Destination for Recovery

2017 Report to the Community
Dear Friends,

Nearly 110 years ago, The Rev. John and Estella Raker opened their home and hearts to Viola Hunt, an orphan with disabilities. In an age when cars were novel and considered a luxury, Viola traveled nearly 30 miles to the Raker’s home in Allentown from East Bangor, Pennsylvania. Today, Viola’s commute would take approximately 40 minutes via highway, but in 1908, her travel, likely by carriage, would have been a significant journey.

This year, the Green family undertook a similar journey, traveling 3,000 miles via airplane from Mill Valley, California, to Good Shepherd’s pediatric unit in Bethlehem, Pennsylvania. Good Shepherd was a Destination for Recovery for their infant daughter, Grace (pictured left), who had significant feeding issues. In this report, we share several similar stories, representing the thousands of patients who travel to Good Shepherd from across the globe for our world-renowned expertise and leading-edge technologies.

The Rakers never imagined their humble abode would become a vast network of post-acute services, but Viola was the first of many to make Good Shepherd her destination for comfort and hope, paving the way for patients like Grace. The Rakers were doing what came naturally to them, offering compassion and support to those in need.

Today, more than 2,100 Associates at Good Shepherd Rehabilitation Network (GSRN) carry on the Raker’s mission with the same trademark compassion. Nearly 160 residents with severe disabilities now call Good Shepherd their permanent home and more than 65,000 patients turn to Good Shepherd for leading-edge rehabilitation and care at more than 60 locations throughout Pennsylvania and New Jersey.

Each of those 65,000 patients has a personal journey to share. Whether those stories originate in Pennsylvania, New Jersey, California, New York, Maryland or Kosovo, they all seem to have one thing in common – a passion for recovery. Our Board of Trustees, senior leaders and Associates share that passion, and we know you do too.

Thank you for your continued support.

Sincerely,

David DeCampli
Chair, Board of Trustees

John Kristel, MBA, MPT, FACHE
President & CEO
Good Shepherd Rehabilitation Network is a nationally recognized rehabilitation leader, offering an unmatched post-acute continuum of care for adults and children. Good Shepherd is known for its inpatient and outpatient care of patients with catastrophic injuries and conditions, such as spinal cord injury, brain injury, stroke, amputation and major multiple traumas. Good Shepherd also excels at providing outpatient musculoskeletal and orthopedic rehabilitation services, long-term acute care and long-term care (skilled nursing).

Located just 90 minutes west of New York City and 60 minutes north of Philadelphia, Good Shepherd has become an international destination for recovery. Patients and families travel from across the globe to Good Shepherd because of our key differentiators: experience, compassion, technology and results.

Throughout this report, we highlight the philosophies, programs and, most importantly, people that make Good Shepherd a destination for recovery.
The notion of opening a rehabilitation hospital in Allentown was evident from the early days of Good Shepherd. Papa Raker wrote about it as early as 1912, but his vision did not become a reality until 1967. When it opened as a 22-bed unit, Good Shepherd Rehabilitation Hospital (GSRH) was one of the country’s first stand-alone inpatient, physical rehabilitation facilities.

Today, Good Shepherd operates a 74-bed stand-alone hospital, 20-bed pediatric unit, 32-bed long-term acute care hospital, as well as manages and/or operates inpatient rehabilitation units in host hospitals.

In January, Good Shepherd Rehabilitation opened a 12-bed unit at St. Luke’s Monroe Campus in Stroudsburg, Pennsylvania. The state-of-the-art facility boasts large, private rooms, an expansive gym, ADL suite and scenic vistas of the Pocono Mountains.

**Experience**

From Compensation to Recovery

Since GSRH opened its doors 50 years ago, the organization has been at the forefront of a major shift in rehabilitation strategy. Traditional physical therapy focused on techniques to help patients compensate for the effects of injuries and illnesses. Therapists helped patients gain strength and learn how to live with deficits.

Today, we focus on rehabilitation strategies that enhance function and promote neuroplasticity — the capacity of the central nervous system to make new connections, or recover, in response to repetitive experience.

