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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
WAYNE MEMORIAL HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
601 PARK STREET

City or town, state or country, and ZIP + 4
HONESDALE, PA 18431

D Employer identification number
24-0798839

E Telephone number
(570) 253-8100

G Gross receipts $ 88,465,771

F Name and address of principal officer
DAVID HOFF
601 PARK STREET
HONESDALE, PA 18431

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www wmh org

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

L Year of formation 1907

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OPERATES A 98-BED ACUTE CARE HOSPITAL, WITH AN ADDITIONAL 14 BEDS DEDICATED TO INPATIENT REHAB

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of employees (Part V, line 2a)	**5**	750
6	Total number of volunteers (estimate if necessary)	**6**	160
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	540,433	208,628
	9 Program service revenue (Part VIII, line 2g)	66,885,305	66,372,174
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	463,967	1,475,886
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,302,142	1,326,629
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	69,191,847	69,383,317
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	510,707	699,271
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	29,281,305	31,835,998
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	35,928,672	35,843,020
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	65,720,684	68,378,289
	19 Revenue less expenses Subtract line 18 from line 12	3,471,163	1,005,028

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	87,650,147	90,410,423
	21 Total liabilities (Part X, line 26)	43,469,815	45,792,675
	22 Net assets or fund balances Subtract line 21 from line 20	44,180,332	44,617,748

Part II Signature Block

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

Sign Here

****** | 2011-04-11
Signature of officer | Date

DAVID HOFF CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Mark J Ross	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ParenteBeard LLC 46 Public Square Suite 400 WilkesBarre, PA 18701			EIN ▶ Phone no ▶ (570) 820-0100

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Wayne Memorial Hospital's mission, as adopted by its Board of Trustees, is to provide quality healing and comfort to those in need guided by compassion, advocacy, respect, excellence and service

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 60,192,726 including grants of $ 699,271) (Revenue $ 66,405,133)

As the only hospital in our primary service area, Wayne Memorial Hospital seeks to provide a full continuum of care, from birthing suites to chemotherapy, endoscopy, cardiology procedures, respiratory therapy, imaging scans, home health and hospice care for the population we serve, approximately 100,000 people in mostly rural Wayne and Pike Counties, Pennsylvania We operate inpatient acute care and inpatient rehabilitation beds as well as provide outpatient emergency, diagnostic and rehabilitative services Our Emergency Department offers physician care 24 hours a day to all, regardless of ability to pay In 2010, our Emergency Department saw 18,137 cases Patients who cannot afford services and who meet certain criteria are eligible for our charity care program, which offers services at reduced rates or without charge Admissions for the year ending June 30, 2010, amounted to 3,234 Patient days, excluding newborns, came to 12,130 Outpatient services, including laboratory and imaging procedures totaled 600,853 A significant portion of our income is derived from Medicare and Medicaid-dependent patients

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

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

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

4e **Total program service expenses** ▶ $ 60,192,726

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
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 similar funds or 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		No
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	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**	Yes	
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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	82		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	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	750		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 16		
b	Enter the number of voting members that are independent . .	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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

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

☐ Own website ☐ Another's website ☑ 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

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

ADMINISTRATION
601 PARK STREET
HONESDALE, PA 18431
(570) 253-8100

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	664,103	588,730	110,334

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 4

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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
WAYNE MEMORIAL HEALTH SYSTEM INC 601 PARK STREET HONESDALE, PA 18431	MANAGEMENT SERVICES	882,468
Lab Corp of America PO Box 12140 Burlington, NC 272162140	Lab Services	749,695
siemens healthcare diagnostics PO BOX 121102 dallas, TX 75312	medical services	641,435
GOOD SHEPHERD REHABILITATION HOSP 850 SOUTH 5TH STREET ALLENTOWN, PA 18103	REHABILITATION SERVICES	474,321
siemens diagnostics PO BOX 121102 dallas, TX 75312	medical services	468,633

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 15

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	10,653			
	e	Government grants (contributions)	1e	197,975			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		208,628			
Program Service Revenue			Business Code				
	2a	NET PATIENT SVC REV	621,990	65,910,240	65,910,240		
	b	THERAPY CONTRACTS	624,310	325,060	325,060		
	c	PATIENT HEALTHCARE SVC	621,990	136,874	136,874		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		66,372,174			
	3	Investment income (including dividends, interest and other similar amounts)		1,294,294			1,294,294
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	403,571				
	b	Less rental expenses	346,288				
	c	Rental income or (loss)	57,283				
	d	Net rental income or (loss)		57,283			57,283
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	18,917,758				
	b	Less cost or other basis and sales expenses	18,736,166				
	c	Gain or (loss)	181,592				
	d	Net gain or (loss)		181,592			181,592
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	EMPLOYEE DRUG SALES	446,110	951,339			951,339
	b	CAFETERIA/VENDING	722,210	246,604			246,604
	c	HOUSEKEEPING & MAINTEN	900,099	30,791			30,791
	d	All other revenue		40,612	32,959		7,653
	e	**Total.** Add lines 11a–11d		1,269,346			
	12	**Total revenue.** See Instructions		69,383,317	66,405,133	0	2,769,556

