
_	Total					
_	Fair Value		Level 1		Level 2	Level 3
WSH Master Trust						
Debt securities issued by the U S						
agencies Treasury and other U S						
government corporations and agencies 5	15,419	\$	_	\$	15,419	\$ _
Government-sponsored enterprise						
mortgage-backed securities	8,691		_		8,691	_
Other asset-backed securities	33,635		_		33,635	_
Corporate debt securities	31,194		_		31,194	_
Commodities/real return	35,459		35,459		_	_
Equity securities						
Consumer discretionary and services	18,899		18,899		_	_
Consumer staples	2,635		2,635		_	_
Financial services	19,089		19,089		_	_
Healthcare	13,207		13,207		_	_
Materials and processing	14,772		14,772		_	_
Other energy	9,598		9,598		_	_
Producer durables	3,260		3,260		_	_
Technology	20,078		20,078		_	_
Utilities	3,002		3,002		_	
Total equity securities	104,540		104,540		_	_
Stock index fund	37,368		37,368		_	_

Notes to Consolidated Financial Statements (continued) (In Thousands)

6. Fair Value Measurements (continued)

	June 30, 2014				
•	Total		·		
	Fair Value	Level 1	Level 2	Level 3	
WSH Master Trust (continued)					
Collective mutual funds and					
investment trusts					
Domestic Small Cap Growth	\$ 32,308	\$ -	\$ 32,308	\$ -	
International Equity	106,457	_	106,457	_	
Emerging Markets	39,255	_	39,255	_	
Fixed Income Funds	114,768	_	114,768	_	
Global Asset Allocation	84,287	_	84,287	_	
Cash and cash equivalents	14,180	14,180	_	_	
Total collective mutual funds and					
investment trusts	391,255	14,180	377,075	_	
Absolute return, limited partnership ⁽³⁾	1,609	_	_	1,609	
Real estate, limited partnerships ^(1 x 2)	49,025	_	_	49,025	
Total WSH Master Trust	708,195	191,547	466,014	50,634	
Other assets					
Cash and cash equivalents agencies	128,575	128,575	_	_	
Money market fund	6,709	_	6,709	_	
Mutual funds	8,207	6,146	2,061	_	
Beneficial interest in perpetual trusts*	18,460	11,335	7,125	_	
Government-sponsored enterprise					
mortgage-backed securities	11,944	_	11,944	_	
Debt securities issued by the U S agencies Treasury and other U S					
government corporations and agencies	32,595	_	32,595	_	
Corporate debt securities	23,527	_	23,527	_	
Total other assets	230,017	146,056	83,961		
	938,212	337,603	549,975	50,634	
	,	•	,	,	
Liabilities					
Interest rate swap agreements	(43,780)		(43,780)		
	\$ 894,432	\$ 337,603	\$ 506,195	\$ 50,634	

Notes to Consolidated Financial Statements (continued) (In Thousands)

6. Fair Value Measurements (continued)

Total pair Value Level 1 Level 2 Level 3 WSH Master Trust Debt securities issued by the US agencies Treasury and other US government corporations and agencies \$ 59.557 <t< th=""><th></th><th colspan="5">June 30, 2013</th></t<>		June 30, 2013				
WSH Master Trust Debt secuntites issued by the U S agencies Treasury and other U S government corporations and agencies of Sp.557 \$ 59.557 \$ 59.557 \$ - Government-sponsored enterprise mortgage-backed securities 52.32 - 5.232 - Other asset-backed securities 29.696 - 29.696 - Corporate debt securities 31.333 - 11.857 - Aggregate bond index fund 11.857 - 11.857 - Commodities/real return 24.556 24.556 - - Consumer discretionary and services 28.372 28.372 - - Consumer staples 6.410 6.410 - - Consumer staples 6.410 6.410 - - Financial services 28.453 28.453 - - Healthcare 19.770 19.770 - - Materials and processing 19.053 19.053 - - Other energy 14.810 14.810 - - </th <th>-</th> <th>Total</th> <th></th> <th>•</th> <th></th>	-	Total		•		
Debt securities issued by the U S agencies Treasury and other U S government corporations and agencies of \$59.557		Fair Value	Level 1	Level 2	Level 3	
agencies Treasury and other U S government corporations and agencies \$ 59.557 \$ - \$ 59.557 \$ - Government corporations and agencies \$ 59.557 \$ - \$ 59.557 \$ - Government corporations and agencies \$ 59.557 \$ - \$ 59.557 \$ - Government corporate debt securities \$ 5.232 - \$ 5.232 - Other asset-backed securities \$ 31.333 - \$ 31.333 - Aggregate bond index fund \$ 11.857 - \$ 11.857 - Commodities/real return \$ 24.556 \$ 24.556 - - - Commodities/real return \$ 24.556 \$ 24.556 - - - - Commodities/real return \$ 24.556 \$ 24.556 \$ - - - - Commodities/real return \$ 24.556 \$ 24.556 \$ - - - - Commodities/real return \$ 24.556 \$ 24.556 \$ 24.556 \$ - - - Consumer staples \$ 6.410 \$ 6.410 \$ 6	WSH Master Trust					
Sovernment corporations and agencies Sovernment sponsored enterprise mortgage-backed securities Sovernment sponsored enterprise mortgage-backed securities Sovernment sponsored enterprise mortgage-backed securities Sovernment sponsored enterprise Sovernment sponsored						
Government-sponsored enterprise mortgage-backed securities 5.232	agencies Treasury and other U S					
mortgage-backed securities 5.232 - 5.232 - Other asset-backed securities 29,696 - 29,696 - Corporate debt securities 31,333 - 31,333 - Aggregate bond index fund 11,857 - 11,857 - Commodities/real returm 24,556 24,556 - - - Equity securities 28,372 28,372 - - - Consumer discretionary and services 28,372 28,372 - - - Consumer staples 6,410 6,410 - - - Financial services 28,453 28,453 - - - Healthcare 19,770 19,770 - - - Materials and processing 19,053 19,053 - - - Other energy 14,810 14,810 - - - Technology 30,268 30,268 30,268 - - -		\$ 59,557	\$ -	\$ 59,557	\$ -	
Other asset-backed securities 29,696 - 29,696 - Corporate debt securities 31,333 - 31,333 - Aggregate bond index fund 11,857 - 11,857 - Commodities/real return 24,556 24,556 - - - Equity securities -						
Corporate debt securities		5,232	_	5,232	_	
Aggregate bond index fund 11.857	Other asset-backed securities	29,696	_	29,696	_	
Commodities/real return 24,556 24,556 - - - Equity securities Consumer discretionary and services 28,372 28,372 - - Consumer staples 6,410 6,410 - - Financial services 28,453 28,453 - - Financial services 28,453 28,453 - - Healthcare 19,770 19,770 - - Materials and processing 19,053 19,053 - - Other energy 14,810 14,810 - - Producer durables 6,899 6,899 - - Technology 30,268 30,268 - - Utilities 2,386 2,386 - - Total equity securities 156,421 156,421 - - Stock index fund 39,031 - 39,031 - Collective mutual funds and investment trusts Domestic Small Cap Value 25,861 - International Equity 71,472 - 71,472 - Cash and cash equivalents 7,985 7,985 7,985 - - Total collective mutual funds and investment trusts 105,318 7,985 97,333 - Absolute return, limited partnerships 20,149 - 20,149 Real estate, limited partnerships 14,643 - - 14,643	Corporate debt securities	31,333	_	31,333	_	
Equity securities Consumer discretionary and services 28.372 28.372 - -	Aggregate bond index fund	11,857	_	11,857	_	
Consumer discretionary and services 28,372 28,372 - - Consumer staples 6,410 6,410 - - Financial services 28,453 28,453 - - Healthcare 19,770 19,770 - - Materials and processing 19,053 19,053 - - Other energy 14,810 14,810 - - Producer durables 6,899 6,899 - - Technology 30,268 30,268 - - Utilities 2,386 2,386 - - Total equity securities 156,421 156,421 - - Stock index fund 39,031 - 39,031 - Collective mutual funds and investment trusts - 25,861 - 25,861 - Domestic Small Cap Value 25,861 - 25,861 - - - Cash and cash equivalents 7,985 7,985 - - <td>Commodities/real return</td> <td>24,556</td> <td>24,556</td> <td>_</td> <td>_</td>	Commodities/real return	24,556	24,556	_	_	
Consumer staples 6.410 6.410 - - Financial services 28.453 28.453 - - Healthcare 19.770 19.770 - - Materials and processing 19.053 19.053 - - Other energy 14.810 14.810 - - Producer durables 6.899 6.899 - - Technology 30.268 30.268 - - Utilities 2.386 2.386 - - Total equity securities 156.421 156.421 - - Stock index fund 39.031 - 39.031 - Collective mutual funds and investment trusts - 39.031 - 25.861 - - Total collective mutual funds and investment trusts 7.985 7.985 - - - Absolute return. limited partnerships ⁽²⁾ 20.149 - 20.149 - 20.149 Real estate. limited partnerships ⁽¹⁾	Equity securities					
Financial services 28,453 28,453 - - Healthcare 19,770 19,770 - - Materials and processing 19,053 19,053 - - Other energy 14,810 14,810 - - Producer durables 6,899 6,899 - - Technology 30,268 30,268 - - Utilities 2,386 2,386 - - Total equity securities 156,421 156,421 - - Stock index fund 39,031 - 39,031 - Collective mutual funds and investment trusts - - 25,861 - - Domestic Small Cap Value 25,861 - - 71,472 - Cash and cash equivalents 7,985 7,985 - - Total collective mutual funds and investment trusts 105,318 7,985 97,333 - Absolute return, limited partnerships ⁽¹⁾ 14,643 - - </td <td>Consumer discretionary and services</td> <td>28,372</td> <td>28,372</td> <td>_</td> <td>_</td>	Consumer discretionary and services	28,372	28,372	_	_	
Healthcare	Consumer staples	6,410	6,410	_	_	
Materials and processing 19.053 19.053 — — Other energy 14.810 14.810 — — Producer durables 6.899 6.899 — — Technology 30.268 30.268 — — Utilities 2.386 2.386 — — Total equity securities 156.421 156.421 — — Stock index fund 39.031 — 39.031 — Collective mutual funds and investment trusts — 39.031 — — Domestic Small Cap Value 25.861 — 25.861 — — — International Equity 71.472 — 71.472 — — — Cash and cash equivalents 7.985 7.985 — — — — Total collective mutual funds and investment trusts 105.318 7.985 97.333 — — — — — 20.149 — 20.149 — 20.149	Financial services	28,453	28,453	_	_	
Other energy 14.810 14.810 — — Producer durables 6.899 6.899 — — Technology 30.268 30.268 — — Utilities 2.386 2.386 — — Total equity securities 156.421 156.421 — — Stock index fund 39.031 — 39.031 — Collective mutual funds and investment trusts — — 39.031 — Domestic Small Cap Value 25.861 — 25.861 — International Equity 71.472 — 71.472 — Cash and cash equivalents 7.985 7.985 — — Total collective mutual funds and investment trusts 105.318 7.985 97.333 — Absolute return, limited partnership ⁽²⁾ 20.149 — 20.149 Real estate, limited partnerships ⁽¹⁾ 14.643 — — 14.643	Healthcare	19,770	19,770	_	_	
Producer durables 6.899 6.899 - - Technology 30.268 30.268 - - Utilities 2.386 2.386 - - Total equity securities 156.421 156.421 - - Stock index fund 39.031 - 39.031 - Collective mutual funds and investment trusts - 39.031 - Domestic Small Cap Value 25.861 - 25.861 - International Equity 71.472 - 71.472 - Cash and cash equivalents 7.985 7.985 - - - Total collective mutual funds and investment trusts 105.318 7.985 97.333 - Absolute return, limited partnership ⁽²⁾ 20.149 - 20.149 Real estate, limited partnerships ⁽¹⁾ 14.643 - - 14.643	Materials and processing	19,053	19,053	_	_	
Technology 30,268 30,268 - - - Utilities 2,386 2,386 - - - Total equity securities 156,421 156,421 - - - Stock index fund 39,031 - 39,031 - - Collective mutual funds and investment trusts 25,861 - 25,861 - - 71,472 -	Other energy	14,810	14,810	_	_	
Utilities 2.386 2.386 - - Total equity securities 156.421 156.421 - - Stock index fund 39.031 - 39.031 - Collective mutual funds and investment trusts - - 25.861 - - Domestic Small Cap Value 25.861 - 25.861 - - International Equity 71.472 - 71.472 - Cash and cash equivalents 7.985 7.985 - - Total collective mutual funds and investment trusts 105.318 7.985 97.333 - Absolute return, limited partnerships ⁽²⁾ 20.149 - 20.149 Real estate, limited partnerships ⁽¹⁾ 14.643 - - 14.643	Producer durables	6,899	6,899	_	_	
Total equity securities	Technology	30,268	30,268	_	_	
Stock index fund 39.031 - 39.031 - Collective mutual funds and investment trusts 25.861 - 25.861 - Domestic Small Cap Value 25.861 - 25.861 - International Equity 71.472 - 71.472 - Cash and cash equivalents 7.985 7.985 - - Total collective mutual funds and investment trusts 105.318 7.985 97.333 - Absolute return, limited partnerships ⁽²⁾ 20.149 - 20.149 Real estate, limited partnerships ⁽¹⁾ 14.643 - - 14.643	Utilities	2,386	2,386	_	_	
Collective mutual funds and investment trusts Domestic Small Cap Value 25.861 - 25.861 - International Equity 71.472 - 71.472 - Cash and cash equivalents 7.985 7.985 - - Total collective mutual funds and investment trusts 105.318 7.985 97.333 - Absolute return, limited partnership ⁽²⁾ 20.149 - 20.149 Real estate, limited partnerships ⁽¹⁾ 14.643 - - 14.643	Total equity securities	156,421	156,421	_	_	
Investment trusts Domestic Small Cap Value 25.861 - 25.861 - International Equity 71.472 - 71.472 - Cash and cash equivalents 7.985 7.985 Total collective mutual funds and investment trusts 105.318 7.985 97.333 - Absolute return, limited partnerships 20.149 - 20.149 Real estate, limited partnerships 14.643 14.643	Stock index fund	39,031	_	39,031	_	
Domestic Small Cap Value 25.861 - 25.861 - International Equity 71.472 - 71.472 - Cash and cash equivalents 7.985 7.985 - - Total collective mutual funds and investment trusts 105.318 7.985 97.333 - Absolute return, limited partnership ⁽²⁾ 20.149 - 20.149 Real estate, limited partnerships ⁽¹⁾ 14.643 - - 14.643	Collective mutual funds and					
International Equity 71.472 $ 71.472$ $-$ Cash and cash equivalents 7.985 7.985 $ -$ Total collective mutual funds and investment trusts 105.318 7.985 97.333 $-$ Absolute return, limited partnerships (2) 20.149 $ 20.149$ Real estate, limited partnerships (1) 14.643 $ 14.643$	investment trusts					
Cash and cash equivalents 7.985 7.985 — — Total collective mutual funds and investment trusts 105.318 7.985 97.333 — Absolute return, limited partnerships ⁽²⁾ 20.149 — 20.149 Real estate, limited partnerships ⁽¹⁾ 14.643 — — 14.643	Domestic Small Cap Value	25,861	_	25,861	_	
Total collective mutual funds and investment trusts 105.318 7.985 97.333 — Absolute return, limited partnership ⁽²⁾ 20.149 — 20.149 Real estate, limited partnerships ⁽¹⁾ 14.643 — 14.643	International Equity	71,472	_	71,472	_	
Investment trusts 105.318 7.985 97.333 — Absolute return, limited partnerships ⁽¹⁾ 20.149 — — 20.149 Real estate, limited partnerships ⁽¹⁾ 14.643 — — 14.643	Cash and cash equivalents	7,985	7,985	_	_	
Absolute return, limited partnership ⁽²⁾ Real estate, limited partnerships ⁽¹⁾ 20,149 - 20,149 Real estate, limited partnerships ⁽¹⁾ 14,643 - 14,643	Total collective mutual funds and					
Real estate, limited partnerships ⁽¹⁾ 14.643 – 14.643	investment trusts	105,318	7,985	97,333	_	
Real estate, limited partnerships ⁽¹⁾ 14.643 – 14.643				_	20,149	
		14,643	_	_	14,643	
		497,793	188,962	274.039	34,792	

Notes to Consolidated Financial Statements (continued) (In Thousands)

6. Fair Value Measurements (continued)

	June 30, 2013						
		Total					
	Fa	air Value		Level 1		Level 2	Level 3
Other assets							_
Cash and cash equivalents agencies	\$	97,541	\$	97,541	\$	- \$	_
Money market fund		3,482		_		3,482	_
Mutual funds		7,023		4,623		2,400	_
Beneficial interest in perpetual trusts*		16,071		10,474		5,597	_
Government-sponsored enterprise mortgage-backed securities		14,739		_		14.739	_
Debt securities issued by the U S agencies Treasury and other U S government corporations							
and agencies		35,963		_		35,963	_
Corporate debt securities		19,141		_		19,141	_
Total other assets		193,960		112,638		81,322	
		691,753		301,600		355,361	34,792
Liabilities							
Interest rate swap agreements		(42,012)		_		(42,012)	
	\$	649,741	\$	301,600	\$	313,349 \$	34,792

^{*}Beneficial interest in perpetual trusts consists of investments in various securities not under WSH control

The Company's Level 1 securities primarily consist of commodities/real return, equities, equity mutual funds and cash The Company determines the estimated fair value for its Level 1 securities using quoted (unadjusted) prices for identical assets or liabilities in active markets

The Company's Level 2 securities primarily consist of debt securities issued by the U S agencies Treasury and other U S government corporations and agencies, government-sponsored enterprise mortgage-backed securities, money market funds, other asset-backed securities, and corporate debt The Company determines the estimated fair value for its Level 2 securities using the following methods quoted prices for similar assets/liabilities in active markets, quoted prices for identical or similar assets in non-active markets (few transactions, limited information,

Notes to Consolidated Financial Statements (continued) (In Thousands)

6. Fair Value Measurements (continued)

noncurrent prices, high variability over time), inputs other than quoted prices that are observable for the asset/liability (e.g., interest rates, yield curves volatilities, default rates), and inputs that are derived principally from or corroborated by other observable market data

There were no material transfers between Levels 1 and 2 during the years ended June 30, 2014 and 2013

The following table sets forth a summary of changes in the fair value of the Level 3 assets for the years ended June 30, 2014 and 2013

	Level 3 Assets Absolute and Real Estate, Limited Partnerships				
Balance, beginning of year as of June 30, 2012 Investments converted to market	\$	8,200 20,311			
Realized gains		20,311			
Unrealized gains		903			
Purchases		5,677			
Sales, issuances, and settlements		(303)			
Balance, beginning of year as of June 30, 2013		34,792			
Investments converted to market		26,775			
Realized gains		6,254			
Unrealized gains		1,001			
Purchases		2,200			
Sales, issuances, and settlements		(20,388)			
Balance, end of year as of June 30, 2014	\$	50,634			

(1) This asset is an investment in Siguler Guff Distressed Real Estate Opportunities Fund, LP (Siguler Guff) The estimated fair market value of this investment is determined by the total net assets of the fund attributable to common shares, divided by the number of common shares outstanding The total net asset value of the fund is determined by

Notes to Consolidated Financial Statements (continued) (In Thousands)

6. Fair Value Measurements (continued)

the market value of the underlying investments if they are securities listed on a national securities exchange or traded over the counter. For those securities not openly traded, the investment manager generally utilizes the most recent relevant information or performance reports of such managed account or investment partnership, unless the investment manager determines some other valuation is more appropriate. On an annual basis, Siguler Guff provides audited financial statements from independent audit firms for review. This company has an unfunded commitment of \$4,200. This investment has redemption restrictions at the discretion of the General Partner.

