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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

WAYNESBORO HOSPITAL

Doing Business As

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

501 EAST MAIN STREET

City or town, state or province, country, and ZIP or foreign postal code

WAYNESBORO, PA 17268

F Name and address of principal officer

KIMBERLY M RZOMP

112 NORTH SEVENTH STREET

CHAMBERSBURG,PA 17201

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number

23-1360854

E Telephone number

(717) 765-4000

G Gross receipts \$ 66,787,209

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.SUMMITHEALTH.ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation 1922

M State of legal domicile PA

Part I	Summary
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>THE WAYNESBORO HOSPITAL IS A REGIONAL NONPROFIT HEALTH CARE ORGANIZATION COMMITTED TO THE IMPROVEMENT OF THE HEALTH AND WELL-BEING OF THE PEOPLE IN SOUTH-CENTRAL PENNSYLVANIA</div></div>
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>
Revenue	<div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div><div>12</div></div>
	<div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div><div>10</div></div>
	<div><div>5</div><div>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</div><div>586</div></div>
	<div><div>6</div><div>Total number of volunteers (estimate if necessary)</div><div>180</div></div>
	<div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div><div>210,336</div></div>
	<div><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div><div>-14,440</div></div>
Expenses	<div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div><div>917,596</div><div>141,120</div></div>
	<div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div><div>60,391,292</div><div>57,126,985</div></div>
	<div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div><div>2,969,477</div><div>2,054,477</div></div>
	<div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div><div>2,326,976</div><div>1,806,651</div></div>
	<div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div><div>66,605,341</div><div>61,129,233</div></div>
Net Assets or Fund Balances	<div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div><div></div><div>0</div></div>
	<div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div><div></div><div>0</div></div>
	<div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div><div>35,119,057</div><div>33,617,907</div></div>
	<div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div><div></div><div>0</div></div>
	<div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25)</div><div></div><div></div></div>
	<div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div><div>16,232,916</div><div>17,852,266</div></div>
Signature Block	<div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div><div>51,351,973</div><div>51,470,173</div></div>
	<div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div><div>15,253,368</div><div>9,659,060</div></div>
	<div><div>20</div><div>Total assets (Part X, line 16)</div><div>96,118,134</div><div>106,710,084</div></div>
	<div><div>21</div><div>Total liabilities (Part X, line 26)</div><div>10,451,106</div><div>12,474,996</div></div>
Part II	<div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div><div>85,667,028</div><div>94,235,088</div></div>

Part II

Signature Block

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

Sign Here

Signature of officer

2015-03-13

Date

KIMBERLY M RZOMP TREASURER/VP & CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

GREGORY P HALL CPA

Preparer's signature

Date

2015-03-13

Check ☐ if self-employed

PTIN

P00156653

Firm's name

SMITH ELLIOTT KEARNS & COMPANY LLC

Firm's EIN

52-0783935

Firm's address

19 BROOKWOOD AVE STE 101

Phone no

(717) 243-9104

CARLISLE, PA 17015

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

THE WAYNESBORO HOSPITAL IS A REGIONAL NONPROFIT HEALTH CARE ORGANIZATION COMMITTED TO THE IMPROVEMENT OF THE HEALTH AND WELL-BEING OF THE PEOPLE IN SOUTH-CENTRAL PENNSYLVANIA

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 38,254,277 including grants of \$) (Revenue \$ 58,624,506)

THE WAYNESBORO HOSPITAL PROVIDES NEEDED MEDICAL CARE TO THE COMMUNITY REGARDLESS OF ANY PATIENT'S ABILITY TO PAY HEALTH CARE SERVICES INCLUDE INPATIENT ROUTINE, INPATIENT ANCILLARY AND OUTPATIENT CARE ALL MANAGEMENT AND GENERAL EXPENSES ARE CONSIDERED PROGRAM RELATED

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 ▶ 38,254,277

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i> 	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	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? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	43	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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	586
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	Yes
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	Yes
b If "Yes," enter the name of the foreign country: CJ See instructions for 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?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	12	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
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 governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	8a	Yes
8b	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	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶KIMBERLY M RZOMP CFO 112 NORTH SEVENTH STREET CHAMBERSBURG,PA 17201 (717) 267-7107

Part VII

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK O'DONNELL PRESIDENT	6.00 36.12	X		X				90,760	514,304	114,318
(2) KIMBERLY RZOMP TREASURER/VP	4.00 36.47	X		X				35,196	316,762	43,029
(3) JOHN BLUBAUGH DIRECTOR	13 03	X						0	0	0
(4) FRANK ERVIN DIRECTOR	19 0.00	X						0	0	0
(5) PAUL GUNDER VICE-CHAIR	23 14	X		X				0	0	0
(6) STEVE HOLOVIAK DIRECTOR	0.00 04	X						0	0	0
(7) DR JEAN LESSARD MD DIRECTOR	19 0.00	X						0	0	0
(8) RICHARD MARKS CHAIR	18 67	X		X				0	0	0
(9) JAMES ROCK DIRECTOR	16 04	X						0	0	0
(10) PAUL SCHEMEL SECRETARY	25 23	X		X				0	0	0
(11) DENNIS SHOCKEY DIRECTOR	30 0.00	X						0	0	0
(12) BONNIE ZEHLER DIRECTOR	24 05	X						0	0	0
(13) THOMAS ANDERSON VP MEDICAL A	8.00 32.00				X			85,795	343,182	27,177
(14) SHERRI STAHL SR VP HOSPIT	8.00 32.00				X			62,182	248,729	37,280
(15) MICHELE ZEIGLER VP INFORMATI	8.00 32.00				X			56,582	226,330	36,681
(16) BARBARA ROSSINI VP COMMUNITY	4.00 36.00				X			21,692	195,228	15,382
(17) MELISSA DUBROW VP & COO	40.00 0.00				X			209,475	0	11,111

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEFF CARTY VP OF FINANC	40 00 0 00				X			199,638	0	11,447
(19) JILL KELLER VP NURSING S	40 00 0 00				X			174,527	0	10,067
(20) BRUCE FOSTER EMERGENCY S	40 00 0 00					X		335,778	0	15,300
(21) SCOTT CARD PHYSICIAN	40 00 0 00					X		281,466	0	15,194
(22) VICKI ELLIS PHYSICIAN	40 00 0 00					X		262,851	0	12,973
(23) NORBERT MATHAIS EMERGENCY SE	40 00 0 00					X		198,008	0	9,038
(24) KATHERYN REIHARD PHYSICIAN	40 00 0 00					X		191,206	0	11,711
(25) NORMAN EPSTEIN FORMER PRESI	6 00 34 00						X	153,825	871,673	81,948
(26) KEN SHUR VP OF OPERAT	40 00 0 00						X	175,362	0	8,036
(27) JENNIFER KNIGHT DIRECTOR OF	40 00 0 00						X	103,461	0	5,914
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,637,804	2,716,208	466,606

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶22

3Did 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*

3Yes

4For 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*

4Yes

5Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

5No

Section B. Independent Contractors

1Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
FRANKLIN COUNTY EMERGENCY ASSOCIATES 112 NORTH SEVENTH STREET CHAMBERSBURG PA 17201	ER PHYSICIANS	1,728,001
PYRAMID CONSTRUCTION 840 NORTH FRONT STREET WORMLEYSBURG PA 17043	CONSTRUCTION	1,331,891
MUSSER MECHANICAL 80 LANDIS DRIVE MERCERSBURG PA 17236	HVAC SERVICES	534,915
COMPHEALTH ASSOCIATES PO BOX 972625 DALLAS TX 75397	LOCUM TENES PHY	328,265
GOVERNMENT MANAGEMENT SERVICES 354 ALEXANDER SPRING ROAD CARLISLE PA 17015	CONSULTING	240,049

2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶11

Form 990 (2013)

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	141,120				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		141,120				
Program Service Revenue	2a	PROGRAM SERVICE REVENUE	Business Code 621990	57,126,985	57,126,985			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		57,126,985				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,773,457		1,773,457	
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6a		Gross rents	(i) Real	(ii) Personal				
			173,736					
			74,942					
			98,794					
d		Net rental income or (loss)		98,794		98,794		
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			5,864,054					
			5,583,034					
			281,020					
d		Net gain or (loss)		281,020		281,020		
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	MEANINGFUL USE MONIES	621990	1,088,530	1,088,530				
b	COURIER AND LAB SERVICES	621500	210,336		210,336			
c	CAFETERIA REVENUE	621990	203,269	203,269				
d	All other revenue		205,722	205,722				
e	Total. Add lines 11a-11d		1,707,857					
12	Total revenue. See Instructions		61,129,233	58,624,506	210,336	2,153,271		

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	1,452,636		1,452,636	
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.	24,148,478	20,244,497	3,903,981	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,056,069	885,339	170,730	
9	Other employee benefits.	5,161,615	4,327,159	834,456	
10	Payroll taxes.	1,799,109	1,508,255	290,854	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	27,135	14,859	12,276	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,053,487	1,672,089	1,381,398	
12	Advertising and promotion.	78,533	43,005	35,528	
13	Office expenses.	1,367,703	748,954	618,749	
14	Information technology.				
15	Royalties.				
16	Occupancy.	628,459	344,144	284,315	
17	Travel.	79,295	43,422	35,873	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	31,022	16,988	14,034	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	3,031,859	1,614,295	1,417,564	
23	Insurance.	630,795	345,423	285,372	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	SUPPLIES	5,358,248	2,934,177	2,424,071	
b	PHYSICIAN CONTRACTUAL PAY	3,446,236	3,446,236		
c	MISCELLANEOUS EXPENSE	58,744	32,168	26,576	
d	DUES	57,617	31,551	26,066	
e	All other expenses	3,133	1,716	1,417	
25	Total functional expenses. Add lines 1 through 24e.	51,470,173	38,254,277	13,215,896	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,420	1	1,420
	2	Savings and temporary cash investments		9,468,866	2	4,056,733
	3	Pledges and grants receivable, net		24,976	3	18,803
	4	Accounts receivable, net		6,978,129	4	7,101,588
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		236,310	7	209,525
	8	Inventories for sale or use		272,943	8	224,611
	9	Prepaid expenses and deferred charges		850,649	9	1,030,627
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a69,327,817			
	b	Less accumulated depreciation	10b48,161,092	19,204,549	10c	21,166,725
	11	Investments—publicly traded securities		9,004,798	11	12,433,287
	12	Investments—other securities See Part IV, line 11		46,631,232	12	56,933,725
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	201,206
	15	Other assets See Part IV, line 11		3,444,262	15	3,331,834
	16	Total assets. Add lines 1 through 15 (must equal line 34)		96,118,134	16	106,710,084
Liabilities	17	Accounts payable and accrued expenses		6,984,985	17	7,354,988
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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	1,571,541
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		3,466,121	25	3,548,467
	26	Total liabilities. Add lines 17 through 25		10,451,106	26	12,474,996
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		82,446,471	27	91,022,287
	28	Temporarily restricted net assets			28	1,203
	29	Permanently restricted net assets		3,220,557	29	3,211,598
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		85,667,028	33	94,235,088
	34	Total liabilities and net assets/fund balances		96,118,134	34	106,710,084

