

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
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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

C Name of organization: SUMMIT PHYSICIAN SERVICES
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) / Room/suite: PO BOX 2767
 City or town, state or province, country, and ZIP or foreign postal code: YORK, PA 17405

D Employer identification number: 25-1716306

E Telephone number: (717) 851-3055

G Gross receipts \$ 145,285,355

F Name and address of principal officer:
 Roxanna Gapstur
 PO BOX 2767
 YORK, PA 174052767

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.WELLSPAN.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1993 **M** State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 Summit Physician Services, in coordination with Waynesboro Hospital, Chambersburg Hospital, York Hospital, Gettysburg Hospital, Ephrata Hospital, Good Samaritan Hospital, and WellSpan Surgery and Rehabilitation Hospital provides medical and surgical care to patients in and around Franklin, Lebanon, Lancaster, York and Adams Counties, Pennsylvania without regard to the ability to pay.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,080
6 Total number of volunteers (estimate if necessary)	6	5
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		56,696,679
9 Program service revenue (Part VIII, line 2g)	75,298,571	88,131,714
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	70,640	42,195
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,237,781	414,767
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	94,606,992	145,285,355
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,314	1,326
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)	113,825,244	119,436,125
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)	25,856,841	26,936,601
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	139,686,399	146,374,052
19 Revenue less expenses. Subtract line 18 from line 12	-45,079,407	-1,088,697

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	21,921,822	25,123,943
21 Total liabilities (Part X, line 26)	17,280,474	21,577,873
22 Net assets or fund balances. Subtract line 21 from line 20	4,641,348	3,546,070

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: _____ Date: 2021-05-14

Laura Buczkowski CFO-WSH
Type or print name and title

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01871563
Firm's name ▶ WellSpan Health	Firm's EIN ▶ 13-5381590			
Firm's address ▶ 3350 WHITEFORD ROAD YORK, PA 17402	Phone no. (703) 893-0600			

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:

Summit Physician Services, and the associated WellSpan Medical Group, operate on the belief that a large, well-organized group practice, based on primary and preventive care, and working collaboratively as part of an integrated health care delivery system, can deliver a superior standard of care. Its mission is to promote and to provide quality, cost-effective health care services which seek to improve the health status of the community. Summit Physician Services provides care without regard for an individual's health status or ability to pay.

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 \$ 125,637,374 including grants of \$ 1,326) (Revenue \$ 88,532,603)
See Additional Data

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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 125,637,374

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		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		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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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		No
11c	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		No
11d	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		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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		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		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		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)		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		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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1,080			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .			3a	No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i>			3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .			4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	No
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?			9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b	
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		12a	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . .</i>			14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.			16	No

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

Table with 5 main rows and 3 sub-columns (1a, 1b, and Yes/No). Row 1a: 14 members. Row 1b: 5 independent members. Rows 2-9: Various governance questions with Yes/No responses.

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

Table with 16 rows and 3 columns (10a-16b, Yes, No). Rows 10a-16b: Detailed policy questions regarding chapters, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

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.
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 174052767 (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) Kevin Mosser MD Former WSH President and CEO	0.00 0.00						0	1,583,936	1,630,258	
(2) Roxanna Gapstur WSH Pres. & CEO	1.00 40.00	X		X			0	1,292,495	177,068	
(3) Aylmer Tang Physician	40.00 0.00						1,324,047	0	82,177	
(4) Arshad Safi Physician	40.00 0.00						1,304,715	0	83,477	
(5) Patrick O'Donnell Director	1.00 40.00	X					0	1,218,544	108,731	
(6) Michael F O'Connor CFO-WSH	1.00 40.00			X			0	831,632	330,778	
(7) Joshua Dunklebarger Physician	40.00 0.00						1,089,128	0	27,504	
(8) Nadeem Quazi Surgeon	40.00 0.00						848,852	0	17,416	
(9) Harold Davidson Physician	40.00 0.00						790,589	0	27,477	
(10) Kimberly Rzomp Treas end 12/19	1.00 40.00	X		X			0	600,057	71,957	
(11) Lissa Hinckle VP-WMG Operations	40.00 0.00						495,828	0	27,266	
(12) Kevin Lorentsen Secretary	40.00 0.00	X		X			473,919	0	24,999	
(13) Frank Mozdy Physician	40.00 0.00						362,731	0	9,450	
(14) Peter Holdaway Director	40.00 0.00	X					333,186	0	27,104	
(15) Adelina Palade Vice Chair	40.00 0.00	X		X			307,096	0	26,387	
(16) H Wallace Brubaker Director	40.00 0.00	X					300,823	0	27,215	
(17) Angie Heiland Director	1.00 40.00	X					0	219,521	49,642	

