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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
WELLSPAN SURGERY & REHABILITATION HOSPITAL
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
F Name and address of principal officer:
Roxanna Gapstur
PO Box 2767
York, PA 174052767

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.WELLSPAN.ORG

D Employer identification number
23-2899911
E Telephone number
(717) 851-3055
G Gross receipts \$ 106,268,438
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

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Year of formation: 1997
M State of legal domicile: PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
WellSpan Surgery and Rehabilitation Hospital's mission is "Supporting the journey to optimal health and independence by providing exceptional orthopedic, spine and acute rehabilitative care in a healing environment and coordinated through a comprehensive system of care."
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) 16
4 Number of independent voting members of the governing body (Part VI, line 1b) 10
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 493
6 Total number of volunteers (estimate if necessary) 25
7a Total unrelated business revenue from Part VIII, column (C), line 12 457,070
b Net unrelated business taxable income from Form 990-T, line 39

Revenue

8 Contributions and grants (Part VIII, line 1h) 1,893,770
9 Program service revenue (Part VIII, line 2g) 91,166,368
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 214,784
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 626,292
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 93,901,214
Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 8,800,000
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) 30,385,064
16a Professional fundraising fees (Part IX, column (A), line 11e) 0
b Total fundraising expenses (Part IX, column (D), line 25) 0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 53,946,259
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 93,131,323
19 Revenue less expenses. Subtract line 18 from line 12 769,891
Net Assets or Fund Balances

20 Total assets (Part X, line 16) 85,216,385
21 Total liabilities (Part X, line 26) 71,670,974
22 Net assets or fund balances. Subtract line 21 from line 20 13,545,411

Part II Signature Block

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

Sign Here

Signature of officer
Laura Buczkowski SR VP & CFO
Type or print name and title

2022-05-13
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date
Firm's name WellSpan Health Firm's EIN 13-5381590
Firm's address 3350 WHITEFORD ROAD
YORK, PA 17402 Phone no. (703) 893-0600

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No
For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2020)

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:

WellSpan Surgery and Rehabilitation Hospital's mission is "Supporting the journey to optimal health and independence by providing exceptional orthopedic, spine and acute rehabilitative care in a healing environment and coordinated through a comprehensive system of care." Services are provided to patients without regard for an individual's ability to pay. WellSpan Surgery and Rehabilitation Hospital also provides home health, and other health care and personal care to residents of York County, Pennsylvania and the surrounding region through its subsidiaries, VNA Home Health Services and VNA Community Services. Each supported organization qualifies for exemption from income tax under Section 501(c)(3) pursuant to Section 509(a)(1) or 509(a)(2) of the Internal Revenue Code of 1986, as amended.

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 \$ 74,393,119 including grants of \$ 100,000) (Revenue \$ 106,914,897)
See Additional Data	

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)	(Expenses \$ including grants of \$) (Revenue \$)
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4e	Total program service expenses ▶	74,393,119
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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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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	Yes
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	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 ComplianceCheck 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

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2020)

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	16	
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	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?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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		No
b	Other officers or key employees of the organization	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?		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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **PA**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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, address, and telephone number of the person who possesses the organization's books and records:
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.

See instructions for the order in which to list the persons above.

☐ 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) Michael O'Connor Former Director	0.00 40.00							0	3,058,887	208,991
(2) Roxanna Gapstur CEO-WSH/Dir.	1.00 40.00	X		X				0	1,531,608	72,560
(3) Victoria Diamond Sr VP	1.00 40.00	X		X				0	558,813	69,280
(4) Mike Seim Sr VP	1.00 40.00	X		X				0	514,458	44,526
(5) Lee Maddox MD Director	1.00 40.00	X						0	496,213	61,511
(6) Barbara Yarrish Former Director	0.00 40.00							0	374,055	38,441
(7) Carol Smith Vice President	40.00 0.00	X		X				241,654	0	48,870
(8) Rosa Hickey Sr. Dir. Pat. Care	40.00 0.00							202,861	0	50,640
(9) Darci Wolf Dir-Clinical	40.00 0.00							150,921	0	48,136
(10) Elizabeth Trumble Dir-I/P Rehab	40.00 0.00							153,382	0	42,721
(11) Lorrie Monoski Dir - Clinical Svc	40.00 0.00							136,411	0	47,210
(12) Jennifer Green Nurse Manager	40.00 0.00							126,946	0	38,930
(13) Laura Buczkowski SR VP & CFO WSH	1.00 40.00	X		X				0	55,289	7,796
(14) Suzanne McConkey Director	1.00 0.00	X						0	0	0
(15) Mandy Arnold Director	1.00 0.00	X						0	0	0
(16) Barry Douglas Director	1.00 0.00	X						0	0	0
(17) Pamela Gunter-Smith Director	1.00 0.00	X						0	0	0

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			
(18) Jeff Lobach Esq Director	1.00 0.00	X						0	0	0
(19) Todd Martellar Director	1.00 0.00	X						0	0	0
(20) Krista Darr Director	1.00 0.00	X						0	0	0
(21) Cheryl Thompson RN Director	1.00 0.00	X						0	0	0
(22) Sandie Walker Director	1.00 0.00	X						0	0	0
(23) Neil Slenker Esq Director	1.00 0.00	X						0	0	0
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								1,012,175	6,589,323	779,612

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 ► **6**

	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 Yes	
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
HCSC Laundry PO Box 25092 Lehigh Valley, PA 180025092	Laundry Services	192,356
Anesthesia Associates of York 110 Pine Grove Commons York, PA 17405	Anesthesia Services	224,227
Healthtrust Workforce Solutions 6565 N MacArthur Blvd Ste 325 Irving, TX 750392475	Staffing Services	178,583
DaVita Inc 2000 16th Street Denver, CO 80202	Dialysis Services	101,038

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 ► **4**

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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			
	d	Related organizations	1d	8,067		
	e	Government grants (contributions)	1e	-376,444		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	19,140		
	g	Noncash contributions included in lines 1a - 1f:\$	1g			
	h	Total. Add lines 1a-1f		-349,237		
Program Service Revenue	2a	Net Patient Revenue	Business Code 621500	109,865,389	109,408,319	457,070
	b	W/O Bad Debts	622150	-2,724,951	-2,724,951	
	c	W/O Financial Assistance	622150	-225,541	-225,541	
	d					
	e					
	f	All other program service revenue.				
	g	Total. Add lines 2a-2f.		106,914,897		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		-829,303		-829,303
	4	Income from investment of tax-exempt bond proceeds		0		
	5	Royalties		0		
	6a	Gross rents	(i) Real (ii) Personal			
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)		0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other		21,402	
	b	Less: cost or other basis and sales expenses			20,402	
	c	Gain or (loss)			1,000	
	d	Net gain or (loss)		1,000		1,000
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
	b	Less: direct expenses				
	c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses				
	c	Net income or (loss) from gaming activities		0		
10a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a	CENT Credential	611699	13,750		13,750	
b	Food Service	722210	362,884		362,884	
c	Shipping and Receiving	488510	133,136		133,136	
d	All other revenue		909		909	
e	Total. Add lines 11a-11d		510,679			
12	Total revenue. See instructions		106,248,036	106,457,827	457,070	-317,624