Key to neuroplastic recovery is the use of robotic devices and other therapeutic interventions that can perform task-specific activities over and over again, under the strategic direction of a skilled therapist. Good Shepherd’s robotic devices, including the Ekso Bionics® exoskeleton, enable patients who have experienced stroke, spinal cord injury and other neurological conditions to move weakened or injured body parts in a repetitive, consistent manner in order to facilitate true recovery.

Meet James Kim, D.O.

The Poconos’ most trusted physical medicine and rehabilitation physician, James Kim, D.O., serves as the medical director of Good Shepherd Rehabilitation at St. Luke’s Monroe Campus. He also sees patients at outpatient locations in Wind Gap and East Stroudsburg.
Compassion

Since the days of Mama and Papa Raker (as they were affectionately called), compassion has been a hallmark of Good Shepherd’s care. But perhaps nowhere in the Network is compassion more renowned than in our long-term care and pediatric divisions, where the needs of patients and residents are great, and often long term.

Treating the Smallest Victims of Opioid Addiction

The opioid crisis sweeping our nation has infiltrated just about every demographic – from pop stars to soccer moms. In response, the rehabilitation specialists at Good Shepherd Pediatrics developed a Neonatal Abstinence Syndrome (NAS) Program.

Initially, drug-addicted babies benefit greatly from Good Shepherd’s supportive inpatient environment where we evaluate and treat their dynamic needs, including the heartbreaking symptoms of withdrawal.

The problems associated with NAS can continue after discharge, as some of these children face long-term feeding, developmental and learning difficulties. Our outpatient physician and therapy-based programs are poised to help, and if necessary, follow the patient for a lifetime of care.

Partnering with County Government for Better Care

In March 2016, Good Shepherd entered into an agreement to manage two Lehigh County-owned nursing homes, collectively referred to as Cedarbrook. The residents who live in Cedarbrook facilities benefit from GSRN’s expertise in providing excellent care in a home-like environment, and Lehigh County benefits from our proven quality and cost-effectiveness in providing long-term care.

With the first year of service in the books, we are proud to report marked success. Under Good Shepherd’s leadership, Cedarbrook achieved a top-quality, 5-Star rating by the Centers for Medicare and Medicaid Services (CMS).

By promoting best practices, Good Shepherd increased the facility’s ability to care for more acutely ill residents, enhancing our goal to provide exceptional care, respect and dignity to Lehigh County’s seniors.
Expanded Center for Vision Rehabilitation

After extensive renovations, the Dornsife Center for Vision Rehabilitation opened in the Health & Technology Center on Good Shepherd’s South Allentown Campus. The renovations mark Good Shepherd’s fourth expansion of vision services to meet increasing demand. Six new vision rooms were added, and seven additional therapists received specialized training—doubling Good Shepherd’s capacity to treat patients who suffer the devastating effects of concussions, brain injuries, strokes and other neurological impairments.

Meet Debra Lehr, OD, FAAO

Dr. Lehr is an optometrist specializing in neurosensory and visual disorders and dysfunction and treats patients with functional and/or developmental vision disorders, brain injury, concussion and other acquired brain injuries, such as strokes. She sees patients at the Dornsife Center for Vision Rehabilitation in Allentown.
Good Shepherd Named ‘Center for Robotic Excellence’

Good Shepherd Rehabilitation Network is one of four facilities internationally to be named as a “Center of Robotic Excellence” by Ekso Bionics®, an industry leader in exoskeleton technology for medical and industrial use.

As early adopters of leading-edge exoskeleton technology, the designated centers have committed to provide peer-to-peer support to train other facilities interested in becoming proficient in innovative approaches to rehabilitation. In addition to Good Shepherd, three other facilities earned the designation, spanning the globe from Arizona to Illinois to Costa Masnaga, Italy.