- (2) This asset is an investment in Guggenheim Real Estate Commingled Trust (Guggenheim) During the fiscal year, WSH's investment in Guggenheim exceeded 5% ownership interest which resulted in WSH electing the FVO Accordingly, WSH recorded \$7,923 of operating gains in the investment income, net The investment includes interests in a collection of publicly traded securities, property funds, direct property investments, and mezzanine financings The publicly traded securities and property funds are valued at the last reported sales price on the last day of the period. The direct property investments are initially recorded at the total cost to acquire the properties and subsequently these values are adjusted based on the opinions of value obtained quarterly from independent real estate investment managers. The mezzanine financings are valued based on fair market values determined by the Guggenheim Real Estate Commingled Trust based upon an estimate of realized proceeds from the hypothetical liquidation. On an annual basis, the Guggenheim Real Estate Commingled Trust provides a copy of its audited financial statements from an independent audit firm for review.
- (3) This asset is an investment in Common Sense, LP (Common Sense) The estimated fair market value of this investment is determined by the total net assets of the fund attributable to common shares, divided by the number of common shares outstanding. The total net asset value of the fund is determined by the market value of the underlying investments if they are securities listed on a national securities exchange or traded over the counter. For those securities not openly traded, the investment manager generally utilizes the most recent relevant information or performance reports of such managed account or investment partnership, unless the investment manager determines some other valuation is more appropriate. On an annual basis, Common Sense provides audited financial statements from independent audit firms for review. This investment has redemption restrictions at the discretion of the General Partner.

Notes to Consolidated Financial Statements (continued) (In Thousands)

6. Fair Value Measurements (continued)

The fair value of investments carried at cost excluding land are the following

	Total Fair Value		Unfunded				
	 Jun	ie 30)	Commitments		Redemption	
	2014		2013	J	une 30, 2014	Frequency	Notice Period
Absolute return							_
Multi-strategy (b)	\$ 38,364	\$	60,887	\$	_	Quarterly	65 days
Long/short equity(a)	_		14,547		_	Quarterly	65 days
	38,364		75,434				
Real estate							
Core ^(e)	_		26,839		_	Quarterly	90 days
Opportunistic ^(c)	2,973		3,421		1,132	N/A	N/A
	2,973		30,260		1,132		
Private equity(d)	31,136		31,978		5,462	N/A	N/A
- ·	\$ 72,473	\$	137,672	\$	6,594		

US common stocks The fund of funds manager has the ability to shift investments from value to growth strategies, from small to large capitalization stocks, and from a net long position to net short position. The fair values of the investments in this class have been estimated using the net asset value per share of the investments.

^(b) This class includes investments in hedge fund of funds that invest in multiple strategies including long and short equity, other non-directional, distressed securities, convertible arbitrage and fixed income arbitrage. The fair values of the investments in this class have been estimated using the net asset value per share of the investments.

This class includes real estate funds that invest primarily in U.S. commercial real estate. The fair values of the investments in this class have been estimated using the net asset value of WSH's ownership interest in the partners' capital. Distributions from the fund will be received as the underlying investments of the funds are liquidated and distributed by the fund manager. It is estimated that the underlying assets of the fund will be liquidated over 7 to 10 years from the inception of the fund

This class includes several private equity funds that invest primarily in domestic companies Distributions are received through the liquidation of the underlying assets of the fund. It is estimated that the underlying assets of the fund will be liquidated over 5 to 10 years from the fund's inception.

Notes to Consolidated Financial Statements (continued) (In Thousands)

6. Fair Value Measurements (continued)

7. Property and Equipment

The following is a summary of property and equipment

	Estimated		June 3	30
	Useful Life		2014	2013
Land		\$	20,411 \$	15,435
Land improvements	5 to 25 years		17,336	13,284
Buildings and building equipment	10 to 40 years		618,464	491,193
Fixed equipment	5 to 25 years		56,610	60,241
Major movable equipment	3 to 20 years		462,438	380,589
Construction-in-progress			12,149	10,719
			1,187,408	971,461
Less accumulated depreciation			(630,930)	(508, 548)
Property and equipment, net		\$	556,478 \$	462,913

Depreciation expense for the years ended June 30, 2014 and 2013 was \$67,626 and \$59,553, respectively

WSH has outstanding purchase commitments related to various construction projects of approximately \$3,102 and \$14,157 at June 30, 2014 and 2013, respectively

tel This class includes public and private real estate funds that invest primarily in U.S. commercial real estate. The fair values of the investments in this calss have been estimated using the net asset value of WSH's ownership interest in the partners' capital. The investments can be redeemed, however, distributions are at the fund manager's discretion.

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt

Long-term debt consists of the following

	June 30)
		2014		2013
Fixed rate debt				
2008 General Authority of South Central Pennsylvania Revenue Refunding Bonds, Series A, fixed rate interest, maturing in June 2037, collateralized by certain assets and gross receipts of YH and GH, net of unamortized discount of \$4,443 and \$4,636 at June 30, 2014 and	\$	157.007	ď	162 220
2013, respectively GH Note Payable, fixed interest rate, dated December 29,	Þ	157,006	Ф	163,339
2010, uncollateralized		320		615
Variable rate debt				
2008 General Authority of South Central Pennsylvania Revenue Bonds, Series B1-D, variable rate demand bond interest, collateralized by certain assets and gross receipts of YH and GH YH 1993 Hospital Revenue Refunding Bonds, auction rate interest on Series B, collateralized by YH's gross		211,701		211,701
receipts until July 2021, net of unamortized discount of \$98 and \$112 at June 30, 2014 and 2013, respectively		24,252		24,458
ECH 2009 Tax-Exempt Revenue Note, variable interest		2 1,202		21,130
rate, collateralized by gross receipts of ECH		20,177		_
ECH 2012 Tax-Exempt Revenue Note, variable interest rate, collateralized by gross receipts of ECH		9,911		_
ECH 2013 Tax-Exempt Revenue Note, variable interest rate, collateralized by gross receipts of ECH		9,857		
ECH 2010A Tax-Exempt Revenue Note, variable interest		7,057		_
rate, collateralized by gross receipts of ECH		3,140		_
ECH Mortgages and note payables variable interest rate,		,		
collateralized by gross receipts of ECH		235		_
AHSCP M&T Bank Loan, variable interest rate, dated August 15, 2000, collateralized by certain assets		1,771		2,021

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt (continued)

	June 30			
		2014	2013	
Variable rate debt (continued)				
WP M&T Bank Loan, variable interest rate, dated				
March 28, 2011, uncollateralized	\$	2,366	\$ 5,366	
WP M&T Bank Loan, variable interest rate, dated				
June 20, 2014, uncollateralized		2,623	_	
WP M&T Bank Loan, variable interest rate, dated				
August 07, 2013, uncollateralized		12,200	_	
GH Bank Loan, variable interest rate, dated				
January 31, 2014, collateralized by certain assets		1,075	_	
GH Bank Loan, variable interest rate, dated				
March 30, 2007, collateralized by certain assets		848	1,156	
GH M&T Bank Loan, variable interest rate, dated				
December 7, 2012, uncollateralized		1,665	1,755	
		459,147	410,411	
Less current portion		(13,652)	(7,666)	
	\$	445,495	\$ 402,745	

Long-term capital lease obligations consist of the following

	June 30			
		2014	2013	
WSH Capital Lease Obligations, fixed interest rates,				
collateralized by leased property	\$	9,268 \$	13,045	
Less current portion		(3,797)	(4,015)	
	\$	5,471 \$	9,030	

WSH uses quoted market prices in estimating the fair value of the revenue bonds and the carrying values of the other long-term obligations' approximate fair value. The fair value of WSH's long-term debt, excluding capital lease obligations, was \$466,644 and \$428,170 at June 30, 2014 and 2013, respectively

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt (continued)

On November 12, 2008, the General Authority of South Central Pennsylvania (General Authority) issued the Revenue Refunding Bonds, Series 2008A-D to a "Borrower Group" of WP and an Obligated Group consisting of YH and GH. The proceeds from this bond issuance were \$412,230. The 2008 Series were issued by the General Authority of South Central Pennsylvania pursuant to a Trust Indenture dated as of November 1, 2008 with Manufacturers and Traders Trust Company, as Trustee The 2008 Series A-D Bonds will be paid by YH, GH and WP based on their allocated amounts, however, the payments are secured equally by the Borrower Group pursuant to a Loan Agreement dated as of November 1, 2007 among the Issuer, the Borrower Group and a Series 2008 Master Note issued by the members of the Borrower Group under a Master Trust Indenture dated as of June 15, 2001, between the Borrower Group and Manufacturers and Traders Trust Company, as Master Trustee The 2008 A Series are fixed rate bonds with interest rates ranging from 2 85%–6 50%. The interest rate for the 2008 B-D Variable Rate Demand Obligations for any week may not exceed the lesser of 12% per annum or the maximum rate of interest on the obligation permitted by applicable law

On November 9, 2009, the ECH entered into an Agreement with the Lancaster Municipal Authority (the Authority), whereby, the Authority issued, on behalf of the Hospital, a \$23,930 tax-exempt Revenue Note (Ephrata Community Hospital Project), Series of 2009 (the 2009 Note) The proceeds of the 2009 Note were used to refund the 2006 Bonds and pay the costs of issuance of the 2009 Note The 2009 Note is due in varying annual installments through January 1, 2031, plus interest at rate of 2 11% at June 30, 2014 The 2009 Note is secured by a security interest in the gross revenues of the ECH

On February 1, 2010, the ECH entered into an Agreement with the Authority, whereby, the Authority issued, on behalf of the Hospital, a \$4,570 tax-exempt Revenue Note (Ephrata Community Hospital Project), Series of 2010A (the "2010A Note") The proceeds of the 2010A Note were used to refund the 1997 Bonds and pay the costs of issuance of the 2010A Note The 2010A Note is due in varying annual installments through April 1, 2021, plus interest at a rate of 2 88% at June 30, 2014 The 2010A Note is secured by a security interest in the gross revenues of the ECH

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt (continued)

In April 2012, the ECH entered into an Agreement with the Authority, whereby, the Authority issued, on behalf of the Hospital, a \$9,938 tax-exempt Revenue Note (Ephrata Community Hospital Project), Series of 2012 (the 2012 Note) The proceeds of the 2012 Note were used to refund the 2010B Note, pay the costs of issuance of the 2012 Note, and to finance certain construction and renovation expenses Interest payments are made monthly at a fixed rate of interest per annum of 3 26% for the first ten years of the term of the Note ending April 2022 Principal and interest in varying monthly installments will start May 2014 and end April 2037 The 2012 Note is secured by a security interest in the gross revenues of the ECH

In January 2013, the ECH entered into an Agreement with the Authority, whereby, the Authority issued, on behalf of the Hospital, a \$9,862 tax-exempt Revenue Note (Ephrata Community Hospital Project), Series of 2013 (the "2013 Note") The proceeds were used to finance certain construction and renovation expenses Interest payments are made monthly at fixed rate of interest per annum of 3 26% for the first ten years of the term of the Note ending January 14, 2023 Principal and interest in varying monthly installments will start May 2014 and end April 2041 The 2013 Note is secured by a security interest in the gross revenues of the ECH The debt agreements contain certain covenants which provide for, among other things, debt service coverage, limitations on future indebtedness and the transfer or sale of assets At June 30, 2014, ECH was in compliance with the required covenants under the terms of the debt agreements

ECH has various mortgages and secured notes payable in varying installments with various interest rates ranging from 5 0% to 6 6% which are due from July 2013 through February 2016. The total amount outstanding is \$235,000 at June 30, 2014. The mortgages, notes payable and capital leases are secured by the property and equipment related to the debt.

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt (continued)

On February 2, 2011, the Series B-D Bonds were restructured through an amendment to the Master Trust Indenture Under the terms of the restructuring, these bonds are now non-bank qualified loans and letters of credit are not required During the 2014 year, the Series B-C issued continuing covenant agreements with various banks Interest is paid monthly and terms range from 5-10 years as follows

- Series B was split into Series B-1 and B-2
 - On December 1, 2012, WSH issued Series B-1 to US Bank N A in the amount of \$40,025 for a term of 7 years. The interest rate ranged from 0 80% to 0 83% in 2014.
 The rate at June 30, 2014 and 2013 was 0 80% and 0 83%, respectively.
 - On June 1, 2013, WSH issued Series B-2 to TD Bank in the amount of \$34,000 for a term of 7 years. The interest rate ranged from 0.73% to 0.76% in 2014. The rate at June 30, 2014 and 2013 was 0.73% and 0.76%, respectively.
 - On December 1, 2012, WSH issued Series C to US Bank N A in the amount of \$56,740 for a term of 7 years. The interest rate ranged from 0 80% to 0 83% in 2014.
 The rate at June 30, 2014 and 2013 was 0 80% and 0 83%, respectively.
- WSH issued Series D to PNC, N A in the amount of \$80,935 for a term of 10 years The interest rate ranged from 1 01% to 1 04% in 2014 The rate at June 30, 2014 and 2013 was 1 01% and 1 04%, respectively

A minimum of 365 days' notice of non-renewal is required by the banks prior to end of the term

On June 23, 1993, the Authority issued the Hospital Revenue Refunding Bonds, Series 1993 (the 1993 Bonds) to YH The Obligated Group for the 1993 Bonds consists only of YH The proceeds from this bond issuance were \$38,850, consisting of Select Auction Variable Rate Securities (SAVRS) Series B of 1993 (the Variable Rate Bonds) The 1993 Bonds were issued to refund the Hospital Revenue Refunding Bonds, Series 1991 (the 1991 Bonds) The interest rate for the 1993 Variable Rate Bonds for any 35-day auction period may not exceed the lesser of 12% or the maximum rate permitted by applicable law The interest rate on the 1993 Variable Rate Bonds was 058% and 1 04% at June 30, 2014 and 2013, respectively Interest rates for the 1993 bonds are no longer determined by auctions Interest rates on the 1993 bonds are set by the auction

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt (continued)

agent based on a municipal commercial paper rate and multiplied by 1 75%, as described in the documents as the Applicable Percentage Interest rates are reset every 35 days. The 1993 Variable Rate Bonds have a final maturity of July 1, 2021. Annual principal payments range from \$1,950 to \$3,700. The bonds have been insured by AMBAC. On July 1, 2011, \$4,280 of the bonds were repurchased.

The 2008 and 1993 Bond indentures and related agreements contain certain restrictive covenants which, among other things, require the Obligated Group and YH, respectively, to maintain debt service coverage of 110% on all long-term indebtedness. The Obligated Group and YH have complied with all financial covenants at June 30, 2014 and 2013.

On August 15, 2000, AHSCP obtained a mortgage in the amount of \$5,000 from a bank for the construction of the surgery center expansion and other capital equipment. The interest rate is variable, and the rates at June 30, 2014 and 2013 were 0.80% and 0.84%, respectively Repayment is in monthly payments through June 1, 2015. A balloon payment of \$1,548 is due on June 1, 2015. All principal and interest payments on the loan have been collateralized by AHSCP assets.

On March 30, 2007, Gettysburg Ambulatory Surgical Center, LLC (the Center) obtained financing in the amount of \$2,750 from M&T Bank The interest is equal to the one-month LIBOR plus 1 40% The interest rate at June 20, 2014 and 2013 was 1 55% and 1 59%, respectively Repayment is in monthly payments through April 2017 The note is secured by substantially all of the Center's assets The Center is required to maintain a cash flow coverage ratio of 1 25 to 1 0 and a minimum tangible net worth of \$300 On May 31, 2009, GH assumed the loan and all assets of the Center and renegotiated the note The interest rate remained consistent with the original note, however, the covenants were changed to be the same as the already-existing Master Trust indenture

On December 7, 2012, GH obtained financing in the amount of \$1,800 from M&T Bank The interest rate is variable and the rate at June 30, 2014 and 2013 was 2 59% and 2 65%, respectively The note is uncollateralized and has a final maturity of December 2022

On January 31, 2014, GH obtained financing in the amount of \$1,100 from M&T Bank The interest rate is variable and the rate at June 30, 2014 was 2 49% The note is uncollateralized and has a final maturity of February 2021

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt (continued)

On August 1, 2010, WSH, YH, and GH entered into a master lease agreement and tax-exempt financing arrangement with Philips Medical Capital (Philips), a third party Through the master lease agreement, WSH, YH, and GH will lease equipment from Adams County Industrial Development Authority, a third party, which in turn serves as the lessee of Philips The master lease agreement is comprised of four groups of equipment, for which WSH, YH, and GH will receive title at the end of the respective lease terms WSH, YH, and GH may also receive title to the equipment at an earlier date if they exercise their purchase rights per the terms of the master lease agreement WSH has accounted for this transaction as a capital lease in accordance with ASC 840, *Leases*

Each group of equipment is financed through a separate tranche (Schedule) with a 6-year term under the tax-exempt financing arrangement, as follows

Tranche	Close Date	Amount	Interest Rate
Schedule 1	August 31, 2010	\$ 6,672	3 15%
Schedule 2	December 10, 2010	4,163	3 29
Schedule 3	March 23, 2011	4,419	3 39
Schedule 4	June 24, 2011	1,646	3 15
		\$ 16,900	_

On December 29, 2010, GH closed a purchase agreement for the acquisition of a physical therapy facility. The interest rate is fixed at 2.75%. The note is in the amount of \$1,159 for which repayment is in yearly payments through December 29, 2015. The note is uncollateralized.