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) Rebecca Newcomer Director	40.00 0.00	X						26,436	0	4,518
(19) Rodger Savage Chairman	1.00 0.00	X		X				0	0	0
(20) Marie Beck Director	1.00 0.00	X						0	0	0
(21) Valorie Dick Director	1.00 0.00	X						0	0	0
(22) William Happel Director	1.00 0.00	X						0	0	0
(23) Gilber Sager 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)								7,657,350	5,746,185	2,753,424

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 ▶ 252

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
ABEO PO Box 680 Frederick, MD 21705 Doppler Diagnostics I	Medical Billing and Codin	382,828
757 Norland Ave Suite 104 Chambersburg, PA 17201 Press Ganey Assoc Inc	Lab Services	284,071
PO Box 88335 Milwaukee, WI 532880335 Peerless Credit Services	Fixed Contract Fees	218,053
449 Eisenhower Blvd Suite 120 Harrisburg, PA 17111 City Answering Service	Debt Collector	183,015
PO Box 458 Chambersburg, PA 17201	Answering Service	103,190

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 ▶ 5

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	55,000,000				
	e Government grants (contributions)	1e	1,674,778				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	21,901				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			56,696,679			
Program Service Revenue		Business Code					
	2a Health Care Services	621110	90,913,286	90,913,286			
	b W/O - Bad Debt	621110	-2,255,972	-2,255,972			
	c W/O - Free Care	621110	-525,600	-525,600			
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		88,131,714					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		42,045			42,045	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	13,878				
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)	13,878				
	d Net rental income or (loss)		13,878			13,878	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		150			
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)		150			
	d Net gain or (loss)		150			150	
	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 Other Operating Revenue	621110	10,749	10,749				
b Skin Care Product	621110	390,140	390,140				
c							
d All other revenue							
e Total. Add lines 11a-11d		400,889					
12 Total revenue. See instructions		145,285,355	88,532,603		56,073		

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	1,326	1,326		
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	3,084,606		3,084,606	
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	97,942,452	86,954,631	10,987,821	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,757,924	2,251,692	506,232	
9 Other employee benefits	9,774,350	8,433,568	1,340,782	
10 Payroll taxes	5,876,793	4,517,616	1,359,177	
11 Fees for services (non-employees):				
a Management	57,375		57,375	
b Legal	126,972	38,575	88,397	
c Accounting	45,855		45,855	
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)	4,777,952	4,764,151	13,801	
12 Advertising and promotion	550,663	16,551	534,112	
13 Office expenses	620,476	620,476		
14 Information technology	17,625		17,625	
15 Royalties	0			
16 Occupancy	5,929,713	5,565,851	363,862	
17 Travel	85,101	33,935	51,166	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	695,706	628,605	67,101	
20 Interest	9,349	9,349		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,142,468	813,220	329,248	
23 Insurance	3,116,525	2,502,064	614,461	
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 Direct Supplies	5,428,797	5,407,067	21,730	
b Outside Services	2,612,576	2,183,009	429,567	
c Repair & Maintenance	1,010,195	364,797	645,398	
d Dues & Subscriptions	251,619	223,382	28,237	
e All other expenses	457,634	307,509	150,125	
25 Total functional expenses. Add lines 1 through 24e	146,374,052	125,637,374	20,736,678	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	12,722	1	13,312
	2 Savings and temporary cash investments	1,463,191	2	1,829,525
	3 Pledges and grants receivable, net	17,289	3	7,328
	4 Accounts receivable, net	7,094,343	4	8,315,074
	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	5,763,574	7	2,952,036
	8 Inventories for sale or use	52,413	8	127,587
	9 Prepaid expenses and deferred charges	1,308,475	9	2,397,097
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,984,741		
	b Less: accumulated depreciation	10b 12,685,492	3,388,625	10c 7,299,249
	11 Investments—publicly traded securities	1,293,494	11	0
	12 Investments—other securities. See Part IV, line 11	57,978	12	57,978
	13 Investments—program-related. See Part IV, line 11		13	0
	14 Intangible assets		14	883,554
	15 Other assets. See Part IV, line 11	1,469,718	15	1,241,203
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,921,822	16	25,123,943	
Liabilities	17 Accounts payable and accrued expenses	13,658,039	17	482,222
	18 Grants payable		18	
	19 Deferred revenue		19	20,695
	20 Tax-exempt bond liabilities		20	963,531
	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	3,622,435	25	20,111,425
	26 Total liabilities. Add lines 17 through 25	17,280,474	26	21,577,873
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,608,663	27	3,513,385
	28 Net assets with donor restrictions	32,685	28	32,685
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	4,641,348	32	3,546,070	
33 Total liabilities and net assets/fund balances	21,921,822	33	25,123,943	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	145,285,355
2	Total expenses (must equal Part IX, column (A), line 25)	2	146,374,052
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,088,697
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,641,348
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	-6,581
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,546,070