Fast Facts about Good Shepherd’s Use of Robotic Exoskeletons:

- Good Shepherd was involved in the refinement of the EksoGT exoskeleton as it was being developed, acting as a beta test facility.
- In 2012, Good Shepherd began using the original Ekso device with spinal cord injury patients.
- With three devices in continuous use, Good Shepherd Rehabilitation Network is the world’s leading clinical user of the Ekso Bionics exoskeleton.
- Patients at Good Shepherd have taken nearly 5 million steps in the device, walking roughly the circumference of the moon.
- Good Shepherd uses the robotic device to treat patients with a variety of neurological conditions, including stroke and spinal cord injury, in both inpatient and outpatient settings.
- Good Shepherd therapists have participated in seven weddings, with the bride, groom and/or father-of-the-bride using the device, and one graduation.

New Electronic Health Records System

For much of the 2017 fiscal year, Good Shepherd was immersed in the custom build and implementation of our new electronic health records (EHR) system, Cerner Millennium — a significant patient-centered initiative that will touch almost all facets of our Network. We have dubbed the initiative “Patient Connect” to emphasize its aim to enhance the patient experience.

From inpatient admission to outpatient registration, scheduling and charting, the entire episode of care can be captured and optimized by the Cerner system. The new technology will change the way we do business – streamlining and optimizing the patient experience while increasing safety and efficiency for staff.
Results

Feeding Program Helps Baby from Kosovo Learn to Eat

Hysen Hamzaj and Magbule Plana were visiting family in the United States from their native Kosovo when pregnancy complications occurred. Their son, Aron, was born at just 29 weeks gestation and 2 pounds, 11 ounces. His prematurity created feeding and breathing difficulties, and he spent the next four months in the Neonatal Intensive Care Unit (NICU).

The hospital told Hysen and Magbule that GSRH Pediatric Unit had a program that was equipped to help Aron further his recovery. There, he could receive a full complement of specialized physical, occupational and speech therapies.

Upon arrival, one thing that struck Hysen and Magbule was the level of involvement Good Shepherd offered them as parents. The care team taught the concerned parents about stress signs to look for when feeding, as well as strategies to improve his endurance for calmer, happier feedings.

One month after his arrival at Good Shepherd, 5-month-old Aron and his parents were ready to return home to Kosovo, eternally grateful for the care they received at Good Shepherd.

Two-Time Baltimore Stroke Victim Travels to Good Shepherd for Help and Hope

After a highly successful career, Tom Maciag of Baltimore, Maryland, happily settled into retirement at age 55. He played golf every day and spent time with his wife, children and grandchildren.

Four years later, Tom’s life changed forever when he suffered a stroke while cutting the grass. Post-stroke, he worked hard to regain his independence; however, disaster struck again — in the form of a second stroke.

With the support of his family and the care he received, Tom survived, and his wife, Donna, began thinking about next steps. Donna made the decision to send him to Good Shepherd Rehabilitation Hospital, almost 160 miles away from his home, because of its reputation for excellence.
Tom’s first stop was Good Shepherd’s long-term acute care hospital in Bethlehem where specialists worked to stabilize his medical condition. When medically stable, he was transferred to GSRH in Allentown – the next step in his continuum of care. After several weeks of focused rehabilitation care, Tom and Donna returned home to Baltimore where Tom enjoys playing cards with his grandkids.

New Jersey Student Walks for First Time in Seven Years To Receive Diploma

Like most high school seniors, 19-year-old Derek DiGregorio approached his graduation at Princeton High School with a mix of nostalgia and excitement, but the ceremony held even more significance to Derek. In a wheelchair due to a progressive neurodegenerative condition since he was 12, Derek set a goal to walk across the stage to receive his diploma.

To help make that goal a reality, Derek and his parents travelled from their home in Princeton, New Jersey, to Good Shepherd’s home base in Allentown, Pennsylvania – 152 miles round trip – once every week for five months. There, Derek learned to use a specialized piece of rehabilitation technology, the Ekso Bionics® exoskeleton.

With the aid of the Ekso, and under the watchful eye of a highly-skilled therapist, Derek surprised the audience and his 300 classmates by walking to receive his diploma.