On March 25, 2011, February 29, 2012, and January 31, 2013, WP obtained financing in the amount of \$2,032, \$2,332, and \$1,002, respectively, from M&T Bank The financing was obtained from an available line of credit of \$15,000 The line of credit has \$12,634 and \$9,634 available at June 30, 2014 and 2013, respectively The interest rate is variable and the rate at June 30, 2014 and 2013 was 1 69% and 1 75%, respectively The note is uncollateralized and is due on demand

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt (continued)

On August 7, 2013 and June 20, 2014, WP obtained financing in the amount of \$12,200 and \$2,624, respectively, from M&T Bank The financing was obtained from an available line of credit of \$20,000 The line of credit has \$5,177 available at June 30, 2014 The interest rate is variable and the rate at June 30, 2014 was 3 0375% The note is uncollateralized and has a final maturity of August 2038

Maturities of Long-Term Debt

Maturities of the long-term debt outstanding including capital leases, as of June 30, 2014, net of \$4,541 in unamortized discount, are as follows

2015	\$ 15,930
2016	16,452
2017	15,362
2018	13,998
2019	16,426
2020 and thereafter	390,247
	\$ 468,415

Swap Contracts

WSH has entered into interest rate swap agreements with the intent of mitigating cash flow risk relating to change in the variable interest rates. Under the swap agreements, WSH pays interest at fixed rates and receives interest at variable rates. The swap settles on a monthly basis. The following schedule outlines the terms and fair market values of the interest rate swap agreements that are included in other liabilities on the accompanying consolidated balance sheets.

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt (continued)

		June 30, 2014							
	Seri	ies 2006	Series 2005	Series 2007	M&T Note				
Notional amount Effective date Termination date Fixed rate Variable rate basis	2/10 1/1 3. USD-L 1M	10,075 0/2006 /2031 583% ibor-BBA- IT *.68	1MT *.624 + .0029	\$ 140,000 6/05/2007 6/01/2037 3.636% USD-Libor-BBA- 1MT *.617 + .0031	\$ 866 9/21/2007 4/03/2017 5.000% USD-Libor-BBA- 1MT *.617				
Recorded liability	\$	(1,585)	\$ (14,543)	\$ (27,597)	\$ (55)				
	June 30, 2013								
	Seri	ies 2006	Series 2005	Series 2007	M&T Note				
Notional amount Effective date Termination date Fixed rate Variable rate basis	\$	- - - -	\$ 102.675 5/17/2005 5/15/2031 3 600% USD-Libor-BBA- 1MT * 624 + 0029	\$ 140,000 6/05/2007 6/01/2037 3 636% USD-Libor-BBA- 1MT * 617 + 0031	\$ 1.171 9/21/2007 4/03/2017 5 000% USD-Libor-BBA- 1MT * 617				
Recorded liability	\$	_	\$ (14,963)	\$ (26.951)	\$ (98)				

The fair value and the presentation of the Company's swap contracts in the consolidated balance sheets are as follows

Derivatives Not Designated as Hedging Instruments		June 30			
Under ASC 815	Balance Sheet Location		2014	2013	
Series 2005		\$	(14,543) \$	(14,963)	
Series 2007			(27,597)	(26,951)	
Series 2006			(1,585)	_	
M&T Note			(55)	(98)	
Total	Interest rate swaps agreements	\$	(43,780) \$	(42,012)	

Notes to Consolidated Financial Statements (continued) (In Thousands)

8. Long-Term Debt (continued)

The effect and the presentation of the Company's swap contracts on the consolidated statements of operations are as follows

Derivatives Not Designated	Amount of Gain (Loss) in Income on Derivative								
as Hedging Instruments	Location of Gain (Loss)		Year Ended J	une 30					
Under ASC 815	in Income on Derivatives		2014	2013					
Series 1993		\$	- \$	23					
Series 2005			420	7,549					
Series 2007			(646)	14,009					
Series 2006			(192)	_					
M&T Note			43	60					
Total	Change in fair value of interest								
	rate swap agreements	\$	(375) \$	21,641					

YH entered into an interest rate swap agreement with Lehman Brothers Special Financing, Inc (Lehman) to reduce the impact of changes in interest rates on its 1993 Variable Rate Auction Bonds The interest rate swap agreement was scheduled to mature at the time the 1993 Variable Rate Bonds mature, however, Lehman failed to perform certain activities under the agreement in the second half of 2008 and WSH concluded Lehman to be in default of the swap agreement WSH filed a termination notice under the provisions of the swap agreement on May 20, 2009 Lehman had not agreed to the termination and the matter is further complicated because of Lehman's bankruptcy filing on September 15, 2008 As of May 14, 2013, YH settled its obligation with Lehman Brothers Special Financing in the amount of \$4,450, which was paid in June 2013

9. Amounts Available Under Line and Letters of Credit

At June 30, 2014 and 2013, WSH collectively, maintained four lines of credit totaling \$85,000 of which \$67,811 was unused at June 30, 2014 and \$42,500 of which \$37,134 was unused at June 30, 2013 At June 30, 2014 and 2013, WSH had unused, unsecured standby letters of credit with a bank totaling \$16,504 and \$19,342, respectively

Notes to Consolidated Financial Statements (continued) (In Thousands)

10. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes

		June 30							
			2013						
Health care services									
Professional education	\$	1,571	\$	1,441					
Health care promotion		14,686		12,551					
	\$	16,257	\$	13,992					

For the years ended June 30, 2014 and 2013, \$7,226 and \$4,777 of net assets were released from donor restrictions, respectively, by incurring expenses satisfying the restricted purposes relating to the purchase of property and equipment, providing professional education and health care promotion

Permanently restricted net assets were restricted to

	June 30					
		2014		2013		
Permanent endowment funds, the income of which was						
permitted to be used to support health care services	\$	3,654	\$	2,999		
Funds held in trust by others		18,475		16,176		
	\$	22,129	\$	19,175		

Luna 30

WSH is named as a beneficiary under several perpetual trusts WSH's beneficiary interest allocation in each of these trusts varies by trust

Notes to Consolidated Financial Statements (continued) (In Thousands)

11. Professional and General Liability Reserves

The estimated liability for professional and general liability reserves consists of

	June 30									
		2014	2013							
Professional liability	\$	48,392 \$	41,396							
Health benefits		13,067	10,969							
Short-term disability		450	378							
Workers' compensation		10,166	10,432							
		72,075	63,175							
Less current portion		(21,594)	(21,011)							
-	\$	50,481 \$	42,164							

For the years ended June 30, 2014 and 2013, malpractice claims up to \$500 were paid through WRRRG and CA WSH obtains excess coverage from the Medical Care Availability and Reduction of Error Fund (MCARE Fund) for claims between \$500 and \$1,000 Claims between \$1,000 and \$5,000 in 2014 and 2013 were self-insured by WSH excluding ECH, NLCMG and PSNLCMG Excess coverage of losses between \$5,000 and \$35,000 was commercially insured excluding ECH, NLCMG and PSNLCMG malpractice claims between \$1,000 and \$20,000 were paid through CA At June 30, 2014 and 2013, estimated professional liability reserve requirements for WSH have been discounted at 3%

As noted above, WSH participates in the MCARE Fund to purchase excess medical malpractice insurance coverage. The MCARE Fund levies health care provider surcharges to pay claims and pay administrative expenses on behalf of MCARE Fund participants. These surcharges are recognized as expenses in the period incurred. The MCARE Act provides for the gradual phase-out of MCARE Fund coverage. The actuarially computed liability for all health care providers (hospital, physicians, and others) participating in the MCARE Fund at December 31, 2012 (the latest date for which such information is available) was \$1.16 billion. Even though the MCARE Fund coverage will be phased out, the Commonwealth has indicated that the unfunded liability will be funded through assessments in future years as MCARE Fund-covered claims are eventually settled and paid.

Notes to Consolidated Financial Statements (continued) (In Thousands)

11. Professional and General Liability Reserves (continued)

WSH's annual premiums for participation in the MCARE Fund were \$2,662 and \$2,105 for the years ended June 30, 2014 and 2013, respectively No provision has been made for any future MCARE Fund assessments in the accompanying consolidated financial statements as WSH's portion of the MCARE Fund unfunded liability cannot be reasonably estimated

WSH is self-insured for workers' compensation and most employee health benefit claims up to program-specific limitations. Claims in excess of these limitations are covered by a comprehensive insurance policy on an occurrence basis. At June 30, 2014 and 2013, the reserve for workers' compensation claims, discounted at 3%, was \$10,766 and \$10,432, respectively. At June 30, 2014 and 2013, the reserve for medical claims incurred but not reported was \$13,067 and \$10,969, respectively.

The self-insurance liabilities are presented gross in the consolidated balance sheet comprising of \$13,179 and \$8,530 of estimated insurance recoveries included as a component of other assets as of June 30, 2014 and 2013, respectively There is at least a reasonable possibility that recorded estimates will change by a material amount in the near term

12. Retirement Benefits

Defined Benefit Plan

WellSpan Health has a two qualified defined benefit pension plans (the WSH Plan and ECH Plan) The WSH Plan covers all eligible WellSpan employees hired prior to August 19, 2007 WellSpan makes contributions to the WSH Plan as determined by the actuary As of June 30, 2014 the fair value of plan assets was \$673 0 million, compared to projected benefit obligations of \$824 3 million

The ECH Plan covers all eligible Ephrata Community Hospital employees The ECH Plan was frozen effective January 1, 2008 WellSpan makes contributions to the ECH Plan as determined by the actuary As of June 30, 2014 the fair value of plan assets was \$45.2 million, compared to projected benefit obligations of \$60.1 million

Notes to Consolidated Financial Statements (continued) (In Thousands)

12. Retirement Benefits (continued)

WellSpan Health also offers a Retirement Savings Plan to eligible active employees who are not eligible for the defined benefit plan Any existing employee who met certain eligibility requirements and was hired prior to August 19, 2007 had the option to stay within the existing defined benefit plan and continue to accrue benefits or opt out and receive benefits under the new defined contribution plan with matching contributions. If an individual opted out of the defined benefit plan, any benefits accrued through December 31, 2007 were frozen. All employees hired after August 19, 2007 are automatically enrolled in the defined contribution plan.

Retired employees of WSH, who have met the requirements to become vested under the terms of the WSH Plan and are over 55 years of age at the time of their retirement, are provided health and life insurance benefits (Other Benefits) The measurement date of the Other Benefits is June 30

The following table summarizes information about the Plans

	June 30											
		2014		2014		2014		2013		2014		2013
		WSH		ECH		Total		Total		Other		Other
		Plan		Plan		Pension		Pension	E	Benefits]	Benefits
Change in benefits obligations												
Benefits obligation at beginning of vear	\$	701,689	\$	_	\$	701,689	\$	714,312	\$	26,584	\$	27.066
Inclusion of obligation at Acquisition												
Date		_		54,083		54,083		_		_		_
Service cost, net		19,455		_		19,455		22,137		991		1.117
Interest cost		36,751		2,033		38,784		34,105		1,374		1,307
Change due to assumption change										1,361		(989)
Actuanal (gam) loss		83,468		5,490		88,958		(54,307)		988		89
Loss recognized due to temporary												
deviation in substantive plan		_				_		_		346		223
Benefits paid		(16,971)		(1,500)		(18,471)		(14.558)		(4,494)		(2.229)
Benefits obligation at end of vear	\$	824,392	\$	60,106	\$	884,498	\$	701,689	\$	27,150	\$	26,584
Accumulated benefits obligation	<u>\$</u>	716,202	\$	60,106	\$	776,308	\$	607,635	\$	5,184	\$	6,356

Notes to Consolidated Financial Statements (continued) (In Thousands)

12. Retirement Benefits (continued)

	June 30											
		2014		2014		2014		2013		2014		2013
		WSH		ECH		Total		Total	Ι,	Other		Other
		Plan		Plan		Pension		Pension	<u> </u>	Benefits		Benefits
Changes in plan assets Fair value of plan assets at beginning of year	©	536.0.19	\$		\$	536,048	¢	437,722	s		\$	
Inclusion of plan assets at Acquisition	Ð	330,040	J	_	J	,	Þ	437,722	•	_	D	_
Date		-		40,274		40,274		- 50 107		_		_
Actual return on plan assets Contributions by WSH		101,662 52,300		4,032 2,413		105,694 54,713		58,407 54,477		4.682		2.425
Benefits and expenses paid		(16,971)		(1,500)		(18,471)		(14,558)		(4,682)		(2,425)
Fair value of plan assets at end of vear	<u> </u>	673,039	\$	45,219	\$	718,258	\$	536,048	s		\$	(2.723)
Tan value of plan assets at end of year		075,057	J	70,417	J	/10,230	Ψ	320,040	9		Ψ	
Funded status at end of vear	\$	(151,353)	\$	(14,887)	\$	(166,240)	\$	(165,641)	s	(27,150)	\$	(26,584)
Amount recognized in the consolidated												
balance sheets consist of												
Accrued retirement benefits	\$	(151,353)	\$	(14,887)	\$	(166,240)	\$	(165,641)	\$	(27,150)	\$	(26,584)
Amounts recognized in accumulated												
unrestricted net assets consist of Pilot service cost	\$	_	\$		\$		\$		s	2 572	¢	2.982
Net actuarial loss (gain)	J	201,355	Э	20,942	J	222,297	Þ	186,704	3	2,572 (531)	Ф	(2.212)
1vet actuariar 1033 (gain)	<u>s</u>	201,355	S	20,942	<u>\$</u>	222,297	S	186,704	s		\$	770
		201,000		20,712		222,27	v	100,707		2,011	Ψ	
Components of net periodic benefits cost												
Service cost	\$	19,455	\$	_	\$	19,455	\$	22,137	8	991	\$	1,117
Interest cost		36,751		2,033		38,784		34,104		1,374		1.307
Expected return on assets		(46,027)		(2,389)		(48,416)		(40,406)		_		_
Loss recognized due to temporary deviation												
ın substantive plan		_		_		_		-		1,099		223
Amortization of prior service cost		_		_		_		478		409		409
Amortization of unrecognized net actuarial loss (gain)		13,183		618		13,801		23,835		(85)		65
Net periodic benefit cost	_	23,362		262		23,624		40,148		3,788		3,121
Other changes in retirement benefits recognized in unrestricted net assets consist of												
Current-vear actuarial (gain) loss		27,834		3,847		31,681		(72.308)		2,349		(899)
Recognized actuarial (gain) loss		_		(618)		(618)		(478)		(668)		(65)
Amortization of prior service cost		(13,183)		_		(13,183)		(23,835)	_	(409)		(409)
Total recognized in net periodic benefit cost		11651		2 220		17 000		(06.621)		1 272		(1.272)
and unrestricted net assets Total recognized in net periodic benefit cost		14,651		3,229		17,880		(96,621)	\vdash	1,272		(1.373)
and unrestricted net assets	<u>\$</u>	38,013	\$	3,491	\$	41,504	\$	(56,473)	\$	5,060	\$	1.748

Notes to Consolidated Financial Statements (continued) (In Thousands)

12. Retirement Benefits (continued)

The estimated amounts of net actuarial loss (gain) and the prior service cost that are expected to be amortized from other changes in unrestricted net assets into net periodic benefit cost for the next fiscal year are as follows

	Pension Benefits	Other Benefits	Total			
Prior service cost Net loss (gain)	\$ - 14,629	\$ 409 95	\$	409 14,724		
Total	\$ 14,629	\$ 504	\$	15,133		

_			Jun	e 30		
_	2014	2014	2014	2013	2014	2013
	WSH	ECH	Total	Total	Other	Other
	Plan	Plan	Pension	Pension	Benefits	Benefits
Assumptions						
Weighted-average assumptions used to determine benefit obligation at June 30						
Discount rate	4.63%	4.70%	N/A	5 30° o	4.63%	5 30° o
Rate of increase in future compensation						
levels	4.00%	N/A	N/A	4 ()()° °	4.00%	4 ()()° 0
Weighted-average assumptions used to determine net periodic benefit cost for the years ended June 30						
Discount rate	5.30%	5.11%	N/A	4 82%	5.30%	4 82° o
Rate of increase in future compensation						
levels	4.00%	N/A	N/A	4 ()()° 0	4.00%	4 ()() ⁰ ₀
Expected long-term rate of return on assets	8.00%	8.00%	N/A	8 50° o	N/A	NΑ

To develop the expected long-term rate of return on assets assumption, WSH considered the historical returns and the future expectations for returns for each asset class, as well as the target asset allocation of the pension portfolio

Notes to Consolidated Financial Statements (continued) (In Thousands)

12. Retirement Benefits (continued)

The WSH Plan weighted-average asset allocations by asset category are as follows

	As	set Allocati	ion	Jun	ie 30
	Minimum	Target	Maximum	2014	2013
Asset category					
Equity securities	35%	40%	45%	42%	55%
Debt securities	29	34	39	33	20
Other	21	26	31	25	25
			_	100%	100%

The above allocation reflects policies that are established to ensure that the portfolio is invested according to modern portfolio theory. The asset allocation is developed to generate growth in asset value by utilizing higher-returning asset classes and proper diversification.