Part XII Financial Statements and Reporting

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

- 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
- 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
- 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.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 25-1716306
Name: SUMMIT PHYSICIAN SERVICES

Form 990 (2019)

Form 990, Part III, Line 4a:

Summit Physician Services, which does not contemplate pecuniary gain or profit, incidental or otherwise, was formed for the purposes of furthering the charitable purposes of WellSpan Health and promoting the provision of health care services in South Central Pennsylvania, including Franklin, Lancaster, Lebanon, York and Adams Counties, by providing clinically effective health care services, including professional health care services, in a cost effective manner in settings appropriate to patient and payor needs under a variety of health care financing arrangements; enhancing the continuity and quality of health care services provided to patients; ensuring the continued local patient access to health care services; enhancing the health status of the communities served by WellSpan Health; effectively responding to changing payor requirements; achieving excellence in clinical innovations, service, quality, cost and outcomes; and achieving operating efficiencies, such as containing and reducing costs and avoiding unnecessary duplication of services and equipment, thereby utilizing resources more effectively. See WellSpan Health - 2020 Community Benefit Report located at <https://www.wellspan.org/about/wellspan-in-the-community/>

SCHEDULE A
(Form 990 or 990-EZ)

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
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SUMMIT PHYSICIAN SERVICES

Employer identification number
25-1716306

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 five 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. 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 <input type="checkbox"/>		
b 33 1/3% support test—2018. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	57,733	30,916	50,019		56,696,679	56,835,347
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	67,060,078	72,179,163	75,613,366	75,298,571	88,131,714	378,282,892
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	67,117,811	72,210,079	75,663,385	75,298,571	144,828,393	435,118,239
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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.						0
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						435,118,239

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	67,117,811	72,210,079	75,663,385	75,298,571	144,828,393	435,118,239
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	470,888	524,878	619,525	70,622	42,045	1,727,958
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	470,888	524,878	619,525	70,622	42,045	1,727,958
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,218,550	17,915,445	19,081,549	18,572,660	10,749	73,798,953
13 Total support. (Add lines 9, 10c, 11, and 12.)	85,807,249	90,650,402	95,364,459	93,941,853	144,881,187	510,645,150

14 First five 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 2019 (line 8, column (f) divided by line 13, column (f))	15	85.210 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.340 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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 (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the 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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) 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? <i>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.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI). **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 (explain in detail in Part VI):		
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 1-1/2% 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 .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	<input type="checkbox"/> 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19009920

Software Version: 2019v5.0

EIN: 25-1716306

Name: SUMMIT PHYSICIAN SERVICES

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **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.**

Name of the organization
SUMMIT PHYSICIAN SERVICES

Employer identification number
25-1716306

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

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

(i) 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 SFAS 116 (ASC 958) relating to these items:

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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	32,685	32,685	32,685	10,002	3,995
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	32,685	32,685	32,685	10,002	3,995

- 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** Temporarily restricted 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | 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				
c Leasehold improvements		1,993,493	1,188,437	805,056
d Equipment		15,563,376	11,497,055	4,066,321
e Other		2,427,872		2,427,872
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				7,299,249

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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)		
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)	
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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 20,111,425

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	90,284,029
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	90,284,029
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	55,001,326	
c	Add lines 4a and 4b		4c	55,001,326
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	145,285,355

