See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493128006185

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 www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

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

C Name of organization
GETTYSBURG HOSPITAL FOUNDATION

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
YORK, PA 17405

D Employer identification number
23-2251358

E Telephone number
(717)851-3055

G Gross receipts $ 1,836,074

F Name and address of principal officer
Kevin Mosser MD
PO Box 2767
York,PA 174052767

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW WELLSPAN ORG

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

L Year of formation 1983

M State of legal domicile PA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	102
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	658,454	664,121
9	Program service revenue (Part VIII, line 2g)	373,727	374,432
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	109,320	763,717
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-971	-16,165
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,140,530	1,786,105
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	391,707	736,796
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶341,566		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	413,674	537,148
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	805,381	1,273,944
19	Revenue less expenses Subtract line 18 from line 12	335,149	512,161

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	15,088,728	16,962,859
21	Total liabilities (Part X, line 26)	96,989	84,565
22	Net assets or fund balances Subtract line 21 from line 20	14,991,739	16,878,294

Part II Signature Block

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

Sign Here

****** | 2015-05-08
Signature of officer | Date

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

Paid Preparer Use Only

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

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

Firm's address ▶ 8405 Greensboro Drive, McLean, VA 22102 | Phone no (703) 893-0600

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 872,796 including grants of $ 736,796) (Revenue $ 374,432)

The organization conducts various fundraising activities to raise monies for its related exempt entities in order to provide quality healthcare to the community See Attached Federal Supplemental Information WellSpan Health - 2014 Community Benefit Report

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 872,796

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *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? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**			No
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

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

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

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

▶DAVID RIZZUTO 3350 WHITEFORD ROAD
YORK, PA 174029081 (717) 851-3055

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Cynthia A Ford Director	1 00 0 00	X						0	0	0
(2) Jean LeGros Secretary Treas	1 00 0 00	X		X				0	0	0
(3) Chucki Strevig Director	1 00 0 00	X						0	0	0
(4) Margaret Baldwin Director	1 00 0 00	X						0	0	0
(5) Sherry Farkas Vice Chair	1 00 0 00	X		X				0	0	0
(6) Dan Bringman Chairman	1 00 0 00	X		X				0	0	0
(7) Mark Bernier Director	1 00 0 00	X						0	0	0
(8) Tonya White Director	1 00 0 00	X						0	0	0
(9) Bettina Ellsworth Director	1 00 0 00	X						0	0	0
(10) Donald Ferrara Director	1 00 0 00	X						0	0	0
(11) Jane Hyde Director	1 00 40 00	X						0	388,788	238,085
(12) Bobbie Wolf Director	1 00 0 00	X						0	0	0
(13) Bruce Bartels CEO until 9/30	1 00 40 00			X				0	2,125,520	827,350
(14) Kevin Mosser MD CEO start 10/01	1 00 40 00			X				0	660,426	634,272
(15) Theresa Law Executive Dir	12 00 28 00			X				0	162,078	45,810
(16) Michael F O'Connor CFO-WellSpan H	1 00 40 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) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶									3,929,080	2,146,867

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	105,477			
	d	Related organizations . . .	1d	164,617			
	e	Government grants (contributions)	1e	53,576			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	340,451			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		664,121			
Program Service Revenue			Business Code				
	2a	Fundraising Fees	811000	374,432	374,432		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		374,432			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		763,717			763,717
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶		0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶		0			
Other Revenue	8a	Gross income from fundraising events (not including $ 105,477 of contributions reported on line 1c) See Part IV, line 18 . .	a 33,804				
	b	Less direct expenses . . .	b 49,969				
	c	Net income or (loss) from fundraising events . . ▶		-16,165			-16,165
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		0			
	12	**Total revenue.** See Instructions . . . . . ▶		1,786,105	374,432		747,552

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	736,796	736,796		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	3,609		3,609	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	26,717		26,717	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	24,465			24,465
12 Advertising and promotion	9,400			9,400
13 Office expenses	11,157			11,157
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	14,207			14,207
17 Travel	9,351			9,351
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	595			595
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,886			1,886
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Contract Labor	261,769			261,769
b Net Assets Released from Restr	136,000	136,000		
c Management Fees	29,256		29,256	
d Postage and Shipping	6,023			6,023
e All other expenses	2,713			2,713
25 **Total functional expenses.** Add lines 1 through 24e	1,273,944	872,796	59,582	341,566
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	0
	2	Savings and temporary cash investments		373,086	2	646,664
	3	Pledges and grants receivable, net		177,614	3	139,653
	4	Accounts receivable, net		4,092	4	5,714
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges		6,256	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 48,209			
	b	Less accumulated depreciation	10b 44,594	5,501	10c	3,615
	11	Investments—publicly traded securities		8,323,991	11	9,188,533
	12	Investments—other securities See Part IV, line 11			12	0
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11		6,198,188	15	6,978,680
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		15,088,728	16	16,962,859
Liabilities	17	Accounts payable and accrued expenses		13,101	17	22,958
	18	Grants payable			18	
	19	Deferred revenue		48,500	19	61,607
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		35,388	25	
	26	**Total liabilities.** Add lines 17 through 25		96,989	26	84,565
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		7,893,628	27	9,210,046
	28	Temporarily restricted net assets		712,962	28	507,195
	29	Permanently restricted net assets		6,385,149	29	7,161,053
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		14,991,739	33	16,878,294
	34	Total liabilities and net assets/fund balances		15,088,728	34	16,962,859