		June 30					
	2014			2013			
Effect of 1% increase/decrease in health care cost							
trend rates on							
Postretirement benefit obligation	\$	30	\$	18			
Total of service cost and interest cost component		1		12			

The health care cost trend rate for purposes of determining the net periodic benefit cost and disclosure was 5% in 2014 and 5 25% in 2013

Cash Flows

Contributions

WSH expects to contribute during the 2015 fiscal year approximately \$77,400 related to the pension plan and \$1,406 related to the other benefits

Notes to Consolidated Financial Statements (continued) (In Thousands)

12. Retirement Benefits (continued)

Fair Value Measurements

The following tables set forth by level, within the fair value hierarchy, the WSH Plan's assets carried at fair value as of June 30, 2014 and 2013

				June 3	0, 2014		
	1	otal Fair					
		Value		Level 1	Level 2		Level 3
Commodities/real return	\$	27,609	\$	27,609	\$	- \$	_
Stock index fund	•	31,349	•		31,34		_
Private investment funds ⁽¹⁾		49,162		_		_	49,162
Real estate partnerships ⁽²⁾⁽³⁾		18,852		_		_	18,852
Collective mutual funds and		,					
investment trusts							
Domestic Small Cap Value		22,233		_	22,23	3	_
International Equity		91,474		_	91,47	'4	_
Emerging Markets		32,098		_	32,09	8	_
Fixed Income Funds		220,850		_	220,85	50	_
Global Asset Allocation		68,019		_	68,0 1	9	_
Cash and cash equivalents		5,165		5,165		_	_
Total collective mutual funds and							
investment trusts		439,839		5,165	434,67	'4	
Guaranteed annuity contracts Equity securities		4,188		-	4,18	8	-
Consumer discretionary and services		18,297		18,297		_	_
Consumer staples		3,764		3,764		_	_
Financial services		17,507		17,507		_	_
Healthcare		13,261		13,261		_	_
Materials and processing		14,392		14,392		_	_
Other energy		9,108		9,108		_	_
Producer durables		3,070		3,070		_	_
Technology		19,834		19,834		_	_
Utılıtıes		2,807		2,807			
Total equity securities		102,040		102,040			
	\$	673,039	\$	134,814	\$ 470,21	1 \$	68,014

Notes to Consolidated Financial Statements (continued) (In Thousands)

12. Retirement Benefits (continued)

				June 30,	2013	
•	T	otal Fair		,		
		Value		Level 1	Level 2	Level 3
Commodities/real return	\$	21,797	\$	21,797 \$	- \$	_
Stock index fund	Ψ	66,931	Ψ	Δ1,757 ψ	66,931	_
Private investment funds ⁽¹⁾		93,512		_	-	93,512
Real estate partnerships ⁽²⁾⁽³⁾		17,194		_	_	17,194
Collective mutual funds and		.,,.,				17,22
investment trusts		_		_	_	_
Domestic Small Cap Value		12,640		_	12,640	_
International Equity		45,236		_	45,236	_
Fixed Income Funds		102,409		_	102,409	_
Cash and cash equivalents		4,384		4,384	_	_
Total collective mutual funds and		·		·		
investment trusts		164,669		4,384	160,285	
Guaranteed annuity contracts		4,272		_	4,272	_
Equity securities		26.062		26.062		
Consumer discretionary and services		36,962		36,962	_	_
Consumer staples		6,834		6,834	_	_
Financial services		25,148		25,148	_	_
Healthcare		22,541		22,541	_	_
Materials and processing		16,802		16,802	_	_
Other energy		15,705		15,705	_	_
Producer durables		6,879		6,879	_	_
Technology		34,800		34,800	_	_
Utilities		2,002		2,002	_	
Total equity securities		167,673		167,673	_	
	\$	536,048	\$	193,854 \$	231,488 \$	110,706

Notes to Consolidated Financial Statements (continued) (In Thousands)

12. Retirement Benefits (continued)

- (1) The Plan also maintains investments in private investment funds, these include investments in Common Sense Offshore Ltd (Common Sense), Quellos Institutional Partners (Quellos), Siguler Guff Opportunities III (Siguler Guff), Prisma Spectrum, and Portfolio Advisors Secondary Fund LP (Portfolio Advisors) The estimated fair market value of these investments is determined by the total net assets of the fund attributable to common shares, divided by the number of common shares outstanding. The total net asset value of the fund is determined by the market value of the underlying investments if they are securities listed on a national securities exchange or traded over the counter. For those securities not openly traded, the investment manager generally utilizes the most recent relevant information or performance reports of such managed account or investment partnership, unless the investment manager determines some other valuation is more appropriate. On an annual basis, Common Sense, Quellos, Siguler Guff, Prisma Spectrum, and Portfolio Advisors provide audited financial statements from independent audit firms for review.
- (2) The Plan's investments in the Guggenheim Real Estate Commingled Trust include interests in a collection of publicly traded securities, property funds, direct property investments, and mezzanine financings. The publicly traded securities and property funds are valued at the last reported sales price on the last day of the period. The direct property investments are initially recorded at the total cost to acquire the properties and subsequently these values are adjusted based on the opinions of value obtained quarterly from independent real estate investment managers. The mezzanine financings are valued based on fair market values determined by the Guggenheim Real Estate Commingled Trust based upon an estimate of realized proceeds from hypothetical liquidation. On an annual basis, the Guggenheim Real Estate Commingled Trust provides a copy of its audited financial statements from an independent audit firm for review.
- (3) The Plan's investment in AEW Partners, LP (AEW) includes interests in direct property investment, joint ventures, and debt or real estate-related securities. The investments are initially recorded at the total cost to acquire the properties and related security interests. Annually, the General Partner submits a proposal to the Limited Partners on the method to determine the valuation of each asset. Valuation methods are based on a report by an independent appraiser, a current market price (in the case of marketable securities) or the General Partner's good faith estimate of value. On an annual basis, AEW provides a copy of its audited financial statements from an independent audit firm for review.

Notes to Consolidated Financial Statements (continued) (In Thousands)

12. Retirement Benefits (continued)

The following tables set forth by level, within the fair value hierarchy, the ECH Plan's assets carried at fair value as of June 30, 2014

			June 3	0, 2	2014	
	Total Fair					
	Value		Level 1		Level 2	Level 3
Debt securities – U S Treasury and						
government corp, agency	\$ 8,866,75	4 \$	_	\$	8,866,754	\$ _
Government MBS	91,59	4	_		91,594	_
Corporate debt securities	1,238,41	l	_		1,238,411	_
Collective mutual funds						
Domestic Small Cap Value	281,26	7	_		281,267	_
International Equity	44,44	8	_		44,448	_
Emerging Markets		_	_		_	_
Fixed Income	7,255,13	3	_		7,255,133	_
Global Asset Allocation		_	_		_	_
Cash and cash equivalents	1,510,35	4	1,510,354		_	
Total collective mutual funds and						
investment trusts	9,091,20	2	1,510,354		7,580,848	
Equity securities						
Consumer discretionary and						
services	4,281,77	0	4,281,770		_	_
Consumer staples	2,576,00	0	2,576,000		_	_
Financial services	4,537,95	7	4,537,957		_	_
Healthcare	2,841,38		2,841,388		_	_
Materials and processing	2,439,23	l	2,439,231		_	_
Other energy	3,000,95	7	3,000,957		_	_
Producer durables	1,344,11	5	1,344,115		_	_
Technology	4,853,00	2	4,853,002		_	_
Utilities	56,61	8	56,618		_	
Total equity securities	25,931,03	8	25,931,038			
Total assets at fair value	\$ 45,218,99	9 \$	27,441,392	\$	17,777,607	\$ _

Notes to Consolidated Financial Statements (continued) (In Thousands)

12. Retirement Benefits (continued)

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended June 30, 2014

		Level 3	Assets
	Inv and	Private vestment Absolute urn Funds	Real Estate Partnerships
Balance, beginning of year as of June 30, 2012	\$	81,993	\$ 15,891
Realized gains		1,602	1,498
Unrealized gains		6,377	661
Purchases		7,310	_
Sales, issuances, and settlements		(3,770)	(856)
Balance, beginning of year as of June 30, 2013		93,512	17,194
Realized gains		21,613	1,595
Unrealized (losses) gains		(16,162)	1,018
Purchases		33,709	_
Sales, issuances, and settlements		(83,510)	(955)
Balance, end of year as of June 30, 2014	\$	49,162	\$ 18,852

Estimated Future Benefit Payments

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid

	Pension <u>Benefits</u>		
Fiscal year			
2015	\$ 23,864	\$	1,406
2016	26,959		914
2017	30,195		890
2018	33,701		913
2019	37,315		3,261
2020 and thereafter	240,142		13,120

Notes to Consolidated Financial Statements (continued) (In Thousands)

12. Retirement Benefits (continued)

Defined Contribution Plans

WSH sponsors two defined contribution plans the Ephrata Community Hospital 403(b) Plan which is for the benefit of eligible employees of ECH, NLCMG, and PSNLCMG, and the WellSpan Health 403(b) Plan which is for the benefit of WSH, YH, WMG, HCP, WSS, VNAHHS, VNACS, GH, AHSCP, SCP, and WRx WSH began matching contributions to the plans on January 1, 2008, and employer contributions are based on a formula as defined by the plan document

The amount of expense related to these plans was \$18,531 and \$15,154 for the years ended June 30, 2014 and 2013, respectively

13. Noncontrolling Interest

In 2014 and 2013, WSH accounted for the following noncontrolling interests in joint ventures controlled by WSH based on the noncontrolling partner's share of the related income and (loss) of the venture and the ending equity balance of the venture

	Noncontrolling Interest		lling Interest une 30	Income (Noncontrollin the Year En	g Interest for
	<u>%</u>	2014	2013	2014	2013
AHSCP	32%	\$ 2,000	\$ 2,142	\$ 597	\$ 716
Q-WH	50*	_	_	_	(1)
CHIP	49*	_	_	_	(128)
CTCC	50	1,177	1,402	(150)	(43)
LHCP	50	1,449	1,501	73	72
AHCA	43	587	665	(78)	(7)
	<u> </u>	\$ 5,213	\$ 5,710	\$ 442	\$ 609

^{*}WHCS acquired the remaining shares as of January 1, 2013 and, therefore, as of June 30, 2013. WSH was a 100% owner of these two joint ventures

Notes to Consolidated Financial Statements (continued) (In Thousands)

14. Investments in Joint Ventures

In 2014 and 2013, WSH accounted for the following investments in joint ventures on the equity method of accounting, and recorded the related equity in income (loss) on joint ventures

	Ownership	Invest Jur	men ie 30		E	(Loss) on for the une 30	
	%	2014		2013		2014	2013
DRF	33%	\$ 215	\$	233	\$	(18) \$	_
PHO	50%	_		72		(71)	(14)
CA	4%	315		_		, <u> </u>	
ERC	51%	1,226		_		797	_
AHP	14%	808		_		(192)	_
QUEST	30%	91		62		9	6
CPAL	30%	525		351		_	1
		\$ 3,180	\$	718	\$	525 \$	(7)

15. Commitments and Contingencies

Health Care Regulatory Environment and Reliance on Government Programs

The health care industry in general and the services that WSH provides are subject to extensive federal and state laws and regulations Additionally, a portion of WSH's revenue is from payments by government-sponsored health care programs, principally Medicare and Medicaid, and is subject to audit and adjustments by applicable regulatory agencies Failure to comply with any of these laws or regulations, the results of regulatory audits and adjustments, or changes in the amounts payable for WSH's services under these programs could have a material adverse effect on WSH's consolidated financial position and results of operations

Notes to Consolidated Financial Statements (continued) (In Thousands)

15. Commitments and Contingencies (continued)

Operating Leases

WSH leases office space and medical practice sites under operating leases. The following is a summary of future minimum rental payments under operating leases that have initial or remaining noncancelable lease terms in excess of one year as of June 30, 2014

2015	\$ 13,176
2016	11,581
2017	10,279
2018	9,400
2019	7,267
2020 and thereafter	 28,821
Total minimum payments required	\$ 80,524

Rent expense under operating leases was \$12,981 and \$7,050 for the years ended June 30, 2014 and 2013, respectively, and is included in supplies and other expenses in the consolidated statements of operations Some of the rental agreements include clauses for rent escalation

Commitment

In August 2011, WSH entered into a two-year fixed technology fee arrangement with its primary inpatient electronic health record (EHR) software vendor. This vendor is one of the industry's leading suppliers of healthcare information technology solutions and already supplies WSH with the operating system for its EHR, and many of the key clinical applications already in place or currently being implemented.

The two-year agreement is for a total of \$9,389 and will be paid over the contract term in equal yearly payments. It provides for the acquisition of a specific set of software subscriptions from the EHR's catalogue of products, a given amount of implementation support services and software maintenance support over the contract period

Notes to Consolidated Financial Statements (continued) (In Thousands)

15. Commitments and Contingencies (continued)

Litigation

WSH is involved in litigation and regulatory investigations arising in the normal course of business After consultation with legal counsel, management believes that these matters will be resolved without material adverse effect on WSH's future consolidated financial position or results of operations

16. Functional Expenses

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

	Y	Year Ended June 30						
		2014	2013					
Program activities General and administrative	•	,153,116 \$ 226,953	1,010,059 184,044					
	\$ 1,	,380,069 \$	1,194,103					

17. Income Taxes

Accounting principles generally accepted in the United States require management to evaluate uncertain tax positions taken by WSH. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the Internal Revenue Service Management has concluded that as of June 30, 2014, there are no uncertain positions taken or expected to be taken WSH has recognized no interest or penalties related to uncertain tax positions. WSH is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress Management believes that WSH is no longer subject to income tax examinations for years prior to 2010.

18. Subsequent Events

The Company has evaluated subsequent events that have occurred for recognition or disclosure through October 9, 2014, the date the financial statements were available to be issued

Supplementary Information (2014 Only)

Consolidating Balance Sheet (In Thousands)

June 30, 2014

	York Hospital	Gettysburg Hospital Consolidated	Ephrata Community Hospital Consolidated	WellSpan Specialty Services Consolidated	WellSpan Medical Group	Apple Hill Surgical Center Partners	WellSpan Health	WellSpan Health Care Services Consolidated	York Health Plan	WellSpan Reciprocal Risk Retention Group	York Health Foundation	Consolidating Eliminations	Consolidated Totals
Assets					•					•			
Current assets													
Cash and cash equivalents	\$ 76,707	\$ 22,431	\$ 8.885	\$ 918 3	\$ 3,406	\$ 1.920	\$ 6,133	\$ 8.307	\$ 1.150	\$ 998	\$ 1.251	\$ (4.029)	\$ 128.077
Due from affiliates	1.384	20	_	95	1,712	84	2,465	139	_	1	_	(5,900)	_
Assets limited as to use	_	_	_	_	_	_	_	_	_	4,164	_	_	4,164
Patient accounts receivable, net	118.777	20,876	22,634	7,994	15,764	981	_	3.521	_	_	_	_	190,547
Other receivables	5.583	1.089	561	435	3,544	19	2,488	95	276	96	4	_	14,190
Inventories	5.866	937	5.383	683	459	472	85	3.136	_	_	_	_	17.021
Prepaid expenses	1.748	434	2,473	156	870	40	19.057	420	72	111	_	_	25,381
Total current assets	210,065	45.787	39.936	10,281	25,755	3,516	30,228	15.618	1.498	5.370	1.255	(9.929)	379,380
Investments limited as to use													
Board-designated	640,563	109,092	34,891	30,297	_	_	11.048	5,059	_		512	_	831,462
Self-insurance trust	_	_	_	_	_	_	_	_	_	11,247	_	_	11,247
Temporarily restricted investments	1.134	595	120	1,341	_	_	_	_	_		6.014	_	9,204
Permanently restricted investments	656	_	_	2,998	_	_	_	_	_		_	_	3,654
Beneficial interest in perpetual trusts	7,308	7,156	734	3,262	_	_	_	_	_		_	_	18,460
	649,661	116.843	35.745	37.898	_	_	11.048	5.059	_	11.247	6.526	_	874.027
Pledges receivable, net	_	140	596	29	_	_	_	_	_	_	1.924	_	2.689
Property and equipment, net	206,062	42.755	69,923	65,756	14,617	4,634	58.358	93,767	603	_	3	_	556,478
Investments in joint ventures	_	_	1.748	_	_	_	5,208	179	_	_	_	(3.955)	3.180
Notes receivable – affiliates	79.547	_	_	_	_	_	30,642	_	_	43	_	(110,232)	_
Deferred financing costs, net	1.765	180	229	358	_	5	_	396	_	_	_	_	2.933
Interest in net assets of Foundation	6.014	_	_	_	_	_	_	_	_	_	_	(6.014)	_
Other assets		6,184	984			195	28.118	473					35,954
Total assets	\$ 1,153,114	\$ 211,889	\$ 149,161	\$ 114,322	\$ 40,372	\$ 8,350	\$ 163,602	\$ 115,492	\$ 2,101	\$ 16,660	\$ 9,708	\$ (130,130)	\$ 1,854,641

1311-1168089

69

Consolidating Balance Sheet (continued) (In Thousands)