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 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	699,271	699,271		
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				
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	25,023,851	21,922,339	3,101,512	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,687,259	1,478,136	209,123	
9	Other employee benefits	3,260,670	2,856,535	404,135	
10	Payroll taxes	1,864,218	1,638,350	225,868	
11	Fees for services (non-employees)				
a	Management	882,468		882,468	
b	Legal	106,360		106,360	
c	Accounting	60,094		60,094	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	190,084		190,084	
g	Other	4,504,866	3,599,459	905,407	
12	Advertising and promotion				
13	Office expenses	7,021,107	6,375,005	646,102	
14	Information technology				
15	Royalties				
16	Occupancy	1,762,541	1,191,802	570,739	
17	Travel	166,167	165,704	463	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,189,556	1,189,556		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,198,914	4,198,914		
23	Insurance	1,019,635	1,019,635		
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)				
a	BAD DEBT EXPENSE	5,368,718	5,368,718		
b	PHARMACY	5,041,961	5,041,961		
c	REPAIRS & MAINTENANCE	1,773,219	962,001	811,218	
d	REAGENTS EXPENSE	1,354,822	1,354,822		
e	BLOOD BANK/LAB EXPENSE	373,469	373,469		
f	All other expenses	829,039	757,049	71,990	
25	**Total functional expenses.** Add lines 1 through 24f	68,378,289	60,192,726	8,185,563	0
26	**Joint costs.** Check here ▶ ☐ 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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		900	1	1,200
	2	Savings and temporary cash investments		8,701,663	2	5,545,367
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		6,010,546	4	8,209,839
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		743,468	8	719,576
	9	Prepaid expenses and deferred charges		1,118,873	9	1,242,261
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 80,843,326			
	b	Less accumulated depreciation	10b 55,982,963	26,972,883	10c	24,860,363
	11	Investments—publicly traded securities		35,398,286	11	41,166,989
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		8,703,528	15	8,664,828
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		87,650,147	16	90,410,423
Liabilities	17	Accounts payable and accrued expenses		6,410,440	17	7,340,311
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		31,234,751	20	29,814,330
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		5,824,624	25	8,638,034
	26	**Total liabilities.** Add lines 17 through 25		43,469,815	26	45,792,675
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		42,096,320	27	42,723,276
	28	Temporarily restricted net assets		491,075	28	305,160
	29	Permanently restricted net assets		1,592,937	29	1,589,312
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		44,180,332	33	44,617,748
	34	Total liabilities and net assets/fund balances		87,650,147	34	90,410,423

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
WAYNE MEMORIAL HOSPITAL	24-0798839

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		10,584
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			10,584
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Wayne Memorial Hospital pays annual membership dues to the Hospital & HealthSystem Association of Pennsylvania (HAP) and American Hospital Association (AHA) The Hospital is notified each year that a portion of the membership dues is used for lobbying activities For the fiscal year ending June 30, 2010, the portion of fees paid representing lobbying expenditures was $5,635 for HAP and $4,949 for AHA, totaling $10,584 in lobbying expenditures

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

9 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 the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, 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 ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,984,110		1,984,110
b Buildings		32,442,971	17,983,008	14,459,963
c Leasehold improvements		2,196,399	1,536,486	659,913
d Equipment		42,665,751	35,723,654	6,942,097
e Other		1,554,095	739,815	814,280
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				24,860,363

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DEFERRED FINANCING COSTS, NET	461,216
INTEREST IN NET ASSETS OF AFFILIATE	3,149,236
Beneficial Interest in Perpetual Trusts	1,485,398
NOTE REC, WAYNE MEMORIAL COMMUNITY HEALTH CENTERS	805,305
DUE FROM AFFILIATES	51,220
NOTES REC AFFILIATES	2,712,453
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	8,664,828

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	250,000
ESTIMATED MEDICAL MALPRACTICE CLAIMS LIABILITY	1,344,481
PENSION LIABILITY	6,989,609
due to CHC	53,944
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	8,638,034

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	69,383,317
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	68,378,289
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,005,028
4	Net unrealized gains (losses) on investments	4	1,788,607
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,356,219
9	Total adjustments (net) Add lines 4 - 8	9	-567,612
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	437,416

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	68,971,909
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,788,607		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-2,546,303		
e	Add lines **2a** through **2d**			2e	-757,696
3	Subtract line **2e** from line **1**			3	69,729,605
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-346,288		
c	Add lines **4a** and **4b**			4c	-346,288
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	69,383,317

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	68,534,493
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	346,288		
e	Add lines **2a** through **2d**			2e	346,288
3	Subtract line **2e** from line **1**			3	68,188,205
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	190,084		
c	Add lines **4a** and **4b**			4c	190,084
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	68,378,289

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	The Hospital is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on its exempt income under Section 501(a) of the Internal Revenue Code The Hospital accounts for uncertainty in income taxes by prescribing a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority Measurement of the tax uncertainty occurs if the recognition threshold has been met Management determined that there were no tax uncertainties that met the recognition threshold in 2010 and 2009 The Hospital's federal Returns of Organization Exempt from Income Tax for the years ended June 30, 2009, 2008, and 2007 remain subject to examination by the Internal Revenue Service
Part XI, Line 8 - Other Adjustments		CHANGE IN INTEREST IN NET ASSETS OF AFFILIATE 167170 PENSION LIABILITY ADJUSTMENT -2415850 VALUATION CHANGE, BENEFICIAL INTEREST IN PERPETUAL TRUSTS -107539
Part XII, Line 2d - Other Adjustments		CHANGE IN INTEREST IN NET ASSETS OF AFFILIATE 167170 PENSION LIABILITY ADJUSTMENT -2415850 Valuation change, Beneficial Interest in Perpetual Trusts -107539 investment management fees -190084
Part XII, Line 4b - Other Adjustments		RENTAL EXPENSES -346288
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSES 346288
Part XIII, Line 4b - Other Adjustments		investment management fees 190084