Choosing Good Shepherd Gives New York Resident Renewed Hope

As a healthy 21 year old, Marques Jamison of Liverpool, New York, did not give much thought to lifting the heavy boxes that were part of his job at a restaurant. But that all changed one day when his legs suddenly began to feel heavy and hard to move, and he experienced what he describes as the worst pain of his life.

Marques was transported to a nearby hospital where his symptoms worsened. A disc in his back ruptured and released its contents, impinging the flow of blood in his spinal cord and paralyzing him from the waist down.

Over the next several months, as Marques and his family learned to accept the devastating diagnosis and adjust to a new way of living, he experienced several setbacks that required multiple surgeries.

Marques relied on his local hospital for his rehabilitation, but when he never left his room for physical therapy following surgery, he realized he needed something more. He chose Good Shepherd Rehabilitation Hospital.

At Good Shepherd, the team focused on Marques’ unique goals and customized a therapy plan to meet his goals.

“The difference between my rehabilitation at Good Shepherd and my local hospital was night and day,” says Marques. “Everything at Good Shepherd is focused on rehabilitation for spinal cord and other traumatic injuries and illnesses. They understand my condition, because they deal with it every day.”
Good Shepherd Charity Care and Community Benefits

Uncompensated care and community services are directed toward the mission and history of Good Shepherd. During FY 17, Good Shepherd provided uncompensated care and community services valued at $10.3 million compared to $9.9 million in FY 16. The table below delineates the individual components:

<table>
<thead>
<tr>
<th>Benefits for Individuals Living in Poverty</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity Care at Cost</td>
<td>$141,000</td>
<td>$300,000</td>
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<table>
<thead>
<tr>
<th>Unreimbursed Costs of Public Programs</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>2,077,000</td>
<td>130,000</td>
</tr>
<tr>
<td>Subsidized Health Services</td>
<td>1,805,000</td>
<td>3,261,000</td>
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</table>

<table>
<thead>
<tr>
<th>Total Quantifiable Benefits for Individuals Living in Poverty</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4,023,000</td>
<td>3,691,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits to the Broader Community*</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Improvement Services</td>
<td>95,000</td>
<td>126,000</td>
</tr>
<tr>
<td>Health Professions Education</td>
<td>6,074,000</td>
<td>6,010,000</td>
</tr>
<tr>
<td>Subsidized Health Services</td>
<td>3,000</td>
<td>0</td>
</tr>
<tr>
<td>Research</td>
<td>0</td>
<td>30,000</td>
</tr>
<tr>
<td>Financial and In-kind Contributions to Other Community Groups</td>
<td>63,000</td>
<td>81,000</td>
</tr>
<tr>
<td>Community-building Activities</td>
<td>6,000</td>
<td>6,000</td>
</tr>
<tr>
<td>Community Benefit Operations</td>
<td>1,000</td>
<td>1,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Quantifiable Benefits to the Broader Community</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6,242,000</td>
<td>6,254,000</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Total Quantifiable Community Benefits</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10,265,000</td>
<td>9,945,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Expenses</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>131,662,836</td>
<td>133,979,189</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Benefits as a Percentage of Total Expenses</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7.8%</td>
<td>7.4%</td>
</tr>
</tbody>
</table>

*This category represents those community benefit activities that are undertaken by Good Shepherd employees. They include the hosting of community health screenings and educational sessions, educational opportunities for aspiring healthcare professionals and community-building activities.

When calculating the benefits that it provides to the community, Good Shepherd conforms to the conservative standards set by the Catholic Health Association (CHA). For more information on the CHA standards, visit www.chausa.org.
### Good Shepherd Financial Highlights
#### Fiscal Year 2017

#### Patient Utilization

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation Hospital Admissions</td>
<td>1,494</td>
<td>1,394</td>
<td>7%</td>
</tr>
<tr>
<td>Specialty Hospital Admissions</td>
<td>364</td>
<td>347</td>
<td>5%</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>233,152</td>
<td>247,543</td>
<td>-6%</td>
</tr>
<tr>
<td>Long-Term Care Occupancy Rates</td>
<td>99.7%</td>
<td>99.7%</td>
<td>0%</td>
</tr>
</tbody>
</table>