Part XI 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)	1	1,786,105
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,273,944
3	Revenue less expenses Subtract line 2 from line 1	3	512,161
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,991,739
5	Net unrealized gains (losses) on investments	5	1,264,964
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	109,430
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,878,294

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493128006185

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number
23-2251358

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) Gettysburg Hosp	231352220	3	Yes		Yes		Yes		616,163
(B) York Hospital	231352222	3	Yes		Yes		Yes		0
Total									616,163

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—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 ▶☐

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

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

Facts And Circumstances Test		
Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493128006185

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number
23-2251358

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	7,098,111	6,598,869	6,675,101	4,072,460	389,763
b	Contributions	167,797	229,383	202,613	2,048,036	404,508
c	Net investment earnings, gains, and losses	913,067	872,914	-85,019	858,182	
d	Grants or scholarships					284,498
e	Other expenditures for facilities and programs	510,727	603,055	193,826	303,577	
f	Administrative expenses					4,072,460
g	End of year balance	7,668,248	7,098,111	6,598,869	6,675,101	4,072,460

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 93 390 %
- c Temporarily restricted endowment ▶ 6 610 %

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		48,209	44,594	3,615
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				3,615

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Accounts Receivable - Affiliates	53,058
(2) Beneficial Interest Trusts	6,843,698
(3) Cash Surrender Value of Life Insurance	81,924
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	6,978,680

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,825,345
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	461,327		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	461,327
3	Subtract line **2e** from line **1**			3	1,364,018
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	422,087		
c	Add lines **4a** and **4b**			4c	422,087
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,786,105

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	508,925
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	508,925
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	765,019		
c	Add lines **4a** and **4b**			4c	765,019
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,273,944

Part XIII Supplemental Information

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

Return Reference	Explanation
Part V, Line 4 Intended uses of the endowment fund	The funds were used to improve the health and welfare of the residents of York and Adams counties of Pennsylvania
Part X FIN48 Footnote	In June 2006, the Financial Accounting Standards Board (FASB) issued Interpretation NO 48, Accounting for Uncertainty in Income Taxes-an interpretation of FASB Statement NO 109, Accounting for Income Taxes (FIN 48), which creates a single model to address uncertainty in tax positions and clarifies the accounting for income taxes by prescribing the minimum recognition threshold a tax position is required to meet before being recognized in the financial statements Under the requirements of FIN 48, tax-exempt organizations could now be required to record an obligation as the result of a tax position they have historically taken or various tax exposure items Prior to FIN 48, the determination of when to record a liability for tax exposure was based on whether a liability was considered probable and reasonably estimable in accordance with SFAS No 5, Accounting for Contingencies On July 1, 2007, the parent company, WellSpan Health, adopted FIN 48 WellSpan Health determined that it does not have any uncertain tax positions through June 30, 2014
Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	Grants-affiliates netted against revenue $477485 Revenue netted against expenses $28223 Restricted Contributions(Net) $-83621
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Grants-affilities netted against revenue $477485 Revenue netted against expenses $28223 Grant - Gettysburg Hospital $259311

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493128006185

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number
23-2251358

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

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

		(a) Event #1 Golf (event type)	(b) Event #2 Tennis (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	78,197	31,044	30,040	139,281
	2 Less Contributions	54,789	29,020	21,668	105,477
	3 Gross income (line 1 minus line 2)	23,408	2,024	8,372	33,804
Direct Expenses	4 Cash prizes	500			500
	5 Noncash prizes				
	6 Rent/facility costs		250		250
	7 Food and beverages		564	9,059	9,623
	8 Entertainment				
	9 Other direct expenses	15,426	21,940	2,230	39,596
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(49,969)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-16,165

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493128006185

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number
23-2251358

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Grant - Gettysburg Hospital PO Box 2767 York, PA 17405	23-1352220	501(c)(3)	616,163	0			Health care service grant
(2) Grant - WellSpan Health PO Box 2767 York, PA 17405	22-2517863	501(c)(3)	119,633	0			Tobacco Cess & Rural AED Grants