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____	3b		No
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		No
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			173,462		173,462	0 280 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			7,721,973	4,462,312	3,259,661	5 170 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			7,895,435	4,462,312	3,433,123	5 450 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	20	9,949	207,136	13,640	193,496	0 310 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	1		699,271		699,271	1 110 %
j **Total** Other Benefits	21	9,949	906,407	13,640	892,767	1 420 %
k **Total.** Add lines 7d and 7j	21	9,949	8,801,842	4,475,952	4,325,890	6 870 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support	2		56,829		56,829	0 090 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	1	119	8,614		8,614	0 010 %
7	Community health improvement advocacy						
8	Workforce development	3	163	1,720		1,720	0 %
9	Other						
10	**Total**	6	282	67,163		67,163	0 100 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	1,932,738		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	26,914,616
6	Enter Medicare allowable costs of care relating to payments on line 5	6	25,448,409
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	1,466,207
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

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)
WAYNE MEMORIAL HOSPITAL 601 PARK STREET HONESDALE, PA 18431	X	X					X		

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

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

See additional data

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

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

See additional data

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)

See additional data

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

See additional data

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:
Software Version:
EIN: 24-0798839
Name: WAYNE MEMORIAL HOSPITAL

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 3c Part I, line 3cThe hospital uses the FPG so this question is not applicable Part I, line 6aN/APart I, line 7gThe hospital subsidized the out of scope (non primary care services - surgeons and specialist) services of Wayne Memorial Community Health Centers (WMCHC) with a cash contribution of $699,271 WMCHC's surgeons and specialist provide inpatient and outpatient care at Wayne Memorial Hospital as well as services out of their Health Center offices WMCHC would not be able to provide these services and they would not be available in the community without the subsidy Part I, line 7, column (f)The amount of bad Debt Expense from Form 990, Part IX, line 25, Column A that was removed for purposes of calculating the percentage in Schedule H, Part I, line 7, column (f) was $ 5,368,718 Part I, line 7, costing methodologyThe hospital used a ratio of cost to charges developed from the Worksheet 2 from the instruction for the 990 Schedule H

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f The Bad Debt Cost entered on line 2, Part III of Schedule H was calculated by taking the Bad debt Expense shown on the Hospital's financial Statements ($5,368,718) and applying the cost to charge ratio from worksheet 2 from the instruction for the 990 Schedule H The hospital does not track Bad Debt Expense attributable to patients eligible under the organization's charity care policy If the hospital is aware or becomes aware of a patient's eligibility for charity care then bad debt expense would not be recorded for such a patient Charity Care would be recorded The hospital's financial statements did not contain a footnote that described Bad Debt Expense The Hospital records Bad Debt Expense as the balance written off on a given account If there are no payments or adjustments on the account the amount written off would represent the amount charged for services If there are payments and / or adjustments then the amount written off would be the net balance on the account The adjustments on the account would be for contractual adjustments with third parties including Medicare, Medicaid and commercial insurers as well as any other discount available to all patients

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 ACCOUNTS RECEIVABLE, PATIENTS ARE REPORTED AT NET REALIZABLE VALUE ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF INDIVIDUAL ACCOUNTS THE ALLOWANCE FOR DOUBTFUL COLLECTIONS IS ESTIMATED BASED UPON A PERIODIC REVIEW OF THE ACCOUNTS RECEIVABLE AGING, PAYOR CLASSIFICATIONS, AND APPLICATION OF HISTORICAL WRITE-OFF PERCENTAGES

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 THE HOSPITAL IS A MEDICARE DEPENDENT HOSPITAL (MDH) A MDH MUST HAVE 60% OF ITS INPATIENT DAYS OR ADMISSIONS ATTRIBUTABLE TO ITS MEDICARE PATIENTS IN 2 OUT OF 3 OF ITS MOST RECENT FISCAL YEARS A MDH IS PAID SIMILARLY TO A SOLE COMMUNITY HOSPITAL BUT AT A LESSER RATE A MDH IS PAID THE GREATER OF THE FEDERAL INPATIENT PROSPECTIVE PAYMENT SYSTEM (IPPS) RATES OR 75% OF THE DIFFERENCE BETWEEN ITS HOSPITAL SPECIFIC COST FOR A BASE PERIOD ROLLED FORWARD FOR MARKET BASKET INCREASES FROM THE BASE PERIOD AND THE IPPS RATES THE MDH EXTRA PAYMENT AMOUNTED TO OVER $2,313,000 IN OUR FISCAL 2010 A COMPARISON OF OUR MEDICARE NET REVENUE INCLUDED IN OUR FINANCIAL STATEMENTS AND THE COST TO PROVIDE SERVICES TO MEDICARE PATIENTS AS CALCULATED ON OUR 2010 MEDICARE COST REPORT SHOWS AN EXCESS OF PAYMENTS OVER COST OF JUST OVER $1,466,000 aS A RESULT OF THE SURPLUS INCLUSION OF THE MEDICARE SHORTFALL IN COMMUNITY BENEFIT IS NOT APPLICABLE TO OUR ORGANIZATION