Form 990 (2020)

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 domestic organizations and domestic governments. See Part IV, line 21	100,000	100,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	290,524	290,524		
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	23,683,504	18,409,218	5,274,286	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,204,242	939,309	264,933	
9 Other employee benefits	5,935,810	4,629,932	1,305,878	
10 Payroll taxes	1,872,192	1,460,310	411,882	
11 Fees for services (non-employees):				
a Management	18,969,784	14,796,432	4,173,352	
b Legal	0			
c Accounting	25,866	20,175	5,691	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,429,880	1,115,306	314,574	
12 Advertising and promotion	421	328	93	
13 Office expenses	246,196	192,033	54,163	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	14,066	10,971	3,095	
17 Travel	2,536	1,978	558	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	6,540	5,101	1,439	
20 Interest	2,054,532	1,602,535	451,997	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,700,230	2,886,179	814,051	
23 Insurance	803,235	626,523	176,712	
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 Medical Supplies	17,735,676	13,833,827	3,901,849	
b Outside Services	13,771,149	10,741,496	3,029,653	
c Licenses/ Fees	1,369,798	1,068,442	301,356	
d Repair & Maintenance	1,325,300	1,033,734	291,566	
e All other expenses	806,110	628,766	177,344	
25 Total functional expenses. Add lines 1 through 24e	95,347,591	74,393,119	20,954,472	0
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,230	1	1,480
	2	Savings and temporary cash investments		10,150,941	2	6,175,186
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		12,975,893	4	15,065,484
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	0
	7	Notes and loans receivable, net		7,494,437	7	18,383,935
	8	Inventories for sale or use		1,459,235	8	1,459,235
	9	Prepaid expenses and deferred charges		1,261,700	9	1,196,904
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	80,900,326		
	b	Less: accumulated depreciation	10b	39,943,967		
				43,144,170	10c	40,956,359
	11	Investments—publicly traded securities			11	0
	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		8,728,779	15	244,261	
16	Total assets. Add lines 1 through 15 (must equal line 33)		85,216,385	16	83,482,844	
Liabilities	17	Accounts payable and accrued expenses		4,739,618	17	5,891,307
	18	Grants payable			18	
	19	Deferred revenue			19	-419,665
	20	Tax-exempt bond liabilities		59,844,571	20	59,710,272
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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		7,086,785	25	5,345,039
	26	Total liabilities. Add lines 17 through 25		71,670,974	26	70,526,953
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		13,519,658	27	12,920,104
	28	Net assets with donor restrictions		25,753	28	35,787
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		13,545,411	32	12,955,891
33	Total liabilities and net assets/fund balances		85,216,385	33	83,482,844	

Part XI Reconciliation of Net AssetsCheck 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	106,248,036
2	Total expenses (must equal Part IX, column (A), line 25)	2	95,347,591
3	Revenue less expenses. Subtract line 2 from line 1	3	10,900,445
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,545,411
5	Net unrealized gains (losses) on investments	5	
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	-11,489,965
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,955,891

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? 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	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		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.		

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 23-2899911
Name: WELLSPAN SURGERY & REHABILITATION
HOSPITAL

Form 990 (2020)

Form 990, Part III, Line 4a:

WellSpan Surgery and Rehabilitation Hospital (WSRH), a 73-bed hospital, located on the Apple Hill Health Campus, opened on April 23, 2012. WSRH provides a specialized treatment environment for patients requiring advanced orthopedic, spine, and neurosurgical surgeries, acute inpatient rehabilitation, and specialized outpatient rehabilitation services. Our modern, patient-centered facility offered advanced orthopedic, spine and neurosurgical treatment, and inpatient rehabilitation for those who needed extra attention before returning to their homes and resuming their lives. See WellSpan Health - 2021 Community Benefit Report located at <https://www.wellspan.org/about/wellspan-in-the-community/2021-community-benefit-report/>

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

WELLSPAN SURGERY & REHABILITATION HOSPITAL

Employer identification number

23-2899911

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

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.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2019 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2020. 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—2019. 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—2020. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐	
b	10%-facts-and-circumstances test—2019. 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 VI 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 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
10a		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in Part VI</i>). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015.		
b	From 2016.		
c	From 2017.		
d	From 2018.		
e	From 2019.		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016.		
b	Excess from 2017.		
c	Excess from 2018.		
d	Excess from 2019.		
e	Excess from 2020.		

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
WELLSPAN SURGERY & REHABILITATION HOSPITAL

Employer identification number
23-2899911

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2020

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" on 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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	25,753	16,063		142,575	109,752
b Contributions	21,794	9,690	16,063	-142,575	32,823
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	11,760				
f Administrative expenses					
g End of year balance	35,787	25,753	16,063		142,575

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 ▶

c

Term endowment ▶ 100.000 %

The percentages on 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:

(i) Unrelated organizations

3a(i)

Yes

No

(ii) Related organizations

3a(ii)

No

b

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

3b

No

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" on 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		54,672,948	19,258,266	35,414,682
c Leasehold improvements		2,048,225	811,453	1,236,772
d Equipment		24,176,396	19,874,248	4,302,148
e Other		2,757		2,757
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				40,956,359

Schedule D (Form 990) 2020

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on 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		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Other Liabilities	5,345,038
(3) Rounding	1
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	5,345,039

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	106,248,036
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
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	
3	Subtract line 2e from line 1	3	106,248,036
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	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	106,248,036

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	83,847,591
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	83,847,591
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	11,500,000
c	Add lines 4a and 4b	4c	11,500,000
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	95,347,591

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 23-2899911
Name: WELLSPAN SURGERY & REHABILITATION
HOSPITAL

Supplemental 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.

Supplemental Information

Return Reference	Explanation
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, 2021.

Supplemental Information	
Return Reference	Explanation
Part XII, Line 4b: Other revenue amounts included on 990 but not included in F/S	Revenue netted with expenses \$0 Grant to WellSpan Health \$11500000

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
WELLSPAN SURGERY & REHABILITATION HOSPITAL

Employer identification number
23-2899911

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☒ Other 30000.0000000 %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.		