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

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

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Grantmaker's Description of How Grants are Used	The organization only provides grants or assistance to other charitable organizations

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493128006185

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number
23-2251358

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)Bruce Bartels CEO until 9/30	(i)							
	(ii)	794,154	270,288	1,061,078	770,825	56,525	2,952,870	267,300
(2)Jane Hyde Director	(i)							
	(ii)	337,958	50,830		213,851	24,234	626,873	
(3)Kevin Mosser MD CEO start 10/01	(i)							
	(ii)	492,126	168,300		591,825	42,447	1,294,698	168,300
(4)Michael F O'Connor CFO-WellSpan H	(i)							
	(ii)	441,669	141,900	8,699	356,775	44,575	993,618	141,900
(5)Theresa Law Executive Dir	(i)							
	(ii)	155,737	6,341		9,945	35,865	207,888	

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
Part I, Line 1a Relevant information in regards to selections on 1a	Bruce Bartels, WellSpan CEO, received additional compensation to cover the tax on personal use of his company vehicle until September 30, 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493128006185

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number
23-2251358

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Adams County National Bank	Bernier Offi	111,678	Checking & Trust Mgmt		No

Part V Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493128006185

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number
23-2251358

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

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The Board of Directors shall consist of no fewer than eleven and no more than twenty-two members, which shall include (1) The President of the Hospital(2) A representative of the Board of Directors of the Hospital, selected by the Board of Directors of the Hospital (3) A representative of the active Medical Staff of the Hospital, selected by the Nominating Committee of the Foundation (4) A representative of the active Medical Staff of the Hospital, selected by the Executive Committee of the Medical Staff (5) The President or other designated representative of the Hospital Auxiliary, selected by the Hospital Auxiliary (6) The remaining six to seventeen directors (the "At-large Directors") shall be appointed by the Board of Directors of the Hospital These persons shall be selected for their experience, relevant areas of interest and expertise, and ability and willingness to participate effectively in fulfilling the Board's responsibilities and to do so free from any conflicting interests

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	The Member shall have reserved powers with respect to certain affairs of the Foundation, including without limitation, the right to approve the use of Foundation assets other than for Hospital purposes (except as specifically required by the terms of the donor's gift or bequest)

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

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

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 Changes In Net Assets Or Fund Balances - Other Increases	Increase in permanently restricted net assets = $76779

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Increase in temporary restricted net assets = $32651

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493128006185

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GETTYSBURG HOSPITAL FOUNDATION

Employer identification number
23-2251358

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 13000170
Software Version: 2013v4.0
EIN: 23-2251358
Name: GETTYSBURG HOSPITAL FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) Apple Hill Surgical Center Inc PO Box 2767 York, PA 174052767 22-2842253	Sole GP in limited ptnrshp operating surgical center	PA	501(c)(3)	9	NA		No
(1) Gettysburg Hospital PO Box 2767 York, PA 174052767 23-1352220	Health Care Services	PA	501(c)(3)	3	NA		No
(2) Healthy Community Pharmacy Inc PO Box 2767 York, PA 174052767 20-0519121	Reduced rate prescription drugs to uninsured	PA	501(c)(3)	11 Type 1	NA		No
(3) VNA Community Services PO Box 2767 York, PA 174052767 23-2338591	Home personal care services for elderly and disabled	PA	501(c)(3)	9	NA		No
(4) VNA Home Health Services PO Box 2767 York, PA 174052767 23-1352573	Home health and hospice care services	PA	501(c)(3)	9	NA		No
(5) Wellspan Health PO Box 2767 York, PA 174052767 22-2517863	Integrated Health System	PA	501(c)(3)	11 Type 1	NA		No
(6) Wellspan Health Care Services PO Box 2767 York, PA 174052767 23-2400237	Health-related activities in the service area	PA	501(c)(3)	11 Type 1	NA		No
(7) Wellspan Medical Group PO Box 2767 York, PA 174052767 23-2730785	Medical and surgical care	PA	501(c)(3)	9	NA		No
(8) York Health Foundation PO Box 2767 York, PA 174052767 23-3050192	Charitable contributions for Wellspan entities	PA	501(c)(3)	11 Type 3	NA		No
(9) York Hospital PO Box 2767 York, PA 174052767 23-1352222	Community teaching hospital	PA	501(c)(3)	3	NA		No
(10) WellSpan Specialty Services PO Box 2767 York, PA 174052767 23-2899911	Mgmt for hospice/home health	PA	501(c)(3)	11 Type 1	NA		No
(11) Wellspan Properties Inc PO Box 2767 York, PA 174052767 22-2842252	Leases facilities to affiliates	PA	501(c)(3)	11 Type 1	NA		No
(12) Ephrata Community Hospital PO Box 2767 York, PA 174052767 23-1370484	Health care services	PA	501(c)(3)	3	NA		No
(13) Ephrata Community Health Foundation PO Box 2767 York, PA 174052767 80-0940005	Fundraising for Ephrata Hospital	PA	501(c)(3)	11 Type 1	Ephrata Community Hospital		No
(14) Northern Lancaster County Medical Group PO Box 2767 York, PA 174052767 20-3033058	Medical and surgical care	PA	501(c)(3)	11 Type II	Ephrata Community Hospital		No
(15) Phys Spec of North Lanc Co Med Gr PO Box 2767 York, PA 174052767 45-2537633	Physician Practices	PA	501(c)(3)	11 Type II	Northern Lancaster County Medical Group		No