#### Financial Performance

(dollars rounded to the nearest thousand)

<table>
<thead>
<tr>
<th>Unrestricted Revenues, Gains and Other Support</th>
<th>2017</th>
<th>2016</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Patient Service Revenues</td>
<td>$117,652</td>
<td>$113,021</td>
<td>4%</td>
</tr>
<tr>
<td>Other Operating Revenues</td>
<td>4,282</td>
<td>3,819</td>
<td>12%</td>
</tr>
<tr>
<td>Professional Service Revenue</td>
<td>4,223</td>
<td>6,734</td>
<td>-37%</td>
</tr>
<tr>
<td>Contributions</td>
<td>2,445</td>
<td>1,689</td>
<td>45%</td>
</tr>
<tr>
<td>Income on Investment in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unconsolidated Subsidiary</td>
<td>2,821</td>
<td>5,984</td>
<td>-53%</td>
</tr>
<tr>
<td>Gain (Loss) on Disposal of Equipment</td>
<td>(95)</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>Net Assets Released from Restriction</td>
<td>3,022</td>
<td>2,232</td>
<td>35%</td>
</tr>
<tr>
<td>Total Unrestricted Revenues, Gains and Other Support</td>
<td>134,349</td>
<td>133,480</td>
<td>1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th>2017</th>
<th>2016</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Wages</td>
<td>69,813</td>
<td>68,969</td>
<td>1%</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>19,317</td>
<td>20,981</td>
<td>-8%</td>
</tr>
<tr>
<td>Interest</td>
<td>4,067</td>
<td>4,917</td>
<td>-17%</td>
</tr>
<tr>
<td>Depreciation and Amortization</td>
<td>6,766</td>
<td>6,897</td>
<td>-2%</td>
</tr>
<tr>
<td>Supplies and Other Expenses</td>
<td>31,700</td>
<td>32,215</td>
<td>-2%</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>131,663</td>
<td>133,979</td>
<td>-2%</td>
</tr>
</tbody>
</table>

| Operating Income (Loss)                       | 2,686   | (500)   | -638%    |
| Loss on Extinguishm ent of Debt               | -       | (4,236) | -100%    |
| Investment Income and Gains                   | 19,175  | 9,845   | 95%      |

| Revenues in Excess of Expenses                | $21,860 | $5,109  | 328%     |

#### Revenue Composition by Business Line

- **Rehab Hospital** (1) 57%
- Long-Term Care 17%
- Specialty Hospital 10%
- Investment Income 9%
- Other Income** 5%
- Gifts and Bequests 2%

** Includes GSPG gain on invest in unconsol. sub. of $2.8M
(1) This item includes the revenues generated by Good Shepherd’s inpatient rehabilitation units and its outpatient programs and services.

#### Expense Breakdown

- Salaries and Wages 53%
- Supplies and Other Expenses 24%
- Employee Benefits 15%
- Depreciation and Amortization 5%
- Interest 3%
Good Shepherd is deeply appreciative of the community and individual support towards the growth of its endowment funds. Endowments are received from donors with the requirement that the principal remain intact in perpetuity. Income is allocated based on the purpose of the fund.

**Good Shepherd Endowment Funds - Investment Objective and Spending Policy**

The Investment Committee, which is a sub committee of the Finance Committee, is responsible for the management and oversight of all Temporarily and Permanently Restricted, Operating and Pension investments. The Committee is governed by an Investment Policy that is applied universally to all of these assets.

Good Shepherd also has an Endowment Spending Policy that is overseen by the Finance Committee and the Board of Trustees. Under this policy, the current annual distribution from each endowment account is 5 percent of the 3-year rolling average fair market value.

Following is a summary of the existing endowment funds at the end of FY17.

Unrestricted - Used towards general operations of the entities within Good Shepherd.

John Raker Hudders for Education Endowment - Provides funding for continuing education of staff working with patients recovering from brain injury.

Conrad W. Raker-Educational Endowment - Used as a funding mechanism for the education and training of Good Shepherd employees.