June 30, 2014

	York Hospital	Gettysburg Hospital Consolidated	Ephrata Community Hospital Consolidated	WellSpan Specialty Services Consolidated	WellSpan Medical Group	Apple Hill Surgical Center Partners	WellSpan Health	WellSpan Health Care Services Consolidated	York Health Plan	WellSpan Reciprocal Risk Retention Group	York Health Foundation	Consolidating Eliminations	Consolidated Totals
Liabilities and net assets													
Current liabilities													
Current portion of capital lease obligations	\$ 2.620				- :		\$ 817		-	\$ -	\$ -	\$ -	*
Current portion of long-term debt	7,069	1.276	1.688	855	_	1.771	44	949	_	_	_	_	13.652
Accounts payable and accrued expenses	13,542	1.982	6,469	1.320	382	169	15.908	1.357	125	47	9	_	41.310
Bank payable	_	_	_	85	_	_	3.314	630	_	_	_	(4.029)	_
Accrued interest payable	1.583	3	23	_	_	1	_	_	_	_	_	_	1.610
Accrued salaries and wages	26,706	4,402	14,180	2,414	24,721	452	17,438	610	614	_	18	_	91.555
Advances from third-party payor	2.518	484	348	293	633	_	84	_	103	1.051	30	_	5.544
Self-insurance costs and postretirement benefits	879	_	2,900	_	_	_	14,530	_	_	4,164	_	_	22,473
Estimated third-party payor settlements	9.027	725	1,120	336	_	_	_	_	_	_	_	_	11.208
Due to affiliates		956	1.379	_	_	_	_	3,106	81	_	378	(5,900)	
Total current liabilities	63.944	9,950	28.345	5,303	25.736	2.393	52.135	6,652	923	5.262	435	(9.929)	191,149
Estimated self-insurance costs	_	-	250	_	_	_	39.241	_	_	10,990	_	-	50,481
Long-term capital lease obligations, less	2 (5)	2/2					1.750					_	- 171
current portion	3,451	262	-	-	_	_	1.758	-	_	_	_	_	5.471
Long-term debt, less current portion	243,436	33.881	41.633	57.923	_	_	2.303	66.319	_	_	_	_	445.495
Accrued retirement benefits	18.993	_	14.887	-	-	_	158.630	- 1 100	_	_	_	- (110.222)	192,510
Note payable – affiliates	29	6	-	29.242	/	_	79.548	1.400	_	_	_	(110,232)	-
Interest rate swap agreements	25.278	5.090	1.585	_	_	_	_	11.827	_	_	_	_	43.780
Other noncurrent liabilities	1.511	- 10.100				2 202	222 (15	- 06.100	-	16.252		- (120.161)	1.511
Total liabilities	356.642	49.189	86,700	92.468	25.743	2,393	333.615	86,198	923	16.252	435	(120,161)	930,397
Net assets													
Unrestricted	778.282	154.335	60,660	14.090	14.602	5.957	(170,308)	26.081	1.178	408	1.315	(5.955)	880,645
Temporarily restricted	4,202	1.204	1.067	1.504	27	_	295	_	_	_	7.958	_	16.257
Permanently restricted	7.974	7.161	734	6,260	_	_	_	_	_	_	_	_	22,129
Interest in net assets of Foundation	6.014	_	_	_	_	_	_	_	_		_	(6.014)	
WellSpan Health net assets	796,472	162,700	62,461	21.854	14.629	5.957	(170,013)	26,081	1.178	408	9,273	(11.969)	919,031
Noncontrolling interest	_	_	_	_	_	_	_	3,213	_	_	_	2,000	5.213
Total net assets	796,472	162,700	62,461	21.854	14.629	5.957	(170.013)	29,294	1,178	408	9,273	(9,969)	924,244
Total liabilities and net assets	\$ 1,153,114	\$ 211,889	\$ 149,161	\$ 114,322 5	\$ 40,372	\$ 8,350	\$ 163,602	\$ 115,492 \$	3,101	\$ 16,660	\$ 9,708	\$ (130,130)	\$ 1,854,641

1311-1168089

70

Consolidating Statement of Operations (In Thousands)

Year Ended June 30, 2014

	Y ork Hospital	Gettysburg Hospital Consolidated	Ephrata Community Hospital Consolidated	WellSpan Specialty Services Consolidated	WellSpan Medical Group	Apple Hill Surgical Center Partners	WellSpan Health	WellSpan Health Care Services Consolidated	V ork Health Plan	WellSpan Reciprocal Risk Retention Group	Y ork Health Foundation	Consolidating Eliminations	Consolidated Totals
Unrestricted revenues, gains, and other support													
Net patient service revenue	\$ 872.828 \$	151,577				12.077 \$	_	\$ 1.987 \$	- \$	- \$	-	\$ 1.192 \$	
Provision for uncollectible accounts	(38,790)	(12.275)	(5,770)	(2,125)	(5,780)	(236)	=	=	=	=	=		(64,976)
Net patient service revenue less provision for													
uncollectible accounts	834,038	139,302	155.091	54,680	154,217	11.841	=	1.987	_	=	_	1.192	1.352.348
Capitation revenue	3.702	_	_	_	8,751	_	_	_	_	_	_		12,453
Other revenue	12,022	1,079	2,017	1,434	88.382	21	307,811	52,074	8,383	6.923	883	(418,426)	62,603
Net assets released from restrictions used for operations	3.521	295	39	5	_	_	591	_	_	_	1.107	, ,	5,558
Total revenues, gains, and other support	853,283	140.676	157,147	56.119	251,350	11.862	308,402	54,061	8.383	6.923	1.990	(417.234)	1.432.962
Expenses													
Salaries and wages	243,777	41,878	75,241	21,204	182,946	3,365	76,943	5,446	4,208	_	448	_	655,456
Employee benefits	94.017	15,128	21,324	8,117	49,084	1.328	164,163	2.167	1,794	_	164	(136,459)	220,827
Professional fees	141,077	23,521	3,222	2,041	4.953	885	1,408	1.067	774	185	21	(155,013)	24,141
Supplies and other	259,098	39.325	52,114	18,313	36,562	3.959	62.588	35.576	1.883	3.899	1.355	(124.880)	389,792
Depreciation and amortization	29.062	4,976	8,003	5.118	3.817	614	12.644	3.872	132	_	1	_	68,239
Interest	12,416	1,800	1.112	4,717	_	16	5,340	3.025	-	-	_	(6.812)	21.614
Total operating expenses	779,447	126,628	161,016	59,510	277,362	10,167	323,086	51,153	8,791	4,084	1,989	(423,164)	1,380,069
Operating income (loss)	73.836	14,048	(3,869)	(3.391)	(26.012)	1.695	(14.684)	2.908	(408)	2.839	1	5,930	52.893
Other income (expense)													
Contributions	445	195	433	181	_	_	_	49	_	_	571	_	1,874
Investment income, net	104,054	19,722	2,455	5,856	74	8	1.852	1	8	346	17	(6.812)	127,581
Equity in income of joint ventures	2.125	349	797	66	486	41	975	55	_	_	_	(4.369)	525
Gain (loss) on sale of assets other	69	4	21	(3)	(59)	25	(34)	437	_	_	_	_	460
Other income (expense)	(1.850)	(101)	(34)	130	_	11	(57)	(18)	_	_	_	882	(1.037)
Contributions received in the acquisition of Ephrata													
Community Hospital and Subsidiaries	_	_	_	_	_	_	32,549	_	_	_	_	63,794	96,343
Change in fair value of interest rate swap agreements	112	(18)	(192)	_	-	_	_	(277)	_	_	_	_	(375)
Total other income (expense)	104,955	20,151	3,480	6,230	501	85	35,285	247	8	346	588	53,495	225,371
Excess (deficiency) of revenues over expenses	-												
before noncontrolling interest	178,791	34,199	(389)	2,839	(25.511)	1.780	20,601	3.155	(400)	3.185	589	59,425	278,264
Noncontrolling interest	_	_	_	_	_	_	_	155	_	_	_	(597)	(442)
Excess (deficiency) of revenues over expenses	178,791	34.199	(389)	2.839	(25.511)	1.780	20,601	3.310	(400)	3.185	589	58.828	277.822
Other changes in unrestricted net assets													
Change in unrealized gains (losses) on assets													
limited as to use and investments	_	_	_	_	_	_	_	_	_	5	_	_	5
Net assets released from restrictions for purchase													
of property and equipment	1.099	18	484	_	_	_	67	_	_	_	_	_	1,668
Merged Assets	-	-	63.794	-		_	_	-	-	_	_	(63.794)	-
Distributions to partners	-	_	_	_	_	(1.922)	_	_	_	(3.596)	_	5.518	_
Other change in retirement liability	(1.145)	_	(3.229)	_	_	_	(14.778)	_	_	_	_	_	(19,152)
Transfers with affiliates	(42,200)	(7,800)	_	_	30,725	_	18,675	600	_	_	_	_	_
Increase (decrease) in unrestricted net assets	\$ 136,545 \$	26,417 \$	60,660	\$ 2,839 \$	5,214 \$	(142) \$	24,565	\$ 3,910 \$	(400) \$	(406) \$	589	\$ 552 \$	3 260,343

Consolidating Statement of Changes in Net Assets (In Thousands)

Year Ended June 30, 2014

	York	Gettysburg Hospital Consolidated	Ephrata Community Hospital Consolidated	WellSpan Specialty Services Consolidated	WellSpan Medical Group	Apple Hill Surgical Center Partners	WellSpan Health	WellSpan Health Care Services Consolidated	York Health Plan	WellSpan Reciprocal Risk Retention Group	Y ork Health Foundation	Consolidating Eliminations	Consolidated Totals
Unrestricted net assets													
Excess (deficiency) of revenues over expenses	\$ 178.791 \$	34,199	\$ (389) \$	2.839 \$	(25.511) \$	1.780 \$	20.601 \$	3.310 \$	(400) \$	3.185	589	\$ 58.828 \$	5 277.822
Other changes in unrestricted net assets													
Change in unrealized gains (losses) on assets										_			_
limited as to use and investments	_	_	_	_	_	_	=	=	_	5	=	=	5
Net assets released from restrictions for	1 000	10	10.1										1.660
purchase of property and equipment	1.099	18	484	=	=	=	67	=	=	=	=	- (62.70.1)	1.668
Merged assets	_	_	63,794	_	_	- (1.022)	_	_	_		_	(63.794)	_
Distributions to partners		=	-	=	=	(1.922)	-	=	=	(3.596)	=	5.518	-
Other change in retirement liability	(1.145)	-	(3.229)	_	-	_	(14.778)	-	_	_	_	_	(19,152)
Transfers with affiliates	(42.200)	(7,800)	-	- 2.020	30,725	- (1.12)	18.675	600		- (10.0)	-	-	
Increase (decrease) in unrestricted net assets	136,545	26.417	60,660	2.839	5.214	(142)	24,565	3.910	(400)	(406)	589	552	260,343
Temporarily restricted net assets													
Net realized and unrealized gains and losses													
on investments	25	10	-	97	-	_	_	-	_	_	1.044	-	1.176
Net investment income	59	91	(1)	126	=	-	=	=	=	=	33	=	308
Merged assets	_	=	1.514	=	=	-	=	=	=	=	=	=	1.514
Change in net assets of Foundation	1.072	=	=	=	=	-	=	=	=	=	=	(1.072)	=
Contributions	3,869	525	77	(50)	4	_	441	_	_	_	1.627	_	6,493
Net assets released from restrictions	(4.620)	(313)	(523)	(5)	_	_	(658)	-	-	_	(1.107)	_	(7.226)
Increase (decrease) in temporarily restricted													_
net assets	405	313	1,067	168	4	_	(217)	_	_	_	1,597	(1.072)	2,265
Permanently restricted net assets													
Net investment income	324	77	1	140	_	_	_	_	_	_	_	_	542
Net realized and unrealized gains and losses													
on investments	651	783	59	505	_	-	_	=	-	=	=	=	1.998
Merged assets	_	_	674	-	_	_	_	_	_	_	_	_	674
Contributions	102	31	=	104	_	-	_	=	_	=	=	=	237
Net assets released from restrictions	(269)	(115)	_	(113)	_	_	_	_	_	_	_	_	(497)
Increase in permanently restricted net assets	808	776	734	636	-	_	_	-	-	_	=	=	2.954
Increase (decrease) in net assets	137.758	27.506	62,461	3.643	5.218	(142)	24.348	3.910	(400)	(406)	2.186	(520)	265,562
Net assets													
Beginning of year	658,714	135,194		18,211	9.411	6,099	(194,361)	22.171	1,578	814	7,087	(11.449)	653,469
End of year	\$ 796.472 \$	162,700	\$ 62,461 \$			5.957 \$	(170,013) \$		1.178 \$				
Liid Of Year	J 170,412 J	102,700	⊕ 02,⊤01 d	21,024 3	17,04/ 3	2,721 3	(170,013) 3	20,001 3	1,170 3	700	y 7,213	ψ (11,707) J	717,031

1311-1168089

72

York Hospital and Gettysburg Hospital (Obligated Group)

Combining Balance Sheet

(In Thousands)

June 30, 2014

	York Hospital		=		Combining Eliminations		C	ombined Totals
Assets								
Current assets								
Cash and cash equivalents	\$	76,707	\$	21,784	\$	_	\$	98,491
Due from affiliates		1,384		_		_		1,384
Patient accounts receivable, net		118,777		20,876		_		139,653
Other receivables		5,583		1,083		_		6,666
Inventories		5,866		937		_		6,803
Prepaid expenses		1,748		434		_		2,182
Total current assets		210,065		45,114		_		255,179
Investments limited as to use								
Board-designated		640,563		100,440		_		741,003
Temporarily restricted investment		1,134		371		_		1,505
Permanently restricted investment		656		_		_		656
Beneficial interest in perpetual trusts		7,308		_		_		7,308
		649,661		100,811		_		750,472
Property and equipment, net		206,062		42,751		_		248,813
Notes receivable – affiliates		79,547		_		_		79,547
Deferred financing costs, net		1,765		180		_		1,945
Interest in net assets of the Foundation		6,014		16,845		_		22,859
Other assets		_		6,103		_		6,103

Total assets \$ 1,153,114 \$ 211,804 \$ - \$ 1,364,918

Liabilities and net assetsCurrent liabilities2.620 \$ 122 \$ - \$Current portion of capital lease obligations \$ 2.690 \$ 1.276 - \$	2.742 8.345
Current portion of capital lease obligations \$ 2.620 \$ 122 \$ - \$	
Current portion of long-term debt 7.069 1.276 –	9 2/15
	0,343
Accounts payable and accrued expenses 13,542 1,958 –	15,500
Accrued interest payable 1,583 3 –	1,586
Accrued salaries and wages 26,706 4,402 –	31,108
Advances from third-party payor 2.518 423 –	2,941
Estimated third-party payor settlements 9.027 725 –	9,752
Estimated self-insurance costs and	
postretirement benefits 879 – –	879
Due to affiliates – 989 –	989
Total current liabilities 63.944 9.898 –	73,842
Long-term capital lease obligations.	
less current portion 3.451 262 –	3.713
F	277,317
Accrued retirement benefits 18.993 – –	18.993
Notes payable – affiliates 29 6 –	35
Interest rate swap contracts 25,278 5,090 –	30,368
Other noncurrent liabilities 1.511 – –	1,511
Total liabilities 356,642 49,137 –	405,779
Net assets	
	923,407
Temporarily restricted 4.202 697 –	4,899
Permanently restricted 7.974 – –	7,974
Interest in net assets of the Foundation 6.014 16.845 –	22,859
	959,139
	364,918

York Hospital and Gettysburg Hospital (Obligated Group)

Combining Statement of Operations (In Thousands)

Year Ended June 30, 2014

	ŀ	York Iospital	Gettysburg Hospital (Only)	Combining Eliminations	Combined Totals
Unrestricted revenues, gains, and		•	•		
other support	\$	973 939	ф 151577	ď	ф 1 0 3 1 105
Net patient service revenue Provision for uncollectible accounts	2	872.828 (38.790)	\$ 151.577 (12.275)	\$ -	\$ 1.024,405
Net patient service revenue less provision		(38.790)	(12,273)		(51.065)
for uncollectible accounts		834.038	139,302	_	973,340
Capitation revenue		3,702	_	_	3,702
Other revenue		12,022	1,090	(426)	12,686
Net assets released from restrictions					
used for operations		3,521	159	_	3,680
Net revenues, gains, and other support		853,283	140,551	(426)	993,408
Expenses					
Salaries and wages		243,777	41,688	_	285,465
Employ ee benefits		94,017	15,056	_	109,073
Professional fees		141.077	23,488	_	164,565
Supplies and other		259,098	39,123	(426)	297,795
Depreciation and amortization		29,062	4.974	_	34,036
Interest		12,416	1,800	_	14.216
Total operating expenses		779,447	126,129	(426)	905,150
Operating income		73.836	14,422	_	88.258
Other income (expense)					
Contributions		445	77	_	522
Investment income, net		104,054	18.524	_	122,578
Equity in income of joint ventures		2,125	349	_	2,474
Loss on sale of assets/other		69	4	_	73
Change in fair value of interest rate					
swap agreements		112	(18)	_	94
Other expense, net		(1.850)	(475)	_	(2,325)
Total other income		104.955	18,461		123,416
Excess of revenues over expenses		178.791	32,883	_	211.674
Other changes in unrestricted net assets Net assets released from restrictions used for purchase of property					
and equipment		1.099	18	_	1.117
Other change in retirement liability		(1.145)	_	_	(1,145)
Transfers with affiliates		(42,200)	(7,800)	_	(50,000)
Increase in unrestricted net assets	\$	136,545	\$ 25,101	\$ -	\$ 161,646