WellSupported

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

Community Benefit Report

WELLSPAN
HEALTH

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

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.

WellSpan is:

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 Hospital[1], WellSpan Gettysburg Hospital[2], WellSpan Surgery and Rehabilitation Hospital[3], and WellSpan York Hospital[4]

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.

1 - VHA Measures

2 - American Nurse Credentialing Center Pathway to Excellence

Supported:
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:

MILLION

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

+

MILLION

Medicaid.
Cost greater than what was paid to WellSpan by Medicaid.

+

MILLION

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

+

MILLION

Community programs and outreach.

In total for fiscal year 2014, WellSpan provided more than

$134,000,000

in community benefit.

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.

2014

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

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

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.

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

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.

Cared For:
Transforming Care

WellSpan is transitioning from a health system focused on treating acute injuries and illnesses to an organization that proactively helps people reach their optimal health goals.

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

Community Benefit Report

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, self-care 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-to-date on their medical care."

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

"... the days when a primary care physician could provide all necessary services are gone."

"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 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, front-desk 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."

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:

Coordinated Care

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.

Recognition

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

Performance

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

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.

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.

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.

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.

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

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:

- 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	Leg Up Farm
Adams County Arts Council	NAMI PA York County
Epilepsy Foundation of Western Central Pennsylvania	York County Literacy Council
	Welsh Mountain Health Centers
Healthy Adams County	Children's Home of York
Healthy York County Coalition	YMCA of York County
Gettysburg C.A.R.E.S. Inc.	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.

Community Benefit Report

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.

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.

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.

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.

Community Benefit Report

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

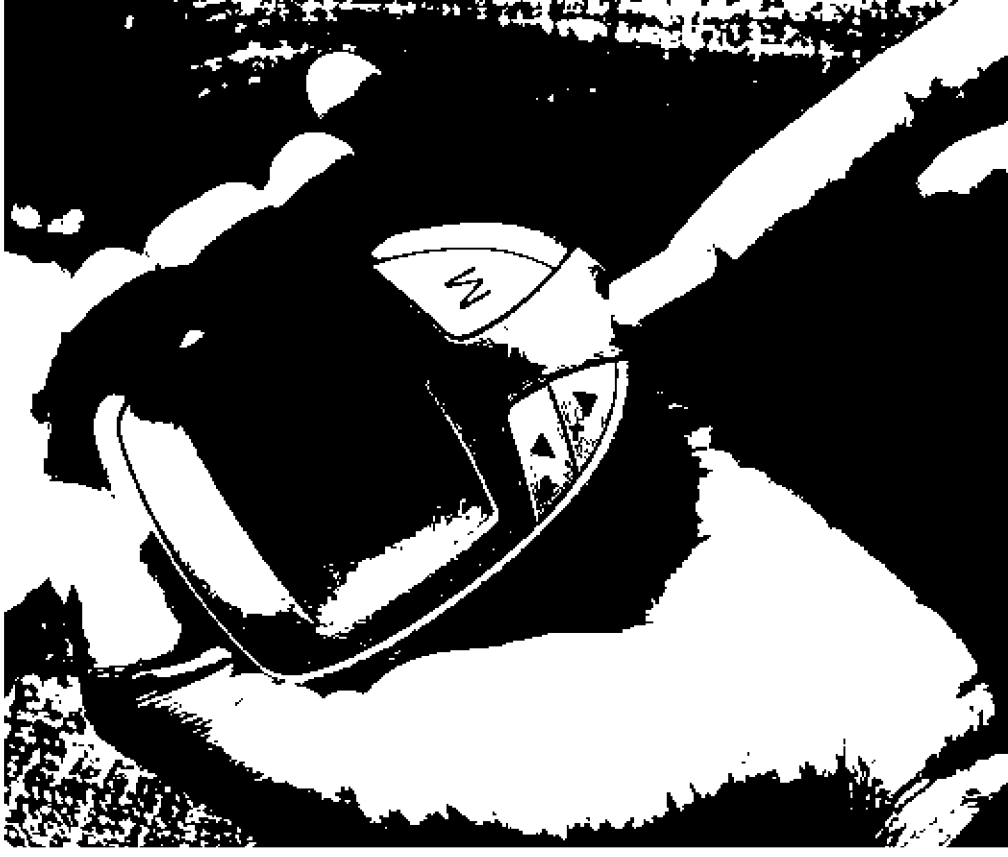
For Heart's Sake, an outreach initiative for uninsured and underinsured African-Americans residing in York City.
Our progress:

- 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.

Diabetes Management

WellSpan Ephrata Community Hospital offers a 10-hour group instruction for patients diagnosed with diabetes. **"Taking Charge of Your Diabetes" i**ncludes 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:

Clinical Trials

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

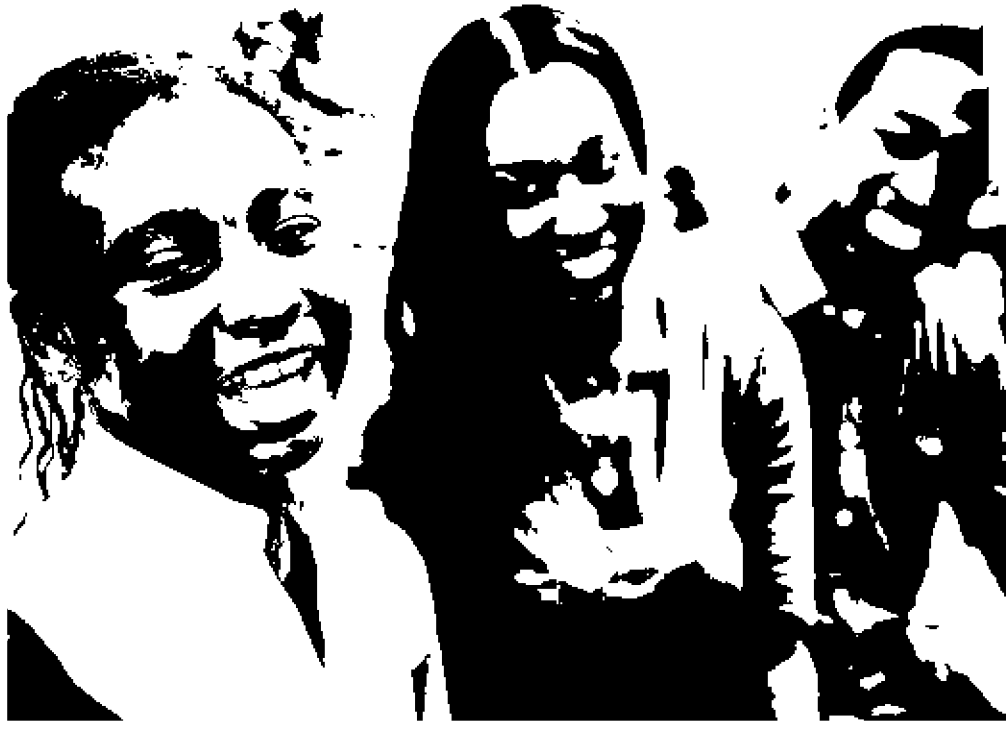
In 2014, approximately 2,000 individuals volunteered more than 170,000 hours of service at WellSpan facilities across Adams, York and Lancaster counties. The value of these volunteer hours totals more than $3.5 million.

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 (LutherCare 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

WellAdvised: WellSpan Board Leadership

WELLSPAN® HEALTH

Janice Herrold, Chair
Larry J. Miller, Vice Chair
Michael Barley, Secretary/ Treasurer
Kevin Mosser, MD - President (ex-officio)
Richard Beamesderfer
Thomas P. Bride, DO
Matt Doran
F. Fred Groff
Steve Hovis
H. Fred Martin, MD
Wanda Major
Megan Shreve
N. Daniel Waltersdorff
Ernest Waters

WELLSPAN® Ephrata Community Hospital

Fred Groff, III, Chair
William C. Funk, DMD, Vice Chair
Leon Ray Burkholder
Edward G. Camerino, MD
Charles M. Evans, MD, Assistant Secretary
P. Joshua Gluck
Lloyd G. Goldfarb, MD
Aaron L. Groff, Jr., Assistant Treasurer
Joseph J. Irwin, MD – Med. Staff (ex-officio)
Richard C. Lewis
Ronald Miller, Treasurer
Kevin Mosser, MD
John M. Porter, Jr. – President (ex-officio)
Maria Royce
Gilbert L. Sager
Earl D. Shirk
Dean A. Stoesz
Chris Theodoran, DO
Linda H. Weaver, Secretary
Dale Whitebloom, DO

