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${\sf Form} 990$

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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

\ Ea	rthe 2	2008 cale	endar vea	r, or tax year beginning 07-01-2008 an	nd ending 06-30-2009	<u> </u>		
		l la l .		C Name of organization	ia enang 00-30-200:	,	D Employer ide	ntification number
_	eck if ap dress cha		Please use IRS	Waynesboro Hospital			23-136085	4
_		l	label or	Doing Business As			E Telephone nu	
Nai —	me chan		print or type. See				(717) 765-4	1000
Init	al retur		Specific Instruc-	Number and street (or P O box if mail is not o	delivered to street addres	ss) Room/suite	G Gross receipt	
Ter	mınatıoı		tions.	501 East Main Street			G Gross recapt	φ 03,330,301
– Am	ended r	return		City or town, state or country, and ZIP + 4			1	
– Apr	olication	pending		Waynesboro, PA 17268				
		·	E Non	l ne and address of Principal Officer				
				CK W O'DONNELL		H(a) Is the	nis a group return ates?	for
				SEVENTH STREET		a i i i i	ates.) 165 p 140
				BERSBURG,PA 17201	_	H(b) Are a	all affiliates include	ed?
Ta	x-exem	pt status	У 501(c)	(3) ◀ (insert no)	7	(If "	No," attach a list	See instructions)
W	eb site	e: 🕨 WWV	V SUMMI ⁻	THEALTH ORG		H(c) Gro	up Exemption Nu	mber 🟲
Тур	e of org	anızatıon	Corporat	ion Trust association other F		L Year of F	ormation 1922 M	State of legal domicile PA
Pa	rt I	Summ	nary					
	1	Briefly de	scribe th	e organization's mission or most signific	ant activities			
Ų		The Wayı	nesboro H	ospital is a regional nonprofit health car	e organization comn	nitted to the	ımprovement of t	he health and well-
		being of t	the people	ın South-Central Pennsylvanıa				
Ě								
Solution of the second	2	Check th	ııs box 🦵	if the organization discontinued its opera	ations or disposed o	f more than	25% of its assets	3
	3	Number	of voting r	nembers of the governing body (Part VI,	lıne 1a)		. 3 _	11
5 7	4	Number	ofındepen	dent voting members of the governing bo	ody (Part VI, line 1b)	. 4 _	10
	5	Total nur	mber of en	nployees (Part V , line 2a)			5 _	690
eanunce Hornunce	6	Total nur	nber of vo	lunteers (estimate if necessary)			6 _	0
ť	7a	Total gro	ss unrela	ted business revenue from Part VIII, line	e 12, column (C) .		7a _	732,850
	ь	Net unrel	lated busi	ness taxable ıncome from Form 990-T, l	line 34		7b	0
						Pr	ior Year	Current Year
	8	Contrib	utions and	i grants (Part VIII, line 1h)			749,208	238,484
E E	9	Program	n service	revenue (Part VIII, line 2g)			59,170,931	63,044,849
Ravenu	10	Investn	nent incor	ne (Part VIII, column (A), lines 3, 4, and	d 7d)		821,140	125,804
æ	11	Otherre	evenue (P	art VIII, column (A), lines 5, 6d, 8c, 9c,	, 10c, and 11e)		1,044,313	1,260,202
	12			dd lines 8 through 11 (must equal Part V			, ,	
		12)					61,785,592	64,669,339
	13	Grants	and simila	r amounts paid (Part IX, column (A), line	es 1-3)			0
	14	Benefits	paid to o	r for members (Part IX, column (A), line	4)			0
ø	15		s, other co	mpensation, employee benefits (Part IX	, column (A), lines 5	-	33 400 496	26 465 969
Expenses		10)			1 - X		33,490,486	36,465,868
<u>₹</u>	16a			raising fees (Part IX, column (A), line 11	Le)			0
ਬੁ	b			penses, Part IX, column (D), line 25 0)			
	17		•	Part IX, column (A), lines 11a-11d, 11f	•		21,094,689	20,566,223
	18	Totalex	kpenses—	add lines 13–17 (must equal Part IX, lir	ne 25, column (A))		54,585,175	57,032,091
	19	Revenue	e less exp	enses Subtract line 18 from line 12			7,200,417	7,637,248
Fend Balances						Begini	ning of Year	End of Year
2.# 1.#	20	Totalas	sets (Par	t X, line 16)			62,468,774	65,839,957
ξĕ	21	Total lia	abilities (F	Part X, line 26)			8,732,670	8,340,701
Ĕ.	22			d balances Subtract line 21 from line 20)		53,736,104	57,499,256
	1111		ture Blo		-		55,. 55,154	3,,433,230
•				rjury, I declare that I have examined this return,	including accompanying	schedules and	statements, and to t	he hest of my knowledge
				correct, and complete Declaration of preparer (ot				
lea		****				201	0-04-02	
ign		Signat	ure of office	r		Date	9	
lere	е	▶ Patrick	k W O'Donne	ell CHIEF FINANCIAL OFFICER				
			or print nam					
		Preparer's	<u> </u>	Date	e (Check If	Preparer's PTIN (See Gen Inst)
aid		signature		Hall CPA	s	elf- empolyed 🕨 🏲	-	•
	arer's	Firm's ===	ne (or year	S L SMITH ELIOTT KEARNS & COMPANY LLC	E	impolyeu F		
	Only	ıf self-emp)			EIN Þ	
		address, a	and ZIP + 4	19 Brookwood Avenue Suite 101			Phono == 1	17) 363 3010
				Carlisle, PA 17201			Phone no 🕨 (7	
layi	the IRS	S discuss	this retu	rn with the preparer shown above? (See i	instructions)			▼ Yes

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission				
	THE WAYNESBORO HOSPITAL IS A REGIONAL THE PEOPLE IN SOUTH CENTRAL PENNSYLVA		RGANIZATION COMMITTE	O TO THE IMPROVEMENT OF THE	HEALTH AND WELL-BEING OF
2	Did the organization undertake any the prior Form 990 or 990-EZ?.		ces during the year w	hich were not listed on	└── Yes ▽ No
	If "Yes," describe these new service				, 135 , 115
3	Did the organization cease conduct services?		nanges in how it cond	ucts any program	┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achie Section 501(c)(3) and (4) organizate others, the total expenses, and reve	ions and 4947(a)(1) trus	sts are required to rep	oort the amount of grants a	
4a	(Code) (Expenses The Waynesboro Hospital provides needed inpatient ancillary and outpatient care All	I medical care to the communi	icluding grants of \$ ty regardless of any patie enses are considered prog) (Revenue \$ nt's ability to pay Health care se ram related	64,430,855) rvices include inpatient routine,
4b	(Code) (Expenses	;\$ Inc	cluding grants of \$) (Revenue \$)
4c	(Code) (Expenses	; \$ Ind	cluding grants of \$) (Revenue \$)
4d	Other program services (Describe	n Schedule O)) (Revenue \$)
4e	Total program service expenses \$	45,262,238	Must equal Part IX, L		,
		, , 0		, \-/·	