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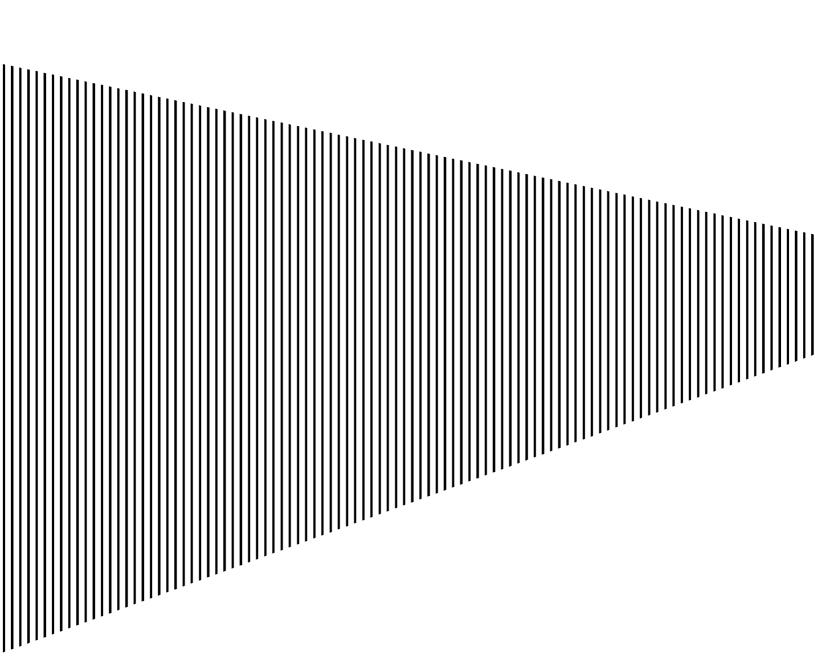
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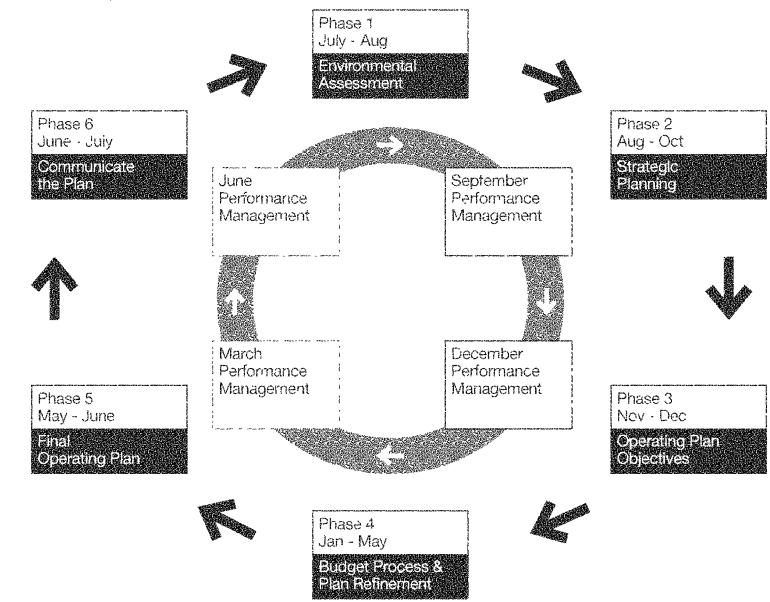
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The WellSpan Community Health Improvement Plan



A continuous cycle of assessment planning, implementation accountability



WellSpan's Mission

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

introduction

Lake many regions across the United States, south central Pennsylvania bas its share of challenges. Families lack stafficient health insurances overage. Young people are making choices that could adversely mapa; titheir health and their futures. And, increased long-vity and chronic illnesses translate to significant challenges for individuals and caregivers. While this list of issues is long, tonger still is the list of organizations and people who work collaboratively with WellSpan. Health to make the communities of south central. Pennsylvania healthier, better places to live, work and play.

WellSpan's journey in community health spans decades. What began in the early 1990s as a simple idea to establish a closer relationship with these communities has evolved into a core WellSpan value, a network of innovative programs, and a sustainable model for community health improvement that has a strategic, continuous focus

WellSpan's communities to its communities is explicit and can be seen in its inission, governance, planting strategies and processes, as well as its organizational structure. For example, improving community health and serving local communities are orth-ided into the nine-core strategies of the organization's strategic plan. Through these strategies and a cyclical planning process, board members, community nearthers managers and physicians organo in community health assessment processes, develop product for meeting the communities, most significant needs, and review community health performance at host twice a year leaders are incontinued to achieve results. In order to ensure that interventions are impactful, integrated

and sustainable, they have required change, investment, partnerships and Ling-term development. This communion has been championed by the system's Board of Directors, which has held management accountable, designated resources and become actively involved in our mission-driven programs.

The Patient Protection and Affordable Cine Act of 2010 (PPACA) strengthens the community health work WellSpan Health has led in local communities since the early 1980s. Additional assessment and is porting guidelines anable the further integration of confining pudelines anable the further integration of confining processes and system-wide adoption by various WellSpan entities.

Community Health Needs Assessment (CHNA) Methodology

History of the Community Health Needs Assessment

WellSpan Health conducted its first Community Health Needs Ass serionts (CHNA) in York County in 1994 and in Adams County in 1996. Initially fed by WellSpan entities - York and Getty thurg clospitals In their respective country), these assessments were developed to enable WellSpan and its various entities to better understand the health needs of the communi tics it solves. A Community Health Needs Assessment is one method for collecting diverse information on a community and myo'res surveying a large quantity of residents on health, litertyle behaviors, finances, access to health services, and other related topics. Since it began conducting CHNAs in the early 1990s WollSpain Health has partnired with Healthy Adams Count, and the Healthy York County Chalitron to conduct an assessment every three to tear years. The CHNA process including survey development, data collection

and analysis, and result dissertination is led by both county-level health chaintons with financial and staff support from WolfSpan. Although CHNAs are not now to WolfSpan and the communities it serves, the Patient Protection and Affordable Care Act of 2010 (PACA) required that all non-profit, tax exempt hospitals in the United States conduct an assessment overy three years, determine health priorities, and prepare a multi-year strategic plan to address selected priorities. WolfSpan's nearly two decade history of conducting CHNAs has ably prepared it to respond to the senew requirements.

Planning for the 2012 CHNA

A task force of community organizations, led by the executive directors of Healthy Adams County and the Healthy York Councy Coalition, planned the 2012 CHNA. Conducting a community-wide CHNA requires input from diverse stakeholders and a community organization: partnered to provide guidance and support.

Adams-Hapover Counseling Services

Family First Health

Gotty shure College

Hanover Flospital

Memorial Hospital

United Way Adams County

United Way of York County

WellSpan Health

York City Health Burean

Abrk College of Fernisylvania

York County Community Foundation

Indication of the CHNA occurred through a contract with the Ployd institute for Public Policy at Franklin and Marshall Coilege. Dr. Berwood Vost, director of the institute and project consultant for the 2012 CHNA, has an extensive background couldnessed analyzing community and corporate surveys, and was well-positioned to lead the 2012 Adams and York County CHNA. This collaboration of community stakeholders determined the battery of survey questions, crocused data collection re-thodology, including sample size and method of obtaining data, reviewed the raw data and supporting charts and graphs, and identified the priority setting process to be utilized in community forums.

Planning for the 2012 CHNA included processes that captured community interests, reflected industry strindards and were consumer friendly. Commutee members initially listed topics of interest (Table 1) and reviewed related questions primarily derived from the Behavioral Risk Factor Surveillance system (BRESS). These questions were previously validated and utilized by the Centers for Disease Control and Prevention (CDC) in national and state-wide survey distributents. Selected questions were their organized into four key areas—access, health behaviors, health conditions, and prevention behaviors—as Determined by the CHNA planning commutee.

Survey Implementation and Data Analysis

A total of \$09 adults from Adams County and 1,001 adults from York County were interviewed between September 20 and November 9, 2011. The sample size represented the adult, non-metitutionalized population of both counties, including York City and the greater Hanover area. Supplemental data were compiled to expand upon the data collected from interviewees and enabled the development of a comprehensive CHNA. Examples of ad businal data collected include demographic information from the US Consus Bureau trending data related to lifestyle and health derived from the Ferinsylvania Department of Health (DOFP), vital statistics related to birth and Jeath rates also from the Pennsylvania Department of Health, and healtheere quality and cost data from the

Fernsyrvania Health Care Cost Containment Council (PNC4)

Data analyzed by the Floyd Justitute for Public Policy included breakdowns by age, gender, geographic area are elethnicity, and means level. Additional cross-tabulations were conducted to demonstrate the complexites of some of the most striking CHNA results, such as the influence of disparities on particular variables. Results were shared with the CHNA planning committee in PowerPoint presentation and written reporting formats. Subsequent reports were inclined slightly before dissemblator, at committee formats in June 2012 and their availability on the website of both health cochitions.

Table 1: Health Risk Survey Topic Areas of I	가는 아니는 마는 마는 가는 사람이 되는 사람이 되는 것이 되었다. 그 아니는 사람이 되는 것이 되었다.
Actions to Control Fligh Blood Pressure	Frutas and Vegetablem
Alichol Consumption	Health Care Access
Auxiety and Depression	Health Interacy
Asthma	Realth Status
Behavioral Health Measures	Household Needs
Cardiovasculai Disease Prevalence	Immunization/ Adult Influenza
Cholesterof Awaronoss	Oral Health
Chronic Health Conditions	Prostate Cancor Screening
Colorestal Cancer Screening	Secondhand Smoke Policy
Demographs. Measures	Pobacco Use
Underes	Visual Imparment and Access to Eye Care
Exercise and Physical Activity	Weight Courol
हिंती,	Women's Health

Priority Identification Process - Community and WellSpan Health

WellSpan relealth is fortunate in that many community members are interested in the current and future health of York and Adams County. In order to facilitate community support on key health issues, the 2012 CHNA planning communities reviewed the CHNA resorts and developed an initial list of community health priorities, based on

- Who is affected (The prevalence of dieach of the health issue or concern).
- How we will reset (The ability of the community to respond to the priority),
- How many people we can help (The number of potential community members universed by the priority).
- What happens if we don't respond (The consequences of not responding to the priority), and
- What disperties exist and how we can ensure that the disparties will be addressed.

A similar approach was used by WellSpan I lealth and its Community Bencht Council when identifying community health priorities for the integrated bealth, are system (Table 1). Council members (Table 3) reviewed the CHNA results and ranked key indicators in each of the four rocus areas - access, health behaviors health conditions, and prevention behaviors, according to the same questions listed above. In addition, council members were made aware of the lealth priorities selected by the community at large in order to identify opportunities to support community-wide efforts to address key issues.

Table 2: Wellspan Health and			
Access (Did not receive	X		X
healthcare because of cose)			
Depression	X	X	X
Health Literacy		X	
Oral Floalth - Access &		\	
Insurate C			
Overwaght / Obesity	X	\overline{Z}	X
Prenatal Care			X
Smoking / Tobacos Uso	X		X

Table 3: WellSpan Community Benefi	t Council Representation
Ambulatory Services	Neuroscience Services
Cardiovascular Services	Oncology Services
Community Health	Planang
Emery-ney Serve es	Pul lic Relati vis & Marketing
Fmance	WellSpan Administration
Healthy Adams County	WellSpan Medical Group
HealthConnect	WellSpan Surgery & Rehabilitation
Healthy York County Conhuen	Women and Child beaith Services
Health, York Network	

Although the priority identification process was similar between the community setting and WellSpan Health, the approach to addressing the identified priorities will vary siightly. As a health care system, WellSpan Health will respond to health and lifestyle issues as they relate to health are, access to care, education, and community capacity building. Comparatively, communities will primarily focus on influencing CPNA results through a policy and systems approach. By coordinating these

approaches WellSpan hopes to reach each layer of the sectoecological model (Figure 1), thus maximizing the potential impact on an individual's behaviors and overall health

Tigure 1 Societoological Model

Public Policy national, state, local laws and regulations

Community

relationships among organizations

Organizational

organizations, social institutions

Interpersonal

family, friends, social networks

Individual

knowledge, attitudes, skills

Community Health Priorities for FY2013-2015

WellSpan's Community Health Improvement Plan (page 9) provides a framework for the organization's programs and activities that promote health and wellness in response to the needs identified in the Ci INA. These areas of focus meets, t least one and often several of the community benchit guidelines of a morphotit health system, as outlined by the Catholic Health Association improving access to healthcare services, enhancing the health of the community, advancing an dical or healthcare knowledge, or tobering or roduling the builden of government of other community efforts. Specific priorities are then incorporated into WellSpan's arrenal operating plan and budge (

In addition, so ten core principles are foundational to planning, reflected in each of the strategic areas and priorities and will enable WellSpan to meet the peeds identified in the community health needs assessment. These principles an

- Adoption of a broad population health definition.
- Integration, of cultural competency and health.
 Intersect a mets.
- Emphasis on valid rable populations and addressing unified health-related needs
- Collaboration with diverse populations and stakeholders
- Excis on prevention and primary care
- Establishment of connections between health system, family and community
- Ongoing collection of deta, feedback and studencebased practice to inform decision-making

Based on Community Health Needs Assessment results, WellSpan's thick-year priorities within its Community Health Imprevement Plan include

- HEALTH EQUITY AND ACCESS: Manage the care of the uninsured and underinsured as a population and seek to maintain and, where feasible, improve access to medical care, oral health and pharmaceutical care
 - FY 2013-2015 Focus Maintain a strong safety net while evaluating and planning for the future of WellSpan programs to reach, engage and support the unipsized and undernisured population during a period of uncertainty related to the provisions of the Affordable Care Act
- AT RISK POPULATIONS: Provide clinical services which meet a significant community need for an at-risk population, but are not financially viable
 - FY2013-2015 Focus Develop and minate improvements in behavioral health services, including al-nitilying and managing adults with depression.

- COMMUNITY ENGAGEMENT: Develop partnerships to assess health status, identify priorities and support complex issues which impact health
 - FY2013-2015 bocus—Engage the commonity, through coalitions and partnerships, to address the following issues—end or life care health literacy, oral health, physical activity, and prenatal one.
- PREVENTION AND WELLNESS: Increase the number of people who are healthy and well by empowering people to take an active role in their health and addressing issues which contribute to preventable disease and injury
 - FY2013-1015 Focus Develop mustives and resources that sock to demonstrate improvements in two areas adult overweight/ obosity and tobasico use

WellSpan Community Health Improvement Plan

Mission

VS kas is on to reprise
 her dethicage, is expressed as c
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 heat a communities

Objective

Minimum of faith (Net Spirisch in die trot and and a like section of a zation of a zation of a made), also a trot in the spiritess of die to a mission of a spiritess of die to a mission of the companion of die and analysis of the analysis of die analysis of the analysis

Community Banefit Measures

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- . * Char a colored bracocach
- a partial and residual continues.

Prevention and Wollness

Infrastructure for improving Community Health

Organizational Engagement and Shared Responsibility

- · VSHI Harm & Commune
- * M SH Ada. not, MAC Com of
- MSH Commont beach. Common
- · Watt Opening Par Ctl.
- * Sist m. ak CHID partners
- * Regional (Lalte Chalit no.)
- Frogram Campusor Medica

Ongoing Needs Assessment

• Componer (reall)
Absolute (*1.8)

Reporting and Accountability

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- * Caremos Nulls and
- * Court, was Ben et Region
- · Companie a such

Health Equity & Access Strategy

More to the other of the arms and individually include the proposation and self-include and many makes the arms accept to medically include and and arms accept to medically include and arms and arms arms and arms arms are arms and arms arms are arms.

Prontes

Connect paper is in accil with an otobe program (e.g., Medical Assistance HYN). Manage the care of the inconstruct as a population. Muntain and, where leastle, e. pand and construct the network of services for the tunistance — with an emphasis on principle are and per sortion, or all helphand allocations in distributions.

Jacobil and address desparants

vali orable populations

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Ar-Risk Strategy

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Priculies

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Community Engagement Strategy

Develop parales of process be constants administration from the process and soft process to the sites of the majorithe administration and the soft.

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Actively superartille actively prepriet initial goals, assume shired responsibility, and represent drives stakerakler persperities

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Individual Strategy

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Priorities

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Societal Strategy

Adding some asserts for community in the model with the source of some continues of the source of th

Priorities

Reduce to back to see a mong York and Adams County residents. In the neese iso all insurance.

mandaryounger

Decrease the prevalence of every cight and obes, arbits and cladders to York and Advins counties

Decressed to the coneffect that he may perfectly are not talker, and counand

Core Principles

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Emploses on the color populations and addressing against he after letely and so Collaboration with two sopicities are decaded by acclient has been prevented and pure to a collaborations.

Establishment of course considers on waithing that I raily and community they can consider a feedback and indicates based crashed trained at decision care on

Core Principles

Bold font indicates pricitly areas

Health Equity and Access Strategy

PRIORITY: 非清洁等等

WellSpan Health values the patr maprovicier relationship and has worked diligently, were the last decade, to increase a coss to primars care providers and specialists. In itseal year 2012, approximately 1.4 million patient visits were made to WellSpan Medical Group, a natwork of more than 500 primary care providers and specialists spanning 70 sites across the

community. A recent Commonwealth Fund report ranked access in York County in the top quartile nationally, coinciding with data from the 2012 Community Health Needs. Assessment conducted in York and Adams rounties. Lar ally 92% and 88% of Adams and York County adults, respectively, indicated that they have a personal physician.

Access to health care insurance in the area served by WellSpan Health also is high, with 91% of York County and 88% of Adams. County respondents advising that they have health care coverage. However, the definition for "health care coverage is ambiguous and may include commercial insurance, Michieal Assistance, Medicare and Health y York. Network (HYN) For nearly 10 years. WellSpan Health bas been the orinnary sponsor of Health y York N. twork, a regional access and charity care program in which 75% of local health care providers participate and offer free or discounted services to individuals meeting oligibility criteria. In 2012 Healthy York

Network partners or wided more than \$31 million of free circ to more than \$7.400 million when \$34 to of whom have one or more chronic diseases. This outrouch unuative demonstrates community collaboration that has successfully met a community need and improved overall healthcare.