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	8	90,364		90,364	0.090 %
b Medicaid (from Worksheet 3, column a)	1	986	13,504,517	5,900,031	7,604,486	7.980 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	2	994	13,594,881	5,900,031	7,694,850	8.070 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	5	415	14,268		14,268	0.010 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)	1		183,854		183,854	0.190 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits	6	415	198,122		198,122	0.200 %
k Total. Add lines 7d and 7j	8	1,409	13,793,003	5,900,031	7,892,972	8.270 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1		100,000		100,000	0.100 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development	1	30	178,693		178,693	0.190 %
9 Other						
10 Total	2	30	278,693		278,693	0.290 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	1,091,762	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	17,250	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	30,995,217	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	33,073,801	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-2,078,584	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other	

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
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12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ **1**

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>www.wellspan.org</u>		
b ☒ Other website (list url): <u>www.healthyyork.org</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>www.wellspan.org</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

WS Surgery & Rehab Hospital			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300.0000 % and FPG family income limit for eligibility for discounted care of 350.0000 %			
b ☒ Income level other than FPG (describe in Section C)			
c ☒ Asset level			
d ☒ Medical indigency			
e ☒ Insurance status			
f ☒ Underinsurance discount			
g ☒ Residency			
h ☒ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a ☒ The FAP was widely available on a website (list url): www.wellspan.org			
b ☒ The FAP application form was widely available on a website (list url): www.wellspan.org			
c ☒ A plain language summary of the FAP was widely available on a website (list url): www.wellspan.org			
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☒ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

WS Surgery & Rehab Hospital

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☒ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☒ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	No
If "No," indicate why:		
a ☒ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

WS Surgery & Rehab Hospital

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
1	
2	
3	
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Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c - Charity Care Eligibility Criteria (FPG Is Not Used)	Patients 401% of poverty level and greater do not qualify for financial assistance. Patients/guarantors who complete an application for Financial Assistance whose gross income falls between 351-400% of the FPL level and meet all other Financial Assistance qualifications (MAP 118) will be eligible for a 40% discount of self-pay balances.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense	The number was calculated using the cost to charge ratio factor applied against actual patient bad debt write-offs. These numbers are included after all efforts have been exhausted to determine if the patient meets our charity care write-off policy based on federal poverty levels.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit	The estimate of bad debt attributable to charity care policy was calculated by dividing the bad debt amount that was originally coded bad debt but later found to qualify as charity care by the amount coded to the charity care write-off codes. This ratio is applied to the bad debt cost factor expense.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4 - Bad Debt Expense	The Company provides an allowance for doubtful accounts for estimated losses resulting from the unwillingness or inability of patients to make payments for services. The allowance is determined by analyzing specific amounts and historical data and trends. Patient accounts receivable are charged off against the allowance for doubtful accounts when management determines that recovery is unlikely and the Company ceases collection efforts. Losses have been consistent with management's expectations in all material respects.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8 - Explanation Of Shortfall As Community Benefit	WellSpan Surgery and Rehabilitation Hospital (WSRH) maintains records to identify and monitor the level of charity care and community service it provides. These records include the amount of charges forgone based on established rates for services and supplies furnished under its charity care and community service policies and the estimated cost of these services. Payments from Medicare are generally less than WSRH's costs of providing the service.

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
Part VI, Line 2 - Needs Assessment	WellSpan Health and its entities have a long history of understanding and responding to the needs of the communities and populations it serves. This commitment was strengthened in 1998 when, in partnership with the Healthy York County Coalition, WellSpan conducted its first Community Health Needs Assessment (CHNA). Six subsequent CHNAs were conducted in 2000 , 2005, 2008, 2012, 2015 and 2018. These assessments- one method for collecting diverse information on a community and which involves surveying a representative sample of community members on their demographics, chronic health conditions, lifestyle behaviors, finances, access to health services, and related topics- have been administered before the Affordable Care Act (ACA) requirement. As previously noted, the WellSpan CHNA process, which includes survey development, data collection and analysis, and result dissemination, was led by both county-level health coalitions- Healthy Adams County and the Healthy York County Coalition- for Adams and York Counties. A similar process was utilized for the remaining counties of the WellSpan service area, including northern Lancaster and Lebanon counties. Healthy Adams County, Healthy York County Coalition, and its regional partner the Community Health Council of Lebanon County receive financial support from WellSpan Health and its entities, and other community stakeholders. The CHNA was developed utilizing consulting support and guidance through a contract with the Floyd Institute for Public Policy at Franklin and Marshall College. Dr. Berwood Yost, Institute Director and Project Lead has an extensive background conducting and analyzing community and corporate surveys and has been integral to the prior three CHNAs (2008, 2012 and 2015). The 2018 Adams and York CHNA is a byproduct of a collaboration of community organizations who partnered to provide guidance and support to the effort, including: County of York, Family First Health; Gettysburg College; UP MC Pinnacle Hanover; UPMC Pinnacle Memorial; York County Human Services; South Central Community Action Program (SCCAP); TrueNorth Wellness Services; United Way of York County; York City Health Bureau; York College of Pennsylvania, and York County Community Foundation. This collaboration of community stakeholders determined the survey questions to be asked of the community; discussed data collection methodology, including sample size and method of obtaining data; reviewed the raw data and supporting charts/ graphs; identified potential community health priorities, and developed the process by which the results and priorities were to be shared with the community. The 2018 CHNA planning process engaged a wide range of community organizations serving the diverse interests of all partners. The intent of the CHNA was to collect adequate valuable data and information that would satisfy the needs of all participating organizations, without burdening CHNA respondents with too many questions. Committee members reviewed questions asked in the 2015 CHNA and edited accordingly based on the current health care environment and areas of interest. Survey questions were derived from the Behavioral Risk Factor Surveillance System (BRFSS), a validated survey tool utilized by the Centers for Disease Control and Prevention (CDC), and organized into four categories: healthcare access, behavioral risk, health conditions and prevention behaviors and context. A representative sample of 799 adult residents in York County were interviewed between December 4, 2017, and February 25, 2018. Supplemental secondary data from the Robert Wood Johnson Foundation (RWJF) annual County Health Rankings and from the Pennsylvania Department of Health was compiled and integrated into the 2018 CHNA. Data collected and analyzed by the Floyd Institute for Public Policy included breakdowns by age, gender , geographic area, race/ethnicity, and income level, and enabled the development of charts / graphs that identified: trends and disparities; quantity of residents affected; health risks and disability-adjusted life years, and social determinants of health impact. This information is included in the 2018 Community Health Needs Assessment Summary Report available at www.wellspan.org. CHNA results and related priorities identified by Healthy York County Coalition were shared with the system-wide Planning Committee at WellSpan Health, a committee comprised of community members and leaders that represent each of WellSpan's primary entities and service areas, in addition to corporate leadership. Planning Committee members reviewed the CHNA data, and designated system-wide priorities as: Care for all, including a focus on access to care and health equity; Behavioral health and lifelong wellness, which would incorporate behavioral health, substance use and addiction and lifelong wellness, and; healthy communities and social determinants of health, which provide a deeper dive into community engagement, social determinants of

Form and Line Reference	Explanation
Part VI, Line 2 - Needs Assessment	f health and violence prevention. The identified priorities and associated data were subsequently presented to the WellSpan Specialty Services Board, the governing body for WellSpan Surgery & Rehabilitation Hospital, for their adoption. Board members discussed the data and identified priorities within the context of existing staffing and financial resources, current and future entity initiatives, and community partnership opportunities to address systemic community change. The final CHNA report, along with the WellSpan Community Health Improvement Plan (CHIP) was presented in June 2019 to the Planning Committee, at which time correlations were observed between the CHNA, CHIP and the WellSpan 2025 Strategic Plan .