WELLSPAN® Gettysburg Hospital

Megan Shreve, Chair
James Williams, Vice Chair
Wayne Hill, Secretary
R. Hal Baker, MD
Douglas E. Eyer, MD
Cynthia A. Ford
Shannon Harvey
Jane Hyde - President (ex-officio)
Edward J. Mackle, MD
Orville G. McBeth, Jr., MD
Kevin Mosser, MD
Julie L. Ramsey
Richard Seim
William Steinour, MD

WELLSPAN® York Hospital

N. Daniel Waltersdorff, Chair
Joe Crosswhite, Vice Chair
William Dannehl, Secretary/Treasurer
Steve Hovis, Esq.
K. Michael Hughes, DO
William "Tex" Landis, MD
Keith Noll - President (ex-officio)
Gary Stewart, Jr.
Jean Treuthart

Ephrata Community Health Foundation

WellSpan

Ronald L. Miller, Chairman
Michael P. Kane, Esq., Vice Chairman
Michele M. McHenry, Secretary
E. Richard Young, Esq., Treasurer
John M. Porter, Jr., - President (ex-officio)
J. Whit Buckwalter
Dane M. Burkholder
Lauren E. Eby
Patrick N. Glavce
Virginia L. Good
Kevin E. Kohl
William E. Longenecker, DO
Harvey H. Nolt
Gilbert L. Sager
Carol J. Welkowitz

Gettysburg Hospital Foundation

WellSpan

Daniel M. Bringman, Chair
Sherry Farkas, Vice Chair
Jean LeGros, Secretary/Treasurer
Margaret Baldwin
Mark P. Bernier
Bettina Ellsworth
Cynthia A. Ford
Jane Hyde
Barry Sheibley
Chucki Strevig
Dora Townsend
Tonya White
Bobbie Wolf

York Health Foundation

WellSpan

Gary Stewart, Jr., Chair
Jeff Lobach, Vice Chair
John Lutz, Secretary/Treasurer
Leslie W. Brant
Fran Camitta Butler, MD
Matt Doran
Vickie Fazio
Louis J. Leyes
Barbara Linder
Cathy Norris
William Scott
Richard Sloan, MD
Kathy Turkewitz

WellSpan Medical Group

Ridgley Salter, MD
Catherine Heilman, MD – Chair
Kevin Mosser, MD
Charles H. Chodroff, MD
Steve Delaveris, DO
Jeff Lobach
Lee Maddox, MD
Larry J. Miller
Rajesh Singal, MD
Carleen Warner, MD – Vice Chair

WellSpan Population Health Services

Leslie Brant, Chair
Michael Clifford, Secretary/Treasurer
Andrew Delp, MD
Daniel Fischman, MD
Kevin McCullum, MD
Mark Schmidt
Thomas Scott, MD
William Scott, III
Kevin Mosser, MD
Howard Mirsky, MD

WellSpan Provider Network

Kevin Mosser, MD
Cathy P. Carpenter, MD
Charles H. Chodroff, MD
Marijka Grey, MD
Kevin McCullum, MD – Chair
Alyssa Moyer, MD
Michael F. O'Connor, Secretary/Treasurer
Rajesh Panchwagh, DO
Ignacio Prats, MD
Richard L. Seim
Rajesh Singal, MD
Amir Tabatabai, MD

WellSpan Specialty Services

Matt Doran, Chair
Paul Minnich, Esq., Vice Chair
Judith A. Bassett
Peter Brubaker
Joy Keller-Brown
Patrick McGannon, MD, Secretary/Treasurer
Steve Merrick
Kevin Mosser, MD
John Porter
David Sirolly, Esq.
Richard Seim, President (ex-officio)