Shifts in health care financing and naturance options as proposed in the Affordable Care Act (2010), require both continued and new strategies to reach, engage and support the uninsured and undernisured population in WellSpan Libalth's communities. The petential for Medicaid expansion and/or the implementation of health insurance exchanges, either nationally or

Population of Interest	Estimated Population	Anticipated Impact	Annual Performance Metrics
i musured	40,402 Uninsured Community Metabers (7,107 Adams County, 33,295 York County)	Improved access to care	· Amount (\$) or charaty care provided
Individu is	7,432 FB N Eurollos	Population Management	"% of HVN members with one or more chronical discuses, % of invarient visits per member per year among HVN members with Colonary artery Diseaso" (CAD) or diabetes
Modical Assistance Patients	40.402 Uniosured Community Members (7,107 Adams County, 33,295 York County)	improved access to core	Amount (\$) of Medicald shortfall, # of new patients on Medical Assistance occupied into all WellSpin o
Disparate Populations	6,823 Uniosured Community Members (Uniosured non- white)	Improved access to care	 If of community members, by othnicity/moo. onrolled in available healthcase coverage as a result of , community ovents.
Community	137,515 Without Dental Insurance (27,659 Adams County, 109,876 York County)	Improved access to earn	I of community members occosing oral health services at YH-affiliated dental centers or at Family First Health in Adams County
, At-l.arge	78,969 Adams Cotally and 332,958 York County Community Members	Increased education	h of community members attending educational sessions on the Affordable Cont Act and its implications

in Pinasylvania may confuse those roost in need of these programs. As such, WellSpan Ficalth and its community partners will create opportunities to

educate the general public and community agencies working with the uninsured and undemistred about implications of the Affordable Caro Act, explore

partnerships and models that expand outreach to this population on diverse health care issues, and other real-time data in the decision making process.

	Pacie 1.1 Develop and measure outcomes of Healthy York Network (EMN) as a collaborative, population health program for York and Adams county residents recovering charity care. All charitable operating units. Gettysburg Hospital. WellSpan Surgery & Rehabilitation Hospital, and WellSpan York Hespital – will participate in HYN.	Responsible Euro Corporate-HYN, WellSpan Vork Hospital WellSpan Gettysburg Hospital & WellSpan Surgery & Rehabilitation Hospital
 Mailized the care of the uninsured / underinsured as a population 	1. A Boom to piny for the future upode of the Normalisms and marking cover more and Mach and	Corporate-HYN, WollSpan McJical Group
	1.1.3 Enhance partnerships with local Federally Qualified Health Centers (FQHCs) to improve primary care- for vulnerable populations in York and Adams counties through the support of WellSpan York Hospital and WellSpan Gectysburg Hospital	
	, 2.1. Review WellSpan Health's charity care policy annually and implement actions to oducate patients about charity care and other payment options available to them.	System-wide
2. Connect pagents noneod with available	12.2 Utilize financial case workers, community health workers and other trained staff to enroll uninsured / unidemistred patients in appropriate health care coverage (i.e., HYN, Medical Assistance)	Sy terr-wide
programs (e.g.: Medical Assistance, LTYN)	2.3 Explore the feasibility of training and trilizing existing staff to scree as 'mangators'—assisting patients with navigating hoolth insurance exchanges, as created under the Affordable Care Act	Corporate, WellSpan York Hospital, WellSpan Gettysburg Hospital & WellSpan Surgery & Rehabilitation Hospital

Objective	Factic 3.1 Maintain access for uninsured individuals and those on Medical Assistance through primary care, specialist, and hospital-based sites including Thomas Part Family Practice Center (WellSpan York Upspital residency program), WellSpan Medical Group practices. WellSpan York Hospital clinics, and, the York Hospital Community Health Center.	Responsible Entity WellSpan Medical Group, WellSpan York Hospital, WellSpan Gettysburg Hospital and the WellSpan Surgery & Rehabilitation Hospital
3 Maintian and, when feasible, expand and coordinate the notwork of services for the amosticed - with an emphasis on primary care and prevention, oral health, and affordable in ideations.	3.2 Rientity and implement a new health and wellness model in which HoalthConnect responds to needs in areas where mercially unexplored gaps in care exist. This may rickide bringing mobile health to high concentration of poverty areas, new partnerships, or restructuring how mobile health services are provided.	WellSpan York Hospital (Health Connect)
	3.3 Explore models to engage the low meome population on medication access and management issued to independ and compliance.	Corporate HYM and WCIISpan Pharmacy
	13.4 Develop a strategy for improving access to low lost pharmacoute als through Healthy Community Pharmacy in Adams County	Corporate HYN and WellSpan Pliameacy
	3.5 Increase access to eral healthcare through two WellSpan York Hospital-affiliated dental centers and a partnership with Family First Health in Adams County	WellSpan York Hospital and WellSpan Gettysburg Hospital
	3.6 Implement Bridges to Health, an initiative seeking to improve proper utilization of healthcare services among complex patients including creating community partnerships and developing an Adams County structure.	WellSpan Medical Group
4 Address disparities among factal, ethnic, other vuluerable	4.1. Utilize culturally appropriate lay-leader led intuitives as a velocic to identify and onroll our sured and/or underinsured community members in available coverage options.	WellSpar York Hospital and WellSpan Cottysburg Hospital (Community Health)
populations with a focus on African-Americans in York City and Latinos in Adams County	4.2 Identify future apportantics to expand an constitutive leader-driven networks to provide culturally appropriate health promotion and community engagement natiotives	WellSpan York Hospital and WellSpan Gettysburg Hospital (Community Flealth)
5. Increase community awareness of the Affortable Care A. Cand	5.1. Partner with local health coalitions to offer educational ressions for community agencies on the essentials of the Affordable Care Act and potential strategies to be useful resources to clients and patients.	System-wide, Corperate-HYN, Local Health Coalitions (HAC & HYCC)
its impact on uninsured underinsured individuals	5.2 Develop and implement a plan, in partnership with community agencies, to educate community in indersibility about the Affordable Care Act and to increase their understanding of aid response to personally significant aspects of it.	System-wide, Corporate HYN, Community

System wide refers to all WillSpan Health ordines, including. Corporate Functions, WillSpan Certysburg Hospital (GiF), SouthCentral Preferred (SCP), VNA Home Cate (VNA), WillSpan Medical Group (WMG), WellSpan Surgery and Rehebilitation Hospital (WSR) I), and WellSpanYerk Hospital (VII)

At-Risk Strategy

PRIORITY: 数层平面电影

Population of Interest	Estimated Population	Anticipated Impact	Annual Performance Metrics
WeliSpan Medical Group Patients	77.586 of unique WMG	Increased identification	# of patients who are screened for
	patients seen in 12		depression within the primary care
	nouths		· setting
Community At Large	78,969 Adoin County and 332,958 Yerk	Increased education	if of community members who are outcomed about effective ways to
Community Actuage	County coronaumy		manage depression
	o embers		

In 2012, one in five adults—approximately 70,000 community members—reported that they were diagnosed with seriac form of depression. Given the stigma often associated with this condition, this statistic is believed to be relatively low and maccurate. Data demonstrate that women were more likely to be diagnosed with depression possibly since they may have cought care and treatment, as well as individuals fixing in poverty and those who have been diagnosed with licert disease, heart attack, or stroke Chapparatively, individuals who are married are less likely to have a depressive disorder.

Behavioral health issues including depression, impact our communities much like others across the United States. As the largest healthcare and behavioral health provider in our area. Well-Span Health cares for many patients suffering from Ceptersion and other behavioral health issues. Most regional health systems no longer sponsor behavioral health struces because of the low-level activities a network of behavioral health provides a network of behavioral health services which meets a significant need in the local population. Despite our successes and the challenges associated with providing behavioral health services which meets upon the ways in which we identify and refer those with depression, manage the care of

nations with complex physical and behavioral health issues provide behavioral services in community and clinical settings, and increase awareness about depression. The strategies we employ may not untuily reduce the rate of depression, but they will improve intermediate outcomes such as the quantity of patients screened for depression by their primary care provider and how patients diagnosed with depression receive the assistance needed to manage their health more effectively.

Objective	Tactio	Responsible Entity
I therease the number of papents who are screened for depression within the	Distribute a depression survey instrument to primary care providers acros. Adams and York countries and analyze the associated results to determine areas of focus. The survey instrument should include questions related to screening for and managing patients with depression, and identifying resources included to asset primary, are providers.	WellSpan York Hospital and WellSpan Getwsburg Hospital (Community Health)
primary care letting	1.2 Based on results from the depression survey, implement a standardized screening and referral algorithm within primary care practices	WellSpan York Hospital and WellSpan Geographics (Community Health & Behavioral Health), WellSpan Medical Group
	2.1 Develop opportunities to recruit mid-level behavioral health providers to Well-Span Health	WellSpan York Flospital and WellSpan Gettysburg Hospital (Behavioral Health)
2. Improve access and quality of care by indesigning the model by which behavioral health services are provided by WellSpar, Health	2.2 Integrate behavioral health training and resources into the WellSpan Medical Coroup health coach curriculum	WellSpan York Hospital - Community Health, WellSpan York Hospital and WellSpan Gettysburg Hospital (Behavioral Health) WellSpan Medical Group
	2.3 Conduct a prior princet in which a behavioral health therapist serves as a resource and provides support to one or more (maximum of 3) WellSpan Medical Group practices	WellSpan York Hospital and WellSpan Gertysburg Hospital (Behevioral Hoalth), WollSpan Medical Group
3 Improve the management of patients with complex behavioral and physical	3.1 Explore the development of a stratification process for behavioral health patients, with a possible connection to existing systems (i.e. PCMI) candidate list).	Corporate, WellSpan Medical Group
Lealth issues within the Patients Centered Medical Home (PCMH) model	5.2. Assess the efficient of mutitating interdisciplinary team meetings that engage physical and behavioral health providing interdisciplinary dialogue about the management of complex-assue patients within primary care.	WellSpan Yorit Hospital and WellSpan Getcysburg Hospital (Behavioral Health), WellSpan Medical Group
I increase community awareness about depression and available resonates in the community	4.1 Implement a community-wide compaign that educates the public about effective ways (i.e. physical activity, nutrition) to manage depression	WellSpan York Hospital and WellSpan Gettyshing Hospital (Behamoral Health & Community Health)

Community Engagement Strategy

Cultivating mutually beneficial parmy iships throughout the community it serves is integral to the mission of WellSpan Health, the largest coupleyer and health care organization in York and Adams counties. The partnerships that WellSpan forms and cultivates have demonstrated the ability to maximally impact the health of the community.

WellSpan's communent to compute its partnerships is evident in many ways including the operational and funding support provided to Healthy Adams. County and the Fiealthy York County Coalition, the cruties responsible for co-leading the 2012 CHNA, and in serving as the catalyst and primary resource for other collaborative community health initiatives. Maintaining and strengthening these partnerships is

essential to hur organization and the health of the community. As new partnership opportunities present themselves, WellSpan will contain to assess its role in and support of them.

Position of interests	Estimate Proposition		- Annual Partormance Metrics
	n/a	⁴ Соптинну спеддетен •	Finencial support, including in- kind contributions, of community based confitions
Community At Large	n/a	· Community engagement	Amount of funding (\$) distributed to community organizations through the community partnership grant process

Objective	F. E	tic	Responsible Entity
]]	Continue to build community capacity to address health priorities through stoffing and financial support, as appropriate to county-level health coalitions (Healthy Adams County and Healthy York County Coalition) and support the coalitions in addressing community environment and policy changes in key areas - end of life care, health literacy, oral health, physical activity, and prenatal care.	Corporate, WellSpan York Hispital and WellSpan Gettysburg Hospital
1. A tavely support the devolopment of coelitions which promote mutual goals, assume shim-direspoosibility, and represent diverse stakeholder perspectives.	12	Decrease the meidener of preventable injury in children in key areas. Incycle safety, child passenger safety, Cribs for Kids (infinit safety), and, home safety by coordinating mutatives as the lood agency for Sare Kids York County and indicativing apportunities to strengthen support for the Safe Kids Adams. County shapter	WollSpan York Hospital and WellSpan Gottysburg Hospital (Community Health)
	13	Maintain collaborative relationships with county-specific Children's Advocacy Centers and define the future collaboration model that ensures the effective at definely collection of child abuse information, prosecution of individuals, and reduction of abuse	WellSpan York Hespital and WellSpan Getry-burg Hespital (Enic gency Departments)
	14	Develop local and regional partnerships through Aligning Forces for Quality to enable stronger patient engagement and better chronae discusse management.	Corporate. Aligning Forces for Quality (AF42) (Ram.
2 Provide grants and in kind sapport	2.1	Provide community partnership grants, not to exceed 20 % of revenue distributed by WellSpan's for-profit entities	Corporat-
to comprofu parmers working to address community health-related priorities	2.2	hippore the process for evaluating community partnership grants and ensuring their alignations with community realth priorities and goals.	Comerate
3 Regulerly conduct a Community Health Needs Assessment (CHNA) which includes a prioritization process, with community partners	3.1	Engage community partnerships and a contracted vendor in the survey development, data collection and analysis, community engagement, and public reporting components of the 2015 CHNA process.	System wide, Community Fartners

Prevention and Wellness Strategy

The delivery of health care in the United States is shifting from a predominantly care and treatment model to one-focused on prevention and wellness. While continuing to ensure that the acutery sick receive appropriate care, hospitals and health care systems are also employing strategies designed to keep healthy individuals and those with chronic disease healther longer. As a result WellSpan Health is transforming

care for the community members it serves. Creating patient-centered medical homes within WellSpan Medical Group primary care practices, implementing patient engagement initiatives and redesigning work based on a population health approach are a few of the factics that WellSpan believes will enhance prevention and wellness throughout our organization and in the community beyond

PRIORITY: A SANGE OF THE PRIORITY OF THE PRIOR

More than two out of three York and Adains County adults - 67% in York County and 74% in Adains County - were classified as overweight or obese in 2012. The prevalence of orchweight and obesity crosses county lines and does not the immate by age, gender, race or othnicity, or socioeconomic status. If invever, recent data suggest that some population groups are more affected by this concerning health inside.

- Non-Hispanic Black residents of the community have a much higher probability of being obese than do members of other racial and othnic categories,
- Adults with dialictes are more likely to be obese, and.
- The likelihood of objecty mereases as educasional attainment declines and as economic hardships merease

Adult or crweight and obesity rates in our commutaty have risen for at least the past decade, and are often numbured to unhealthy eating and physical activity behaviors. Being overweight or oblise mereases thrusk of observe conditions such as diabetes, high blood pressure, high cholescerol, cancer, near this ase and stroke. These obesity-related conditions may require significant healthcare resources to manage and may negatively impact the cost of healthcare.

Population of Interest	Estimated Popula- tion	Anti-bales Model	Annual Performance Metrics
	177 586 unique WellSpan Medical Group pagents secretic 12 months	horeased identification	% if WellSpan Medical Croup paties its for whom a Body Mass Index (BMI) was calculated within the last year.
We'iSpan Medical Group Patients	54,698 WellSpan Modical Group adult patients estimated to be overweight or obese	Increased referrais	"n of WellSpan Medical Group patients referred to appropriate weight management or infated services (i.e., dictions, health education classes)."
Community At Large	78,969 Adams County and 332,958 Yerk County community members	Increased perturbation	it of community members who participate in healthy eating, physical activity and/or weight management programming offered by WellSpan Health
WellSpan Employees	, 9 148 employees	Increased participation	# of WellSpan employees who porticipate in healthy cating, physical activity and/or weight management programming offered by WellSpan Health

Well-Span is committed to reversing the upward userd in adult overweight and obesity in our communities, but recognizes the challenges inherent in this goal. We believe that educating nations about how to reach and maintain a healthy weight, improving the management of patients who are overweight or chose, redesigning distants to encourage healthy eating and physical adults behaviors, and promoting a healthy work for clare a few evidence-based strategies that will enable us to begin to initigate the negative impact of converght and obesity in our communities.

Objective 1. Develop and implement a system- wide approach to the identification provention, and management of adults	Tactic 1.1 Implement an interdisciplinary workgroup within WellSpan Health to overse authorition of evidence based nutrition, physical a tivity, and weight management guidance in community and system ricessage dissemination, resource development, and staff training	Resconsible Epily System-welc
at-risk of or classified as overweight or obese (BMI 225)	1.2. Utilize mapping resources to identify and correlate areas of York and Adoins counties with high rates of adult overweightzobesity, powerty, food deserts, existing community resources, and other factors as deemed appropriate.	WellSpan York Flospital and WellSpan Gettysburg Hospital (Community Health), Corporate
 Increase the unitration of eCare (F) (R) to manage the weight status of WellSpan Medical Capup patients 	2.1 Institute a point-of-do ision algorithm within eC are (ELTR) by which WellSpan provid as ducat patients identified as overweight or obese to specific rangement resources appropriate to them	WellSpan York Hospital WellSpan Gettysburg Flospital, WellSpan Sucgery & Rehabilitation Flospital, WellSpan Medical Group and Corp nati
	2.2 Assess the petential of developing the functionality to monitor and report Body Mass Index (BMI) creads in eCare (FLIR)	Corporate
3 Imprive the care and treatment of iverweight/obese adults who are managed by WellSpan Medicar Group parmary care practices	3.1 Implement and analyze results from a primary care survey, that identifies current practices in promoting healthy cating physical activity and weight management behaviors, bairners to prevention and deatment of adult overweight/obesity + union resource infiltzation and needs and opportunities to majoing support	WellSpan York Hospital and WellSpan Getersburg Hospital (Coroniumty Health)
	3.2 Implement a prior program that provides low-income patients with bealthy eating guidence, and fruit 8-ve getables 'prescription' conchers redeemable at participating farment' markets.	WellSpan Medical Group, WellSpan York Hospital, WellSpan Geitysburg Hospital (Community Health), Community Partners

A increase the proportion of community members who engage in healthy eating and playar allas axity ochaviors as a means to manage their weight.	Implement a social marketing compaign that interactively engages community to conserve in improving their healthy eating and physical activity behaviors and managing their weight status. This campaign may have multiple facets to read as gine its at the population (i.e. I real employers) as needed. Continuely articiships with community organizations to support the development and implementation of environment and policy changes that support healthy outing and physical activity. These include active living design principles safe routes to schools programming, community gardener and local growers engagement, and healthy food distribution processes.	Responsible Entity WellSpan York Hospital, WellSpan Gettysburg Hospital (Community Health) SouthCentral Preferred AVellAdvised WellSpan York Hospital and WellSpan Gettysburg Hospital (Community Health)
	5.1. Fully implement the 'Guidelines for Offering Healthy Foods at Meetings and Functions' at WellSpan Health	Sysemenide
5. Increase the proportion of WellSpan employees who engage in healthy eating and physical activity behaviors as a means to manage their wright	5.2 Identify opportunities to improve healthy foll dioptions in dining areas and vending much mes at WeilSpan Health facilities.	System-wide
	5.3 Identify opportunities to integrate healthy enting milistages with a weight libs opportunities to integrate health employees. Transferrance program available to WellSpan Health employees.	WellSpan York Hospitat, WellSpan Getesburg Hospital (Community Health), SouthCentral Preferred -WellAdvised
	5.4 Implement a pilot 'farm-co-work' mutative in partnership with communit, growers, which increases WellSpan employee access to local fruits and vegetables.	Community, WellSpar York Hospital and WellSpan Gettysburg Hospital (Community Health)

PRIORITY: TOTAL STATES

Despite national and local efforts to prevent and reduce its utilization, tobacco use remains a leading unboalthy behaliot and centributor to chronic diseases such as cancer, cardiovascular disease, respiratory illinosses, and reproductive concerns among pregnant women and we men of childheading age. In 2012, 22% of York County and 21% of Adams County adults identified themselves as regular smokers. This statistic does not account for adolescent tobaccourse or adults who dulize smokels so or other forms of tobacco. Data snow that non-Hispanic whates are more likely than Hispanics and non-Blacks to be regular smokers. In

addition, individuals in poverty or votinger in age are more likely to be tobacco users. According to 2012 data, non-Hispanic white adults ages 35-54, living in poverty are triedicted to bace a 63% probability of becoming simpler, compared to a 32% tikelihood of nen-Hispanic black adults of the same age range and living in poverty.