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b THE WRITTEN HOSPITAL COLLECTION POLICY CONTAINS PROVISION FOR FINANCIAL COUNSELING FOR PATIENTS INCLUDING APPLYING TO INSURANCE AVAILABLE SUCH AS BLUE CHIP OR ADULT BASIC ASSISTANCE WILL ALSO BE PROVIDED TO HELP PATIENT WITH MEDICAL ASSISTANCE APPLICATIONS AND CHARITY CARE APPLICATIONS CHARITY CARE APPLICANTS ARE URGED TO APPLY FOR MEDICAL ASSISTANCE BUT IT IS NOT A REQUIREMENT QUALIFICATION FOR CHARITY CARE IS BASED ON 200% OF THE CURRENT POVERTY GUIDELINES THE PATIENT ACCOUNTS MANAGER REVIEWS THE APPLICATIONS AND NOTIFIES THE APPLICANT WHETHER THEIR APPLICATION HAS BEEN APPROVED THOSE PATIENTS QUALIFYING FOR CHARITY CARE HAVE THEIR PATIENT ACCOUNT BALANCES WRITTEN OFF COMPLETELY IF A PATIENT HAS FUTURE BILLS THEY ARE REVIEWED AND IF FINANCIAL INFORMATION IS STILL CURRENT THEY ARE ALSO WRITTEN OFF IF THE PATIENT HAS A FUTURE BILL AND THE FINANCIAL INFORMATION IS NOT CURRENT WE REQUEST THE CURRENT INFORMATION SO WE CAN REVIEW FOR CHARITY CARE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part V THE HOSPITAL DOES NOT OPERATE ANY FACILITY THAT IS NOT REQUIRED TO BE LICENSED, REGISTERED OR SIMILARLY RECOGNIZED AS A HEALTH CARE PROVIDER ALL HOSPITAL SERVICES ARE PROVIDED IN FACILITIES THAT ARE HOSPITAL BASED AS THAT TERM IS DEFINED MEDICARE REGULATIONS

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 The community needs assessment methodology that Wayne Memorial Hospital used, related to the time frame 7/1/2009 - 6/30/2010, followed a model that involved contracting with an outside organization, a consulting firm, to conduct the study Background In the spring of 2007, under the guidance of Wayne Memorial Hospital, a group of individuals representing various health care and human service providers in Wayne and Pike Counties, PA met to consider a plan to produce a comprehensive needs and resource assessment for the area The product would benefit health care and human service provider organizations/agencies and local governments in Pike and Wayne Counties in terms of organizational policy considerations and in preparation of funding proposals to governmental and private funders As a result of that original meeting, a Pike/Wayne Community Needs Assessment Steering Committee was started as an independent grass roots collaboration of community activists and began regular meetings to compose a Request for Proposals (RFP) to accomplish the assessment The Committee included representatives from Wayne Memorial Hospital (WMH), United Way of Pike County, Wayne and Pike County governments, PPL, Inc and Camp Speers-Eljabar YMCA, the Pike Interagency Council and Wayne Memorial Community Health Centers (WMCHC) An RFP was created and sent to qualified regional consulting firms to complete a community health and human services needs and resources assessment for the counties of Pike and Wayne in Northeastern Pennsylvania The Assessment In January 2008, a firm was chosen, HMS Associates of Getzville, NY, that had performed a previous health needs assessment in Pike County in 2004 From April through November 2008 the Pike and Wayne County Heath and Human Service Needs Assessment was performed involving statistical data collection from sources in Pennsylvania, New York and New Jersey and considered along with community perceptions and local expert opinions gathered through numerous focus groups and one-on-one interviews Geographic Area Assessed The area assessed is the same as that described in question #4 How Frequently the Assessment is Conducted This was the first incidence of a needs assessment of this depth having been performed for the service area Prior to this, a healthcare only needs assessment was performed approximately every two years by the Wayne Memorial Hospital Community Advisory Board starting in 1996 It is the intention of Wayne Memorial to fulfill the requirement of the IRS community benefit mandate to perform a similar needs assessment to the 2009 study every three years Process for Prioritizing Needs An in depth analysis was made of all collected data, which was weighted through a formula developed that juxtaposed the data collected with Maslow's Hierarchy of Needs and empirical emphasis identified by experts and providers involved in the study This formula was used to establish a final actionable list of the highest priority health and human service needs for the two-county region Those priority items were (rank/need) 1 Access to Primary Care, 2 Mental Health, 3 Emergency Medical Services, 4 Youth Support and Programs, 5 Elderly Support and Programs, 6 Oral Health, 7 Infrastructure, 8 Transportation, 9 Affordable Housing Availability of the Assessment to the Community The final assessment product was made available to the general public via, Wayne Memorial Hospital's and United Way of Pike County's websites and 92-page hard copies presented at an open forum at the PPL Environmental Center at Lake Wallenpaupack in April 2009 In June of 2009, the Needs Assessment was named the top economic development project for that year in the 7-county service area of the Nonprofit Community Assistance Center, an arm of NEPA - the Northeast Pennsylvania Alliance - which is one of seven regional agencies that help coordinate community and economic development activities in Pennsylvania The project was funded by the WMH, PA Dept of Health, WMCHC, the counties of Wayne and Pike, United Ways, and other local businesses, agencies and organizations

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 The Hospital educates and informs 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 hospital's charity care policy through its scheduling, registration, social services and billing departments Its patients and persons who may be billed for patient care are also made aware of their eligibility through WMCHC a clinical affiliate of the hospital who receives sUbstantial financial support from the hospital and is a Federally Qualified Health Center Federally Qualified Health Centers improve the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services Health Center Program grants support a variety of community-based and patient-directed health care services, principally to an increasing number of the Nation's underserved WMCHC receives an annual base grant of $650,000 to provide services to the area's uninsured andunderinsured populations In the spring of 2009, WMCHC received additional funding in the amount of $155,916 from the Recovery Act in the form of an IDS (Increased Demand for Services) grant to support its efforts to address the increased demand for services in its service area as well as create employment opportunities in the community Patients and others are made aware of the programs available anytime from the scheduling of an appointment to final disposition of their bill if there is any indication of the need or request for help in paying for services being scheduled, provided or billed for Wayne Memorial is the lead agent for the Pennsylvania State Health Improvement Plan partnership for Wayne and Pike Counties with about 300 members This networking partnership provides a modality to assist the low income and the uninsured The Together for Health Program run by the hospital for 700 seventh graders and 700 eleventh graders provides screenings for anemia, leukemia, diabetes, hypertension, elevated 8MI, mental illness, elevated cholesterol, etc Educational written materials, lifestyle tools and professional presentation are provided Students participate in the program for about 6 hours The students that do not have a primary care provider are told about the local Federally Qualified Health Care Centers (WMCHC) that provides primary care, behavioral health and dental services We have included a copy of our Collection Policy, Charity Care Application and "Does Wayne Memorial Participate with My Insurance?"