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,129,233
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,470,173
3	Revenue less expenses Subtract line 2 from line 1	3	9,659,060
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	85,667,028
5	Net unrealized gains (losses) on investments	5	3,697,916
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,788,916
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	94,235,088

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization WAYNESBORO HOSPITAL	Employer identification number 23-1360854
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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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (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 supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶						
17a 10%-facts-and-circumstances test—2013. 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—2012. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization WAYNESBORO HOSPITAL	Employer identification number 23-1360854
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a

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

b

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

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2013

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	7,379,981	6,567,209	6,481,094	6,096,545	5,498,442
b Contributions	127,977	92,892	109,424	77,791	98,262
c Net investment earnings, gains, and losses	859,000	719,880	-23,309	756,758	499,841
d Grants or scholarships					
e Other expenditures for facilities and programs	-6,878			-450,000	
f Administrative expenses	-4,388				
g End of year balance	8,355,696	7,379,981	6,567,209	6,481,094	6,096,545

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 96 180 %

b

Permanent endowment ▶ 3 820 %

c

Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No
- b

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

3b

☐ Yes

☐ No
- 4

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,435,343	1,083,234		2,518,577
b Buildings	2,483,074	19,129,571	11,495,358	10,117,287
c Leasehold improvements				
d Equipment		45,196,595	36,665,734	8,530,861
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				21,166,725

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	64,830,700
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	3,697,916
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	3,551
e	Add lines 2a through 2d	2e	3,701,467
3	Subtract line 2e from line 1	3	61,129,233
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	61,129,233

Part XII

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

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

1	Total expenses and losses per audited financial statements	1	56,262,640
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	4,792,467
e	Add lines 2a through 2d	2e	4,792,467
3	Subtract line 2e from line 1	3	51,470,173
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	51,470,173

Part XIII

Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUNDS ARE TO BE USED FOR THE DEVELOPMENT OR EXPANSION OF COMMUNITY HEALTHCARE INITIATIVES AND PROGRAMS. FUNDS ARE ALSO USED TO EDUCATE THE COMMUNITY ABOUT HEALTH CARE ISSUES.
SCHEDULE D, PAGE 3, PART X	THE HOSPITAL IS A NOT-FOR-PROFIT CORPORATION AND HAS BEEN RECOGNIZED AS TAX-EXEMPT PURSUANT TO SEC. 501(C)(3) OF THE INTERNAL REVENUE CODE. IT IS CLASSIFIED AS A PUBLIC CHARITY. ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAX HAS BEEN RECORDED. WITH FEW EXCEPTIONS, THE HOSPITAL IS NO LONGER SUBJECT TO FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2011. WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY. TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50 PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE WOULD BE REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING BALANCE SHEETS ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. INTEREST AND PENALTIES ASSOCIATED WITH UNRECOGNIZED TAX BENEFITS WOULD BE CLASSIFIED AS EXPENSES AGAINST OTHER OPERATING REVENUE IN THE STATEMENTS OF OPERATIONS. AT JUNE 30, 2014 AND 2013 THERE WAS NO LIABILITY FOR UNRECOGNIZED TAX BENEFITS.
SCHEDULE D, PAGE 4, PART XI, LINE 2D	RECLASSIFICATIONS FOR FORM 990 3,551
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RECLASSIFICATIONS FOR FORM 990 -7,533 TRANSFERS TO AFFILIATE ORGANIZATIONS 4,800,000

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
WAYNESBORO HOSPITAL

Employer identification number
23-1360854

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERCIAN AND CARRIBBEAN			INVESTMENT		5,635,442
(2)					
(3)					
(4)					
(5)					
3a Sub-total					5,635,442
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					5,635,442

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶
- 3 Enter total number of other organizations or entities ▶

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒

Yes

☐

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐

Yes

☒

No

Part V

Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICAN AND CARIBBEAN 0 5,635,442

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.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WAYNESBORO HOSPITAL

Employer identification number
23-1360854

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,053,150		1,053,150	1 840 %
b Medicaid (from Worksheet 3, column a)			6,889,104	4,247,626	2,641,478	4 630 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			7,942,254	4,247,626	3,694,628	6 470 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	5	3,232	176,827		176,827	0 310 %
f Health professions education (from Worksheet 5)	3	128	49,297		49,297	0 090 %
g Subsidized health services (from Worksheet 6)	3	576	15,174		15,174	0 030 %
h Research (from Worksheet 7)	1		17,233		17,233	0 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4		60,411		60,411	0 110 %
j Total Other Benefits	16	3,936	318,942		318,942	0 570 %
k Total . Add lines 7d and 7j	16	3,936	8,261,196	4,247,626	4,013,570	7 040 %

Part II

Community Building Activities

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

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

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

6,462,706

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

11,964,036

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

17,018,062

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-5,054,026

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

9b

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

9b

Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(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				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

												Other (Describe)	Facility reporting group
	See Additional Data Table												

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

WAYNESBORO HOSPITAL

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 Yes	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4 Yes	
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.SUMMITHEALTH.ORG</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7 Yes	
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No		
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes		
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>300 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes		
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes		
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes		
a <input checked="" type="checkbox"/> Income level					
b <input checked="" type="checkbox"/> Asset level					
c <input type="checkbox"/> Medical indigency					
d <input checked="" type="checkbox"/> Insurance status					
e <input type="checkbox"/> Uninsured discount					
f <input type="checkbox"/> Medicaid/Medicare					
g <input checked="" type="checkbox"/> State regulation					
h <input type="checkbox"/> Residency					
i <input checked="" type="checkbox"/> Other (describe in Part VI)					
13 Explained the method for applying for financial assistance?		13	Yes		
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website					
b <input checked="" type="checkbox"/> The policy was attached to billing invoices					
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms					
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices					
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility					
f <input checked="" type="checkbox"/> The policy was available upon request					
g <input type="checkbox"/> Other (describe in Part VI)					
Billing and Collections					
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		15	Yes		
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP					
a <input checked="" type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?				17	No
If "Yes," check all actions in which the hospital facility or a third party engaged					
a <input type="checkbox"/> Reporting to credit agency					
b <input type="checkbox"/> Lawsuits					
c <input type="checkbox"/> Liens on residences					
d <input type="checkbox"/> Body attachments					
e <input type="checkbox"/> Other similar actions (describe in Section C)					

Part V

Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☒ Notified individuals of the financial assistance policy on admission
 - b** ☒ Notified individuals of the financial assistance policy prior to discharge
 - c** ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
 - d** ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
 - e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

	Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Part VI)		
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		No
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

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

[illegible]

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1 _____	
2 _____	
3 _____	
4 _____	
5 _____	
6 _____	
7 _____	
8 _____	
9 _____	
10 _____	

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	THE INFORMATION WAS OBTAINED USING THE COST METHODS USED IN PREPARING THE MEDICARE COST REPORTS

Form and Line Reference	Explanation
PART II - COMMUNITY BUILDING ACTIVITIES	WAYNESBORO HOSPITAL WORKS TO STRENGTHEN OUR COMMUNITY THROUGH HEALTH EDUCATION EFFORTS FOR CHILDREN AND ADULTS, HEALTH FAIRS PROVIDING DIAGNOSTIC TESTING, EDUCATING COMMUNITY GROUPS OF SPECIFIC HEALTH TOPICS, FUNDING LOCAL COMMUNITY ORGANIZATIONS THROUGH THE SUMMIT HEALTH ENDOWNMENT PROGRAM, PROVIDING RESOURCES FOR THE "HEALTHY COMMUNITIES PARTNERSHIP" PROGRAM, PARTICIPATING IN LOCAL CIVIC ORGANIZATIONS, SPONSORING EVENTS HELD BY LOCAL CHARITABLE ORGANIZATIONS, AND SUPPORTING WORKFORCE DEVELOPMENT INITIATIVES THROUGH SUMMIT HEALTH'S SCHOOL LIAISON DEPARTMENT

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT SOME PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE COST TO CHARGE RATIO WAS USED TO CALCULATE THE COST OF BAD DEBT EXPENSE THIS RATIO IS CALCULATED AS FOLLOWS (NET PATIENT REVENUE DIVIDED BY THE TOTAL OPERATING REVENUE MULTIPLIED BY THE TOTAL OPERATING EXPENSE) DIVIDED BY THE GROSS PATIENT REVENUE

Form and Line Reference	Explanation
BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS	<p>THE HOSPITAL PROVIDES CREDIT IN THE NORMAL COURSE OF ITS BUSINESS TO PATIENTS. PATIENT RECEIVABLES ARE BASED ON THE OUTSTANDING PATIENT BALANCE AFTER ANY CONTRACTUAL REIMBURSEMENTS ARE APPLIED AND ARE GENERALLY DUE 30 DAYS AFTER BILLED. ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT SOME PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.</p>

Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE EXPLANATION	THE INFORMATION WAS OBTAINED USING THE COST METHODS USED IN PREPARING THE MEDICARE COST REPORTS THE SHORTFALL ABOVE RELATES TO OUR MISSION OF PROVIDING SERVICES TO MEMBERS OF OUR COMMUNITY

Form and Line Reference	Explanation
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	ALL PATIENTS ARE SUBJECT TO THE DEBT COLLECTION POLICY REGARDLESS OF THEIR ABILITY TO PAY

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	HEALTH NEEDS OF FRANKLIN COUNTY RESIDENTS AND SURROUNDING COMMUNITIES ARE ASSESSED THROUGH NUMEROUS RESEARCH METHODS INCLUDING CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENT (TELEPHONE SURVEY FORMAT) IN 2012 THE NEEDS WERE IDENTIFIED BY KEY LEADERS AND NONPROFITS WITHIN THE COMMUNITY FOUR PRIORITIES WERE DETERMINED ACCESS TO HEALTHCARE, NUTRITION, EDUCATION AND MENTAL HEALTH THE COMMUNITY NEEDS ASSESSMENT CAN BE FOUND ON OUR WEBSITE AT WWW.SUMMITHEALTH.ORG/ABOUTUS

Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PATIENTS ARE MADE AWARE OF THE CHARITY PROGRAM AND OTHER BILLING ASSISTANCE SERVICES AT REGISTRATION, DURING EMERGENCY ROOM VISITS, AND NOTICES PLACED IN SERVICE AREAS BILLING STATEMENTS ALSO INFORM PATIENTS OF CHARITY CARE AND OTHER BILLING ASSISTANCE PROGRAMS

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	WAYNESBORO HOSPITAL PRIMARILY SERVES COMMUNITY MEMBERS FROM FRANKLIN AND FULTON COUNTY, PA, AND NEARBY COMMUNITIES IN WASHINGTON COUNTY, MD ACCORDING TO U S CENSUS DATA, FRANKLIN COUNTY RESIDENTS HAVE A SLIGHTLY LOWER INCOME AND ARE SLIGHTLY OLDER THAN THE STATE AVERAGE FOR A HEALTH SYSTEM, THIS TYPICALLY RESULTS IN AN INCREASED NEED FOR HEALTHCARE SERVICES

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	WAYNESBORO HOSPITAL SUPPORTS LOCAL NON-PROFIT ORGANIZATIONS WITH FINANCIAL GRANTS FROM THE SUMMIT ENDOWMENT