The harmful effects of teleneousis not only impact the user but also those who are exposed to secondhand smoke. Therefore, the health tisk of tobacio use extends to family members, friends, work colleagues and others with whom the tobacio user has contact. Therefore, it is important that tobacio dievention and cossation efforts engage diverse aspects of the community and the health care system: Recognizing this issue, WellSpan Health partnered with other healths are providers in York and Adams countries to enact tobacco-true policies on all its camposes in 2006. This initial chategy encouraged tobacco cessation.

among some users—employees, noticuts and visitors to WellSpan faculties. However, additional steps must be employed to increase awareness about the health and financial benchts of tobacco essation, engage health care providers in intervening with and referring tobacco users co cossition programs, standardize colucto cossition programs, standardize colucto cossition services, and focus proportion and cossition programming on specific population groups

Population of Interest	Estimated Population	Anticipated Impact	Annual Performance Metrics
WellSpan Wock at	 77,586 unique WellSpan Medical Group patients seen milast 12 months 	in reasod id write ation	% of WellSpan Medical Group patients with with on a tobacco inquiry was made within the last year.
	. 16,580 WellSpan Medical Group adult patients Festimated to be smokers	Increased referrals	% of identified toboo of users within WellSpan Medical Group who are believed to available tobacco cessotion services
WollSpan Employees	9-148 employ ses	Increased participation	H of WellSpan (mpley res who attend a Tobacco Cessation 101) (ourse
Local Employers	 147 employer groups 137 in Adams County and 140 in York County 	Increased participation	for local employer groups (greater than 100 cmployees) by county, requesting tobacco cessation services from WellSpan Health
Prognant Wonten	, 21,731 females who smoke (A5 s 15-44)	Increased outreach	# of pregiant women receiving a tobacco cessation packet

Objective	Ficile.	Responsible Entity
I Increase the number of radividuals alertified as tobacco users and referred to available robacco cossuren services	1.1 Develop resources that educate hospital-based providers to provide brief interventions and referral to tobacco cessarion services for identified or suspected tobacco users using the evidence-based 5A methodology.	WellSpan York Hospital and WellSpan Gettysburg Hospital (Community Health)
	1.2 Implement a standardized screening and referral process within WellSpan Medical Group primary care practices to provide brief interventions and refer to tobacco cassation services for identified or suspected tobacco users, using the evidence-based 5A methodology.	
	1.3 Univer the existing WellSpan Medical Group (WMG) population health dashboard to increase the percentage of patients asked if they are tobactoruse and refer tobacco users to available deseation resources.	WellSpan Medical Group s
	2.1 Standardize bow Community Health offers individual (1 on 1) tobacco costation counteling services for patients across all counties served	WeilSpan York Floapital and WeilSpan Gettysburg Floapital (Community Health)
2 Bucrease the number of tobacco usors who access WellSpan Tobacco Cessauou	2.2. Promote the WollSpan Licalth Tobacco Cossition 10) course to WellSpan Health curpleveer, and families who are identified as tobacco users	WellSpan York Hospital and WellSpan Getovsburg Hospital (Community Healthy, SouthCentral Preferred -WellAdvised
Services and receive individualized assistance with their attempt to quit	2.3 Enhance apportunities for local employers to request and provide comprehensive tobactor dessation services for their employees, through WellAdvised business support services.	South Control Proterrod-WellAdvised
	2.4 Develop an educational strategy in which all WellSpan physicians and staff an educated on new trends in tohacco us sand effective treatment.	WellSpan York Hospital and WellSpan Gettysburg Hospital (Community Health)

Objective	aciic	Responsible Entity
	 Develop a WelfSpan Health Tobacco Cossation Services brochure and distri- u diverse populations 	buce - WellSpan York Hospital and WellSpan Gerysburg Hospital (Community Health)
3 Indicase community awareness about the health and triangual benefits of	 Develop a community-based educational stratogy that ruses tobacco award and encourages tobacco users to quit 	ness — WellSpan York Hospital and WellSpan Gettysburg Hospital (Community Health)
tobe co consition, reduced accordinal emoke exposure, and the availability of community resources	3 Integrate secondhard smoke exposure educational recources into existing hand can satisfy-related initiatives (i.e. bonie visits by WollSpon VNA Home Care, child passenger safety seat checks through Sate Kids).	ome - WellSpan York Hospital and WellSpan Gettysburg Hospital (Community Health), VNA Home Care
	4. Participate in community related tobacco prevention task for ox and, when necessary, serve in the lead tole.	WellSpan York Hospital and WellSpan Getty burg Hospital (Community Health)
4 Increase the number of tohaccousers from specific population graups who receive prevention advice and	1. Develop a tobace constation resource packet specific to program valued amore for program deviales identifies as tobaced users.	sing - WellSpan York Hospital and WellSpan Gettysburg (Tospital (Community Health & Womere's Service Line)
cessation support to ensure all residents have equal access to tobacco cossoion services, evidence-based tools and best practice strongics	 Develop and provide a tobacco cessation program in Spanish for Latinov Hispanic patients who identify themselves as 'light smokers' social smokers' 	WeitSpan York Hospital and WeitSpan Gettveburg Hospital (Corrinonity Health)
5 Strongthon WelfSpair Health's custing tobacco-free campus policy by prohibiting the osc of tobacco products by employees at any time during their work shift.		Systom-wide

Past Successes Translate into Future Opportunities

WellSpan Health's commitment to the overall health of the commanity it serves is evident in the initiatives with which it has been involved and the financial resources it has allocated ever the last fifteen years. In 2012, more than \$6,750 individuals were reached through community education and outreach programs costing the system an estimated \$6 indhon. WellSpan Health also provided over \$100 indion in one for the unusured and undergoined, as follows.

- \$70.2 million in the care to patients who participated in the charity care program
- \$64.8 million and \$58.8 million in cost greater than what was remahursed through Medicare and Medicard, respectively,
- \$26.2 million in services to patients who received care for which they could not pay and who did not participate in the charity care program, and,
- \$15.2 million to support services that provided discounted medical, dental, and pharmaceutical care to those in need.

A sample of recent natiatives that demonstrate WellSpan's ability to ougago the community and promote lealth follows

Building Community Capacity

Healthy York County Coalition (HYCC) and Healthy Adams County (HAC) were established in the mid-1990s as collaborative agencies that seek to improve the health and wellness of York and Adams counties HYCC and HAC are dedicated to identifying and addressing the root causes of discase in the community and unline a collaborative problem-solving approach that engages many facets of the diverse communities they serve. Both coalitions are dedicated to long and short-term strategies that inflicence the policies and systems impacting the health of York and Adams county residents. Although WellSpan (Tealth supports the coalitions financially, their decision-making is guided by community partners and collaborative agencies.

Both conlitions have contributed to communicy-level policy and systems changes are a their development. For example, the coalitions have secured \$3.1 million from the Robert Wood Johns in Foundation to establish the Aigning Forces for Quality- South Contral. Pennsylvania program, a collaborative program that improves health care quality and across for community members in York and Adams counties. The coalitions have also improved dental care across tor underserved community members due to the expansion of the Hoodner and Bentzel dental centers.

Building community capacity through collaboration is crident in the courtion and sustaining of both FIYCC and FIAC. By bringing together community agencies, organizations and those who are passionate about improving the health and welfness of the community the coalitions are well-positioned to impact the community identified piterities of the 2012 CHNA.

Childhood Injury Prevention

Accidental many is the number one coase of death among children ages 14 and under in the United States Factivear one out of every tour children med-midical attention for an accidental injury. Safe Kids Vork County, a coalition of public, private, and voluntary organizations, identifies and prevents childhood injuries through education, networking and advocacy. Safe Kids York County is supported financially by WellSpin Fiealth and is led by a WeliSp in Health staff in ember sale Kids York County promotes bicycle, pedescrian. home, spon and child passenger safety through its various programs and initiatives. For example, the Safe-Kids Buckle. Up program offers parents and caregivers hands on pistruction about car seets, booster seats and seat belts, and presents interactive educational program. for children ages 14 and under. Another exemplary program is the York County - hapter of Cribs for Kids, which has been providing cribs and oducation to ramines without a safe place for their baby to sleep. since 2005.

Saf-Kids York County believes 'keeping children safe is an incestment in their lives and in the future of our world. With education, resources and better laws to protect our children, we are making a difference." List veat, Safe Kids York County intuatives reached more than 3,600 men, venion and children with a more than \$52,000 comantment from Well-Span. Well-Span Health remains committed to this vital, community collaboration and to the protection of children from accidental injury.

Oral Health

For struggling families who lack insurance, dontal care often ranks pretty low on the list of priorities. In rural areas where dentists are scarce, finding all indable dental care may seem nearly impossible. To address the problem, WellSpan Health has engaged community organizations in both York and Adams counties.

In York County, WellSpan and the Oral Health Fish Force of the Healthy York County Coalition have collaborated to reduce the nicidence of dental cavities among York County finding a through provention education, adviscacy for improved across to aral health services in the community, broader promotion of dental scalant applications for children, and promotion of dental screenings. In addition, they have combined efforts to finoridate the local public water supply and have expanded the availability of oral health services at the Hoodney and bentzel dental orators.

A partner ship with Family Test Health, a composite federally qualified health center (FQFIC) serving York and Adams counties, enabled the opening of a state-of-the-art dental facility in Gettysburg in 2012. Facility first Health accepts all forms of insurance including Medicaid, and offers discounts to uninsured patients based on their family size and income. The dental center treated 500 people in its first 90 days, a third of which were young children WeilSman Health has worked to provide greater incress to dental care for underserved and uninsured people in Adams Counts, for several years. Denical services new available through Family First Health is present the efforts of long-standing community organizations and computed inductions.

WellSpan believes its work in oral health is far from over The expansion of dental service, available to community merobers has been an initial step in improving the oral bealth of the community. Continuation of these efforts recritically important and WellSpan remains commitment to this important health issue.

Outreach to Underserved Populations

Cardic vascular disease ranks among the most dangerous chronic illnesses currently plaguing the United States and is responsible for 33% of all deaths each year, according to the American Heart Association. Cardiovascular disease is one of many chronic diseases that disproporationately affects cream.

racial/ethnic groups, the African An orican population is disproportionately affected by heart disease, diabetes and high blood pressure. As a result, WellSpan Fleahli has discloped several community programs that aim to apportically improve the cardiovascular health of this underserved group.

Last year the WellSpan York Hospital Tamily Medicine Residency Program coordinated "Barbors with a r leart im collaboration with the City of York. The program engaged local barbors in educating their clients about hypertension and provided resources for on-sire blood pressure measurement. Additionally, WellSpan established the 'For Heart's Sake' instrative in 2007 temprove the cardiovascular health of African Americans in the City of York. To date, seven screening events have occurred, reaching nearly 500 commonity members in subsequent 10-wielk Zumba program was offered free to participants in partnership with a local churcle. Attended regularly by 55 community members, weight loss and blood pressure imprevement among some partrapaids was noted. Dittine plans include the implementation of a nutrition component

These and other outreach ministives to unders acred populations demonstrate WellSpac's dedication to unders aveid populations. Whether its using on a ordiovascular discusse or other conditions affecting community members, WellSpan's committed to impacting these groups through a vidence based, culturally appropriate initiations.

Sexual Assault Forensic Examiner (SAFE) Team

A tragic reality of our current US culture is the widespread physical and sexual abuse of children A 2006 CDC study suggests that one in four girls and one in sic boys are sexually abused before the age of 18. In addition to differentiate how to stop abuse before it starts, there is a meed to identify the best meens of essisting a child once the abuse has occurred. After a child discloses abuse an appropriate response is extremely important to their healing process. In the past, no mechanism existed to coordinating the services needed to respond to such a case. Instead, a child would be shuffled between various agencies requiring the victim to retell his story multiple times exidly relicing the pair and confusion surrounding the expertence.

Diagnosing child abuse requires a high level of precision, imisdiagnosing a victim can lead to death Iroin further injuries before the abuse is discovered. These alaiming statistics ignited a unique pirtuership with the York County Children's Advocacy Center and the Adams County Children's Advocacy Center. In 2007, WellSpan expanded its Sexual Assault Forensic Examiner (SAFE) Nurse Program, which had already been providing services to victims of demestic and old a abuse in its two hospital emergency departments, to provide expert medical evaluations and services to pediatric victims of abuse. Today, the members of rice relevanced boronsic Examiner Team also conduct exams in the privacy of local Children's Advocacy.

skills required to conduct an exam, interpret feedings and testify in court, this program has greatly expanded access to export evaluations. Feeding on a child's developmental, emotional physical and cognitive needs, centers are able to reduce the stress associated with an evaluation, link the child and supportive adults to behavioral support sources and increase the likelihood of bringing perpetrators to justific.

In Local year 2012, the lorenza exampler team performed 355 forensic medical evaluations, 233 (65%) of which were for children under the age of 18. Through their collaboration with local Children's Advice Centers, the percent of medical examinations conducted has increased from 15% to 51% in York County and from 11% to 70% in Adams County. In addition, a Sexual Assault Norse Examiner toolkit, funded by the National Institute of Josuce, has been utilized to demonstrate the influence that the program has on case progression through the criminal justice system. Since the development of the forensic examiner team in 4% increase in successful prose curious has been realized.

While WellSpan and its community partners have reade significant studes to improve the sexual assault reporting process, it remains committed to improving the reporting of sexual abuse, the prosecution of perpetrators and the protection of children in our communities.

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Root Cause Approach

Public health research recommends that a root cause approach be atthized to address many chronic diseases such as earth wascular disease, dial etes respiratory ailments and overweight/obesity. A focus on improving healthy eating and physical activity behaviors and reducing tobacco use bas demonstrated efficacy in reducing the impact of various chronic conditions. A few cardiovascular indicator, were ranked high by Community Benchi Council members, Thur not selected as priorities. These include those who have high blood pressure and high cholesterol, and those who have been told they have heart disease, heart attack or stroke. Council members felt that the root causes of these conditions - unhealthy eating, physical mactivity, and tobal coluse wire already part of the selected primates adult overweight/obesity and tabacca use

Additionally, although streederacts in York County were alarming. Council members felt that this indicator would be addressed by selecting depression as a priority.

Community Priorities and Partnerships

As previously in intrined, WellSpan believes that its impact on community health our, at times, be proported by partnering to address a health issue, rather than managing it alone. Issues such as access to early prenatal care, health literacy, and oral health are three priorities that the community selected as requiring

a more global response. Task forces within the respective coalitions have been created to address these issues as well as to complement the WellSpan priorities of depression and end of life care.

Environmental Issue

One health indicator that has generated concern in recent assessments is the rate of asthma among adultioned in other surveys, among children. Although WellSpan believes it has adequate resources to offer tively care for and treat asthmatics, its effectiveness is compounded by low air quality in the region. A recent report from the American Lung Association gave the region in which WellSpan Health is located an 'F' for air quality. Although there is no direct correlation between this and the prevalence of asthma in the community there is concern that a connection between the two exists. As such, community advocacy offers possibly coordinated by the local health coalitions, may be necessary to impact this indicator

The first of the second second

Impact evaluation and outcome measurement must occur to create accountability with Well'span leadership and to demonstrate ongoing community to the health of the community. Since it would be unrealistic to beheve that marked changes to the CHNA indicators could occur in three years, shorter-length measurable objectives have been developed and are listed in this plan. These objectives inducetly acknowledge that each community member is influenced in many ways each day racey thereas, meome, health, age and social environment all influence community members Additionally community constructs—unhealthy environments and weak or no policy controls - probabiliteating behavior choices. WellSpan Health understands that promoting good health requires a comprehensive approach that ensages diverse aspects of one's life, much like the socio-ecological model demonstrates on page 7

To hisological advances, such as organization-wide integration of WellSpan's electronic health record (EHR) have created an environment in which relevant data may easily be collected, compiled and analyzed. However, not all data associated with the identified objectives are available in early retrievable. Therefore,

some mechanisms will need to be implemented to ensure appropriate baseling data are collected.

In 2014 WellSpan transmoned to CBISA (Community) Benefit Inventory for Social Accountability !- an Internet based, third-party system to coilest and report its annual community benefit activities. This robust system also has an evaluation and outcome measurement component in which short intermediate, and long-term objectives may be developed, and measurable outcomes and accedatal results may be captured. The bon this of utilizing CRISA are numerous, including real-time propitoring of data entries and progress toward achieving outcomes, and connecting identified priorities to subsequent activities or intercentions that have been implemented. In addition to its annual community benefit *-port, WellSpan may develop annual 'report cards' to demonstrate progess toward each identified priority