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 The primary service area of Wayne Memorial Hospital includes all of Wayne County, Pennsylvania and all of Western, Northern and portions of Eastern and Southern Pi ke County, Pennsylvania and the Southwestern portion of Western Sullivan County, New York The secondary service area includes the balance of Pike County and Eastern portions of La ckawanna and Susquehanna and Northern Monroe County in Pennsylvania Although some portion s of Pike County that are included in the Newburgh, NY MSA (metropolitan statistical area) and all of Lackawanna, which are urban, the WMH service area is almost exclusively rural Service Area Congressional Districts and Zip Codes The Congressional Districts included in the WMH service area are PA-I0 and NY-22 The Census Tracts include the following 9502 , 9523, 9524, 9601,9602, 9603, 9604, 9605, 9606, 9607,9608, 9609, 9610, 9611,9612,9613, 96 14, The Zip Codes include the following 12723, 12741, 12748, 12764, 18324, 18328, 18336, 1 8337, 18405, 18415, 18417, 18425, 18426, 18427 18428, 18431, 18436, 18437, 18439, 18443, 18444, 18445, 18453, 18455, 18461, and 18462 Hospitals in Service Area The only hospital in Wayne Co , PA is Wayne Memorial Hospital, a nonprofit acute care hospital, there is no hospital located in Pike County, PA , the only hospital in the portion of Monroe Co , PA t hat is part of WMH's service area is Pocono Medical Center, a nonprofit acute care hospita l, the only hospital in the portion of Lackawanna Co , PA that is part of WMH's service ar ea is Marion Community Hospital, a critical access hospital, there is no hospital in the p ortion of Sullivan Co , NY that is part of WMH's service area Medically Underserved Areas Federally designated medically underserved areas (MUAs) in the WMH service area include the following Lackawanna Co , MUA - 8 census tracts, Monroe Co , Stroudsburg -low income MUP , Pike Co Greene Service Area, MUA , Wayne Co - Damascus Service Area MUA , Sullivan Co , NY - 3 Low Income MUPs, Western Sullivan Service Area, Wawarsing/Fallsburg Service Area, Monticello Community Demographics The continued rate of rapid growth of the population is one of the most significant aspects of the WMH service area The target population for WMCHC services is comprised of predominantly low income, disproportionately elderly, mobil ity/transportation challenged, often significantly overweight and prone to refrain from he alth-related physical activities They are frequently unmotivated to take responsibility f or their health status The core of the hospital's users consists in large part of rural l ow to moderate income residents Another dominant factor of service area demographics is t he significant in-migration that Wayne, and especially Pike, Counties' populations have ex perienced in recent times The 2009 Needs Assessment, described in Question 2 above, and U S Census Bureau data for the last two decades shows that Wayne County increased by 19 5% from 1990 to 2000 and 7 6% growth is projected from 2000 to 2009 Pike, at the same time, increased by 65 6% from 1990 to 2000 and projected to grow by 30 7% from 2000 to 2010 A significant number of these new residents arrive without established care patterns The tw o-hour proximity to New York City accelerated this migration after the terrorist attacks o f 2001, These migrants, in large part, consist of low income, young adults and families se eking to escape the high cost of the urban areas, along with retirees moving for the same reason The retirees consist of both Medicare age population and a significant number of " gappers", defined as 55 to 65 year old retirees without the benefit of corporate retiremen t benefits and they often present seeking sliding fee scale services Both migrant groups represent a significant need for the community Having moved to a distant community, these patients often seek episodic care at various locations and are abusers of emergency room services Special popUlations The data shown in the table below is from the U, S Census Bureau, 2006-2008 American Community Survey 3-Year Estimates,Item Pike County Wayne County Target Population PA U S Total population 58 469 51,752 110,221 12,418,756 301,237,703Me dian Age 40 3 42 5 41 4 39 7 36 7%pop >65 yrs 14 8% 18 0% 16 4 15 2% 12 6%%pop Race/Whit e 90 6% 95 1% 92 9 83 8% 74 3%%pop Race I Black 5 0% 2 6% 3 8% 10 3% 12 3%% pop Hispanic of any race 7 9% 2 9% 5,4 4 6% 15 1%%pop high school grad 91 0% 88 2% 89 6% 86 8% 84 5%%p op BS/BA 22 5% 19 5% 21 0% 25 9% 27 4%%pop Veterans>18 yrs 11 3% 12 8% 24 1 10 9% 10 1%M edian Household Income $56,679 $43,947 $50,313 $50,272 $52,175Families Below Poverty Lev 7 3% 8 0% 7 6% 8 2% 9 6%Individuals Below Poverty Lev 8 1% 11 9% 10 0% 11 9% 13 2% Averag e Income Level See table aboveResidents Below FPL See table aboveRates of Uninsured and Underinsured According to the U S Census Bureau, 2006-2008 American Community Survey 3- Year Estimates, service area population of uninsur