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	THE HOSPITAL IS PART OF SUMMIT HEALTH, A REGIONAL NETWORK OF HOSPITALS AND HEALTHCARE PROVIDERS THAT ARE SERVED BY THE ORGANIZATION'S COMMUNITY HEALTH DEPARTMENT THIS DEPARTMENT'S MISSION IS TO IMPROVE THE HEALTH OF THE COMMUNITY THROUGH EDUCATION, DETECTION AND PREVENTION PROGRAMS INCLUDING HEALTH FAIRS, SCREENINGS, AND SEMINARS THIS MISSION IS COMPLETED ON BEHALF OF WAYNESBORO HOSPITAL AND ALL OTHER SUMMIT AFFILIATES PART OF THIS MISSION IS COMPLETED THROUGH COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS INCLUDING THE PA DEPARTMENT OF HEALTH

Additional Data

Software ID:
Software Version:
EIN: 23-1360854
Name: WAYNESBORO HOSPITAL

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY 1, WAYNESBORO HOSPITAL - PART V, LINE 3	
FACILITY 1, WAYNESBORO HOSPITAL - PART V, LINE 4	THE CHAMBERSBURG HOSPITAL
FACILITY 1, WAYNESBORO HOSPITAL - PART V, LINE 12I	UNINSURED PATIENTS ARE OFFERED A 35% DISCOUNT IF PAYMENT IS MADE IN 30 DAYS
FACILITY 1, WAYNESBORO HOSPITAL - PART V, LINE 20D	A SLIDING SCALE IS USED TO DETERMINE THE DISCOUNTED RATE ANYONE WHO QUALIFIES RECEIVES A MINIMUM OF 25% OFF CHARGES

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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WAYNESBORO HOSPITAL

Employer identification number
23-1360854

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate 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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1bYes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7Yes	
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part IIISupplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 1A	THE OFFICER RECEIVES AN ALLOWANCE THAT CAN BE CONSIDERED A DISCRETIONARY SPENDING ACCOUNT THE MONIES ARE IN LIEU OF AN AUTOMOBILE ALLOWANCE, TO PURCHASE ADDITIONAL LIFE INSURANCE, ETC THESE MONIES ARE INCLUDED IN COMPENSATION AS REPORTED IN THE COMPENSATION OF OFFICERS TABLE RESULTS FITNESS CLUB MEMBERSHIP IS AVAILABLE FREE OF CHARGE FOR ANY OFFICER AND ACTIVE BOARD MEMBER
SCHEDULE J, PAGE 1, PART I, LINE 7	INCENTIVE COMPENSATION IS BASED ON PRE-DETERMINED, MEASURABLE GOALS APPROVED BY THE BOARD OF DIRECTORS' EXECUTIVE COMPENSATION COMMITTEE THE MEASURABLE GOALS ARE BASED ON QUALITY, COMMUNITY ACCESS TO CARE, PATIENT SAFETY AND LEADERSHIP

Additional Data

Software ID:
Software Version:
EIN: 23-1360854
Name: WAYNESBORO HOSPITAL

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred 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 compensation				
PATRICK O'DONNELL PRESIDENT	(i)	67,466	17,658	5,636	17,148	5,287	107,908	
	(ii)	382,306	100,062	31,936	97,170	29,960	611,474	
KIMBERLY RZOMP TREASURER/VP & CFO	(i)	30,586	2,716	1,894	4,303	1,936	39,499	
	(ii)	275,273	24,440	17,049	38,726	17,426	355,488	
THOMAS ANDERSON VP MEDICAL AFFAIRS	(i)	68,508	12,029	5,258	5,435	3,440	91,230	
	(ii)	274,033	48,117	21,032	21,742	13,760	364,924	
SHERRI STAHL SR VP HOSPITAL SERVI	(i)	48,569	9,085	4,528	7,456	3,440	69,638	
	(ii)	194,277	36,340	18,112	29,824	13,760	278,553	
MICHELE ZEIGLER VP INFORMATION SERVI	(i)	44,188	8,258	4,136	7,336	2,162	63,918	
	(ii)	176,753	33,034	16,543	29,345	8,650	255,675	
BARBARA ROSSINI VP COMMUNITY RELATIO	(i)	17,277	3,094	1,321	1,538	1,539	23,230	
	(ii)	155,491	27,844	11,893	13,844	13,848	209,072	
MELISSA DUBROW VP & COO	(i)	165,865	32,588	11,022	11,111	25,628	220,586	
	(ii)							
JEFF CARTY VP OF FINANCE	(i)	160,070	21,861	17,707	11,447	28,615	211,085	
	(ii)							
JILL KELLER VP NURSING SERVICES/	(i)	150,882	13,686	9,959	10,067	25,551	184,594	
	(ii)							
BRUCE FOSTER EMERGENCY SERVICES	(i)	331,572		4,206	15,300	17,676	351,078	
	(ii)							
SCOTT CARD PHYSICIAN	(i)	259,541	12,000	9,925	15,194	18,945	296,660	
	(ii)							
VICKI ELLIS PHYSICIAN	(i)	252,939		9,912	12,973	19,200	275,824	
	(ii)							
NORBERT MATHAIS EMERGENCY SERVICES	(i)	189,449		8,559	9,038	8,649	207,046	
	(ii)							
KATHERYN REIHARD PHYSICIAN	(i)	190,571		635	11,711	16,412	202,917	
	(ii)							
NORMAN EPSTEIN FORMER PRESIDENT	(i)	113,275	33,845	6,705	12,292	3,949	166,117	
	(ii)	641,890	191,786	37,997	69,656	22,376	941,329	
KEN SHUR VP OF OPERATIONS	(i)	130,036	43,192	2,134	8,036	10,998	183,398	
	(ii)							
JENNIFER KNIGHT DIRECTOR OF HR	(i)	90,412	8,115	4,934	5,914	5,160	109,375	
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
WAYNESBORO HOSPITAL

Employer identification number
23-1360854

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 4B	CAYMAN ISLANDS
FORM 990, PAGE 6, PART VI, LINE 6	SUMMIT HEALTH, A 501(C)(3) ENTITY, IS A MEMBER OF THIS ORGANIZATION
FORM 990, PAGE 6, PART VI, LINE 7A	SUMMIT HEALTH, A 501(C)(3) ENTITY, ELECTS THE MEMBERS OF THE GOVERNING BODY
FORM 990, PAGE 6, PART VI, LINE 7B	SUMMIT HEALTH, A 501(C)(3) ENTITY, RETAINS CERTAIN RESERVE POWERS OVER THIS ORGANIZATION
FORM 990, PAGE 6, PART VI, LINE 11B	THE ORGANIZATION'S 990 IS REVIEWED BY THE AUDIT COMMITTEE AND UPON APPROVAL RECOMMENDED TO THE FULL BOARD OF DIRECTORS FOR SUBMISSION TO THE IRS
FORM 990, PAGE 6, PART VI, LINE 12C	MEMBERS ARE ASKED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THEY MAY HAVE
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION IS DISCUSSED WITH AN INDEPENDENT COMPENSATION COMMITTEE. THIS IS PERFORMED IN CONCERT WITH A COMPENSATION CONSULTANT WHO ASSISTS THIS COMMITTEE IN SETTING THE COMPENSATION FOR THESE INDIVIDUALS
FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION IS DISCUSSED WITH AN INDEPENDENT COMPENSATION COMMITTEE. THIS IS PERFORMED IN CONCERT WITH A COMPENSATION CONSULTANT WHO ASSISTS THIS COMMITTEE IN SETTING THE COMPENSATION FOR THESE INDIVIDUALS
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THESE DOCUMENTS ARE HELD IN THE FINANCE DEPARTMENT OF THE WAYNESBORO HOSPITAL. HOSPITAL BYLAWS AND ALL POLICIES AND PROCEDURES ARE FOUND ON THE WAYNESBORO HOSPITAL INTRANET.
FORM 990, PART XI, LINE 9	RECLASSIFICATIONS FOR FORM 990 3,551 RECLASSIFICATIONS FOR FORM 990 7,533 TRANSFERS TO AFFILIATE ORGANIZATIONS -4,800,000

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
WAYNESBORO HOSPITAL

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

23-1360854

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SUMMIT PHYSICIAN SERVICES 785 5TH AVENUE SUITE 3 CHAMBERSBURG, PA 17201 25-1716306	HEALTHCARE	PA	501C3	3	SUMMIT HEA	Yes	
(2) CHAMBERSBURG HOSPITAL 112 NORTH SEVENTH STREET CHAMBERSBURG, PA 17201 23-0465970	HEALTHCARE	PA	501C3	3	SUMMIT HEA	Yes	
(3) CHAMBERSBURG HEALTH SERVICES 785 5TH AVENUE SUITE 5 CHAMBERSBURG, PA 17201 25-1515376	HEALTHCARE	PA	501C3	11A	SUMMIT HEA	Yes	
(4) SUMMIT HEALTH 112 NORTH SEVENTH STREET CHAMBERSBURG, PA 17201 25-1515371	HEALTHCARE	PA	501C3	7	SUMMIT HEA	Yes	

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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n		No
1o		No
1p	Yes	
1q		No
1r	Yes	
1s		No

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

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

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
------------------	-------------

TY 2013 GeneralDependencySmall**Name:** WAYNESBORO HOSPITAL**EIN:** 23-1360854**Business Name or Person Name:****Taxpayer Identification Number:****Form, Line or Instruction****Reference:****Regulations Reference:****Description:** WAIVE NOL CARRYBACK

Attachment Information: YEAR ENDING: JUNE 30, 2014 23-1360854 WAYNESBORO HOSPITAL 501 EAST MAIN STREET WAYNESBORO, PA 17268 NOL CARRYBACK ELECTION UNDER IRC SECTION 172(B)(3), THE TAXPAYER ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO ANY REGULAR TAX AND AMT NET OPERATING LOSS INCURRED DURING THE CURRENT TAX YEAR.

Audited
Financial
Statements

June 30,
2014



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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Waynesboro Hospital
Waynesboro, Pennsylvania

We have audited the accompanying financial statements of Waynesboro Hospital (a nonprofit organization), which comprise the balance sheets as of June 30, 2014 and 2013 and the related statements of operations, changes in net assets, and cash flows for the years then ended and the related notes to the financial statements.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Smith Elliott Kearns & Company, LLC
Certified Public Accountants & Consultants

OPINION

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Waynesboro Hospital as of June 30, 2014 and 2013, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Smith Elliott Kearns & Company, LLC.