Form and Line Reference	Explanation
Part VI, Line 5 - Promotion of Community Health	As a charitable, community-based healthcare organization, our commitment to improving the lives and well-being of the people and communities we serve is evident in our mission statement: working as one to improve health through exceptional care for all, lifelong wellness, and healthier communities."Employees live out this mission statement every day by engaging in community benefit activities that address community needs, especially the health priorities identified in the 2018 CHNA - access to care and health equity, behavioral health, substance use and addiction, and lifelong wellness, and community engagement, social determinants of health and violence prevention. Below are a few examples of the work accomplished to address each: *Access to healthcare and medications for uninsured community members or those with high out-of-pocket costs is often financially challenging. Healthy Community Network, a collaborative between WellSpan Health, physicians and community partners to support prospective enrollment, the management and support of patients, and coordination of care, serves as a support for those individuals, offering free or discounted resources based on need. In 2021, Healthy Community Network served 2,221 community members in need of care across the region and provided financial assistance for nearly 16,000 prescriptions, allowing individuals who lack sufficient health insurance or financial means to access the medications they need.*WellSpan remains committed to the strong safety net of partnering health care services in our region. Together, we demonstrate strong community impact in health. For example, WellSpan's support of both the Family First Health Hannah Penn Center and Katallasso Family Health Center enhanced its ability to provide 4,365 acute and preventive visits for underserved adults and children.*In 2021, WellSpan Health encouraged community members, local employers and employees, and WellSpan staff and patients to engage in the 8th annual 10 Pound Throwdown initiative. The 10 Pound Throwdown is a 10-week community challenge that encourages participants to lose or maintain a healthy weight through healthier eating and increased physical activity. The initiative was created in 2013 to address the growing issue of adult overweight/obesity and utilizes a core website (www.10poundthrowdown.com) to encourage team participation and to offer an online weight tracker, badges to encourage healthier choices, and diverse health education resources. The 10 Pound Throwdown engaged 7,200 community members across four southcentral Pennsylvania counties -Adams, Franklin, Lancaster, Lebanon, and York- participated in the 2021 iteration of the 10 Pound Throwdown program. *Opioid use, as in other communities across the United States, has become a crisis in York County. WellSpan remains a steadfast partner in advancing work in this area. In 2021, we actively supported the York Opioid Collaborative by helping to solicit funds and participating in the Public Health, Safety, and Data teams. WellSpan admitted 667 patients into a Medication Assisted Treatment (MAT) program, which combines the use of medications and behavioral therapy to treat people with substance use disorders. *Historically, WellSpan Health and its entities have taken planned steps to build community capacity that addresses complex health issues, as identified by the Community Health Needs Assessment (CHNA). Through financial and management support of a county health coalition, the Healthy York County Coalition (HYCC), more than 200 York County community members have been engaged in community health improvement initiatives. HYCC consists of three committees - Access and Empowerment; Community Engagement, and Prevention and Wellness, each of which continue to attract new community members, leaders, and professionals. These committees foster partnerships and collaboration between entities to ensure that efforts to address and impact identified community health needs are coordinated and successful. In 2021, the Healthy York County Coalition engaged community members around the advancement of public health infrastructure and a coordinated COVID-19 response. *WellSpan Health maintains its commitment to supporting local non-projects with Community Partnership Grant funds to like-minded nonprofit organizations to address key issues and health priorities. In 2021, WellSpan Community Partnership grants supported the following organizations serving York County: ARC of York County, Crispus Attucks Association, Spirit Trust Lutheran, and Friends and Neighbors of Pennsylvania. In addition, nearly \$200,000 was awarded to 19 community-based agencies across the region in response to mitigating COVID-19 spread in the community.*WellSpan Health staff members and leadership from the WellSpan Surgery & Rehabilitation Hospital maintain a commitment to caring for patients and family members whether they are in their care facility or in the community. Support groups for

Form and Line Reference	Explanation
Part VI, Line 5 - Promotion of Community Health	r traumatic brain injury patients and families throughout the region are offered regularly , along with spinal cord injury and amputee support groups. The 2021 WellSpan Community Benefit Report shares additional stories and details about the impact that WellSpan Health and its entities continue to have among the populations it serves. Whether by leading community collaboratives, such as Safe Kids York County, to prevent pediatric injuries to the allocation of community partnership grant grants to support local organizations with shared health-related goals to training healthcare providers of the future, WellSpan Surgery & Rehabilitation Hospital is committed to improving the health and well-being of those living or working in York County and the surrounding region. Additional examples of how WellSpan Surgery & Rehabilitation Hospital fulfilled its community mission in the York area may be found in the 2021 WellSpan Community Benefit Report available online at https://www.wellspancommunity.org/2021-community-benefit-report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6 - Affiliated Health Care System	WellSpan Health is an integrated health system serving the communities of southcentral Pennsylvania and northern Maryland. As a community-based, not-for-profit organization, WellSpan is dedicated to improving the health and well-being of the people it serves. WellSpan will assume a leadership role and develop partnerships with other organizations to improve access to coordinated, high-quality, cost-effective health care services, educate the health care providers of tomorrow, promote healthy lifestyles and lifelong wellness, and make its local communities healthier, more desirable places to live, work, and play. WellSpan Surgery & Rehabilitation Hospital works with other parts of the system to provide a comprehensive approach to meeting community needs. WellSpan Health includes: WellSpan Gettysburg Hospital, WellSpan York Hospital, WellSpan Surgery and Rehabilitation Hospital, WellSpan Ephrata Community Hospital, WellSpan The Good Samaritan Hospital of Lebanon Pennsylvania, WellSpan Philhaven, Chambersburg Hospital, Waynesboro Hospital, Apple Hill Surgical Center, Summit Surgery Center, WellSpan VNA Home Health, WellSpan Medical Group, Northern Lancaster County Medical Group, Physician Specialists of Northern Lancaster County Medical Group, Good Samaritan Physician Services, Summit Physician Services, Chambersburg Health Services, WellSpan Population Health Services, WellSpan Pharmacy, Gettysburg Hospital Foundation, York Health Foundation, Ephrata Community Health Foundation, Good Samaritan Health Services Foundation, Summit Health Foundation, WellSpan Summit Health, WellSpan Provider Network, GSH Services, and WellSpan Medical Equipment. WellSpan Specialty Services' community benefit report is contained in a report prepared by their parent organization, WellSpan Health. See WellSpan Health - 2021 Community Benefit Report located at www.wellspan.org