Linny and Beall Fowler Endowment for Pediatrics - Provides a perpetual source of funding to benefit all the children served by Good Shepherd’s Pediatrics Program.

The Joseph & Marjorie Correll Pediatric Chair - Used as a perpetual funding mechanism for Good Shepherd’s developmental pediatrician.

Dornsife Pediatric Endowment - Used on an annual basis to support the Dornsife Pediatric Center.

Sally Gammon Endowment for Pediatrics - Used to support Good Shepherd’s Pediatrics Program.

General Pediatric Endowment - Used to support Good Shepherd’s Pediatrics Program.

Donley Family Pediatrics Endowment - Used towards supporting operating expenses associated with the Developmental Pediatrics Program.

Romig-DeYoung Community Access - Used for the social and recreational enrichment of residents through community outings, events and activities.

Walter W. and Jacqueline G. Mock Fund for Pediatrics - Provides income in perpetuity to support charitable care, staff education and training, salaries, equipment, technology, research and other expenses of the Pediatrics Program.

Long-Term Care Endowment - Directed towards operating needs associated with the Conrad W. Raker Center and the Good Shepherd Home – Bethlehem.

Rehabilitation Hospital Endowment - Directed towards operating needs associated with the rehabilitation hospital.

Jaindl Family Neurologic Endowment - Used towards operating costs associated with the Neurorehabilitation Program at Good Shepherd Rehabilitation Hospital. This includes patients with stroke, as well as brain or spinal cord injury.

Fleming Family Endowment - Used to support the Assistive Technology and Research programs at Good Shepherd.

Walter Mock, Sr. and Marie Mock Fund for Research and Technology - Used to support technology and research programs at Good Shepherd.

Oberly-Allen Nursing Scholarship Endowment - Used as a funding mechanism for the education and training of Good Shepherd nurses.

**Good Shepherd Endowment Summary - June 30, 2017**

<table>
<thead>
<tr>
<th>Permanent Endowments</th>
<th>Principal</th>
<th>Market</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>$7,993</td>
<td>$10,041</td>
</tr>
<tr>
<td>John Raker Hudders for Education Endowment</td>
<td>106</td>
<td>117</td>
</tr>
<tr>
<td>Conrad W. Raker-Education Endowment</td>
<td>886</td>
<td>959</td>
</tr>
<tr>
<td>Linny and Beall Fowler Endowment for Pediatrics</td>
<td>242</td>
<td>263</td>
</tr>
<tr>
<td>The Joseph &amp; Marjorie Correll Pediatric Chair</td>
<td>1,155</td>
<td>1,162</td>
</tr>
<tr>
<td>Dornsife Pediatric Endowment</td>
<td>100</td>
<td>135</td>
</tr>
<tr>
<td>Sally Gammon Endowment for Pediatrics</td>
<td>241</td>
<td>256</td>
</tr>
<tr>
<td>General Pediatric Endowment</td>
<td>1,804</td>
<td>1,962</td>
</tr>
<tr>
<td>Donley Family Pediatrics Endowment</td>
<td>1,000</td>
<td>1,044</td>
</tr>
<tr>
<td>Romig-DeYoung Community Access</td>
<td>1,129</td>
<td>1,529</td>
</tr>
<tr>
<td>Walter W. and Jacqueline G. Mock Fund for Pediatrics</td>
<td>255</td>
<td>255</td>
</tr>
<tr>
<td>Long-Term Care Endowment</td>
<td>1,800</td>
<td>2,298</td>
</tr>
<tr>
<td>Rehabilitation Hospital Endowment</td>
<td>536</td>
<td>598</td>
</tr>
<tr>
<td>Jaindl Family Neurologic Endowment</td>
<td>1,005</td>
<td>1,115</td>
</tr>
<tr>
<td>Fleming Family Endowment</td>
<td>384</td>
<td>388</td>
</tr>
<tr>
<td>Walter Mock, Sr. and Marie Mock Fund for Research and Technology</td>
<td>254</td>
<td>284</td>
</tr>
<tr>
<td>Oberly-Allen Nursing Scholarship Endowment</td>
<td>588</td>
<td>613</td>
</tr>
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Total Endowments $19,478 $23,019