Chambersburg, Pennsylvania
October 29, 2014

WAYNESBORO HOSPITAL
Balance Sheets
June 30, 2014 and 2013

	2014	2013
	(000 Omitted)	
ASSETS		
Current Assets		
Cash and cash equivalents	\$ 4,058	\$ 9,470
Assets limited as to use	48	-
Patient accounts receivable, net of estimated allowance for doubtful accounts of \$ 2,106 for 2014 and \$ 2,138 for 2013	7,102	6,978
Notes receivable	199	114
Other receivables	195	227
Inventories	225	273
Prepaid assets	1,030	852
Total current assets	<u>12,857</u>	<u>17,914</u>
Assets Limited as to Use		
Internally designated for capital improvement	60,987	48,215
Internally designated for employee benefits	24	41
Internally designated as endowments	8,036	7,101
Restricted by donor for permanent endowments	319	279
	<u>69,366</u>	<u>55,636</u>
Less amount required to meet current obligations	(48)	-
Total assets limited as to use	<u>69,318</u>	<u>55,636</u>
Other Assets		
Property and equipment, net	17,825	15,781
Property held for investment, net	3,342	3,423
Notes receivable	179	329
Perpetual trusts held by third parties	2,892	2,940
Long-term patients accounts receivable, net of estimated allowance for doubtful accounts of \$ 29 for 2014 and \$ 29 for 2013	96	95
Intangible assets	201	-
Total assets	<u>\$ 106,710</u>	<u>\$ 96,118</u>
LIABILITIES AND NET ASSETS		
Current Liabilities		
Current portion of long-term debt	\$ 48	\$ -
Accounts payable	3,415	2,863
Estimated amounts payable under third-party contractual agreements	3,296	3,213
Advances from third-party payors	253	253
Accrued expenses	3,467	3,632
Total current liabilities	<u>10,479</u>	<u>9,961</u>
Other Liabilities		
Long-term debt, net of current portion	1,524	-
Other liabilities	472	490
Total liabilities	<u>12,475</u>	<u>10,451</u>
Net Assets		
Unrestricted	91,023	82,448
Temporarily restricted	1	-
Permanently restricted	3,211	3,219
Total net assets	<u>94,235</u>	<u>85,667</u>
Total liabilities and net assets	<u>\$ 106,710</u>	<u>\$ 96,118</u>

WAYNESBORO HOSPITAL
Statements of Operations
Years Ended June 30, 2014 and 2013

	2014	2013
	(000 Omitted)	
UNRESTRICTED REVENUES, GAINS, AND OTHER SUPPORT		
Patient service revenue (net of contractual allowances and discounts)	\$ 63,800	\$ 67,671
Provision for bad debts	(6,463)	(7,115)
Net patient service revenue less provision for bad debts	57,337	60,556
Other operating revenue	1,498	2,055
Total revenues, gains, and other support	58,835	62,611
EXPENSES		
Salaries and wages	25,414	26,931
Fringe benefits	8,204	8,188
Professional services	3,446	1,687
Contracted services	3,079	2,867
Materials, supplies, and services	6,997	7,487
Utilities	657	659
Insurance	631	631
Depreciation	3,032	2,895
Total expenses	51,460	51,345
Operating income	7,375	11,266
OTHER INCOME (EXPENSES)		
Net realized gains on investments	399	1,083
Investment income, net of expenses	1,642	1,863
Non-operating income, net of expenses	98	108
Gain on disposal of equipment	7	7
Contributions	140	218
Community grants	(3)	-
Total other income	2,283	3,279
Excess of revenues, gains, and other support over expenses	9,658	14,545
Net unrealized gains on investments	3,710	930
Investment income appropriated from permanently restricted net assets	7	8
Transfers to affiliate organizations, net	(4,800)	(5,650)
Increase in unrestricted net assets	\$ 8,575	\$ 9,833

WAYNESBORO HOSPITAL
Statements of Changes in Net Assets
Years Ended June 30, 2014 and 2013

	2014	2013
	(000 Omitted)	
UNRESTRICTED NET ASSETS		
Excess of revenues, gains, and other support over expenses	\$ 9,658	\$ 14,545
Net unrealized gains on investments	3,710	930
Investment income appropriated from permanently restricted net assets	7	8
Transfers to affiliate organizations, net	<u>(4,800)</u>	<u>(5,650)</u>
Increase in unrestricted net assets	<u>8,575</u>	<u>9,833</u>
TEMPORARILY RESTRICTED NET ASSETS		
Contributions	\$ 2	\$ -
Net assets released from restrictions	<u>(1)</u>	<u>-</u>
Increase in temporarily restricted net assets	<u>1</u>	<u>-</u>
PERMANENTLY RESTRICTED NET ASSETS		
Contributions	-	699
Investment income	18	9
Investment income appropriated to unrestricted net assets	(7)	(8)
Net unrealized gains on investments	29	23
Net unrealized gains (losses) on perpetual trusts held by third parties	<u>(48)</u>	<u>127</u>
Increase (decrease) in permanently restricted net assets	<u>(8)</u>	<u>850</u>
Increase in net assets	8,568	10,683
Net assets, beginning of year	<u>85,667</u>	<u>74,984</u>
Net assets, end of year	<u><u>\$ 94,235</u></u>	<u><u>\$ 85,667</u></u>

WAYNESBORO HOSPITAL
Statements of Cash Flows
Years Ended June 30, 2014 and 2013

	2014	2013
	(000 Omitted)	
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 8,568	\$ 10,683
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Net realized and unrealized (gains) on investments and perpetual trusts held by third parties	(4,090)	(2,163)
Depreciation and amortization	3,113	2,976
(Gain) on disposal of property and equipment	(7)	(7)
Transfers to affiliated organizations	4,800	5,650
Provision for bad debts	6,463	7,115
Restricted contributions and investment income	(11)	(700)
(Increase) decrease in		
Patient accounts receivable	(6,588)	(7,421)
Other receivables	112	232
Inventories	48	43
Prepaid assets	(178)	(61)
Increase (decrease) in		
Accounts payable	552	(281)
Estimated amounts payable under third-party contractual agreements	83	573
Accrued expenses	(165)	(260)
Other liabilities	(18)	7
Net cash provided by operating activities	<u>12,682</u>	<u>16,386</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of property and equipment	(5,076)	(3,097)
Net increase in assets limited as to use	(9,592)	(5,639)
Proceeds from sales of property and equipment	7	7
Investment in notes receivable	(15)	(57)
Receipts on notes receivable	-	1
Net cash used by investing activities	<u>(14,676)</u>	<u>(8,785)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Transfers to affiliated organizations	(4,800)	(5,650)
Restricted contributions and investment income	11	700
Proceeds from borrowings	1,572	-
Bond financing costs	(201)	-
Net cash used by financing activities	<u>(3,418)</u>	<u>(4,950)</u>
Net increase (decrease) in cash and cash equivalents	(5,412)	2,651
Cash and cash equivalents, beginning of year	9,470	6,819
Cash and cash equivalents, end of year	<u>\$ 4,058</u>	<u>\$ 9,470</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash paid for interest (net of capitalized interest of \$ 2 for 2014)	\$ 2	\$ -

WAYNESBORO HOSPITAL
Notes to Financial Statements
June 30, 2014 and 2013

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Waynesboro Hospital (the "Hospital"), located in Waynesboro, Pennsylvania, is a not-for-profit acute care hospital. The Hospital provides inpatient, outpatient, and emergency care services to the Franklin County, Pennsylvania service area. Admitting physicians are primarily practitioners in the local area.

The Hospital is a wholly-controlled subsidiary of Summit Health (SH). SH was formed to operate exclusively for the benefit and support of the Hospital and its sister subsidiaries and affiliates. SH controls the Hospital through the nomination of its board of directors and oversees Hospital activities, including review and approval of capital and operating budgets.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive management estimates affecting the financial statements were the allowance for doubtful accounts, reserve for contractual allowances, settlements under third party contractual agreements, medical malpractice, employee health insurance, and workers' compensation. Actual results could differ from those estimates.

Cash and Cash Equivalents

For purposes of the statements of cash flows, cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less.

Patient Receivables

The Hospital provides credit in the normal course of its business to patients. Patient receivables are based on the outstanding patient balance after any contractual reimbursements are applied and are generally due 30 days after billed.

Accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectibility of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a provision

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)

Patient Receivables (Continued)

for bad debts in the period of service on the basis of its past experience, which indicates that some patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

An allowance for doubtful accounts is carried for patient accounts that may become uncollectible in future periods based on a sliding scale of estimated uncollectible percentages of 10% to 75% applied against various self-pay aging balance categories with higher percentages applied to older account balance categories to recognize the elevated level of collectability risk for these receivable balances. The estimated allocations are based on management's judgment of uncollectible accounts, historical trends of charge-offs, and other information. Patient receivables are charged against the allowance when, in the judgment of management, it is unlikely they will be collected.

The Hospital's allowance for doubtful accounts for self-pay patients was 94% of self-pay accounts receivable at June 30, 2014 and 2013. In addition, the Hospital's self-pay writeoffs decreased from \$ 6,500,000 during the year ended June 30, 2013 to \$ 6,300,000 during the year ended June 30, 2014. The Hospital periodically reviews its charity care program and uninsured discount policy. The discount percentage used is reflective of the current marketplace and comparable with other like facilities. The Hospital does not maintain an allowance for doubtful accounts from third-party payors, nor did it have significant writeoffs from third-party payors.

Investments

Investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the balance sheets. Unrealized gains and losses are included in the change in net assets. Realized gains or losses are computed on the specific identification method. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in the excess of revenues, gains, and other support over expenses unless the income or loss is restricted by donor or law.

Inventories

Inventories consisting of medical supplies are stated at the lower of cost (average cost) or market, using the first-in/first-out (FIFO) method of accounting for inventories.

Assets Limited as to Use

Assets limited as to use primarily include designated assets set aside by the Board of Directors for future capital improvements and endowment purposes over which the Board retains control and may at its discretion subsequently use for other purposes. Amounts required to meet current liabilities of the Hospital have been reclassified to current assets in the balance sheets at June 30, 2014 and 2013.

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)

Property and Equipment

Property and equipment acquisitions with a value of \$ 1,000 or more and an expected useful life of two years or more are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method, with a half year convention used in the year of acquisition. The estimated lives are generally in accordance with those recommended by the American Hospital Association. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from the excess of revenues, gains, and other support over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Promises to Give

Unconditional promises to give are recognized as revenues or gains in the period received and as increases in assets, decreases of liabilities, or expenses depending on the form of the benefits received. Conditional promises to give are recognized when the conditions on which they depend are substantially met. No allowance for doubtful accounts has been established for promises to give based on past collection experience.

Perpetual Trusts Held by Third Parties

The Hospital is an income beneficiary of several trusts established by donors at local banks. Funds contributed to these trusts are to be invested in perpetuity. The Hospital has the irrevocable right to receive all or a proportional share of the income from the trusts in perpetuity, but will never receive the assets held in the trusts. The Hospital recognizes its proportionate share of the fair value of these trusts as a permanently restricted net asset in the balance sheets.

Temporarily and Permanently Restricted Net Assets

The Hospital reports information regarding its financial position and activities according to three classes of net assets according to the existence or absence of donor-imposed restrictions: unrestricted, temporarily restricted and permanently restricted net assets. Revenues are reported as increases in unrestricted net assets unless use of the related assets is limited by donor-imposed restrictions. Expenses are generally reported as decreases in unrestricted net assets. Expirations of donor-imposed restrictions that simultaneously increase one class of net assets and decrease another are reported as reclassifications between the applicable classes of net assets. Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity.

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)

Excess of Revenues, Gains, and Other Support Over Expenses

The statements of operations include *excess of revenues, gains, and other support over expenses*. Changes in unrestricted net assets which are excluded from *excess of revenues, gains, and other support over expenses*, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using donor restricted contributions).

Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, and include estimated retroactive revenue adjustments due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations. As a result of cost settlements, a net amount of \$ 1,664,000 and \$ 76,000 was paid out for cost rate adjustments during the years ended June 30, 2014 and 2013, respectively. Net patient service revenue decreased by \$ 1,150,000 and \$ 600,000 for the years ended June 30, 2014 and 2013, respectively, as a result of changes in estimates related to cost rate adjustments.

Laws and regulations governing Medicare, Medicaid, and other third-party programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change in the near term.

During the year ended June 30, 2013, the Hospital adopted Financial Accounting Standards Board, Accounting Standards Update No. 2011-07, "Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities" (ASU #2011-07). The amendment requires certain health care entities to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, those health care entities are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts. The amendments also require disclosures of patient service revenue (net of contractual allowance and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts.

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)

Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence or nature of any donor restrictions. Contributions, including unconditional promises to give, are recorded as revenues in the period the promise is made. Conditional promises to give are not recognized until the conditions are met or the pledges are received. Contributions of assets other than cash are recorded at their estimated fair value. Contributions to be received after one year (including those under the terms of gift annuities) are discounted at an appropriate discount rate commensurate with the risks involved, if material.

Contributions restricted for specific purposes and long-term pledges receivable are reported as temporarily restricted revenues and are reclassified to unrestricted net assets when an expense is incurred that satisfies the donor-imposed restriction or when the pledge is paid. Contributed property and equipment is recorded at fair value at the date of donation. If donors stipulate how long the assets must be used, the contributions are recorded as restricted support. In the absence of such stipulations, contributions of property and equipment are recorded as unrestricted support.

Estimated Malpractice Costs

The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. The Hospital is insured for malpractice under a retrospectively rated policy of a multi-provider captive. This type of policy covers only malpractice claims covered by the policy which are reported to the insurance carrier during the policy term. If this policy is discontinued, it would be the Hospital's intention to obtain tail coverage.

Unemployment Compensation

The Hospital has elected under the Pennsylvania Unemployment Compensation Law to directly fund unemployment benefits paid. The election requires the purchase of insurance bonds be made as surety for payment for any future unemployment charges payable by the Hospital. The Hospital satisfies this requirement through a surety bond in the amount of \$ 44,000 that expires on December 31, 2015.

Workers' Compensation

The Hospital participates in a fund to pay any workers' compensation claims which could arise. The reserve is based upon historical experience and represents an estimate of workers' compensation claims which have occurred, but have not yet been paid. These estimates are adjusted annually based upon the Hospital's projected experience. Medical expenses associated with workers' compensation claims are funded directly by the Hospital. These claims are also covered by a surety bond for the Hospital, The Chambersburg Hospital, Chambersburg Health Services, and Summit Physician Services in the amount of \$ 2,100,000.

NOTE 1 DESCRIPTION OF ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(CONTINUED)

Income Taxes

The Hospital is a not-for-profit corporation and has been recognized as tax-exempt pursuant to Sec. 501(c)(3) of the Internal Revenue Code. It is classified as a public charity. Accordingly, no provision for federal income tax has been recorded. With few exceptions, the Hospital is no longer subject to federal income tax examinations by tax authorities for years before 2011.

When tax returns are filed, it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the position taken or the amount of the position that would be ultimately sustained. The benefit of a tax position is recognized in the financial statements in the period during which, based on all available evidence, management believes it is more likely than not that the position will be sustained upon examination, including the resolution of appeals or litigation processes, if any. Tax positions taken are not offset or aggregated with other positions. Tax positions that meet the more-likely-than-not recognition threshold are measured as the largest amount of tax benefit that is more than 50 percent likely of being realized upon settlement with the applicable taxing authority. The portion of the benefits associated with tax positions taken that exceeds the amount measured as described above would be reflected as a liability for unrecognized tax benefits in the accompanying balance sheets along with any associated interest and penalties that would be payable to the taxing authorities upon examination. Interest and penalties associated with unrecognized tax benefits would be classified as expenses against other operating revenue in the statements of operations. At June 30, 2014 and 2013 there was no liability for unrecognized tax benefits.

Advertising

The Hospital follows the policy of charging costs of advertising to expense as incurred. Advertising expense was \$ 79,000 and \$ 78,000 for the years ended June 30, 2014 and 2013, respectively.

Reclassifications

Certain amounts in the 2013 financial statements have been reclassified for comparative purposes to conform to the presentation in the 2014 financial statements.

NOTE 2 NET PATIENT SERVICE REVENUE

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

➤ **Medicare**

Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services are paid at prospectively determined rates per encounter. The Hospital is

NOTE 2 NET PATIENT SERVICE REVENUE (CONTINUED)

reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The Hospital's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Hospital. The Hospital's Medicare cost reports have been settled by the Medicare fiscal intermediary through June 30, 2011. The provision for Medicare contractual allowances amounted to \$ 39,316,000 for the year ended June 30, 2014 and \$ 37,577,000 for the year ended June 30, 2013.

➤ **Medicaid**

Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. As with the Medicare program, these rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services are reimbursed based on established fee schedules. Cost reports are filed with the Department of Public Welfare on an annual basis, but the reports are primarily for information. Both outpatient and inpatient services do not require final settlement because payments received during the year are not subject to retroactive adjustment. The provision for Medicaid contractual allowances amounted to \$ 15,452,000 for the year ended June 30, 2014 and \$ 14,647,000 for the year ended June 30, 2013.

➤ **Blue Cross**

Inpatient acute care services rendered to Blue Cross subscribers are paid at prospectively determined rates per discharge. These rates vary based on the type of service: maternity, newborn, or non-maternity. Outpatient surgery cases are paid at a prospectively determined rate per case based on a classification system based on the primary surgical procedure performed. Other outpatient services are reimbursed at a percentage of the Hospital's established charges or based on a contractually established fee schedule. Reimbursement rates are adjusted annually based on various indices. The provision for Blue Cross contractual allowances amounted to \$ 8,521,000 for the year ended June 30, 2014 and \$ 8,841,000 for the year ended June 30, 2013.

➤ **Highmark Blue Shield**

Inpatient acute care services rendered to Highmark Blue Shield program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services are reimbursed at a percentage of the Hospital's established charges. The Hospital's sub-acute care services are reimbursed on prospectively determined rates. The provision for Highmark Blue Shield contractual allowances amounted to \$ 3,046,000 for the year ended June 30, 2014 and \$ 2,806,000 for the year ended June 30, 2013.

The Hospital currently has its own choice of which network to use to bill out of state claims. The decision of the network used is flexible based on payment and functionality and can be changed at any time it is considered advantageous to the Hospital.

WAYNESBORO HOSPITAL
Notes to Financial Statements
June 30, 2014 and 2013

NOTE 2 NET PATIENT SERVICE REVENUE (CONTINUED)

A summary of net patient service revenue before the provision for bad debts for the years ended June 30 is as follows:

	2014	2013
	(000 Omitted)	
Patient service revenue	\$ 152,086	\$ 153,086
Contractual allowance and discounts	88,286	85,415
Net patient service revenue	<u>\$ 63,800</u>	<u>\$ 67,671</u>

The Hospital also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

The Hospital recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Hospital records a provision for bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the years ended June 30, 2014 and 2013 from these major payor sources, is as follows:

	Third-Party Payors	Self-Pay	Total All Payors
	2014		
	(000 Omitted)		
Patient service revenue (net of contractual allowances and discounts)	<u>\$ 59,972</u>	<u>\$ 3,828</u>	<u>\$ 63,800</u>
	2013		
	(000 Omitted)		
Patient service revenue (net of contractual allowances and discounts)	<u>\$ 63,611</u>	<u>\$ 4,060</u>	<u>\$ 67,671</u>

WAYNESBORO HOSPITAL
Notes to Financial Statements
June 30, 2014 and 2013

NOTE 3 INVESTMENTS

Summit Health Master Trust

The Hospital's internally designated investment portfolio for Capital Improvement and Endowments are combined with the internally designated investment portfolios of the related affiliates of Summit Health to make up the Summit Health Master Trust. The investment portfolio for the internally designated funds for Capital Improvement and Endowments discloses the Hospital's interest in the various master trust portfolios. The employee benefit and donor restricted funds are maintained in separate brokerage accounts.

The composition of the "fixed income", "equity securities", and "real assets" investment types in the Summit Health Master Trust is only available for the entire investment portfolio and is not detailed for each affiliate's portion of the various investments. Because of this, the Hospital's assets in the investment portfolio for Capital Improvement and Endowments are shown as "fixed income", "equity securities", and "real assets". The Hospital's interest in the master trust portfolios represented 20% at June 30, 2014 and 2013. Investment activity is shown net in the statements of cash flows since the funds are pooled with other affiliates and individual entity activity is not available.

Even though the Summit Health Master Trust labels the funds as "fixed income", "equity securities", and "real assets", each fund does not necessarily include only fixed income, equity securities, or real assets and may include a combination of money market funds, fixed income, equity securities, closely held partnerships, and accrued interest. Because of this, the total assets for the Summit Health Master Trust are reported in a different format than the "fixed income", "equity securities", and "real assets" reported for the individual portfolios of the participating Summit Health affiliates.

The composition of the Summit Health Master Trust assets is set forth in the following schedule:

	Fair Market		Fair Market	
	Cost	Value	Cost	Value
	(000 Omitted)		(000 Omitted)	
Cash and money market funds	\$ 2,498	\$ 2,498	\$ 6,969	\$ 6,969
Fixed income				
U S treasury obligations	13,401	13,348	6,139	6,104
U S government agencies	6,197	6,163	5,701	5,735
Corporate and foreign bonds	14,421	14,358	16,070	16,010
Municipal obligations	119	116	-	-
Fixed income mutual funds	114,279	115,081	88,565	86,867
International fixed income mutual funds	65,666	66,702	55,540	53,524
Equities Securities				
Domestic equity mutual funds	31,799	43,440	30,417	37,237
International equity mutual funds	19,993	24,286	18,894	19,533
Hedge funds	13,556	28,453	13,556	26,188
Closely held partnerships	22,190	26,590	21,580	23,708
Accrued interest	246	246	273	273
	<u>\$ 304,365</u>	<u>\$ 341,281</u>	<u>\$ 263,704</u>	<u>\$ 282,148</u>

WAYNESBORO HOSPITAL
Notes to Financial Statements
June 30, 2014 and 2013

NOTE 3 INVESTMENTS (CONTINUED)

Assets Limited as to Use

The composition of assets limited as to use at June 30 is set forth in the following schedule:

	2014		2013	
	Cost	Fair Market Value	Cost	Fair Market Value
	(000 Omitted)		(000 Omitted)	
Internally Designated for Capital Improvement (Part of Summit Health Master Trust)				
Money market funds	\$ 623	\$ 623	\$ 48	\$ 48
Fixed income	33,143	33,176	28,001	27,476
Equity securities	8,219	9,809	6,745	6,936
Hedge funds	4,000	4,798	4,000	4,416
Real Assets	11,258	12,581	8,794	9,339
	<u>57,243</u>	<u>60,987</u>	<u>47,588</u>	<u>48,215</u>
Internally Designated for Employee Benefits				
Domestic equity mutual funds	18	18	25	25
Fixed income mutual funds	<u>6</u>	<u>6</u>	<u>16</u>	<u>16</u>
	<u>24</u>	<u>24</u>	<u>41</u>	<u>41</u>
Internally Designated as Endowments (Part of Summit Health Master Trust)				
Money market funds	607	607	551	551
Fixed income	2,593	2,556	2,513	2,432
Equity securities	1,791	2,389	1,650	1,873
Hedge funds	470	838	470	771
Real Assets	1,415	1,646	1,349	1,474
	<u>6,876</u>	<u>8,036</u>	<u>6,533</u>	<u>7,101</u>
Restricted by Donor for Permanent Endowments				
Money market funds	6	6	14	14
Fixed income mutual funds	93	96	92	93
Domestic equity mutual funds	126	172	106	130
International equity mutual funds	<u>38</u>	<u>45</u>	<u>40</u>	<u>42</u>
	<u>263</u>	<u>319</u>	<u>252</u>	<u>279</u>
Total	64,406	69,366	54,414	55,636
Less assets limited as to use required to meet current obligations	<u>48</u>	<u>48</u>	<u>-</u>	<u>-</u>
Total assets limited as to use	\$ 64,358	\$ 69,318	\$ 54,414	\$ 55,636

WAYNESBORO HOSPITAL
Notes to Financial Statements
June 30, 2014 and 2013

NOTE 3 INVESTMENTS (CONTINUED)

Net investment income from assets limited as to use and investment properties (included in "non-operating income") consists of the following for the years ended June 30:

	2014	2013
	(000 Omitted)	
Net Investment Income		
Investment income	\$ 1,863	\$ 2,082
Less: investment expense	(105)	(102)
	\$ 1,758	\$ 1,980

NOTE 4 ENDOWMENTS

The Hospital's endowments consist of two individual funds established to provide investment income for the Hospital's operations. The endowments include both donor-restricted endowment funds and funds designated by the Hospital's board of directors to function as endowments. Net assets associated with endowment funds, including funds designated by the Hospital to function as endowments, are classified and reported as unrestricted or permanently restricted net assets based on the existence or absence of donor-imposed restrictions.

The Commonwealth of Pennsylvania has not adopted the Uniform Prudent Management of Institutional Funds Act of 2006. Guidance for the administration of endowment funds in Pennsylvania is provided in Act 141, which was passed by the Pennsylvania legislature in 1998. Under Act 141, Pennsylvania not-for-profit organizations are permitted to elect an annual amount that may be used from their endowment funds based on an annual spending rate between 2% and 7%. Act 141 permits the spending of accumulated principal and income from an endowment fund if the amount withdrawn is less than or equal to the annually elected percentage. The Hospital's interpretation of Act 141 classifies interest income, dividends, and capital appreciation earned by donor-restricted endowment fund investments as permanently restricted activity. The Hospital intends to preserve the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Hospital classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

The Hospital considers several factors when making a determination to appropriate or accumulate donor-restricted endowment funds. These factors include the duration and preservation of the fund, the mission of the Hospital, the purpose of the donor-restricted endowment fund, satisfaction of specific donor instructions, general economic conditions, the possible effect of inflation and deflation, the expected total return from income and the appreciation of investments, and other resources.

WAYNESBORO HOSPITAL
Notes to Financial Statements
June 30, 2014 and 2013

NOTE 4 ENDOWMENTS (CONTINUED)

The Hospital has adopted an investment policy and strategies to provide for future needs; maintain the purchasing power of the fund's assets; consistently invest assets in a prudent, high-quality, diversified, and risk-sensitive manner; achieve the optimal return possible within the specified risk parameters; and adhere to established guidelines.

To satisfy the long-term rate-of-return objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends) measured over a three-year time period. The Hospital targets a diversified asset allocation with a mix of investments in equity, alternative investments, fixed income, and short-term investments with a greater emphasis on equity and fixed income investments to achieve its long-term return objectives within prudent risk constraints.

The Hospital's board designated endowment has provisions that 100% of the income from the endowment funds is to be distributed back to the Hospital for operations and the donor-restricted endowments have provisions that 100% of the income from the endowment funds is to be distributed back to the Hospital, with a portion of these funds available to be used for operations and the rest are considered permanently restricted net assets. The distributions are based on a three year rolling percentage of the amount that is available to be disbursed.

Endowment net assets consisted of the following as of June 30:

	2014	2013
	(000 Omitted)	
Board designated endowment funds	\$ 8,036	\$ 7,101
Donor permanently restricted endowment funds	319	279
	<u>\$ 8,355</u>	<u>\$ 7,380</u>

WAYNESBORO HOSPITAL
Notes to Financial Statements
June 30, 2014 and 2013

NOTE 4 ENDOWMENTS (CONTINUED)

The changes in endowment net assets for the years ended June 30, 2014 and 2013 were as follows:

	Unrestricted	Permanently Restricted	Total
		(000 Omitted)	
Endowment net assets at July 1, 2012	\$ 6,312	\$ 255	\$ 6,567
Investment return			
Investment income	202	6	208
Realized gains	162	2	164
Unrealized appreciation	233	23	256
Total investment return	<u>597</u>	<u>31</u>	<u>628</u>
Net contributions from other investment accounts	195	-	195
Payments of income to beneficiaries	-	(6)	(6)
Trustee commissions	<u>(3)</u>	<u>(1)</u>	<u>(4)</u>
Endowment net assets at June 30, 2013	<u>7,101</u>	<u>279</u>	<u>7,380</u>
Investment return			
Investment income	175	16	191
Realized gains	43	3	46
Unrealized appreciation	593	29	622
Total investment return	<u>811</u>	<u>48</u>	<u>859</u>
Net contributions from other investment accounts	127	-	127
Payments of income to beneficiaries	-	(7)	(7)
Trust commissions	<u>(3)</u>	<u>(1)</u>	<u>(4)</u>
Endowment net assets at June 30, 2014	<u>\$ 8,036</u>	<u>\$ 319</u>	<u>\$ 8,355</u>

WAYNESBORO HOSPITAL
Notes to Financial Statements
June 30, 2014 and 2013

NOTE 5 PROPERTY AND EQUIPMENT

A summary of property and equipment and property held for investment at June 30 is as follows:

		2014	
Asset Description	Cost	Accumulated Depreciation	Depreciated Cost
		(000 Omitted)	
Land	\$ 1,083	\$ -	\$ 1,083
Land improvements	1,107	775	332
Buildings and building improvements	15,554	10,144	5,410
Fixed equipment	5,480	5,186	294
Major moveable equipment	39,658	31,479	8,179
Construction in progress	2,527	-	2,527
	<u>\$ 65,409</u>	<u>\$ 47,584</u>	<u>\$ 17,825</u>
Property held for investment	<u>\$ 3,918</u>	<u>\$ 576</u>	<u>\$ 3,342</u>

		2013	
Asset Description	Cost	Accumulated Depreciation	Depreciated Cost
		(000 Omitted)	
Land	\$ 1,083	\$ -	\$ 1,083
Land improvements	1,107	750	357
Buildings and building improvements	15,562	9,757	5,805
Fixed equipment	5,590	5,165	425
Major moveable equipment	37,343	29,458	7,885
Construction in progress	226	-	226
	<u>\$ 60,911</u>	<u>\$ 45,130</u>	<u>\$ 15,781</u>
Property held for investment	<u>\$ 3,919</u>	<u>\$ 496</u>	<u>\$ 3,423</u>

Depreciation expense related to operations was \$ 3,032,000 and \$ 2,895,000 for the years ended June 30, 2014 and 2013, respectively. Depreciation expense on investment properties (included in non-operating income) was \$ 81,000 for the years ended June 30, 2014 and 2013.

During the year ended June 30, 2014, the Hospital began construction on the Waynesboro Medical Office Building adjacent to the Hospital with a total projected cost of \$ 15 million. At June 30, 2014, the Hospital had contractual commitments of \$ 13,483,000 and paid \$ 2,296,000 of these contractual commitments, leaving remaining contractual obligations of \$ 11,187,000.

The Hospital has been notified that it has been allocated \$ 2,500,000 of a Redevelopment Assistance Capital Program (RACP) funding grant through the Commonwealth of Pennsylvania to aid with the costs related to the construction of the Waynesboro Medical Office Building. An application has been submitted for this grant, which has not yet received final approval. In order to obtain the funding, the Hospital is required to pay for certain construction costs and submit the expenses for reimbursement from the State of Pennsylvania. As of June 30, 2014, no expense reimbursements have been submitted and no funding from this grant has been received.

WAYNESBORO HOSPITAL
Notes to Financial Statements
June 30, 2014 and 2013

NOTE 6 LONG-TERM DEBT

A summary of long-term debt at June 30, 2014 is as follows:

		2014	
	Collateral	Current	Long-Term
		(000 Omitted)	
FCIDA Revenue Bonds, Series 2014A	Gross revenues and accounts receivable of "The Obligated Group"	\$ 26	\$ 717
FCIDA Revenue Bonds, Series 2014B	Gross revenues and accounts receivable of "The Obligated Group"	22	807
		<u>\$ 48</u>	<u>\$ 1,524</u>

In April 2014, the Summit Health Obligated Group, consisting of Waynesboro Hospital, The Chambersburg Hospital, Chambersburg Health Services, Summit Physician Services, and Summit Health, entered into the "Franklin County Industrial Development Authority Healthcare Revenue Bond, Series 2014A" agreement for a total of \$ 8,600,000 and the "Franklin County Industrial Development Authority Healthcare Revenue Bond, Series 2014B" agreement for a total of \$ 6,340,000 to secure financing for a capital project involving the construction of a three-story medical office building and certain related improvements and to finance the costs of the issuance of the bonds. While all entities under "The Obligated Group" are guarantors of the bonds, the balance of the bonds is only recorded on Waynesboro Hospital's financial statements.

The Series 2014A bond bears a tax-exempt fixed rate of 2.55%. If circumstances would occur that would make the bonds taxable, the interest rate would be 3.54% during the period of taxability. The Series 2014B bond is a taxable bond that bears a variable interest rate based on the one month LIBOR +0.95% and can change on the first day of each month. The interest rate on the Series 2014B bond was 1.11% at June 30, 2014. Interest payments under both bonds are due on the first day of each month beginning June 1, 2014. Monthly interest and principal payments on both bonds are calculated based on a 240-month amortization beginning on May 1, 2015 with a balloon payment due at maturity on May 1, 2025. Each bond will be reviewed and the monthly payment amounts may be revised on or before April 30, 2015, based on the actual amount advanced under the bonds.

Principal prepayments on the bonds can be made at any time, but a prepayment penalty stated as a percentage of the remaining outstanding principal amount of the bonds will be imposed based on a decreasing percentage scale of 5% to 1% of the outstanding balance for each year after the closing date. The prepayment penalty does not apply to any prepayments made from internally generated funds of the Obligated Group.