Part TV	Check	list of	Required	Schedules
	CHECK	1136 01	<u>reuun eu</u>	Juliculies

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🔁	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$ Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10	Yes	
	Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	43			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable	_		
_	gaming (gambling) winnings to prize winners?	; ·		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a	690			
h	If at least one is reported in 2a, did the organization file all required federal employ					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file th			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more duri return?	ng the	year covered by this	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sc	hedule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities a	sıgnatı	ire or other authority			
	account)?		, or other interior	4a	Yes	
b	If "Yes," enter the name of the foreign country NT					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Financial Accounts.	Report o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time dur	ıng the	tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited	d tax sl	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exem</i>	nt Entii	ty Regarding Prohibited			
•	Tax Shelter Transaction?	• •	· · ·	5c		
6a	Did the organization solicit any contributions that were not tax deductible? \cdot			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement to were not tax deductible?	that su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo co more?	ntrıbut	ion of \$75 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services	provide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty 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				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa benefit contract?		nums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	sonal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7 g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization	file a F	orm 1098-C as			
_	required?			7h		N o
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
	year?					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds					
a	Did the organization make any taxable distributions under section 4966?			9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related perso	n? .		9b		
10	Section 501(c)(7) organizations. Enter		I			
	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					
а	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)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu (of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
	year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing	Body and Management	
		Π

					Yes	No			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ribe the circumstances,							
1a	Enter the number of voting members of the governing body	11							
Ь	Enter the number of voting members that are independent	1b	10						
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		2		Νο				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .								
4	Did the organization make any significant changes to its organizational documents sfiled? \cdot	he prior Form 990 was	4		Νο				
5	Did the organization become aware during the year of a material diversion of the organization	ion's assets?	5		Νο				
6	Does the organization have members or stockholders?		6		Νο				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νο			
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the						
а	the governing body?			8a	Yes				
Ь	each committee with authority to act on behalf of the governing body?			8b	Yes				
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νο			
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o		. ,	9b					
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			10	Yes				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc	,		11		Νο			

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed PA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website $\overline{\mbox{\em \colored}}$ another's website $\overline{\mbox{\em \colored}}$ upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

PATRICK WO'DONNELL CFO 112 NORTH SEVENTH STREET CHAMBERSBURG, PA 17201 (717) 765-3410

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation	Estimated amount of other compensation from the organization and related organizations
							-			

	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-							
							Ļ			
1b Total			•		•		•	2,136,523	2,462,697	616,515

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►18

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CUMBERLAND VALLEY MOBILE SERVICES suite 214 101 west broad street hazelton, PA 18201	MRI SERVICES	1,031,234
CHAMBERSBURG HOSPITAL 112 n seventh street chambersburg, PA 17201	Physical Theraphy services, X-ray Servic	1,002,741
ROBINWOOD ORTHOPEDIC SPECIALISTS 11110 medical campus road suite 20 hagerstown, MD 21742	SURGERY ON-CALL	365,000
SURGICAL ASSOCIATES 45 roadside avenue waynesboro, PA 17268	SURGERY ON-CALL	234,000
QUEST DIAGNOSTICS 12436 collections center drive chicago, IL 60693	LAB TESTING SERVICES	233,872
2 Total number of independent contractors (including those in 1) who from the organization	. ,	7

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
14 -	1a	Federated campaigns 1a	1				
ants ints	b	Membership dues					
gra	c	1b Fundraising events					
Contributions, gifts, grants and other similar amounts		10					
g nila	d	Related organizations 1d Government grants (contributions) 1e					
ons sín	e f	All other contributions, gifts, grants, and	190,460		-		
E E	'	similar amounts not included above					
ntrii doi	g	Noncash contributions included in					
Col	١.	lines 1a-1f \$		238,484			
	h	Total (Add lines 1a-1f)	▶				
<u> 9</u>	2-	Patient Revenue	Business Code	62.002.604	62,002,604		
жеп	2a b	Misc Community Program	621,990	63,003,694 41,155	63,003,694 41,155		
æ	c		621,990	41,155	41,133		
MCe	d		-				
33	e						
Program Service Revenue	f	All other program service revenue					
Togi			_				
Δ.	g	Total. Add lines 2a-2f					
	3	Investment income (including div	idends, interest				
		other similar amounts)		751,148			751,148
	4	Income from investment of tax-exempt b	oond proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents 191,227					
	ь	Less rental 52,136 expenses					
	C	Rental income 139,091 or (loss)					
	d	Net rental income or (loss)		139,091			139,091
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	4,142				
		assets other than inventory					
	b	Less cost or 629,486 other basis and					
	c	sales expenses Gain or (loss) -629,486	4,142				
	d	Net gain or (loss)		-625,344	-625,344		
	8a		<u>.</u> ►				
	oa	Gross income from fundraising events (not including					
91		\$ of contributions reported on line					
ıњ		1c) See Part IV, line 18					
Rev		Attach Schedule G If total exceeds \$15,000 a					
Other Revenue	ь	Less direct expensesb					
₽	c	Net income or (loss) from fundrais	ing events				
_	9a	Gross income from gaming					
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
	ь	Less direct expensesb					
	С	Net income or (loss) from gaming	activities				
	10a	Gross sales of inventory, less	<u>▶</u>				
		returns and allowances .					
	J.	a					
	b c	Less cost of goods sold b Net income or (loss) from sales of					
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a	COURIER LAB SERVICE	621,500	732,850		732,850	
	b	CAFETERIA	900,099	262,040	262,040		
	С	VHA INCENTIVE	900,099	58,407	58,407		
	d	All other revenue		67,814	67,814		
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g, 3	\$ 1,121,111 3, 4, 5, 6d, 7d,	64,669,339	62,807,766	732,850	890,239
		8c,					
]	9c, 10c, and 11e	٠. ١				Form 990 (2008)