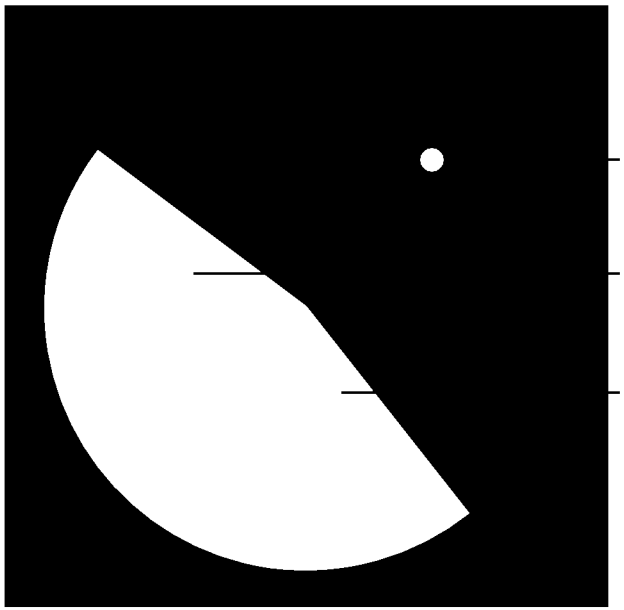
2014: By the numbers

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



Inpatient Revenue:
$517,584,226 – 33.1%

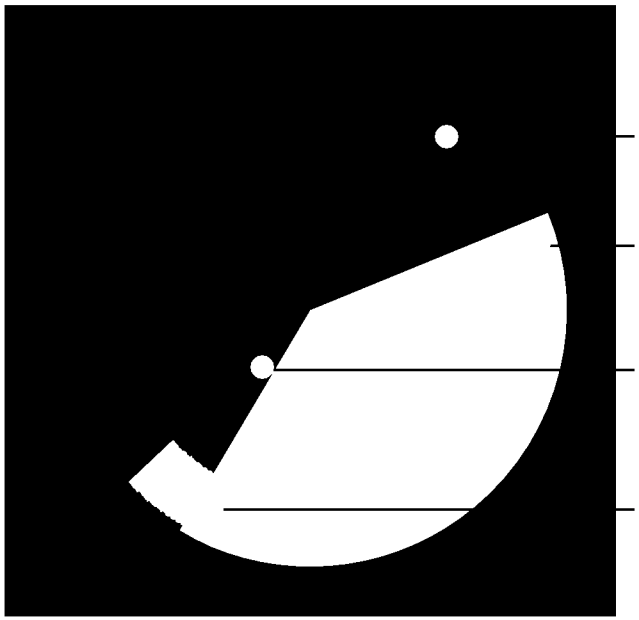
Outpatient Revenue:
$847,216,774 – 54.2%

Other and non-operating:
$197,564,000 – 12.6%

EXPENSES

$1,562,365,000

July 1, 2013 through June 30, 2014



Salaries, Wages and Benefits:
$876,283,000 – 56.1%

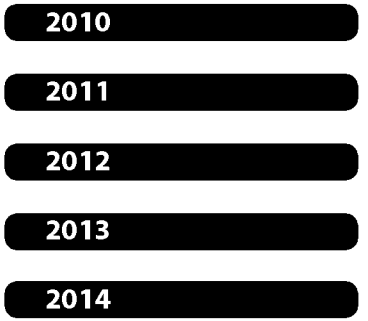
Supplies and Other:
$586,535,000 -- $37.5%

Construction, Equipment, Renovations:
$67,103,000: 4.3%

Debt payment:
(principal and interest)
$32,444,000 – 2.1%

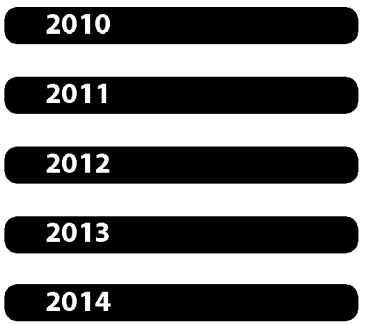
Non-operating loss:
$0 – 0.0%

FREE CARE: CHARITY CARE*



*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.