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7 - States Filing of Community Benefit Report	PA

Additional Data

Software ID: 20011551

Software Version: 2020v4.0

EIN: 23-2899911

Name: WELLSPAN SURGERY & REHABILITATION
HOSPITAL

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	WS Surgery & Rehab Hospital 55 Monument Road York, PA 17403 www.wellspan.org 22750101	X	X							Ortho/Neuro/Plastic Surgery/Rehab	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Facility: WS Surgery & Rehab Hospital - Part V, Section B, Line 5	Community stakeholder engagement has been vital to the Community Health Needs Assessment (CHNA) process since it began in York County in 1994. The Healthy York County Coalition (HYCC)- a local health coalition representing the diversity of the community- has led each of the seven CHNAs that have been conducted. For the 2018 CHNA, HYCC partnered with its sister health coalition in Adams County- Healthy Adams County- to form a CHNA Planning Committee comprised of representatives from health and human service agencies, government entities, community-based organizations, higher education institutions, and other interested community members to assist with survey development, data review and analysis, and results distribution. This core committee also assisted with sharing the data and association community health priorities, once identified by Coalition leadership, to community members at a public forum on June 7th, 2018. WellSpan Health and its entities, including WellSpan Surgery and Rehabilitation Hospital, is a funding partner and governance leader within Healthy York County Coalition and served on the CHNA Planning committee. In that regard, WellSpan Surgery & Rehabilitation Hospital partners to conduct the CHNA, disseminate its results both among hospital leadership and in the community, and integrates evidence-based strategies that impact identified community health needs into its annual planning process. Whether in meetings with community stakeholders or system/ hospital leaders or at larger public forum, WellSpan- Surgery & Rehabilitation Hospital is committed to obtaining community input to ensure that the CHNA and its associated implementation strategies appropriately address the identified needs of the entire community. Additional details of how community members were engaged is included in Part V1- Needs Assessment.
Facility: WS Surgery & Rehab Hospital - Part V, Section B, Line 6a	WellSpan Ephrata Community Hospital (Lancaster); WellSpan The Good Samaritan Hospital of Lebanon Pennsylvania (Lebanon); WellSpan York Hospital, and WellSpan Gettysburg Hospital (Adams). Outside of WellSpan Health, UPMC Pinnacle Memorial and UPMC Pinnacle Hanover engaged in the CHNA process for York and Adams counties.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Facility: WS Surgery & Rehab Hospital - Part V, Section B, Line 7d	With each iteration of the CHNA process, WellSpan Health, its entities (WellSpan Surgery & Rehabilitation Hospital), and its community partners continue to refine and enhance the system by which it obtains data, shared it with key community, hospital and system leaders, and integrated it into the system-wide and entity-level planning processes. In 2018, the CHNA results and related priorities identified by Healthy York County Coalition were shared with the system-wide Planning Committee and WellSpan Health. This committee is comprised of community members and leader that represent each of WellSpans primary entities and service areas, in addition to corporate leadership. Planning Committee members reviewed the CHNA data and designated system-wide priorities as: Care for all, including a focus on access to care and health equity; Behavioral health and lifelong wellness, which would incorporate behavioral health, substance use and addiction and lifelong wellness, and healthy communities and social determinants of health, which provide a deeper dive into community engagement, social determinants of health and violence prevention. These priorities and associated data were subsequently presented to the WellSpan Specialty Services Board, which is the governing body for the WellSpan Surgery & Rehabilitation Hospital, for their adoption. Additionally, the CHNA data was presented to multiple members of WellSpans leadership team. Similarly, Healthy York County Coalition selected adult overweight and obesity, depression, and the social determinants of health as priorities- these priorities built on previously developed strategies that were a result of the 2015 CHNA and also encourage a deeper dive into the WellSpan system-wide, organizational priorities. Healthy York County Coalition communicated the CHNA results and identified priorities to more than 100 community members at a public forum held on June 7, 2018. During that forum, community members discussed the opportunities and risk associated with each priority, as well as how the organization which they represent can have an impact on the priority. In addition to these venues, CHNA results are available on the Healthy York County Coalition www.healthyyork.org and WellSpan Health www.wellspan.org websites and may also be obtained upon request. The corresponding WellSpan Community Health Improvement Plan is also available on the WellSpan Health website.
Facility: WS Surgery & Rehab Hospital - Part V, Section B, Line 11	See attached 2019 WellSpan Health Community Health Improvement Plan, also available online at www.wellspan.org in Community Benefits section.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Facility: WS Surgery & Rehab Hospital - Part V, Section B, Line 13h	WellSpan Health is committed to caring for all the members of its communities, regardless of their ability to pay. In recent years, overall charity care has decreased slightly as more people have obtained health insurance coverage through the Affordable Care Act and the expansion of Pennsylvanias Medical Assistance (Medicaid) program. WellSpan is proud to be a leading partner in the Healthy Community Network, which works to address the needs of uninsured and underinsured individuals in our community. In addition, the health system recently enhanced its financial assistance policy and the discounts that it provides on services. For example, if a patients income is less than 300 percent of the federal poverty level, that patient would be eligible for a 100 percent discount on the services provided. Additionally, significant discounts are available for patients whose income is between 300 percent and 350 percent of the federal poverty level. For more information on WellSpans Financial Assistance program, visit www.WellSpan.org/FinancialAssistance .
Facility: WS Surgery & Rehab Hospital - Part V, Section B, Line 16j	In an effort to make patients, families and others in our communities aware of the newly expanded Financial Assistance Policy, WellSpan broadly publicized its policy via promotional signage and the distribution of easy-to-read informational materials at registration sites throughout our communities. WellSpan provided information on the Financial Assistance Policy on its billing statements and included information in patient discharge materials. In addition, the materials and information are easily accessible via WellSpans website at www.WellSpan.org/FinancialAssistance . The site reflects WellSpans newly enhanced policy, as well as informational and application materials. It was also publicized via WellSpans on-hold phone messaging system and in its direct-to-consumer community newsletter/magazine, which is distributed by mail, email and Web. In addition, WellSpan placed posters and signage at its various sites of care to publicize its Financial Assistance Policy. Printed copies of WellSpan Healths entire financial assistance policy and the plain language summary of the policy, both of which are available in English and Spanish, may be obtained at no cost by visiting or calling one of the WellSpan patient financial services offices. The Financial Assistance Policy, Financial Assistance Application and Financial Assistance Policy Plain Language Summary are all available in Spanish.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
WELLSPAN SURGERY & REHABILITATION
HOSPITAL

Employer identification number
23-2899911

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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 noncash assistance	(h) Purpose of grant or assistance
(1) WellSpan Health PO Box 2767 York, PA 17405	22-2517863	501(c)(3)	11,500,000	0			Community health

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1
- 3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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	All WellSpan entities follow WellSpan policies and procedures regarding grant projects to ensure that the use of grant funds are consistent with WellSpan's commitment to endeavor to improve the health status of the communities that we serve. The WellSpan foundations are supporting organizations and substantially all of the grants and other assistance they make furthers the exempt purposes of their "supported organizations", each of which are exempt affiliated organizations within the WellSpan Health system. Because the supported organizations identify the projects and exempt activities that will be funded by the foundations' grants and other assistance, and because there is a cross-over between the respective governing bodies and management of the foundations and their supported organizations, the foundations are able to effectively monitor that the grants they make are used for their intended purposes.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2020
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization WELLSPAN SURGERY & REHABILITATION HOSPITAL		Employer identification number 23-2899911

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 on 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	
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 on Line 1a?		2	
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 on 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	Yes
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on 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," on line 5a or 5b, describe in Part III.			
6 For persons listed on 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," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on 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.