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) but are not required to complete columns (B), (C), and (D).									
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	833,802		833,802					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	27,836,594	23,742,484						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,194,931	1,054,728	140,203					
9	Other employee benefits	4,579,083	3,859,856	719,227					
10	Payroll taxes	2,021,458	1,681,813	339,645					
11	Fees for services (non-employees)								
а	Management								
b	Legal	52,114		52,114					
С	Accounting	24,380		24,380					
d	Lobbying								
e	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other								
12	Advertising and promotion	61,306	43,152	18,154					
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy	710,341	499,999	210,342					
17	Travel	127,836	89,982	37,854					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials								
19	Conferences, conventions and meetings	36,962	26,017	10,945					
20	Interest	59,961	31,285	28,676					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	3,041,545	1,541,845	1,499,700					
23	Insurance	538,428	378,992	159,436					
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	supplies	6,062,669	4,267,428	1,795,241					
ь	BAD DEBT EXPENSE	3,751,620	3,751,620						
С	PROFESSIONAL FEES	3,634,327	2,558,152	1,076,175					
d	PHYSICIAN CONTRACTUAL P	1,165,055	820,066	344,989					
e	Equipment Rental	745,740	524,916	220,824					
f	All other expenses	553,939	389,903	164,036					
25	Total functional expenses. Add lines 1 through 24f	57,032,091	45,262,238	11,769,853	0				
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm 990 (2008)				

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing			1,418	1	Lilu Oi	1,420
	2	Savings and temporary cash investments			8,174,801	2		8,457,528
	3	Pledges and grants receivable, net	-,,	3				
	4	Accounts receivable, net			5,918,640	4		6,523,519
	5	Receivables from current and former officers, directors, trustees	. keve	emplovees or	3,3,3,3,3			-,,
		other related parties	•	•		5		
	6	Receivables from other disqualified persons (as defined under so persons described in section 4958(c)(3)(B) Complete Part II of				6		
	7	Notes and loans receivable, net	•			7		
	8	Inventories for sale or use			365,836	8		377,957
\$	9	Prepaid expenses and deferred charges			788,283	9		808,022
Assets	10a	Land, buildings, and equipment cost basis	10a	58,432,009				
**	b	Less accumulated depreciation Complete Part VI of		· · · · · · · · · · · · · · · · · · ·	1		2	0 0 42 724
		Schedule D	10b	38,188,288	20,934,860			0,243,721
	11	·			23,341,374	11		6,908,499
	12	Investments—other securities See Part IV, line 11 <i>Complete Pa Schedule D</i>			23,341,374	12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Section 11 (Section 2) and the section 2 (Section 2) and th$	I		13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			2,943,562	15		2,519,291
	16	Total assets. Add lines 1 through 15 (must equal line 34)			62,468,774	16	6	5,839,957
	17	Accounts payable and accrued expenses .			6,209,722	17		5,559,263
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities			20			
eS	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u>. E</u>		persons Complete Part II of Schedule L		-		22		
	23	Secured mortgages and notes payable to unrelated third parties		<u>-</u>	2,235,000	23		1,710,000
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			287,948	25		1,071,438
	26	Total liabilities. Add lines 17 through 25			8,732,670	26		8,340,701
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	let e lir	nes 27				
э́.		through 29, and lines 33 and 34.						
an	27	Unrestricted net assets			51,261,521	27	5	5,551,409
Balance	28	Temporarily restricted net assets				28		
돧	29	Permanently restricted net assets			2,474,583	29		1,947,847
r Fund		Organizations that do not follow SFAS 117, check here ► an lines 30 through 34.	d comp	olet e				
S Of	30	Capital stock or trust principal, or current funds	•			30		
ş e t.	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fu				32		
Net	33	Total net assets or fund balances			53,736,104	33	5	7,499,256
<u> </u>	34	Total liabilities and net assets/fund balances			62,468,774	34		5,839,957
D-	-+ VT	Einancial Statements and Departing						
Pa	rt XI	Financial Statements and Reporting					1	T
							Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		N o
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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DLN: 93493109002020

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Wayn	esboro	Hospital									
									-1360854		
	rt I			harity Status (to be co					Instruct	ions)	
The	organı: —			ation because it is (Please							
1	<u> </u>	A church, c	onvention of ch	nurches, or association of ch	urches de	escribed in	Section 1	L70(b)(1)((A)(i).		
2	Γ	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	굣	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)									
4	Γ	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the									
		hospital's i	name, city, and	state							
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	l by a gove	ernmental	unıt desc	rıbed ın
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)							
6	Γ	A federal, s	tate, or local g	overnment or governmental	unıt descr	ıbed ın Se	ct ion 170	(b)(1)(A)	(v).		
7	Γ	An organiz	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fron	n the gene	ral public
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)						
8	Γ	A commun	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)				
9	Γ	Anorganiz	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gross
		receipts fro	m activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sınesses
		acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)		
10	Γ	An organiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (Se	ee instruc	tions)
11	Γ	An organiz	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check									
		the box that describes the type of supporting organization and complete lines 11e through 11h a									
e	г	•	• •	rtify that the organization is			-				
-	,	•		agers and other than one or			•			•	· ·
		section 50		J.	•	, ,,	,				()()
f		_		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ng organizatio <u>n,</u>
		check this		the erappization accepts	danu aift	ar aantrib	ution from	any of the			ı
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any of the	!		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) al	bove?				11g(iii)
h		Provide the	following infori	mation about the organizatio	ns the org	janization	supports				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
	Supported			(described on lines 1-9		ation in		inization	_	ation in .	support?
	Orgar	nization		above or IRC section		listed in		i) of your oort?		rganized US?	
				(See Instructions))		verning ment?	Supp	יסוני	in the	057	
					Yes	No	Yes	No	Yes	No	†
								•			