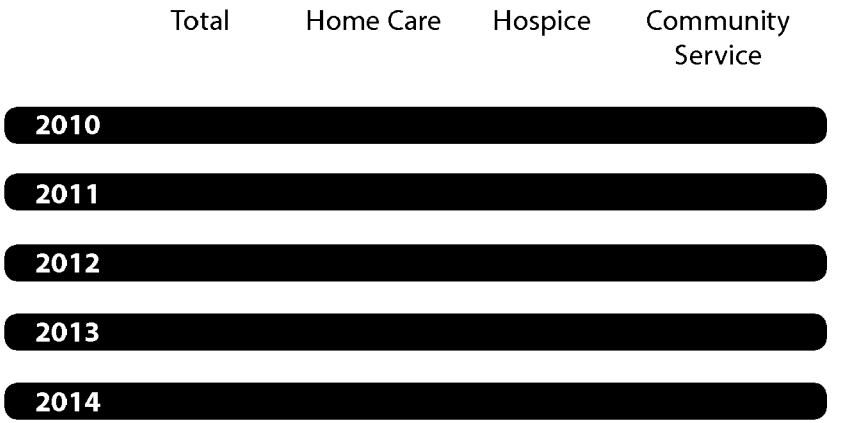
FREE CARE: BAD DEBT*



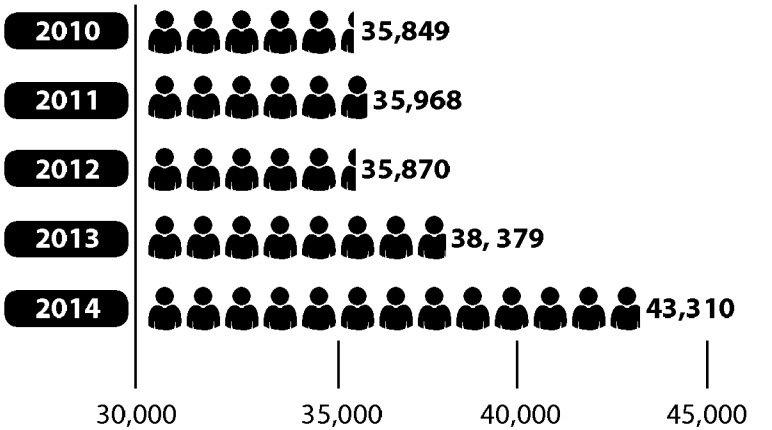
*Bad debt is the total cost of services provided to patients who have not paid their bills and who have demonstrated their inability to pay. This is the cost of providing charity care, not the charge associated with that care.

TOTAL HOME HEALTH PATIENTS

(WellSpan VNA Home Care)



TOTAL HOSPITAL ADMISSIONS

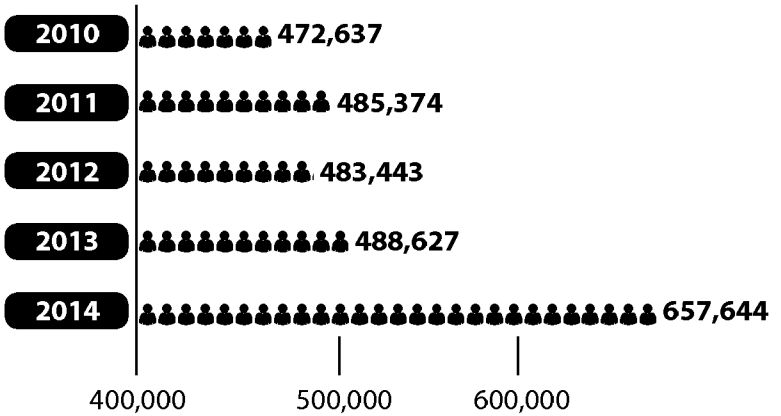


*2014 includes WellSpan Ephrata Community Hospital.

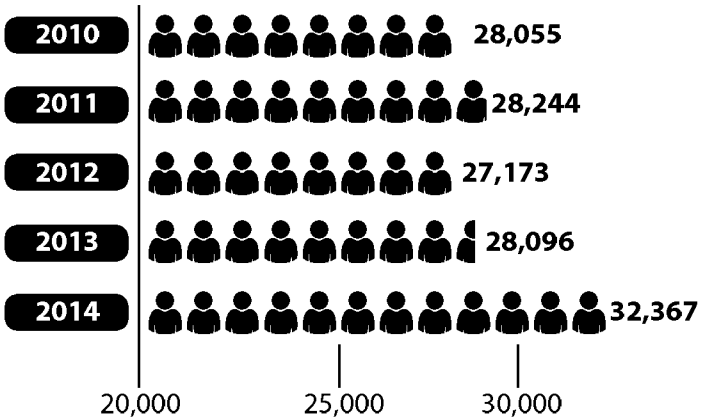
2014: By the numbers

TOTAL PRIMARY CARE VISITS

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



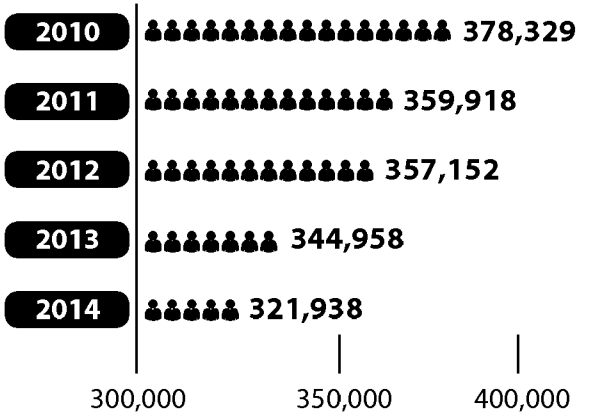
TOTAL SURGERY CASES*



*2014 includes WellSpan Ephrata Community Hospital.

TOTAL PRESCRIPTIONS

(WellSpan Pharmacy, 6 locations)



SOUTH CENTRAL Preferred Covered Lives