Under the terms of the Series 2014A and Series 2014B bond issues, the Obligated Group is required to maintain at least 60 days of cash on hand and maintain a Long Term Debt Service Coverage Ratio (LTDSCR) of 1.10 to be tested annually. If either of these covenants is not met, engagement of a consultant will be triggered. As of June 30, 2014, the Hospital has maintained these covenants and, therefore, is considered to be in compliance with these bond covenants.

WAYNESBORO HOSPITAL
Notes to Financial Statements
June 30, 2014 and 2013

NOTE 6 LONG-TERM DEBT (CONTINUED)

Principal payments due over the next five years on all long-term debt are as follows:

Year Ending June 30	Principal
June 30	(000 Omitted)
2015	\$ 48
2016	584
2017	596
2018	344
	<u>\$ 1,572</u>

The Hospital capitalized \$ 2,000 of interest costs during the year ended June 30, 2014.

NOTE 7 MALPRACTICE INSURANCE COVERAGE

The Hospital maintains professional liability insurance coverage under a retrospectively rated policy of a multiprovider captive. Summit Health has a 3% ownership in the captive. Premiums are accrued based on the captive's experience to date. The insurance covers all employees, including certain hospital-based physicians. The Hospital would be liable for such incidents only if the insurance company failed to meet its obligations or policy limitations were exceeded. The Hospital accrued \$ 374,000 at June 30, 2014 and 2013 based on actuarial calculations using a discount rate of 3.00% at June 30, 2014 and 2013, as an estimate for the ultimate costs of unasserted medical malpractice claims.

The Pennsylvania Medical Care Availability and Reduction of Error Fund (the MCARE Fund), formerly known as the Medical Professional Liability Catastrophe Loss Fund, an agency fund of the State of Pennsylvania, acts as a service agent to facilitate the payment of medical malpractice claims exceeding the primary layer of professional liability insurance carried by the Hospital and other health care providers practicing in Pennsylvania. The MCARE Fund policies are retrospectively rated on a claims-made basis. The MCARE Fund levies health care provider surcharges, as a percentage of insurance premiums for basic coverage, to pay claims and administrative expenses on behalf of MCARE Fund participants. The MCARE Fund currently provides coverage for claims in excess of \$ 500,000 with a per occurrence limit of \$ 500,000 and an aggregate annual limit of \$ 1,500,000. The coverage limit of the MCARE Fund is subject to review by the insurance commissioner, at which time the coverage limit of the fund may be reduced to zero for later years.

NOTE 8 PENSION PLAN

Defined Contribution Plan

The Hospital sponsors a defined contribution pension plan. Participation in this plan is available to any employee who has reached age 21, has completed one year of service, and works more than 1,000 hours during the current plan year. The Hospital contributes 3% of each eligible employee's earnings into the plan. In addition, employees can defer a portion of their gross earnings into the plan and the Hospital will make a 50% matching deposit on contributions up to 6% of gross earnings. Total pension plan expense was \$ 1,155,000 and \$ 1,234,000 for the years ended June 30, 2014 and 2013, respectively.

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Notes to Financial Statements
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NOTE 9 CONCENTRATIONS OF CREDIT RISK

The Hospital has deposits at local financial institutions which exceed the Federal Deposit Insurance Corporation limits at times throughout the year. Management considers this a normal business risk.

The Hospital had \$ 2,574,000 and \$ 9,860,000 at June 30, 2014 and 2013, respectively, in a daily repurchase agreement with a local bank, collateralized by the underlying securities of the repurchase agreement, which are held in the bank's name.

The Hospital grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements. Patients' ability to pay for services is dependent upon economic factors in the Franklin County, Pennsylvania and surrounding areas. The mix of receivables from patients and third-party payors at June 30 was as follows:

	2014	2013
Medicare	18%	18%
Medicaid	17	16
Blue Cross	9	10
Blue Shield	4	3
Other third-party payors	18	19
Self-pay patients	34	34
	<u>100%</u>	<u>100%</u>

Revenue from Medicare, Medicaid, Blue Cross, and Blue Shield programs accounted for approximately 77% and 76% of the Hospital's net patient service revenue for the years ended June 30, 2014 and 2013, respectively.

The Hospital's portion of the Summit Health Master Trust includes an investment in a hedge fund partnership that represents approximately 9% of the Hospital's portion of the trust's value at June 30, 2014 and 2013.

NOTE 10 COMMITMENTS AND CONTINGENCIES

Litigation

The Hospital is subject to legal proceedings and claims arising in the ordinary course of its business. The Hospital believes it has meritorious defenses to these actions, and plans to vigorously contest all claims; however, the ultimate outcome of these actions is uncertain. The Hospital maintains insurance coverage, but this coverage does not include punitive damage awards. The amount or range of potential loss is not determinable at this time.

NOTE 10 COMMITMENTS AND CONTINGENCIES (CONTINUED)

Laws and Regulations

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, and government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers.

Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes the Hospital is in compliance with fraud and abuse as well as other applicable government laws and regulations. While no regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time.

Investments

The Hospital's investments are exposed to various risks, such as interest rate, market, currency and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect investment assets reported in the financial statements.

NOTE 11 RELATED PARTY TRANSACTIONS

Parent and Subsidiaries

The Hospital receives and provides goods and services and administrative and support services to Summit Health and its wholly-controlled subsidiaries, The Chambersburg Hospital, Chambersburg Health Services, Summit Physician Services, and Summit Surgery Center, L.P. Costs and services performed by the Hospital for the benefit of these organizations are recorded as receivables and included in other receivables in the balance sheets. Costs and services performed by these organizations for the benefit of the Hospital are recorded as payables and are included in accounts payable in the balance sheets.

The Hospital had a receivable from Summit Health of \$ 1,000 at June 30, 2014 and 2013. The Hospital had a payable to Summit Health of \$ 705,000 at June 30, 2014 and \$ 601,000 at June 30, 2013.

The Hospital had a receivable from The Chambersburg Hospital of \$ 32,000 at June 30, 2014 and \$ 26,000 at June 30, 2013. It also had a payable to The Chambersburg Hospital of \$ 1,591,000 at June 30, 2014 and \$ 1,628,000 at June 30, 2013. The Hospital paid The Chambersburg Hospital \$ 1,349,000 and \$1,743,000 for salaries and contracted services for the years ended June 30, 2014 and 2013, respectively.

The Hospital had a receivable from Chambersburg Health Services of \$ 1,000 at June 30, 2013. The Hospital received \$ 22,000 in rental income from Chambersburg Health Services for the years ended June 30, 2014 and 2013.

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Notes to Financial Statements
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NOTE 11 RELATED PARTY TRANSACTIONS (CONTINUED)

Parent and Subsidiaries (Continued)

The Hospital had a receivable from Summit Physician Services of \$ 5,000 at June 30, 2014 and \$ 4,000 at June 30, 2013. The Hospital had a payable to Summit Physician Services of \$ 29,000 at June 30, 2014 and \$ 30,000 at June 30, 2013. The Hospital received \$ 101,000 and \$ 67,000 in rental income from Summit Physician Services for the years ended June 30, 2014 and 2013. The Hospital also paid Summit Physician Services \$ 403,000 and \$ 341,000 for professional services expenses for the years ended June 30, 2014 and 2013, respectively. The Hospital transferred \$ 4,800,000 and \$ 5,650,000 to Summit Physician Services through equity transfers for the years ended June 30, 2014 and 2013, respectively.

The Chambersburg Hospital Obligated Group, consisting of Waynesboro Hospital, The Chambersburg Hospital, Chambersburg Health Services, Summit Physician Services, and Summit Health, previously entered into the "Franklin County Industrial Development Authority Fixed Rate Revenue Bonds Series of 2010" agreement to provide funding for a building expansion project at The Chambersburg Hospital and refinance The Chambersburg Hospital's 1998 revenue bonds. Under the terms of the agreement, the Hospital is a guarantor of the 2010 revenue bonds, which totaled \$ 122,485,000 and \$ 124,145,000 at June 30, 2014 and 2013, respectively. These revenue bonds mature in July 2025, July 2030, and July 2042.

In April 2014, the Obligated Group also entered into the "Franklin County Industrial Development Authority Healthcare Revenue Bonds Series 2014C" agreement to provide funding to refinance The Chambersburg Hospital's and Chambersburg Health Services' 2009 revenue bonds. Under the terms of the agreement, the Hospital is a guarantor of the 2014 revenue bonds, which totaled \$ 27,111,000 at June 30, 2014. These revenue bonds mature in May 2024.

At this time, management is not aware of any risks that may require the Hospital to act on these guaranty agreements.

Employee Receivables

The Hospital has various receivables from employees and doctors of the Hospital for sign-on bonuses, tuition loans, and other job related financing needs. The receivables are generally payable on demand if the employee leaves the employment of the Hospital and is cancelable by the Hospital once the employee meets certain course or employment time requirements with interest generally charged only if the employee leaves employment. No allowance has been recorded for bad debts related to these receivables. The balances of these receivables are divided between current and non-current based on the date of cancellation and is recorded in notes receivable in the balance sheets as follows:

	2014	2013
	(000 Omitted)	
Current	\$ 199	\$ 114
Non-current	179	329
	<u>\$ 378</u>	<u>\$ 443</u>

WAYNESBORO HOSPITAL
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June 30, 2014 and 2013

NOTE 12 PROMISES TO GIVE

The Hospital has unrestricted pledges from individuals to assist the Hospital for operations over the next several years that are included in other receivables in the balance sheets. An allowance for uncollectible promises to give has not been established as management feels the promises will be fully collected.

The following is a summary of unconditional promises to give at June 30:

	2012	2013
	(000 Omitted)	
Pledges receivable for general operations	\$ 19	\$ 25

The remaining balance on these pledges at June 30, 2014 is as follows:

	(000 Omitted)
Receivable in less than one year	\$ 4
Receivable in one to five years	15
Total pledges receivable	\$ 19

Discounting of pledges was insignificant at June 30, 2014 and 2013.

NOTE 13 TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets at June 30 are restricted to:

	2014	2013
	(000 Omitted)	
Pledges receivable for general operations	\$ 1	\$ -
	\$ 1	\$ -

Permanently restricted net assets at June 30 are restricted to:

	2014	2013
	(000 Omitted)	
Investments to be held in perpetuity, the income from which is expendable to support health care services		
Donor restricted endowments	\$ 319	\$ 279
Perpetual trusts held by third parties	2,892	2,940
	\$ 3,211	\$ 3,219

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NOTE 14 FUNCTIONAL EXPENSES

The Hospital provides general health care services to residents within its geographic location. Expenses relating to these services are as follows:

2014			
	Total	Health Care Services	General and Administration
		(000 Omitted)	
Salaries and wages	\$ 25,414	\$ 20,385	\$ 5,029
Fringe benefits	8,204	6,581	1,623
Professional services	3,446	3,446	-
Contracted services, materials, and services, utilities, and insurance	11,364	6,219	5,145
Depreciation	3,032	1,614	1,418
Total	<u>\$ 51,460</u>	<u>\$ 38,245</u>	<u>\$ 13,215</u>

2013			
	Total	Health Care Services	General and Administration
		(000 Omitted)	
Salaries and wages	\$ 26,931	\$ 21,705	\$ 5,226
Fringe benefits	8,188	6,599	1,589
Professional services	1,687	1,687	-
Contracted services, materials, and services, utilities, and insurance	11,644	9,014	2,630
Depreciation	2,895	1,531	1,364
Total	<u>\$ 51,345</u>	<u>\$ 40,536</u>	<u>\$ 10,809</u>

NOTE 15 CHARITY CARE

The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy and Department of Public Welfare regulations for outpatient services. The estimated cost of charity care amounted to \$ 3,509,000 and \$ 2,804,000 for the years ended June 30, 2014 and 2013, respectively.