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 23-1360854

Name: Waynesboro Hospital

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa	<u> </u>									
		Posit t	(C ion (d hat a	chec		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Rodger W Savage , CHAIRMAN	40	Х		Χ				0	0	0
Richard Marks , VICE Chair OF THE BOARD	20	X		х				0	0	0
DENNIS SHOCKEY , SEcretary	20	Х		Χ				0	0	0
Marie Lanser Beck , TREASURER	80	X		Χ				0	0	0
Norman B Epstein , President	6 00	Х		Χ				106,092	954,829	124,177
Allıson B Kohler , DIRector	60	X						0	0	0
Lynn Y MacBride , Director	10	X						0	0	0
JOHN BLUBAUGH , DIrector	10	Х						0	0	0
fRANKLIN ERVIN , DIrector	10	X						0	0	0
JEAN LESSARD md , DIRector	30	Х						0	0	0
KATHRYN a REIHARD md , DIRector	20	Х						0	0	0
Kenneth L Shur , Vice President Operation	50 00			х				200,334	0	32,995
Patrick O'Donnell , Vice President Finance	6 50			х				41,183	370,655	114,779
Thomas Anderson , VP MEDICAL AFFAIRS	10 00			х				71,743	286,970	59,650
SHERRI STAHL, V P FOR PATIENT SERVICE	12 00			х				46,083	184,331	52,302
PATRICIA BABAROWICZ, V P FOR PLANNING & MARK	5 00			х				22,577	203,190	69,239
MICHELE ZEIGLER , V P OF INFORMATION SERV	12 00			х				46,782	187,127	57,453
John McElwee , V P FOR SUMMIT hEALTH	40 00			х				14,505	275,595	76,302
JEFF CARTY , V P FINANCE	40 00			Χ				151,425	0	29,618
NORBERT P MATHIAS , DOCTOR	40 00					Х		407,508	0	0
D B FOSTER , DOCTOR	40 00					Х		309,234	0	0
ELIZABETH COOK , DOCTOR	40 00					Х		251,048	0	0
VICKI ELLIS , DOCTOR	40 00					Х		235,674	0	0
MERRILL B MCKENZIE , DOCTOR	40 00					Х		232,335	0	0

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DLN: 93493109002020

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

7

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

	me of the organization ynesboro Hospital		Employ	er ide	entification numb	er
VVC	yriesboto Hospital		23-13	6085	4	
Pā	organizations Maintaining Donor Acorganization answered "Yes" to Form 99					ete if the
	<u> </u>	(a) Donor advised funds	(b)	Fund	s and other acco	unts
1	Total number at end of year					
2	Aggregate Contributions to (during year)					
3	Aggregate Grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	_	nor advise	d	☐ Yes	☐ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?				☐ Yes	┌ No
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" t	to Form 9	990, I	Part IV, line 7.	
1 2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreating the protection of natural habitat. Preservation of open space. Complete lines 2a-2d if the organization held a quality that have a father than the protection of the protection.	on or pleasure) Preservation of a	ertified his	toric	structure	ea
	on the last day of the tax year				Held at the End o	f the Year
а	Total number of conservation easements			2a	leid dt the End o	T the rear
b	Total acreage restricted by conservation easement	s	F	2b		
С	Number of conservation easements on a certified hi		F	2c		
d	Number of conservation easements included in (c)	` ,		2d		
3	Number of conservation easements modified, transfe	· ·	L ed by the i	ordani	ization during	
,	the taxable year	ried, released, extinguished, or terminat	ed by the v	organi	izacion daring	
4	Number of states where property subject to conserva	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		lations, an	d	☐ Yes	Г No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	e year ►			

Part III Organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

In Part XIV, 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

A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

· **\$**

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

- \$

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 relating to these items

a Revenues included in Form 990, Part VIII, line 1

- \$

b Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

☐ Yes ☐ No

Par	Organizations Maintaining Collections of Art, Hi	stor	<u>ical Treas</u>	ures, or Othe	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and other records, check any of items (check all that apply)	the fo	llowing that a	re a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition d	Γ	Loan or exc	hange programs			
b	Scholarly research e	Г	Other				
С	Preservation for future generations						
4	Provide a description of the organization's collections and explain he Part XIV	ow the	ey further the	organızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as part					Yes	┌ No
Par	t IV Trust, Escrow and Custodial Arrangements. Co			anızatıon answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an amount on Form 990, I		•				
1a	Is the organization an agent, trustee, custodian or other intermedian included on Form 990, Part X?	ry for	contributions	or other assets 1		Yes	Г No
b	If "Yes," explain why in Part XIV and complete the following table						
					A mo	unt	
с	Beginning balance			1c			
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance			1f			
2a	Did the organization include an amount on Form 990, Part X, line 21	?			Г	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV						
Pa	rt V Endowment Funds. Complete If the organization ar	1SWEI (b)Prio		Form 990, Par wo Years Back (d)		a) Eour V	ears Back
1a	Beginning of year balance 6,290,104	(D)FIIO	r rear (c)r	wo rears back (u)	Tillee Teals back (e)i oui it	cars back
 b	Contributions						
c	Investment earnings or losses872,486						
d	Grants or scholarships						
e	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the year end balance held as						
а	Board designated or quasi-endowment 🕨 97 000 %						
b	Permanent endowment ► 3 000 %						
С	Term endowment 🕨						
3a	Are there endowment funds not in the possession of the organization	n that	are held and	admınıstered for	the		
	organization by (i) unrelated organizations				3a(i)	Yes	No No
	(ii) related organizations	٠			3a(ii)		No
Ь	If "Yes" to 3a(II), are the related organizations listed as required on				3b	<u> </u>	
4	Describe in Part XIV the intended uses of the organization's endowr	nent f	unds				
Par	t VI Investments—Land, Buildings, and Equipment.	See	Form 990, P	art X, line 10.			
	Description of investment) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1a	Land		313,743	2,184,775			2,498,51
b	Buildings		2,302,539	15,567,412	8,743,525		9,126,42
c	Leasehold improvements						
d	Equipment			36,505,714	28,902,809		7,602,90!
e	Other			1,557,826	541,954		1,015,872