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	146,372,726
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	146,372,726
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	1,326	
c	Add lines 4a and 4b		4c	1,326
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	146,374,052

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: 19009920

Software Version: 2019v5.0

EIN: 25-1716306

Name: SUMMIT PHYSICIAN SERVICES

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
Accrd Payroll W/H	688,033
Accrued liabilities	1,372,545
Accrued Payroll	4,562,616
Accrued Payroll Incentives	2,263,704
Accrued Pension	1,203,719
Accrued Vacation	6,401,788
Current Portion of Long Term Debt	9,005
Insurance Reserve	2,726,461
LTD Leases	883,554

Supplemental Information

Return Reference	Explanation
Part X : FIN48 Footnote	<p>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, 2020.</p>

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b: Other revenue amounts included on 990 but not included in F/S	Grant - Waynesboro Hospital \$11000000 Grant - Chambersburg Hospital \$44000000 Revenues netted with expense \$1326

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b: Other revenue amounts included on 990 but not included in F/S	Expenses Netted with Revenue \$1326

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization SUMMIT PHYSICIAN SERVICES	Employer identification number 25-1716306
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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.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input checked="" type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> 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 Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked 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.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> 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	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 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	

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a: Relevant information in regards to selections on 1a.	The officers receive an allowance that can be considered a discretionary spending account. The monies are in lieu of an automobile allowance, to purchase additional life insurance, etc. Results Fitness Club membership is available free of charge for any officer and active board member.

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 25-1716306
Name: SUMMIT PHYSICIAN SERVICES

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				
1Adelina Palade Vice Chair	(i)	236,140	70,506	450	7,603	18,784	333,483	
	(ii)	-----	-----	-----	-----	-----	-----	-----
1Angie Heiland Director	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	219,521	-----	-----	13,217	36,425	269,163	-----
2Arshad Safi Physician	(i)	1,076,550	200,000	28,165	64,400	19,077	1,388,192	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
3Aylmer Tang Physician	(i)	1,095,882	200,000	28,165	64,400	17,777	1,406,224	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
4Frank Mozdy Physician	(i)	286,338	74,688	1,705	8,400	1,050	372,181	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
5H Wallace Brubaker Director	(i)	242,965	55,364	2,494	8,400	18,815	328,038	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
6Harold Davidson Physician	(i)	765,049	25,000	540	8,400	19,077	818,066	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
7Joshua Dunklebarger Physician	(i)	891,723	165,073	32,332	8,400	19,104	1,116,632	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
8Kevin Lorentsen Secretary	(i)	422,742	49,500	1,677	8,400	16,599	498,918	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
9Kevin Mosser MD Former WSH President and CEO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	212,990	763,820	607,126	1,596,796	33,462	3,214,194	763,820
10Kimberly Rzomp Treas end 12/19	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	423,023	148,554	28,480	55,245	16,712	672,014	-----
11Lissa Hinckle VP-WMG Operations	(i)	372,558	87,699	35,571	8,400	18,866	523,094	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
12Michael F O'Connor CFO-WSH	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	605,042	226,590	-----	279,133	51,645	1,162,410	226,590
13Nadeem Quazi Surgeon	(i)	438,940	409,596	316	8,400	9,016	866,268	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
14Patrick O'Donnell Director	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	919,572	254,495	44,477	65,111	43,620	1,327,275	-----
15Peter Holdaway Director	(i)	234,897	87,355	10,934	8,400	18,704	360,290	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
16Roxanna Gapstur WSH Pres. & CEO	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	988,473	271,790	32,232	121,240	55,828	1,469,563	-----

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SUMMIT PHYSICIAN SERVICES

Employer identification number

25-1716306

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: See Schedule O.

Part II Proceeds

Table with columns: A, B, C, D. Rows 1-13: Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds, Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds, Other spent proceeds, Other unspent proceeds, Year of substantial completion. Rows 14-17: Questions about bond issuance and record keeping.