[illegible]

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
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Additional Data

Software ID: 20011551

Software Version: 2020v4.0

EIN: 23-2899911

Name: WELLSPAN SURGERY & REHABILITATION
HOSPITAL

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation				
1Barbara Yarrish Former Director	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,780		372,275	219	38,222	412,496	
1Carol Smith Vice President	(i)	199,072	38,509	4,073	8,269	40,601	290,524	
	(ii)	-----	-----	-----	-----	-----	-----	-----
2Darci Wolf Dir-Clinical	(i)	136,382	11,824	2,715	6,037	42,099	199,057	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3Elizabeth Trumble Dir-I/P Rehab	(i)	138,951	14,356	75	6,013	36,708	196,103	
	(ii)	-----	-----	-----	-----	-----	-----	-----
4Jennifer Green Nurse Manager	(i)	117,125	7,316	2,505	5,116	33,814	165,876	
	(ii)	-----	-----	-----	-----	-----	-----	-----
5Lee Maddox MD Director	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	483,698	12,515		12,058	49,453	557,724	
6Lorrie Monoski Dir - Clinical Svc	(i)	122,922	10,970	2,519	5,455	41,755	183,621	
	(ii)	-----	-----	-----	-----	-----	-----	-----
7Michael O'Connor Former Director	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	611,969	404,687	2,042,231	123,405	85,586	3,267,878	2,042,158
8Mike Seim Sr VP	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	438,755	52,800	22,903	7,015	37,511	558,984	18,133
9Rosa Hickey Sr. Dir. Pat. Care	(i)	183,268	16,468	3,125	9,684	40,956	253,501	
	(ii)	-----	-----	-----	-----	-----	-----	-----
10Roxanna Gapstur CEO-WSH/Dir.	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	1,091,608	440,000		11,619	60,941	1,604,168	242,000
11Victoria Diamond Sr VP	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	431,563	127,250		11,619	57,661	628,093	41,645

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WELLSPAN SURGERY & REHABILITATION
HOSPITAL

Employer identification number
23-2899911

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A See Schedule O											

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue								
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?								
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?								
16	Has the final allocation of proceeds been made?								
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?								

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test? . . .								
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .								
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?								
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor the requirements of section 148?								

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization
WELLSPAN SURGERY & REHABILITATION
HOSPITAL

Employer identification number

23-2899911

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2: Description of Business or Family Relationship of Officers, Directors, Et	Barry Douglas is a director on WellSpan Surgery and Rehabilitation Hospital board. His wife, Wanda Major is a director on the York Health Foundation board.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6: Explanation of Classes of Members or Shareholder	WellSpan Health is the sole member of WellSpan Surgery & Rehabilitation Hospital.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a: How Members or Shareholders Elect Governing Body	The Board of Directors shall be composed of at least twelve persons, at least seventy-five percent of whom shall not be employed by the Corporation or any entity affiliated with either the Corporation or WellSpan. The appointment of the Directors shall be subject to the ratification by WellSpan.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b: Describe Decisions of Governing Body Approval by Members or Shareholders	Except as specifically reserved to the member by law, the Articles of Incorporation, or the Bylaws, all rights of member(s) as set forth under the Nonprofit Corporation Law of 1988 are assumed by the Board of Directors. The business and affairs of and the responsibility and authority for governing the Corporation shall be vested in the Board of Directors. Notwithstanding the foregoing paragraph, the authority of the Board of Directors to exercise the following powers is subject to the ratification of the Board of Directors of WellSpan. (a) the adoption of operating, personnel and capital budgets; (b) any voluntary dissolution, merger, or consolidation of the Corporation or the sale or transfer of all or substantially all of the Corporation's assets or the creation or acquisition of any subsidiary or affiliate corporation of the Corporation; (c) the borrowing of any sum which has a stated term greater than one year or which is secured by a security interest in the Corporation's assets or revenues or by a mortgage of all or any part of the Corporation's real property, if any; (d) the adoption of a strategic plan for the Corporation; and (e) the adoption, amendment, revocation of these Bylaws or the Articles of Incorporation.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	The Compensation Committee of WellSpan Health is responsible for rewarding and reinforcing key executives for the achievement of annual and long-term performance objectives. The Compensation Committee shall consist of not more than six (6) persons, of whom two (2) shall be the Chairman and Vice Chairman of the Board of the Corporation, and the remaining members shall be such other persons as may be appointed by the Chairman of the Board of the Corporation, with the approval of the Board of Directors; provided, however, that the Compensation Committee shall not include any persons who are employed by the System. The 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.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Restricted assets released = \$10035