20,243,721

(a) Description of security or cateory		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
inancial derivatives and other financial products		
losely-held equity interests		
ther Investments	26,908,499	
otal. (Column (b) should equal Form 990, Part X, col (B) line 12) 🕨	26,908,499	
art VIII Investments—Program Related. Se	e Form 990 Part X line 13	3
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
otal. (Column (b) should equal Form 990, Part X, col (B) line 13) 🕨		
Part IX Other Assets. See Form 990, Part X, I		
(a) Descri	ption	(b) Book value
otal. (Column (b) should equal Form 990, Part X, col.(B) line		<u> </u>
Part X Other Liabilities. See Form 990, Part		
(a) Description of Liability	(b) A mount	
ederal Income Taxes		
dvances From Third Party Payors	252,800	
ayable Under Thırd Party Contratual Agreement	796,638	
ledges Payable	22,000	
otal. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨	1,071,438	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	64,669,339
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	57,032,091
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,637,248
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,874,096
9	Total adjustments (net) Add lines 4 - 8	9	-3,874,096
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,763,152
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial	_	64,669,339
,	statements	1	
2	Net unrealized gains on investments		
a b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	64,669,339
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
С	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	64,669,339
Part 2	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	57,032,091
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	57,032,091
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a	, , , , , , , , , , , , , , , , , , ,		
ь	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
_	Other (Describe in Part XIV)	a -	
c 5		4c 5	0 57,032,091

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	When tax returns are filed, it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the position taken or the amount of the position that would be ultimately sustained. The benefit of a tax position is recognized in the financial statements in the period during which, based on all available evidence, management believes it is more likely than not that the position will be sustained upon examination, including the resolution of appeals or litigation processes, if any. Tax positions taken are not offset or aggregated with other positions. Tax positions that meet the more-likely-than-not recognition threshold are measured as the largest amount of tax benefit that is more than 50 percent likely of being realized upon settlement with the applicable taxing authority. The portion of the benefits associated with tax positions taken that exceeds the amount measured as described above would be reflected as a liability for unrecognized tax benefits in the accompanying balance sheet along with any associated interest and penalties that would be payable to the taxing authorities upon examination. Interest and penalties associated with unrecognized tax benefits would be classified as expenses against other operating revenue in the statement of operations. At June 30, 2009, there was no liability for unrecognized tax benefits.
Part XI, Line 8 - Other Adjustments		Current Year Change In Unrealized Investment Losses - 1390213 Current Year Change In Unrealized Investment losses -52120 Decrease In Perpetual Trusts Held By Third Parties -475157 TRANSFER TO AFFILIATE ORGANIZATION - CUMBERLAND VALLEY MEDICAL SERVICES -2127216 TrANSFER FROM AFFILIATE ORGANIZATION - Cumberland Valley Specialty Services 170610

OMB No 1545-0047

Open to Public Inspection

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Name of the organization Waynesboro Hospital

Employer identification number

23-1360854

Pa	Tt I Charity Care and	Certain O	ther Comi	nunity Benefits at		2008)			
	•					,		Yes	No
1a	Does the organization have a	charity care	policy? If "N	o," skip to question 6a			1a	Yes	
Ь	If "Yes," is it a written policy	?					1b	Yes	
2	If the organization has multip	le hospitals, i	ındıcate whic	h of the following best of	describes application (of the charity			
	care policy to the various hos	spitals							
	Applied uniformly to all ho			Applied uniformly	to most hospitals				
	Generally tailored to indiv	ıdual hospita	ls						
3	Answer the following based o	n the charity	care eligibilit	y criteria that applies t	o the largest number o	of the			
	organization's patients								
а	Does the organization use Fe								
	income individuals? If "Yes,"	indicate whic	h of the follo	wing is the family incor	ne limit for eligibility fo	r free care	3a	Yes	
		_		12500 00	00000000				
				Other			I	 	!
b	Does the organization use FP								
	"Yes," indicate which of the fo	ollowing is the	family incor	ne limit for eligibility fo	r discounted care .		3b	Yes	
	□ 200% □ 250%	Г 300	% Г	350% Г 400	% Г 0 ther <u> </u>	%			
_	If the organization does not u	ise FPG to det	termine eliail	hility describe in Part \	/I the income based c	riteria for			
	determining eligibility for free	or discounte	d care Inclu	de in the description wl	nether the organizatior				
	test or other threshold, regar	dless of incon	ne, to determ	nine eligibility for free o	r discounted care				
4	Does the organization's polic				•		4	Yes	
5a	Does the organization budget						5a	Yes	
	If "Yes," did the organization	-	•				5b		Νo
C	If "Yes" to line 5b, as a resul care to a patient who was elig						_		
63	Does the organization prepar						5c	V	No
	If "Yes," does the organization		•	•			6a 6b	Yes	
OD.	Complete the following table						В	res	
	worksheets with the Schedule	-	Konceto prov	rada III tille belledale II	matractions Bolliots	abilité ciraba			
7	Charity Care and Certain C	ther Commu	nity Benefits	at Cost					
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Pero total ex	
	Charity care at cost (from worksheets 1 and 2)			960,858		960	,858	1 6	80 %
b	Unreimbursed Medicaid (from worksheet 3, column a)			5,967,198	2,906,034	3,061	,164	5 3	70 %
c	Unreimbursed costs—other				, ,	,			
	means-tested government programs (from worksheet 3,						_	_	
	column b) Total Charity Care and			71,850		71	,850	0 1	30 %
	Means-Tested Programs .			6,999,906	2,906,034	4,093	,872	7 1	80 %
e	Other Benefits Community health improve-								
	ment services and community								
	benefit operations (from (worksheet 4)	1	700	90,276	0	90	,276	0 1	60 %
f I	Health professions education (from worksheet 5)				0				
g	Subsidized health services				<u> </u>			_	
h	(from worksheet 6) Research (from worksheet 7)	2	84	11,399	0	11	,399	0 0	20 %
	Cash and in-kind contributions				0				
• '	to community groups		482	6 7 3 7	^	_	727	0.0	10.0/
įТ	(from worksheet 8) otal Other Benefits	5	1,266	6,737 108,412	0		,737 ,412		10 % 90 %
-	Total (line 7d and 7j)	5	1,266	7,108,318	2,906,034	4,202			70 %
	aperwork Reduction Act Notice,				No 50192T	Schedule			