Part III Private Business Use

Table with columns: A, B, C, D. Rows 1-2: Questions about partnership/LLC ownership and lease arrangements for 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

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury

Name of the organization
SUMMIT PHYSICIAN SERVICES

Employer identification number

25-1716306

990 Schedule O, Supplemental Information

Return Reference	Explanation
Client Note 1	Client Note 1 - Paid Preparer Explanation Due to a software limitation, we wish to clarify that WellSpan Health is the ERO. The paid preparer is: BDO USA, LLP 13-53815908401 Greensboro Drive, Suite 800 McLean, VA 22102 (703) 893-0600. The preparer's name is Marc Berger, PTIN P01871563.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part VI, Line 7b: Describe Decisions of Governing Body Approval by Members or Shareholders</p>	<p>he governance of the Corporation shall be vested in its Board of Directors, who have authority to manage the business, property and affairs of the Corporation. The sole member of the Corporation is Summit Health, a Pennsylvania nonprofit corporation (the Member). The sole member of the Member is WellSpan Health, a Pennsylvania nonprofit corporation (WellSpan), and WellSpan has certain specified reserved powers with respect to the Corporation as described in Section 2.2 of the Bylaws. Section 2.2. Rights of WellSpan. WellSpan may, with respect to the Corporation, initiate and implement any of the following actions, except as otherwise provided in the Affiliation Agreement, and if any of the following actions are otherwise initiated by the Corporation or the Member, such action shall not become effective unless approved by WellSpan: (a) adoption, amendment, restatement, repeal, termination or any other modification of any governing instrument of the Corporation; (b) any fundamental transactions involving the Corporation, including reorganization, merger, consolidation, change of control, sale of all or substantially all the assets, conversion, dissolution, assignment for the benefit of creditors, filing of any bankruptcy petition, or similar transaction; provided however, for at least ten (10) years following the Effective Date, WellSpan shall not sell, transfer, convey, lease, exchange, or otherwise dispose of all or substantially all of the Corporation's assets, unless otherwise approved by the Member and a majority of the Board of Directors of the Corporation (the Board or Board of Directors); (c) except as otherwise provided in Section 10.4(d) of the Affiliation Agreement, investment of any of the Corporation's assets other than in accordance with WellSpan's investment policy then in effect; provided, that any Corporation assets invested by WellSpan will be invested pro rata in accordance with WellSpan's risk allocation strategy applicable to the assets of all other WellSpan entities; (d) incurrence of indebtedness in excess of limits established by WellSpan's policy then in effect (which shall in no event be less than One Million Dollars (\$1,000,000)) by the Corporation; (e) any sale, transfer, conveyance, lease, exchange, mortgage, encumbrance, pledge or other disposition of the Corporation's assets with fair market value in excess of limits established by WellSpan's policy then in effect (which shall in no event be less than One Million Dollars (\$1,000,000)), other than in the normal course of business; (f) adopting any annual operating or capital budgets for the Corporation, provided, however, that such operating budget shall include funding for community benefit programs; (g) any capital expenditures by the Corporation in excess of the WellSpan-approved annual capital budgets for the Corporation; (h) except as otherwise provided in the Affiliation Agreement, any material changes to licenses held by the Corporation; (i) selecting, hiring, contracting with, or otherwise entering</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part VI, Line 7b: Describe Decisions of Governing Body Approval by Members or Shareholders</p>	<p>into agreements with, whether oral or written, any outside financial auditors, legal counsel or investment advisors that may be recommended by the Corporation for its local needs or activities, other than the outside financial auditors, legal counsel or investment advisors selected by WellSpan; (j) review and approval of the Corporations nominees for the Corporations corporate officers before such nominees are appointed by the Board; (k) adopting the statement of mission and vision, strategic and operating plans and any amendments thereto for the Corporation; (l) creation of new (or material changes, including closure or cessation, to existing) lines of business, sites of business, subsidiaries, partnerships or joint venture by the Corporation (subject to WellSpans and the Members right to require the decision-making process described in Section 10.3(a)(iv) of the Affiliation Agreement, if applicable); and (m) Any change in the Corporations tax-exempt status (subject to Section 10.1 of the Affiliation Agreement), charitable mission, or charity care policies and practices (which shall at all times comply with the integrated regional nonprofit health care systems charity care policies and practices in effect from time to time). Section 2.3. Rights of the Member. Subject to WellSpans reserved powers in Section 2.2 above and in addition to all matters required by law or these By-Laws to be approved by the Member, the Member shall have the following rights and responsibilities: (a) recommending (for WellSpan approval) operating plans for the Corporation that are in conformance with System-approved priorities and plans; (b) monitoring the Corporations accomplishment of the Corporations operating plans; (c) recommending (for WellSpan approval) annual operating and capital budgets for the Corporation that are in conformance with System budget targets; (d) monitoring the Corporations financial performance against the Corporations operating and capital budgets; (e) monitoring the quality of and satisfaction with clinical services provided by the Corporation; (f) nominating the Corporations corporate officers for review and approval by WellSpan before they are appointed by the Board of Directors; (g) representing the interests of the community or population served by the Corporation; (h) recommending (for WellSpan approval) changes in the services provided by the Corporation (subject to WellSpans and the Members right to require the decision-making process described in Section 10.3(a)(iv) of the Affiliation Agreement, if applicable); (i) recommending (for WellSpan approval) amendments to the Corporations Articles of Incorporation or By-Laws; (j) recommending (for WellSpan approval) fundamental transactions involving the Corporation, including the reorganization, merger, consolidation, change of control, sale of all or substantially all the assets, conversion, dissolution, assignment for the benefit of creditors, filing of any bankruptcy petition, or similar transaction; 4(k) except as otherwise p</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b: Describe Decisions of Governing Body Approval by Members or Shareholders	rovided in Section 10.4(d) of the Affiliation Agreement, recommending (for WellSpan approval) investment of the Corporations assets other than in accordance with the WellSpan investment policy then in effect;(l) recommending (for WellSpan approval) the Corporations incurr ence of indebtedness in excess of limits established by a WellSpan policy then in effect (which shall in no event be less than One Million Dollars (\$1,000,000));(m) recommending (for WellSpan approval) the sale, transfer, conveyance, lease, exchange, mortgage, encumbrance, pledge or other disposition of the Corporations assets with fair market value in excess of limits established by a WellSpan policy then in effect (which shall in no event be less than One Million Dollars (\$1,000,000)), other than in the normal course of business;(n) recommending (for WellSpan approval) capital expenditures in excess of the WellSpan-approved annual capital budgets for the Corporation;(o) recommending (for WellSpan approval) material changes to licenses held by the Corporation;(p) recommending (for WellSpan approval) any outside financial auditors, legal counsel or investment advisors for the Corporations local needs or activities, other than the outside financial auditors, legal counsel or investment advisors selected by the System;(q) recommending (for WellSpan approval) changes to the Corporations statement of mission and vision, strategic and operating plans;(r) recommending (for WellSpan approval) the creation of new (or material changes, including closure or cessation, to existing) lines of business, sites of business, subsidiaries, partnerships or joint ventures by the Corporation (subject to WellSpan and the Members right to require the decision-making process described in Section 10.3(a)(iv) of the Affiliation Agreement, if applicable); and (s) recommending (for WellSpan approval) any change in any the Corporations tax exempt status, charitable mission, or charity care policies and practices (which shall at all times comply with the Systems charity care policies and practices in effect from time to time).