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Decreases	Transfer to WellSpan Health = -\$11500000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule K -Tax-Exempt Bonds	1.2014 GENERAL AUTHORITY OF SOUTHCENTRAL PENNSYLVANIA REVENUE REFUNDING BONDS, SERIES A:On November 11, 2014, the General Authority of Southcentral Pennsylvania issued \$213,430,000 of Revenue Refunding bonds, Series 2014A for WellSpan Health Obligated Group. The purpose of this bond issue was revenue refund for bonds issued 06/23/1993 and 11/12/2008. WellSpan Health, the parent organization, allocated portions of the proceeds of this tax-exempt bond issue to York Hospital (23-1352222), Gettysburg Hospital (23-1352220), WellSpan Properties (22-2842252), WellSpan Surgery & Rehabilitation Hospital (23-2899911), and Ephrata Community Hospital (23-1370484). To remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond issue is reported on the WellSpan Health (22-2517863) Schedule K. As of 6/30/21, the allocation of the Debt Capital program including issue premium of \$47,545,967 was as follows:York Hospital: \$27,890,452Gettysburg Hospital: \$1,922,543WellSpan Properties: \$6,845,852WellSpan Surgery & Rehabilitation Hospital: \$3,377,167Ephrata Community Hospital: \$7,509,953These amounts are reported on the respective balance sheets for each of these entities.An Arbitrage Rebate and Yield Restriction Liability Calculation was performed for the period of November 10, 2014, to November 10, 2019. No rebate was due. 2.2015 LANCASTER MUNICIPAL AUTHORITY BANK LOAN, SERIES A:On May 22, 2015, the Lancaster Municipal Authority issued \$36,572,083 of Revenue Refunding bonds, Series 2015A, to an Obligated Group consisting of York Hospital, Gettysburg Hospital and Ephrata Community Hospital. The purpose of this bond issue was to refund bonds issued on behalf of Ephrata Community Hospital, including the Lancaster Municipal Authority Revenue Notes Series 2009, 2010A, 2012, and 2013. To remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond issue is reported on the WellSpan Health (22-2517863) Schedule K.As of 6/30/21, the \$27,600,768 of outstanding liability is reported on the Ephrata Community Hospital return balance sheet. 3.2019 GENERAL AUTHORITY OF SOUTHCENTRAL PENNSYLVANIA REVENUE REFUNDING BONDS, SERIES A & B:On April 19, 2019, the General Authority of Southcentral Pennsylvania issued \$331,502,627 of Revenue Refunding bonds, Series 2019A and 2019B for WellSpan Health Obligated Group. The purpose of this bond issue was revenue refund for bonds issued 11/12/2008. WellSpan Health, the parent organization, allocated portions of the proceeds of this tax-exempt bond issue to York Hospital (23-1352222), Chambersburg Hospital (23-0465970), WellSpan Properties (22-2842252), Chambersburg Health Services (25-1515376), The Good Samaritan Hospital of Lebanon Pennsylvania (23-1794160), Waynesboro Hospital (23-

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule K -Tax-Exempt Bonds	1360854), Summit Physician Services (25-1716306), Gettysburg Hospital (23-1352220), WellSpan Surgery & Rehabilitation Hospital (23-2899911) and Ephrata Community Hospital (23-1370484). To remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond issue is reported on the WellSpan Health (22-2517863) Schedule K. As of 6/30/21, the allocation of the Debt Capital program of \$324,770,019 was as follows: York Hospital: \$109,820,502 Waynesboro Hospital: \$455,712 Chambersburg Hospital: \$110,975,751 Chambersburg Health Services: \$18,656,026 Summit Physician Services: \$983,590 WellSpan Properties: \$66,683,198 Gettysburg Hospital: \$12,384,727 Ephrata Community Hospital: \$3,372,694 The Good Samaritan Hospital of Lebanon Pennsylvania: \$42,216 WellSpan Surgery & Rehabilitation Hospital: \$1,395,603 These amounts are reported on the respective balance sheets for each of these entities. 4.2019 GENERAL AUTHORITY OF SOUTHCENTRAL PENNSYLVANIA REVENUE REFUNDING BONDS, SERIES C-E: On April 3, 2019, the General Authority of Southcentral Pennsylvania issued \$212,690,000 of Revenue Refunding bonds Series 2019C, 2019D and 2019E for WellSpan Health Obligated Group. The purpose of this bond issue was revenue refund for bonds issued 11/12/2008. WellSpan Health, the parent organization, allocated portions of the proceeds of this tax-exempt bond issue to York Hospital (23-1352222), Gettysburg Hospital (23-1352220), WellSpan Properties (22-2842252), WellSpan Surgery & Rehabilitation Hospital (23-2899911), The Good Samaritan Hospital of Lebanon Pennsylvania (23-1794160) and WellSpan Health (22-2517863). To remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond issue is reported on the WellSpan Health (22-2517863) Schedule K. As of 6/30/21, the allocation of the Debt Capital program of \$212,690,000 was as follows: York Hospital: \$123,530,352 Gettysburg Hospital: \$19,290,983 WellSpan Properties: \$22,545,140 WellSpan Surgery & Rehabilitation Hospital: \$35,731,920 The Good Samaritan Hospital of Lebanon Pennsylvania: \$1,722,789 WellSpan Health: \$9,868,816 These amounts are reported on the respective balance sheets for each of these entities. 5.2014 FRANKLIN COUNTY INDUSTRIAL AUTHORITY REVENUE REFUNDING BONDS, SERIES A & C: On April 30, 2014, the Franklin County Industrial Authority issued \$35,795,000 of Healthcare Revenue Refunding bonds, Series 2014A & 2014C for the WellSpan Health Obligated Group. WellSpan Health, the parent organization, allocated portions of the proceeds of this tax-exempt bond issue to Waynesboro Hospital (23-1360854), Chambersburg Hospital (23-0465970) and Chambersburg Health Services (25-1515376). To remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exempt

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule K -Tax-Exempt Bonds	bond issue is reported on the WellSpan Health (22-2517863) Schedule K.As of 6/30/21, the allocation of the Debt Capital program of \$25,493,770 was as follows: Waynesboro Hospital: \$6,390,449Chambersburg Hospital: \$18,577,321Chambersburg Health Services: \$526,000These amounts are reported on the respective balance sheets for each of these entities. 6.2017 BANK LOANS / REISSUE BONDS ISSUED 11/12/2008:On March 13, 2018, the General Authority of Southcentral Pennsylvania issued \$34,877,000 of Revenue bonds, Series 2017A Notes (taxable) for WellSpan Health Obligated Group. Such notes were applied to refund 2008A Bonds. Also, on September 4, 2018, the General Authority of Southcentral Pennsylvania issued \$29,312,000 of Revenue Bonds, Series 2017B (tax-exempt bonds) for WellSpan Health Obligated Group.Such notes were applied to refund 2008A Bonds.WellSpan Health, the parent organization, allocated portions of the proceeds of this tax-exempt bond issue to York Hospital (23-1352222), Gettysburg Hospital (23-1352220), WellSpan Properties (22-2842252), WellSpan Surgery & Rehabilitation Hospital (23-2899911), and The Good Samaritan Hospital of Lebanon Pennsylvania (23-1794160) . To remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond issue is reported on the WellSpan Health (22-2517863) Schedule K.As of 6/30/21, the allocation of the Debt Capital program of \$50,807,000 was as follows: York Hospital: \$29,508,705Gettysburg Hospital: \$4,608,195WellSpan Properties: \$5,385,542WellSpan Surgery & Rehabilitation Hospital: \$8,535,576The Good Samaritan Hospital of Lebanon Pennsylvania: \$411,536WellSpan Health: \$2,357,446These amounts are reported on the respective balance sheets for each of these entities.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Signature Box - Paid Preparer Explanation	Paid Preparer ExplanationDue to a software limitation, we wish to clarify that WellSpan Health is the ERO.The paid preparer is:BDO USA, LLP13-53815908401 Greensboro Drive, Suite 800McLean, VA 22102(703) 893-0600The preparers name is Marc Berger, PTIN P01871563

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As Filed Data -

DLN: 93493133073052

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
WELLSPAN SURGERY & REHABILITATION
HOSPITAL

Employer identification number
23-2899911

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.