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

ed numbers 8,849, or 8 0% of the population Percent of Families on Medicaid or Other Assi stance According to the U S Census Bureau, 2006-2008 American Community Survey 3-Year E stimates, the number of families in the service area on Medicaid is 16,639, or 15 1% of th e population Age Breakdown and Recent Trends According to the U S Census Bureau, 2006- 2008 American Community Survey 3-Year Estimates, age breakdown of the service area populat ion is as follows < 5 years 4,954 or 4 5%5-17 years 12,373 or 11 2%18-34 years 18,070 or 1 6 4%35-64 years 46,874 or 42 5%65 and older 27,297 or 24 8%Percentages of Non-English Spea king Populations According to the U S Census Bureau, 2006-2008 American Community Surve y 3-Year Estimates, non-English speaking populations in the service area total 7 3% of the total population Major Health Problems and Health Statistics The following select healt h problems and statistics are indicative of major areas of concern for the service area Di abetes - Diabetes Mortality Rate (# of deaths/100,000)Pike - 34 8, Wayne - 75 2, PA - 75 9 , U S - 77 0, HP2010 Target - 45 0(Source PA DOH County Health Profiles 2010)Despite th e fact that both county rates are lower than the states' and the nation's levels, the expe rience of WMH and WMCHC individual centers belies that fact, with a self-audit indicating at this specific, and more intimate level, that nearly one in three patients presenting at the hospital and its affiliated family health centers are diabetic or pre-diabetic, evide ncing the higher risk of these patients in comparison to the community as a whole Cardiova scular Disease - Mortality from Diseases of the Heart (# of deaths/100,000)Pike - 116 9, Wa yne -182 1, PA -138 5, U S -190 9, HP2010 Target - 166 0(Source Healthy People 2010, 20 04-2008)Once again, a self-audit reveals a higher incidence rate for CVD in the WMH patien ts and those of individual WMCHC family health centers, particularly as regards Wayne Coun ty patients Couple this with the fact that only one cardiologist practices in the WMCHC s ervice area, results in a significant barrier to this segment of the population, because t ransportation challenges limit access to specialty care outside of the county Cancer - Can cer Mortality Rate (#of deaths/100,000)Pike -156 9, Wayne 207 2, PA 187 9, U S - 178 4, HP2010 Target - 159 9(Source Healthy People 2010, 2004-2008)Cancer and Cardiovascular Dis ease are the nation's leading causes of death and, likewise, are the leading causes in WMH and WMCHC's service area WMH and WMCHC staff members are dedicated to prevention educati on and case management with this fact foremost in mind Prenatal and Perinatal Health - Low Birth Weight (5-year average)Pike - 6 9, Wayne - 6 9, PA - 8 3, U S - 6 1, HP2010 Target - 4 5The rate for low birth weight babies in Pike and Wayne Counties, although significan tly better than the state rate, are higher than the national rate and significantly worse than the 2010 Healthy People 2010 target rate The WMH and Women's Health Division of WMCH C strive to improve this through patient education, nutrition and primary care These birt h rates evidence the success of the hospitals and centers in their work with a population that is 60% Medicaid Behavioral and Oral Health - Suicide Rate (# of suicides/100,000)Pike - 12 1, Wayne - 18 7, PA - 11 9, U S - 11 0, HP2010 Target - 5 0(Source Healthy People 2010, 2004-2008)The WMH and WMCHC service area has a higher suicide rate (Wayne County, s ignificantly higher) than the state, national and HP 2010 target rates The implications f or WMH's and WMCHC's behavioral health and prevention programs are inherent in these facts Other Health Indicators - Percent Elderly (65 and older)Pike - 14 8, Wayne - 18 0, PA 15 2, U S - 12 6, HP2010 Target - N/A(Source PA DOH County Health Profiles 2010)

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 Wayne Memorial Hospital and its affiliates promote the health of the communities it serves through a variety of community building activities, which have been described in detail in other sections of this Form 990-H The rationale, program methodology and implementation for the following program is typical of the other programs described herein and should serve as the model for those other programs in addressing the requirements of this section of the Form The In-School Walking Program is a partnership of Wayne Memorial Hospital with the Wayne Highlands, Wallenpaupack Area, and Western Wayne School Districts in the WMH service area WMH provides leadership, direction and facilitation for the program that runs Monday through Thursday, from 6pm to 8 pm, whenever the schools are in session Health Problem -Sedentary lifestyle or lack of exercise A sedentary lifestyle or lack of exercise has been identified as a leading risk factor by the Centers for Disease Control (CDC) and the Pennsylvania Department of Health for obesity, heart disease, diabetes, hypertension, and a number of other chronic diseases Need/Problem Identification WMH's Together for Health (TFH) School Program was established in 1995, following a series meetings involving the hospital, school districts and other area health and human service providers The Program has been run during the fall and spring semesters since that time and results of clinical and self-evaluations of the students provided the impetus for other community benefit activities, including the In-School Walking Program The program is described in detail in other sections of this form Importance of the Health Problem Lack of exercise has manifold negative affects on individuals of all ages and income levels Rural, low income, elderly and individuals with disabilities are particularly vulnerable community members whose status leads to poor access, and poor motivational drive to access, limited resources to address this issue Making safe, accessible areas for walking in large, protected buildings when they are not in use, led to the concept of walking in the schools Providing a safe atmosphere within the schools located near where they live has assisted more than 500 people this year Activity Impact Participant responses to the program indicate that it has helped them feel better, lose weight, enjoy fellowship with past and new friends, and given them energy, better health and a better self image than prior to their participation Community Benefit Enhancing public health, advancing wellbeing knowledge and, ultimately, relief of the governmental burden of caring for those individuals involved whose sedentary and careless lifestyles would otherwise inhibit good health are the principal benefits of the program The program is open to any members of the community who wish to participate Purpose The purpose of the program is exclusively for the benefit of the individuals participating, with the incumbent benefit of improving the health status of the community Support There are a number ways in which the community supports the described programs The local radio station provides public service announcements free of charge to let the public know how they can participate Flyers are distributed through the Wayne/Pike State Health Improvement Plan (SHIP) partnership member businesses, organizations, schools, doctor's offices, and others Further, the community has responded to opportunities for involvement in community benefit initiatives by enthusiastically dedicating their time, expertise and resources through one or more of the Hospital's boards described above, The Prevention Initiative, described above, Wayne Interagency Network, Pike County Interagency Council, the regional Commonwealth Medical College Community Advisory Board, Wayne County Family Center, the Comprehensive School Wellness Program, the Wayne County Children's' Coalition, the Wayne County Safe Kid's Coalition, the Wayne County Child Death Review Board, and more