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 15a: Compensation Review & Approval Process - CEO, Top Management	See following explanation for 15b. Description for compensation and approval of CEO, executive director or top management is included here.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	<p>The Compensation Committee of WellSpan Health is responsible for rewarding and reinforcing key executives for the achievement of annual and long-term performance objectives. The Compensation Committee shall consist of not more than six (6) persons, of whom two (2) shall be the Chairman and Vice Chairman of the Board of the Corporation, and the remaining members shall be such other persons as may be appointed by the Chairman of the Board of the Corporation, with the approval of the Board of Directors; provided, however, that the Compensation Committee shall not include any persons who are employed by the System. The Chairman of the Board of Gettysburg Hospital shall participate. The role of the Compensation Committee is to set the Executive Compensation Philosophy for the system and ensure adherence, evaluate performance and establish compensation for the WellSpan President, evaluate team performance of the executive team and establish awards, review and approve senior executive base salary ranges, and oversee employed physician compensation programs. The Committee will approve salary ranges for each executive position and review incumbent salaries annually. The Committee will be responsible for reviewing the President's salary each year, and if warranted, authorizing an adjustment to maintain competitiveness. The President will have the authority to make salary adjustments for subordinate positions. The Committee is responsible for approving and authorizing payment of the performance awards. The Committee will approve and authorize payment of the President's performance awards. Integrated Healthcare Strategies, Inc., based in Minneapolis Minnesota is the external consultant to the committee. This consultant focuses exclusively on executive and physician compensation in the health care industry. In summary, the executive and physician compensation review process consists of the following: 1) Cash compensation reviewed annually 2) Cash compensation reviewed by external consultant biennially 3) external total compensation (cash, incentives, benefits, perquisites) reviewed by external consultant periodically 4) Process is integrated with compensation analysis for other WellSpan positions 5) Committee decisions are documented in minutes maintained in Human Resources.</p>