See Additional Data Table

(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	No

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	

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.

See Additional Data Table

(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

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

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

1 During the tax year, did the organization 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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

Yes

Yes

No

No

Yes

Yes

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
(1)WellSpan Health	b	11,500,000	General Ledger
(2)York Health Foundation	c	8,067	General Ledger

Schedule R (Form 990) 2020

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 23-2899911
Name: WELLSPAN SURGERY & REHABILITATION
HOSPITAL

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	No
PO Box 2767 York, PA 174052767 22-2842253	Sole GP in limited ptnrshp. operating surgical center	PA	501(c)(3)	10	WellSpan Health Care Services		No
PO Box 2767 York, PA 174052767 23-1352220	Health Care Services	PA	501(c)(3)	3	WellSpan Health		No
PO Box 2767 York, PA 174052767 23-2251358	Fundraising for Gettysburg Hospital	PA	501(c)(3)	12 Type I	Gettysburg Hospital		No
PO Box 2767 York, PA 174052767 20-0519121	Reduced rate prescription drugs to uninsured	PA	501(c)(3)	12 Type I	WellSpan Health Care Services		No
PO Box 2767 York, PA 174052767 23-2338591	Home personal care services for elderly and disabled	PA	501(c)(3)	10	WellSpan Surgery & Rehab Hospital	Yes	
PO Box 2767 York, PA 174052767 23-1352573	Home health services	PA	501(c)(3)	10	WellSpan Surgery & Rehab Hospital	Yes	
PO Box 2767 York, PA 174052767 22-2517863	Integrated Health System	PA	501(c)(3)	12 Type III	NA		No
PO Box 2767 York, PA 174052767 23-2400237	Health-related activities in the service area	PA	501(c)(3)	12 Type II	WellSpan Health		No
PO Box 2767 York, PA 174052767 23-2730785	Medical and surgical care	PA	501(c)(3)	10	WellSpan Health		No
PO Box 2767 York, PA 174052767 23-3050192	Charitable contributions for WellSpan entities	PA	501(c)(3)	12 Type III	WellSpan Health		No
PO Box 2767 York, PA 174052767 23-1352222	Community teaching hospital	PA	501(c)(3)	3	WellSpan Health		No
PO Box 2767 York, PA 174052767 22-2842252	Leases facilities to affiliates	PA	501(c)(3)	12 Type II	WellSpan Health Care Services		No
PO Box 2767 York, PA 174052767 23-1370484	Health care services	PA	501(c)(3)	3	WellSpan Health		No
PO Box 2767 York, PA 174052767 80-0940005	Fundraising for Ephrata Hospital	PA	501(c)(3)	12 Type I	Ephrata Community Hospital		No
PO Box 2767 York, PA 174052767 20-3033058	Medical and surgical care	PA	501(c)(3)	12 Type II	Ephrata Community Hospital		No
PO Box 2767 York, PA 174052767 45-2537633	Physician Practices	PA	501(c)(3)	12 Type II	Northern Lancaster County Medical Group		No
PO Box 2767 York, PA 174052767 23-0794160	Health Care Services	PA	501(c)(3)	3	WellSpan Health		No
PO Box 2767 York, PA 174052767 23-1549922	Health Care Services	PA	501(c)(3)	3	WellSpan Health		No
PO Box 2767 York, PA 174052767 23-2356151	Fundraising for Good Samaritan	PA	501(c)(3)	12 Type I	Good Samaritan Hospital		No
PO Box 2767 York, PA 174052767 25-1832359	Medical and Surgical Care	PA	501(c)(3)	10	Good Sam Health Services Foundation		No

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	No
PO Box 2767 York, PA 174052767 25-1515371	Integrated health system	PA	501(c)(3)	7	WellSpan Health		No
PO Box 2767 York, PA 174052767 23-1360854	Health care services	PA	501(c)(3)	3	WellSpan Summit Health		No
PO Box 2767 York, PA 174052767 23-0465970	Health care services	PA	501(c)(3)	3	WellSpan Summit Health		No
PO Box 2767 York, PA 174052767 25-1716306	Medical and surgical care	PA	501(c)(3)	3	WellSpan Summit Health		No
PO Box 2767 York, PA 174052767 83-1196554	Fundraising for health care system	PA	501(c)(3)	12 Type II	WellSpan Summit Health		No
PO Box 2767 York, PA 174052767 25-1515376	Health care services	PA	501(c)(3)	12 Type I	WellSpan Summit Health		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(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	
Apple Hill Surgical Center Partners PO Box 2767 York, PA 174052767 23-2489452	Surgical Cn	PA	NA					No			No	
Central PA Alliance Laboratories LLC PO Box 2767 York, PA 174052767 23-2910950	Ref. Lab	PA	NA					No			No	
Littlestown Health Care Partners 300 West King Street Littlestown, PA 17340 23-2880464	Lease facility	PA	NA					No			No	
Cherry Tree Cancer Center LLP PO Box 2767 York, PA 174052767 23-2915628	Radiation	PA	NA					No			No	
The Rehab Center 855 Springdale Drive Suite 20 Exton, PA 19341 25-1687903	Physical Therapy Rehab	PA	NA					No			No	
Surgery Center Associates 785 5th Ave Chambersburg, PA 17201 25-1845304	Physician services	PA	Chambersburg Health					No			No	
Summit Surgery Center 785 5th Ave Chambersburg, PA 17201 25-1845303	Physician services	PA	Chambersburg Health					No			No	
Cumberland Valley Mobile Services 5 S Main St Sugarloaf, PA 18249 20-0884014	Mobile health services	PA	Chambersburg Health					No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
WellSpan Pharmacy Inc PO Box 2767 York, PA 174052767 23-2374072	dispenses Rx & provides IV therapy	PA	NA	C corp					No
Wellspan Reciprocal Risk Retention Group PO Box 2767 York, PA 174052767 20-0048457	Risk Retention Group	PA	NA	C corp					No
York Health Plan PO Box 2767 York, PA 174052767 23-2664989	Preferred Provider Organization	PA	NA	C corp					No
Wellspan Provider Network PO Box 2767 York, PA 174052767 23-2907828	Coord. managed care risk contract.	PA	NA	C corp					No
Apple Hill Condominium Association PO Box 2767 York, PA 174052767 23-2504543	Condo Mgmt Association	PA	NA	Homeowner Assoc					No
North Lanc Co Phys Hosp Alliance PO Box 2767 York, PA 174052767 23-2421885	Coord Phys & Hospital	PA	NA	C corp					No
GSH Realty Inc PO Box 2767 York, PA 174052767 25-1832359	Non-res. real estate	PA	WSH Care Services	C corp					No
Ephrata Health Pavilion Condo Assoc PO Box 2767 York, PA 174052767 47-5367279	Condo association	PA	Ephrata Hospital	C corp					No