	activities) (Optional	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		ect offsettin evenue	g (e) Net commui building expens		(f) Perototal ex	
1	Physical improvements and housing									
2	Economic development									
3	Community support									
4	Environmental improvements									
5 6	Leadership development and training for community members Coalition building									
	Community health improvement advocacy									
8	Workforce development									
9.0	Other Total									
	rt IIII Bad Debt, Medicar	e & Colle	ction Drac	tices (Ontional for	- 2008)					
4:1	Dad Debt, Medical	e, a cone	ction Frac	tices (Optional for	2000)					
ect	ion A. Bad Debt Expense								Yes	No
1	Does the organization report b	The state of the s	nse in accor	dance with Heathcare	Financial	Managem	ent Association	₁		Νo
2	Statement No 15? Enter the amount of the organ		debtexpense	(at cost)		 2	3,751,620			140
3	Enter the estimated amount of		•	,			3,731,020	Í		
	attributable to patients eligible	e under the o	ganızatıon's	charity care policy		3		-		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	gy used in d	etermining the amoun			•			
	ion B. Medicare					1 1				
5	Enter total revenue received f						18,153,699	1		
6 _	Enter Medicare allowable cost					6	21,323,079	-		
7	Enter line 5 less line 6—surp Describe in Part VI the extent					7	-3,169,380	<u> </u>		
8	the costing methodology or so following methods was used			e amount reported on	line 6 and					
	Cost accounting system	Гс	ost to charge	e ratio	Other					
Sect	ion C. Collection Practices									
9a	Does the organization have a							9a	Yes	
9b	If "Yes," does the organization patients who are known to qua							9b	Yes	
Pa	rt IV Management Com									
	(a) Name of entity	(b) Description activity o		(c) O rgai profit % owners	orstock	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physici : % or : nership	stock
1	(a) Name of entity	(profit %	orstock	directors trustees, or key employees' profit %	profit	% or:	stock
	(a) Name of entity	(profit %	orstock	directors trustees, or key employees' profit % or stock	profit	% or:	stock
2	(a) Name of entity	(profit %	orstock	directors trustees, or key employees' profit % or stock	profit	% or:	stock
2	(a) Name of entity	(profit %	orstock	directors trustees, or key employees' profit % or stock	profit	% or:	stock
2	(a) Name of entity	(profit %	orstock	directors trustees, or key employees' profit % or stock	profit	% or:	stock
2 3 4	(a) Name of entity	(profit %	orstock	directors trustees, or key employees' profit % or stock	profit	% or:	stock
2 3 4 5	(a) Name of entity				profit %	orstock	directors trustees, or key employees' profit % or stock	profit	% or:	stock
2 3 4 5	(a) Name of entity				profit %	orstock	directors trustees, or key employees' profit % or stock	profit	% or:	stock
2 3 4 5 6	(a) Name of entity				profit %	orstock	directors trustees, or key employees' profit % or stock	profit	% or:	stock
2 3 4 5 6 7	(a) Name of entity				profit %	orstock	directors trustees, or key employees' profit % or stock	profit	% or:	stock
2 3 4 5 6 7 8	(a) Name of entity				profit %	orstock	directors trustees, or key employees' profit % or stock	profit	% or:	stock
2 3 4 5 6 7 8 9	(a) Name of entity				profit %	orstock	directors trustees, or key employees' profit % or stock	profit	% or:	stock
1 2 3 4 5 6 7 8 9 10	(a) Name of entity				profit %	orstock	directors trustees, or key employees' profit % or stock	profit	% or:	stock
2 3 4 5 6 7 8 9 10	(a) Name of entity				profit %	orstock	directors trustees, or key employees' profit % or stock	profit	% or:	stock

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Waynesboro Hospital 501 East Main Street	х								
waynesboro,PA 17268									

Part VI Supplemental Information (Optional for 2008)

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b Part I, Line 3c THE ORGANIZATION USES FEDERAL POVERTY GUIDLINES (FPG) TO DETERMINE CHARITY CARE

Part I, Line 7 NOTE 1 TO THE FINANCIAL STATEMENTS PATIENT RECEIVABLESTHE HOSPITAL PROVIDES CREDIT IN THE NORMAL COURSE OF ITS BUSINESS TO PATIENTS PATIENT RECEIVABLES ARE GENERALLY DUE 60 DAYS AFTER BILLED AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IS CARRIED FOR PATIENT ACCOUNTS THAT MAY BECOME UNCOLLECTIBLE IN FUTURE PERIODS. THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS BASED ON MANAGEMENT'S JUDGMENT OF UNCOLLECTIBLE ACCOUNTS, HISTORICAL TRENDS AND OTHER INFORMATION PATIENT RECEIVABLES ARE CHARGED AGAINST THE ALLOWANCE WHEN, IN THE JUDGMENT OF MANAGEMENT, IT IS UNLIKELY THEY WILL BE COLLECTED THE SHORTFALL FOR MEDICARE IS NOT INCLUDED IN OUR COMMUNITY BENEFIT REPORTING. A COST TO CHARGE RATIO WAS USED TO CALCULATE THE MEDICARE ALLOWABLE COST. RCC=((Net Patient Revenue/(Total operating rev+(other opr rev -+ derivative gain/loss))*Total Operating Expense)/Gross PT revall PATIENTS ARE SUBJECT TO THE DEBT COLLECTION POLICY REGARDLESS OF THEIR ABILITY TO PAY

Part III, Line 4 The Hospital provides credit in the normal course of its business to patients. Patient receivables are generally due 60 days after billed. An allowance for doubtful accounts is carried for patient accounts that may become uncollectible in future periods. The allowance for doubtful accounts is based on management's judgment of uncollectible accounts, historical trends and other information. Patient receivables are charged against the allowance when, in the judgment of management, it is unlikely they will be collected. The Cost to charge ratio was use to calculate the cost of Bad Debt expense. This ratio is calculated as follows. [Net patient revenue divided by the total operating revenue multiplied by the total operating expense.] Divided by the Gross patient revenue.

Part III, Line 8 THE INFORMATION WAS OBTAINED USING THE COST METHODS USED IN PREPARING THE MEDICARE COST REPORTS THE SHORTFALL ABOVE RELATES TO OUR MISSION OF PROVIDING SERVICES TO MEMBERS OF OUR COMMUNITY