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 Decreases	Equity Lease Adjustment = -\$6581

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule K-Tax Exempt Bonds	<p>\$213,430,000 of Revenue bonds for Wellspan Health Obligated Group, Series 2014A were issued November 10, 2014 by General Authority of South Central Pennsylvania. 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 Specialty Services (23-2899911), and Ephrata Community Hospital (23-1370484). In order to remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond issue is reported on the WellSpan Health (22-2517863) Schedule K. As of 6/30/20, the allocation of the Debt Capital program including issue premium was as follows: York Hospital \$113,006,240, Gettysburg Hospital \$7,607,130, WellSpan Properties \$27,233,962, WellSpan Specialty Services \$13,390,824, and Ephrata Community Hospital \$27,945,016. These amounts are reported on the respective balance sheets for each of these entities. Arbitrage Rebate and Yield Restriction Liability Calculation was performed for the period of November 10, 2014 to November 10, 2019. No rebate was due. On May 22, 2015, the Lancaster Municipal Authority issued \$36,572,083 of Revenue 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. In order to remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond issue is reported on the WellSpan Health (22-2517863) Schedule K. As of 6/30/20, the \$29,212,704 of outstanding liability is reported on the Ephrata Community Hospital return balance sheet. \$34,877,000 of Revenue bonds for Wellspan Health Obligated Group, Series 2017A were issued March 13, 2018 by General Authority of South Central Pennsylvania to refinance Series 2017A Notes (taxable). 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 Specialty Services (23-2899911), and Good Samaritan Hospital (23-1794160). In order to remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond issue is reported on the WellSpan Health (22-2517863) Schedule K. As of 6/30/20, the allocation of the Debt Capital program was as follows: York Hospital \$15,775,109, Gettysburg Hospital \$2,462,503, WellSpan Properties \$2,879,066, WellSpan Specialty Services \$4,563,048, Good Samaritan Hospital \$220,004, and WellSpan Health \$1,260,270. These amounts are reported</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule K-Tax Exempt Bonds	<p>on the respective balance sheets for each of these entities.\$29,312,000 of Revenue Bonds, Series 2017B (tax exempt bonds) for WellSpan Health Obligated Group were issued 9/4/2018 b y General Authority of South Central Pennsylvania to refinance Series 2017B Notes (taxable). Such notes were applied to refund 2008A Bonds. In order to remain consistent with the r eporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond is sue is reported on the WellSpan Health (22-2517863) Schedule K. As of 6/30/20, the allocat ion of the Debt Capital program was as follows: York Hospital \$16,385,530, Gettysburg Hosp ital \$2,558,828, WellSpan Properties \$2,990,472, WellSpan Specialty Services \$4,739,616, G ood Samaritan Hospital \$228,517, and WellSpan Health \$1,309,037. These amounts are reporte d on the respective balance sheets for each of these entities.\$331,502,627 of Revenue bond s Series 2019A and 2019B for Wellspan Health Obligated Group were issued 4/3/2019 by Gener al Authority of South Central Pennsylvania. The purpose of this bond issue was revenue ref und for bonds issued 11/12/2008. WellSpan Health, the parent organization, allocated porti ons of the proceeds of this tax exempt bond issue to York Hospital (23-1352222), Chambersb urg Hospital (23-0465970), WellSpan Properties (22-2842252), Chambersburg Health Services (25-1515376), Good Samaritan Hospital (23-1794160), Waynesboro Hospital (23-1360854), Summ it Physician Services (25-1716306), Gettysburg Hospital (23-1352220), WellSpan Specialty S ervices (23-2899911) and Ephrata Community Hospital (23-1370484). In order to remain consi stent with the reporting on Form 8038, all outstanding liabilities associated with this ta x-exempt bond issue is reported on the WellSpan Health (22-2517863) Schedule K. As of 6/30 /20, the allocation of the Debt Capital program was as follows: York Hospital \$115,696,732 , Waynesboro Hospital \$461,652, Chambersburg Hospital \$110,576,835, Chambersburg Health Se rvices \$18,680,280, Summit Physician Services \$972,536. WellSpan Properties \$66,489,250, G ettysburg Hospital \$10,539,595, Ephrata Community Hospital \$3,425,157, Good Samaritan Hosp ital \$42,216, and WellSpan Specialty Services \$1,419,163. These amounts are reported on th e respective balance sheets for each of these entities.\$212,690,000 of Revenue bonds Serie s 2019C, 2019D and 2019E for WellSpan Health Obligated Group were issued 4/3/2019 by Gener al Authority of South Central Pennsylvania. The purpose of this bond issue was revenue ref und for bonds issued 11/12/2008. WellSpan Health, the parent organization, allocated porti ons of the proceeds of this tax exempt bond issue to York Hospital (23-1352222), Gettysbur g Hospital (23-1352220), WellSpan Properties (22-2842252), WellSpan Specialty Services (23 -2899911), Good Samaritan Hospital (23-1794160) and WellSpan Health (22-2517863). In order to remain consistent with the reporting on Form 8038, all outstanding liabilities associa ted with this tax-exempt bond</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule K- Tax Exempt Bonds	<p>issue is reported on the WellSpan Health (22-2517863) Schedule K. As of 6/30/20, the allocation of the Debt Capital program was as follows: York Hospital \$123,530,352, Gettysburg Hospital \$19,290,983, WellSpan Properties \$22,545,140, WellSpan Specialty Services \$35,731,920, Good Samaritan Hospital \$1,722,789, and WellSpan Health \$9,868,816. These amounts are reported on the respective balance sheets for each of these entities. On April 30, 2014, \$35,795,000 of Healthcare Revenue Bonds Series 2014A & 2014C were issued by Franklin County Industrial Authority. In order to remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond issue is reported on the WellSpan Health (22-2517863) Schedule K. As of 6/30/20, the allocation of the Debt Capital program was as follows: Waynesboro Hospital (23-1360854) \$6,771,865, Chambersburg Hospital (23-0465970) \$19,824,238, and Chambersburg Health Services (25-1515376) \$513,108. These amounts are reported on the respective balance sheets for each of these entities.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Signature Line - Paid Preparer Explanation	Paid Preparer Explanation Due to a software limitation, we wish to clarify that WellSpan Health is the ERO. The paid preparer is: BDO USA, LLP 13-53815908401 Greensboro Drive, Suite 800 McLean, VA 22102 (703) 893-0600