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 The majority of members of the Wayne Memorial Hospital governing board are independent board members comprised of residents of the organization's primary service area of Wayne and Pike County, Pennsylvania There are only two out of sixteen board members that are employees of the Hospital or provide services or merchandise to the hospital or reated entities The Wayne Memorial Hospital extends medical staff privileges to all qualified physicians in the community for all of its departments, with the exception of anesthesiology, laboratory and radiology, as services in these departments are provided on an exclusive basis to benefit patient care Members of our medical staff are required, while participating at the Hospital, to treat all patients, regardless of their ability to pay or their insurance status Wayne Memorial Hospital utilizes any excess funds over expenses to improve patient care, conduct medical education, or support other not for profit organizations Wayne Memorial Hospital's Emergency Department serves all patients regardless of their ability to pay The Hospital participates in Medicare, Medicaid, Champus, Tri-Care and other governmental sponsored healthcare programs Further, the hospital has a Charity Care Policy, which strives to qualify those patients for charity care, who meet certain income levels The Hospital is a safety net hospital in rural Pennsylvania, as it is a designated Medicare Dependent Hospital

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 The Hospital is part of an affiliated Health Care System under common governance and control that includes the Hospital and Wayne Memorial Long Term Care which operates Wayne Woodlands Manor It is also a Clinical Affiliate of Wayne Memorial Community Health Centers (WMCHC) which it supports clinically and financially Wayne Woodlands Manor was opened in 1994 and has provided and continues to provide services primarily to Medicaid recipients (over 75% of its residents) Most Counties in Pennsylvania have county owned and operated nursing homes that provide services to this segment of their county population Wayne County does not have a "County" nursing home This community need is met by Wayne Memorial Long Term Care by its operation of Wayne Woodlands Manor The Hospital has supported WMCHC which serves a number of MUA's and MUP's The Hospital has financed WMCHC working capital needs with a line of credit that was and continues to be necessary because the Commonwealth of Pennsylvania's Medicaid Program did not pay adequately (prior to November 2010) nor make a settlement for care provided In addition, the Wayne Memorial Hospital has an affiliation with The Commonwealth Medical College (Scranton, PA) for the provision of clinical education experiences at the Hospital and within the community The Hospital considers this a responsibility consistent with its mission to be involved in education Wayne Memorial Health System and the Wayne Memorial Hospital provide significant community benefits in terms of needed health care services, providing services regardless of the ability to pay, clinical education, and providing a vast network of primary care physicians in its service area

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE MEMORIAL COMMUNITY HEALTH CENTERS601 PARK STREET HONESDALE,PA 18431	232180889	501(C)(3)	699,271		N/A	N/A	TO FURTHER THE EXEMPT PURPOSE OF THE CENTERS

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 MONITORED BY THE BOARD OF DIRECTORS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

Part I Questions Regarding Compensation

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

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)(i)-(iii) 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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
david caucci	(i)	226,182	0	0	0	0	226,182	0
	(ii)	0	0	0	0	0	0	0
DAVID HOFF	(i)	0	0	0	0	0	0	0
	(ii)	344,368	45,852	6,000	0	0	396,220	0
MICHAEL CLIFFORD	(i)	0	0	0	0	0	0	0
	(ii)	192,510	0	0	0	0	192,510	0
lillIAN LONGENDORFER	(i)	224,868	0	0	0	0	224,868	0
	(ii)	0	0	0	0	0	0	0

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

Identifier	Return Reference	Explanation
	Part I, Line 4a	Part I, Line 4b DAVID HOFF - 457(B) $16,500 AND 457(F) $39,462 MICHAEL CLIFFORD - 457(B) $16,293

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	THE WAYNE MEMORIAL HOSPITAL AND HEALTH AUTHORITY	23-2152053	946016GB2	11-14-2007	9,787,913	TO REFUND 1997A BONDS, FUND A DEBT SERVICE RESERVE FUND, PAY ISSUANCE COSTS		X	X	
B	THE WAYNE MEMORIAL HOSPITAL AND HEALTH AUTHORITY	23-2152053	946016FL1	09-22-2005	8,116,031	TO REFUND 1997B BONDS, FUND A DEBT SERVICE RESERVE FUND, PAY ISSUANCE COSTS	X		X	
C	THE WAYNE MEMORIAL HOSPITAL AND HEALTH AUTHORITY	23-2152053	946016ER9	07-01-2003	17,354,798	TO REFUND 1993 BONDS, FND VARIOUS PRJ, FND A DEBT SVC RES FND, PAY ISS COSTS		X	X	

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	9,703,559	8,039,521	17,182,298		
2	Gross proceeds in reserve funds	25,681	27,734	224,348		
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	221,775	183,508	216,819		
6	Working capital expenditures from proceeds	10,342,756		10,342,756		
7	Capital expenditures from proceeds					
8	Year of substantial completion	2006		2006		