- 2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves
- Part VI, Line 2 HEALTH NEEDS OF FRANKLIN COUNTY RESIDENTS AND SURROUNDING COMMUNITIES ARE ASSESSED THROUGH NUMEROUS RESEARCH METHODS INCLUDING CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENT (SURVEY FORMAT) IN SPRING 2009, A REVIEW OF REGIONAL HEALTH DATA AND INTERVIEWS WITH KEY COMMUNITY ORGANIZATIONS INCLUDING SCHOOLS, AREA AGENCY ON AGING, PA DEPARTMENT OF HEALTH, FRANKLIN COUNTY HUMAN SERVICES AND THE HEALTHY COMMUNITIES PARTNERSHIP
- 3 Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
- Part VI, Line 3 PATIENTS ARE MADE AWARE OF THE CHARITY PROGRAM AND OTHER BILLING ASSISTANCE SERVICES AT REGISTRATION, DURING EMERGENCY ROOM VISITS, AND NOTICES PLACED IN SERVICE AREAS BILLING STATEMENTS ALSO INFORM PATIENTS OF CHARITY CARE AND OTHER BILLING ASSISTANCE PROGRAMS
- 4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Part VI, Line 4 WAYNESBORO HOSPITAL PRIMARILY SERVES COMMUNITY MEMBERS FROM FRANKLIN AND FULTON COUNTY, PA, AND NEARBY COMMUNITIES IN WASHINGTON COUNTY, MD ACCORDING TO US CENSUS DATA, FRANKLIN COUNTY RESIDENTS HAVE A SLIGHTLY LOWER INCOME AND ARE SLIGHTLY OLDER THAN THE STATE AVERAGE FOR A HEALTH SYSTEM, THIS TYPICALLY RESULTS IN AN INCREASED NEED FOR HEALTHCARE SERVICES
- 5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
- Part VI, Line 5 WAYNESBORO HOSPITAL WORKS TO STRENGTHEN OUR COMMUNITY THROUGH HEALTH EDUCATION EFFORTS FOR CHILDREN AND ADULTS, HEALTH FAIRS PROVIDING DIAGNOSTIC TESTING, EDUCATING COMMUNITY GROUPS ON SPECIFIC HEALTH TOPICS, FUNDING LOCAL COMMUNITY ORGANIZATIONS THROUGH THE SUMMIT ENDOWMENT PROGRAM, PROVIDING RESOURCES FOR THE "HEALTHY COMMUNITIES PARTNERSHIP" PROGRAM, PARTICIPATING IN LOCAL CIVIC ORGANZIATIONS, SPONSORING EVENTS HELD BY LOCAL CHARTIABLE ORGANIZATIONS, AND SUPPORTING WORKFORCE DEVELOPMENT INITIATIVES THROUGH SUMMIT HEALTH'S SCHOOL LIAISON DEPARTMENT
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

 Part VI, Line 6 WAYNESBORO HOSPITAL SUPPORTS LOCAL NON-PROFIT ORGANIZATIONS WITH FINANCIAL GRANTS FROM THE
- Part VI, Line 6 WAYNESBORO HOSPITAL SUPPORTS LOCAL NON-PROFIT ORGANIZATIONS WITH FINANCIAL GRANTS FROM THE SUMMIT ENDOWMENT
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served
- Part VI, Line 7 THE HOSPITAL IS PART OF SUMMIT HEALTH, A REGIONAL NETWORK OF HOSPITALS AND HEALTHCARE PROVIDERS THAT ARE SERVED BY THE ORGANIZATION'S COMMUNITY HEALTH DEPARTMENT THIS DEPARTMENT'S MISSION IS TO IMPROVE THE HEALTH OF THE COMMUNITY THROUGH EDUCATION, DETECTION AND PREVENTION PROGRAMS INCLUDING HEALTH FAIRS, SCREENINGS, AND SEMINARS THIS MISSION IS COMPLETED ON BEHALF OF WAYNESBORD HOSPITAL AND ALL OTHER SUMMIT HEATLH AFFILIATES PART OF THIS MISSION IS COMPLETED THROUGH COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS INCLUDING THE PA DEPARTMENT OF HEALTH
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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As Filed Data -

DLN: 93493109002020

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

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

2008

Department of the Treasury Internal Revenue Service

Compensated Employees

Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Naı	me	of	t	he	OI	rga	ni	za	t	io	n
Way	yne:	sbo	ro	Но	sp	ıtal					

Employer identification number

23-1360854

Pa	rt I Questions Regarding Compensation	า				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	\vdash	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			
	✓ Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wr provision of all the expenses described above? If "N	•		1b	Yes	
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	at appl	У			
	Compensation committee	V				
	Independent compensation consultant	□	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, F	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control p	ayment	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
ь	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νο
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7	Yes	
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III					No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	3C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Norman B Epstein	(1) (11)	86,092 774,829	20,000 180,000		8,927 80,344	3,491 31,415		20,83 187,53
Kenneth L Shur	(ı) (ıı)	166,480	33,854		11,928	21,067	233,329	
Patrick O'Donnell	(I) (II)	31,763 285,875	9,420 84,780		8,665 77,983	2,813 25,318		
Thomas Anderson	(I) (II)	59,743 238,970	12,000 48,000		7,736 30,945	4,194 16,775		
SHERRI STAHL	(ı) (ıı)	38,595 154,381	7,488 29,950		7,364 29,457	3,096 12,385		
PATRICIA BABARO WICZ	(ı) (ıı)	18,781 169,027	3,796 34,163		7,736 50,127	1,138 10,238		
MICHELE ZEIGLER	(1) (11)	38,944 155,775	7,838 31,352		8,342 33,370	3,148 12,593		
John McElwee	(ı) (ıı)	12,105 229,995	2,400 45,600		2,552 48,495	1,263 23,992		
JEFF CARTY	(1) (11)	137,457	13,968		9,551	20,067	181,043	
NORBERT P MATHIAS	(1) (11)	407,508					407,508	
D B FO STER	(ı) (ıı)	309,234					309,234	
ELIZABETH COOK	(ı) (ıı)	251,048					251,048	
VICKI ELLIS	(ı) (ıı)	235,674					235,674	
MERRILL B MCKENZIE	(1) (11)	232,335					232,335	
	(i) (ii)				<u> </u>			

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation
		The organization reimburses the COO for dues associated with a social club. The officer receives 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. These monies are included in compensation as reported in the Compensation of Officers table. Results fitness club membership is available free of charge for any officer and active board member.
	Part I, Line 4a	NORMAN EPSTEIN - \$208,371 PATRICK W O'DONNELL - NO PAYMENT THOMAS ANDERSON - NO PAYMENT PAT BARBAROWICZ - NO PAYMENT JOHN MCELWEE - NO PAYMENT MICHELE ZEIGLER - NO PAYMENT
	Part I, Line 7	Incentive compensation is based on pre-determined, measurable goals approved by the Board of Directors' Executive Compensation Committee The measurable goals are based on quality, community access to care, patient safety and leadership

Software ID: Software Version:

EIN: 23-1360854

Name: Waynesboro Hospital

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

(A) Name

(B) Breakdown of W-2 and/or 1099-MISC compensation

(C) Deferred

(D) Nontaxable

(E) Total of columns

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(1) II)	86,092 774,829	20,000 180,000		8,927 80,344	3,491 31,415	118,510 1,066,588	20,837 187,534
Kenneth L Shur (((1) II)	166,480	33,854		11,928	21,067	233,329	
	(1) II)	31,763 285,875	9,420 84,780		8,665 77,983	2,813 25,318	52,661 473,956	
	(1) II)	59,743 238,970	12,000 48,000		7,736 30,945	4,194 16,775	83,673 334,690	
	(1) II)	38,595 154,381	7,488 29,950		7,364 29,457	3,096 12,385	56,543	
PATRICIA BABARO WICZ (I	(i) ii)	18,781 169,027	3,796 34,163		7,736 50,127	1,138 10,238		
MICHELE ZEIGLER (((1) II)	38,944 155,775	7,838 31,352		8,342 33,370	3,148 12,593	58,272 233,090	
	(1) II)	12,105 229,995	2,400 45,600		2,552 48,495	1,263 23,992	18,320 348,082	
JEFF CARTY (((1) II)	137,457	13,968		9,551	20,067	181,043	
NORBERT P MATHIAS ((i) ii)	407,508					407,508	
D B FO STER (I	(1) II)	309,234					309,234	
ELIZABETH COOK ((1) II)	251,048					251,048	
VICKI ELLIS (((1) II)	235,674					235,674	
MERRILL B MCKENZIE (((1) II)	232,335					232,335	

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public

Inspection

Name of the organization
Waynesboro Hospital

Employer identification number

23-1360854

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The organization's 990 is reviewed by the audit commitee and upon approval recommended to the full board of directors for submission to the IRS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		MEMBERS ARE ASKED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THEY MAY HAVE

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		COMPENSATION IS DISCUSSED WITH AN INDEPENDENT COMPENSATION COMMITTEE THIS IS PERFORMED IN CONCERT WITH A COMPENSATION CONSULTANT WHO ASSISTS THIS COMMITTEE IN SETTING THE COMPENSATION FOR THESE INDIVIDUALS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents, conflict of interest policy and financial statements are available upon request These documents are held in the Finance department of the Waynesboro Hospital Hospital bylaws and all Policies and Procedures are found on the Waynesboro Hospital intranet

Part I Identification of Disregarded Entities

DLN: 93493109002020

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury

(Form 990)

SCHEDULE R

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Internal Revenue Service Name of the organization **Employer identification number**

Waynesboro Hospital 23-1360854

(A) Name, address, and EIN 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

(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
SUMMIT HEALTH 112 north seventh street chambersburg, PA17201 25-1515371	MANAGE AND ADMINISTER THE LOCAL AND REGIONAL NETWORK OF HEALTHCARE PROVIDERS	РА	501(C)(3)	PUBLIC CHARITY	SUMMIT HEALTH
THE CHAMBERSBURG HOSPITAL 112 N SEVENTH STREET chambersburg, PA17201 23-0465970	SERVE THE HEALTH CARE NEEDS OF FRANKLIN COUNTY PA AND THE SURROUNDING COMMUN	РА	501(C)(3)	PUBLIC CHARITY	SUMMIT HEALTH
CHAMBERSBURG HEALTH SERVICES 260 NORTH SEVENTH STREET chambersburg, PA17201 25-1515376	SERVE THE HEALTH CARE NEEDS OF FRANKLIN COUNTY PA AND THE SURROUNDING COMMUN	РА	501(C)(3)	PUBLIC CHARITY	SUMMIT HEALTH
CUMBERLAND VALLEY MEDICAL SERVICES 601 NORLAND AVENUE chambersburg, PA17201 25-1716306	PROVIDES APPROPRIATE PHYSICIAN MANPOWER FOR VARIOUS FAMILY PRACTICES SERVING	РА	501(C)(3)	PUBLIC CHARITY	SUMMIT HEALTH
For Denominary Deduction Act Notice and the Instructions for Form 000		Cat Na E012EV			Cahadula D / Farm 000\ 2000

art III Identification of F			(c)			(E)		(G)	(1	1)	(1)	()	J) .
(A) Name, address, and EIN of related organization	(B) Primary act	tivity	Legal domicile (state or foreign country)		(D) Direct controlling entity	Predominant income(related, investment, unrelated)	(F) Share of total income	Share of end-of- year assets		prtionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gener mana partr	ag ing ner?
									Yes	No		Yes	No
													_
Part IV Identification of F	Related Org	anizations	Taxab	le as	a Corporation	or Trust							
(A) Name, address, and EIN of related o	organization	(B) Primary act	civity		(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	g (E) Type of entity (C corp, S corp, or trust)	(F) Share of total inc	ome	Sh end	nare of Perce	(H) entage nership	
CUMBERLAND VALLEY SPECIALTY SERVICES 120 N SEVENTH STREET CHAMERSBURG, PA17201 20-1408985		MEDICAL SER TO FRANKLIN COUNTY PENNSYLVANI			PA	SUMMIT HEALTH	С						

Part V Transactions with Related Organizations

Note. Complete line 1 if ar	iny entity is listed in Parts II, III or IV
-----------------------------	---

1 During	thatay year	, did the orgranization	vangaga in any of	ftha fallawing	trancactions with a	na ar mara ralat	ad arganizations	licted in Darte	· TT_T\/ 2
I Dulling	ılle tax yeal,	, ulu tile olulaliizatioi	i elluaue ili aliy ol	Lile Ioliowilla	tialisactions with o	ne oi inole leiat	eu oruanizations	IISTEU III Faits	, TI_IA .

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- **c** Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- **q** O ther transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	THE CHAMBERSBURG HOSPITAL	к	1,617,332
(2)	CUMBERLAND VALLEY MEDICAL SERVICES	I	111,987
(3)	THE CHAMBERSBURG HOSPITAL	I	34,355
(4)	CUMBERLAND VALLEY MEDICAL SERVICES	Q	2,127,216
(5)	CUMBERLAND VALLEY SPECIALTY SERVICES	R	170,610
(6)			

	1 03	140
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1 g		No
1h		No
1i	Yes	
1j		No
1k	Yes	
11		No
1m		No
1n		No
10		No
1р		No
	_	
1q	Yes	
1r	Yes	

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	