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SUMMIT PHYSICIAN SERVICES

Employer identification number

25-1716306

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.

	Yes	No
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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 25-1716306
Name: SUMMIT PHYSICIAN SERVICES

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 175042767 22-2842253	Sole GP in limited pntsrshp operating sur	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	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	PA	501(c)(3)	10	WellSpan Specialty Services		No
PO Box 2767 York, PA 174052767 23-1352573	Home health services	PA	501(c)(3)	10	WellSpan Specialty Services		No
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 community	PA	501(c)(3)	12 Type II	WellSpan Health		No
PO Box 2767 York, PA 174052767 23-3050192	Charitable contributions for WS 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 23-2899911	Surgery and Rehabilitation 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 Properties	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 23-2730785	Medical and surgical care	PA	501(c)(3)	10	WellSpan 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 LLC 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
Wellspace Pharmacy Inc PO Box 2767 York, PA 174052767 23-2374072	Dispenses Rx & provides IV therapy	PA	NA	C corp					No
Wellspace Reciprocal Risk Retention Group PO Box 2767 York, PA 174052767 20-0048457	Risk Retention Group	PA	NA	C Corp					No
GSH Realty Inc PO Box 2767 York, PA 174052767 25-1832359	Rent of non res. real estate	PA	WSH Care Services	C corp					No
York Health Plan PO Box 2767 York, PA 174052767 23-2664989	Preferred Provider Organization	PA	NA	C corp					No
Wellspace Provider Network PO Box 2767 York, PA 174052767 23-2907828	Coord. managed car risk contracts	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
Northern Lanc Co Phys Hosp Alliance PO Box 2767 York, PA 174052767 23-2421885	Coord Phys & Hospital	PA	NA	C corp					No
Ephrata Health Pavilion Condo Assoc PO Box 2767 York, PA 174052767 47-5367279	Condo association	PA	Ephrata Hospital	C corp					No