**Endowment Funds by Purpose**

- Unrestricted 43.6%
- Pediatrics 22.1%
- Education 7.4%
- Long-Term Care 16.6%
- Technology & Research 2.9%
- Neurorehabilitation 4.8%
- Rehabilitation Hospital 2.6%

**Endowment Funds Growth**

(Fiscal year Ends June 30)

<table>
<thead>
<tr>
<th></th>
<th>FY13</th>
<th>FY14</th>
<th>FY15 (0.20)</th>
<th>FY16</th>
<th>FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1.70</td>
<td>$2.10</td>
<td>$0.30</td>
<td>(0.20)</td>
<td>$2.40</td>
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</table>
2017 Fiscal Year Growth

Because convenience is a key factor for patients when choosing a provider, Good Shepherd expanded outpatient care. Now, Good Shepherd’s trademark compassion and excellent service are available in more places to reach more people.

Welcome to the Good Shepherd Family of Providers:

- Bethlehem Rehabilitation Specialists
  A Service of Good Shepherd Rehabilitation Hospital
  41 East Elizabeth Avenue, Bethlehem, PA 18018

- Pottsville Area Physical Therapy
  A Service of Good Shepherd Rehabilitation Hospital
  2655 Woodglen Road, Pottsville, PA 17901

- Penn Therapy & Fitness Conshohocken (pictured above)
  A Service of Good Shepherd Penn Partners
  20 East 11th Avenue, Conshohocken, PA 19428

- Penn Therapy & Fitness South Roxborough
  A Service of Good Shepherd Penn Partners
  6619 Ridge Avenue, Philadelphia, PA 19128

We Expanded To Serve You Better.

- Good Shepherd Physical Therapy – Kutztown
  A Service of Good Shepherd Rehabilitation Hospital
  15260 Kutztown Road, Suite 170
  Kutztown, PA 19530

- Penn Therapy & Fitness Cherry Hill
  A Service of Good Shepherd Penn Partners
  Penn Medicine Cherry Hill
  1865 Route 70E, Suite 110, Cherry Hill, NJ 08003
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We gratefully acknowledge all those who served on Good Shepherd’s Board of Trustees, our facility medical directors and our administrators for Fiscal Year 2017.

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We gratefully acknowledge all those who served on Good Shepherd’s Board of Trustees, our facility medical directors and our administrators for Fiscal Year 2017.
It is with grateful hearts that we extend our appreciation to David G. DeCampli (pictured left) who completes his tenure as chair, Board of Trustees, Good Shepherd Rehabilitation Network, in 2017.

As a new executive leader at PPL Energy Supply, LLC, in 2007, David energetically agreed to serve on Good Shepherd’s Board of Trustees, given his interest and past experience in health care and a broad understanding of Good Shepherd’s mission.

Understanding quickly turned to passion as David worked on several key committees, eventually accepting a nomination to chair the board in 2010 – a role he held for seven years. As chair, David successfully led the board through the executive search process for a new CEO in 2013.

Thank You for Your Service

He also played a significant role in helping the organization successfully navigate the dynamic health-care landscape. Under David’s leadership, the Network has experienced significant growth, despite ever increasing competition.

David and his wife, Pam, have served as co-chairs of the Raker Vision Society since its inception in 2011, and they were honored with the Raker Memorial Award in 2015 for their unwavering support of Good Shepherd’s mission.

We sincerely appreciate the DeCampli family’s past support and look forward to the future, as undoubtedly, David will continue to serve as a champion for Good Shepherd’s mission and vision.
Our Mission
Motivated by the divine Good Shepherd and the physical and cognitive rehabilitation needs of our communities, our mission is to enhance lives, maximize function, inspire hope, and promote dignity and well-being with expertise and compassion.

Good Shepherd Rehabilitation Network
850 S. 5th Street, Allentown, PA 18103
GoodShepherdRehab.org
1-888-44-REHAB (73422)

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