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X			X	X					
10	Were the bonds issued as part of an advance refunding issue?		X	X			X				
11	Has the final allocation of proceeds been made?		X		X		X				
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X				

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X				
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X				

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X				
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X		X		X				

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2	Is the bond issue a variable rate issue?		X		X		X				
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X				
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X				
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X		X				

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

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2009

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
JULIE SEILER	DIRECTOR	6,167	FURNITURE PURCHASES BETWEEN THE WAYNE MEMORIAL HEALTH SYSTEM AND TEETERS FURNITURE OWNED BY JULIE SEILER AND RICHARD TEETER (HER FATHER)		No

Additional Data

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Software Version:
EIN: 24-0798839
Name: WAYNE MEMORIAL HOSPITAL

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

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2009

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Name of the organization
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		A QUESTIONNAIRE IS SENT TO EVERY BOARD MEMBER TO DETERMINE IF THERE ARE ANY BUSINESS OR FAMILY RELATIONSHIPS GARY BEILMAN AND MAUREEN BEILMAN ARE BROTHER-IN-LAW AND SISTER-IN-LAW Dr George Tietjen is a board member and his wife is an employee of the hospital Maureen Bielman is the cfo of dime bank, the hospital uses the dime bank and paid fees in excess of $10,000 during the year

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		An e-mail was distributed to all board members before the 990 was filed for their review The 990 will be discussed and reviewed at the following full board meeting

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Conflict of interest statements are completed by every board member and manager annually Each individual signs and returns the statements to the administration office

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THERE IS A COMPENSATION COMMITTEE OF THE SYSTEM THAT SETS THE RATES FOR THE CEO AND KEY EMPLOYEES OVER THE PAST COUPLE OF YEARS THEY HAVE USED AN OUTSIDE CONSULTANT IN THIS PROCESS The compensation committee is made up of independent Directors, who, with the assistance of a national compensation consulting firm, utilize comparable data from the marketplace, looking at such things as comparable organizations in terms of revenue size, complexity and geographic region The organization has adopted a philosophy of paying at the 50% percentile of the marketplace In addition, all these meetings with the Compensation Committee are documented and minutes are kept of the deliberation and decision making process The process normally occurs in October of the year the compensation changes is granted The last review of executive compensation was October of 2009

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Form 990, Part VI, Section C, Line 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND/OR FINANCIAL STATEMENTS AVAILABLE TO PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		the resource management committee is responsible for the oversight of the audit of its financial statements and the selection of an independent accountant

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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2009

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

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

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
WAYNE MEMORIAL HEALTH FOUNDATION INC 601 PARK STREET HONESDALE, PA 18431 23-2208596	FUND RAISING, FUND MGMT, AND RELATED ACTIVITIES TO SUPPORT RELATED ORGS	PA	501(c)(3)	11b	N/A
WAYNE MEMORIAL HEALTH SYSTEM INC 601 PARK STREET HONESDALE, PA 18431 23-2221292	TO PROMOTE/ADVANCE CHRITBL, HEALTH, SCIENTIFIC, SOCIAL & EDUCATIONAL SVCS	PA	501(c)(3)	11a	N/A
WAYNE MEMORIAL LONG TERM CARE INC dba WAYNE WOODLANDS MANOR 37 WOODLANDS DRIVE WAYMART, PA 18472 23-2719336	TO OPERATE A NURSING FACILITY AND AN ASSISTED LIVING FACILITY	PA	501(c)(3)	9	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
WAYNE HEALTH SERVICES INC 601 PARK STREET HONESDALE, PA18431 23-2376183	SALE/RENTL OF DURABLE MED EQPT, RENTAL OF OFFICE & RETAIL SPACE	PA	N/A	C			

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

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Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Maureen BEILMAN Trustee	80	X						0	0	0
Dr Robert Dohner TrustEE	80	X						750	0	0
Ted Edger Treasurer	80	X		X				0	0	0
AGHowell Trustee	80	X						0	0	0
Wendell Hunt Trustee	80	X						0	0	0
Julie Seiler TrustEE	80	X						0	0	0
Judi Mortensen TRUSTEE	80	X						0	0	0
David Murray Trustee	80	X						0	0	0
sandy kline TruSTEE	80	X						0	0	0
LEONARD TASSELMYER 2nd Vice chair	80	X		X				0	0	0
Dr George Tietjen Trustee	80	X						0	0	0
Lee Oakes Chair	80	X		X				0	0	0
DIRK MUMFORD 1st Vice Chair	3 30	X		X				0	0	0
IngRID WARSHAW SECRETARY	80	X		X				0	0	0
david caucci physician - orthopedics	40 00	X				X		226,182	0	25,049
Joseph Harcum trustee	80	X						0	0	0
DAVID HOFF CEO	32 00			X				0	396,220	13,461
MICHAEL CLIFFORD CFO	16 80			X				0	192,510	12,497
lillIAN LONGENDORFER phySICIAN - LABORATORY	40 00					X		224,868	0	18,699
robert gwyn audiologist	40 00					X		111,809	0	21,227
leonARD O'HARA pharmacist - manager	40 00					X		100,494	0	19,401
karen KAY phaRMACIST	40 00					X		99,412	0	20,508

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT EXPENSE	5,368,718	5,368,718		
PHARMACY	5,041,961	5,041,961		
REPAIRS & MAINTENANCE	1,773,219	962,001	811,218	
REAGENTS EXPENSE	1,354,822	1,354,822		
BLOOD BANK/LAB EXPENSE	373,469	373,469		