NOTE 16 INTANGIBLE ASSETS

Bond financing costs incurred in connection with the issuance of revenue bonds are recorded as intangible assets in the balance sheets. These intangible assets are being amortized on a straight-line basis over the life of the bonds. During the year ended June 30, 2014, the Hospital incurred \$201,000 in bond financing costs to obtain financing under the Series 2014A and 2014B revenue bonds, which are being amortized over eleven years.

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NOTE 16 INTANGIBLE ASSETS (CONTINUED)

Bond financing costs at June 30 are as follows:

	2014
	Bond Financing Costs
Gross costs	\$ 201
Accumulated amortization	0
Unamortized costs	<u>\$ 201</u>

There was no amortization expense for the year ended June 30, 2014.

The estimated amortization expense for the next five years and thereafter for the bond financing costs is as follows:

Year Ending June 30	Amortization Expense
2015	\$ 18
2016	18
2017	18
2018	18
2019	18
Thereafter	111
	<u>\$ 201</u>

NOTE 17 FAIR VALUE DISCLOSURES

Generally accepted accounting principles requires disclosures about fair value measurements by establishing a three-level hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure the assets or liabilities fall within different levels of the hierarchy, the classification is based on the lowest level input that is significant to the fair value measurement of the asset or liability. Classification of assets and liabilities within the hierarchy considers the markets in which the assets and liabilities are traded and the reliability and transparency of the assumptions used to determine fair value.

The hierarchy requires the use of observable market data when available. The levels of the hierarchy and those investments included in each are as follows:

Level 1: Represented by quoted prices available in an active market. Level 1 securities include highly liquid government bonds, treasury securities, mortgage products, and exchange traded equities.

NOTE 17 FAIR VALUE DISCLOSURES (CONTINUED)

Level 2: Represented by assets and liabilities similar to Level 1 where quoted prices are not available, but are observable, either directly or indirectly through corroboration with observable market data, such as quoted prices for similar securities and quoted prices in inactive markets and estimated using pricing models or discounted cash flows. Level 2 securities would include U.S. agency securities, mortgage-backed agency securities, obligations of states and political subdivisions, and certain corporate, asset backed securities, money market funds, and swap agreements.

Level 3: Represented by financial instruments where there is limited activity or unobservable market prices and pricing models significant to determining the fair value measurement including the reporting entity's own assumptions about the market risk. Level 3 securities would include hedge funds, private equity securities, closely held partnerships, and internally developed values.

Following is a description of the valuation methodologies used for instruments measured on a recurring basis at estimated fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy:

Investment Assets Limited as to Use and Perpetual Trusts Held by Third Parties

Where quoted prices are available in an active market, securities are classified within level 1 of the valuation hierarchy. Level 1 securities would include exchange traded equities. If quoted market prices are not available, securities are classified within level 2 and fair values are estimated by using pricing models, quoted prices of securities with similar characteristics, or discounted cash flow. Level 2 securities would include U.S. agency securities, mortgage-backed agency securities, corporate and municipal bonds, asset backed securities, money market funds, and other securities. Perpetual trusts held by third parties generally consist of mutual funds that are held and administered by local banks, management has no control over these investments, and are classified within level 2. In certain cases where there is limited activity or less transparency around inputs to the valuation, securities are classified within level 3 of the valuation hierarchy. The Hospital's level 3 investments are a fund-to-fund hedge fund involving several different hedge funds and closely-held partnerships. The market value of the hedge funds and closely-held partnerships is based on returns and activity during the year received from various investment managers of the funds and partnerships. The pricing of level 3 investments is based on a variety of methods which are proprietary to the investment funds and not readily available for disclosure. These methods range from present value to obtaining values of underlying securities through active and inactive markets.

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NOTE 17 FAIR VALUE DISCLOSURES (CONTINUED)

A summary of the Hospital's assets measured on a recurring basis as of June 30, 2014 and 2013 are as follows:

June 30, 2014				
	Level 1	Level 2	Level 3	Total Fair Value Measurements
	(000 Omitted)			
ASSETS				
Investment assets limited as to use				
Money market funds	\$ -	\$ 1,236	\$ -	\$ 1,236
Government agency obligations	-	3,666	-	3,666
Corporate and foreign bonds	-	2,701	-	2,701
Municipal obligations	-	64	-	64
Hedge funds	-	-	5,636	5,636
Closely held partnerships	-	-	5,534	5,534
Domestic fixed income mutual funds	23,100	-	-	23,100
International fixed income mutual funds	12,476	-	-	12,476
Domestic equity mutual funds	9,474	-	-	9,474
International equity mutual funds	5,479	-	-	5,479
Total investment assets limited as to use	50,529	7,667	11,170	69,366
Perpetual trusts held by third parties	-	2,892	-	2,892
	\$ 50,529	\$ 10,559	\$ 11,170	\$ 72,258
June 30, 2013				
	Level 1	Level 2	Level 3	Total Fair Value Measurements
	(000 Omitted)			
ASSETS				
Investment assets limited as to use.				
Money market funds	\$ -	\$ 613	\$ -	\$ 613
Government agency obligations	-	2,443	-	2,443
Corporate and foreign bonds	-	3,239	-	3,239
Hedge funds	-	-	5,187	5,187
Closely held partnerships	-	-	4,875	4,875
Domestic fixed income mutual funds	18,195	-	-	18,195
International fixed income mutual funds	9,664	-	-	9,664
Domestic equity mutual funds	7,544	-	-	7,544
International equity mutual funds	3,876	-	-	3,876
Total investment assets limited as to use.	39,279	6,295	10,062	55,636
Perpetual trusts held by third parties	-	2,940	-	2,940
	\$ 39,279	\$ 9,235	\$ 10,062	\$ 58,576

WAYNESBORO HOSPITAL
Notes to Financial Statements
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NOTE 17 FAIR VALUE DISCLOSURES (CONTINUED)

The changes in assets measured at fair value on a recurring basis using significant unobservable inputs (level 3) are as follows for the years ended June 30, 2014 and 2013:

	2014	2013
	(000 Omitted)	
Beginning balance	\$ 10,062	\$ 8,718
Total gains or losses (realized/unrealized):		
Realized gains (losses) included in other income (expenses)	-	-
Unrealized gains included in change in net assets	1,080	1,338
Purchases, issues, sales, and settlements:		
Purchases	37	15
Sales	<u>(9)</u>	<u>(9)</u>
Ending balance	<u>\$ 11,170</u>	<u>\$ 10,062</u>
 The amount of total gains or losses for the period included in change in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	 <u>\$ 1,080</u>	 <u>\$ 1,338</u>

There were no assets or liabilities measured at fair value on a nonrecurring basis at June 30, 2014 and 2013.

WAYNESBORO HOSPITAL
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NOTE 17 FAIR VALUE DISCLOSURES (CONTINUED)

As noted in Note 3, the Hospital's internally designated investment portfolio for Capital Improvement and Endowments are combined with the internally designated investment portfolios of the related affiliates of Summit Health to make up the Summit Health Master Trust. The composition of the Summit Health Master Trust assets by measurement level and investment grade is set forth in the following schedule. Accrued interest of \$ 246,000 and \$ 273,000 at June 30, 2014 and 2013, respectively, are not included in this analysis as they are not recorded at fair value.

	June 30, 2014			Total Fair Value
	Level 1	Level 2	Level 3	Measurements
		(000 Omitted)		
Money market funds	\$ -	\$ 2,498	\$ -	\$ 2,498
U S treasury obligations AAA	-	13,348	-	13,348
U S government agency obligations				
AAA	-	4,389	-	4,389
Not rated	-	1,773	-	1,773
Corporate and foreign bonds.				
AAA	-	1,578	-	1,578
A1	-	1,220	-	1,220
A2	-	718	-	718
A3	-	516	-	516
BA1	-	458	-	458
BAA1	-	3,421	-	3,421
BAA2	-	302	-	302
BAA3	-	3,494	-	3,494
Foreign government bonds.				
AAA	-	1,574	-	1,574
Foreign corporate bonds				
BAA3	-	1,078	-	1,078
Municipal obligations - not rated	-	116	-	116
Fixed income mutual funds	115,081	-	-	115,081
International fixed income mutual funds	66,702	-	-	66,702
Domestic equity mutual funds	43,440	-	-	43,440
International equity mutual funds	24,286	-	-	24,286
Hedge funds	-	-	28,453	28,453
Closely held partnerships	-	-	26,590	26,590
Total	<u>\$ 249,509</u>	<u>\$ 36,483</u>	<u>\$ 55,043</u>	<u>\$ 341,035</u>

WAYNESBORO HOSPITAL
Notes to Financial Statements
June 30, 2014 and 2013

NOTE 17 FAIR VALUE DISCLOSURES (CONTINUED)

January 00, 1900							
	Level 1		Level 2		Level 3		Total Fair Value Measurements
	(000 Omitted)						
Money market funds	S	-	S	6,969	S	-	S 6,969
U S treasury obligations. AAA		-		6,104		-	6,104
U S government agency obligations							
AAA		-		4,492		-	4,492
Not rated		-		1,243		-	1,243
Corporate and foreign bonds							
AAA		-		2,947		-	2,947
A1		-		1,342		-	1,342
A2		-		735		-	735
A3		-		1,220		-	1,220
BA1		-		451		-	451
BAA1		-		1,208		-	1,208
BAA2		-		292		-	292
BAA3		-		4,196		-	4,196
Foreign government bonds							
AAA		-		1,628		-	1,628
BAA1		-		864		-	864
BAA3		-		1,127		-	1,127
Fixed income mutual funds		86,867		-		-	86,867
International fixed income mutual funds		53,524		-		-	53,524
Domestic equity mutual funds		37,237		-		-	37,237
International equity mutual funds		19,533		-		-	19,533
Hedge funds		-		-		26,188	26,188
Closely held partnerships		-		-		23,708	23,708
Total	S	197,161	S	34,818	S	49,896	S 281,875

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Notes to Financial Statements
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NOTE 17 FAIR VALUE DISCLOSURES (CONTINUED)

The changes in assets measured at fair value on a recurring basis using significant unobservable inputs (level 3) for the Summit Health Master Trust assets are as follows for the years ended June 30, 2014 and 2013:

	2014	2013
	(000 Omitted)	
Beginning balance	\$ 49,896	\$ 44,739
Total gains or losses (realized/unrealized):		
Realized gains included in other income (expenses)	-	1
Unrealized gains included in change in net assets	5,011	5,128
Purchases, issues, sales, and settlements:		
Purchases	180	72
Sales	(44)	(44)
Ending balance	<u>\$ 55,043</u>	<u>\$ 49,896</u>
The amount of total gains or losses for the period included in change in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date		
	<u>\$ 5,011</u>	<u>\$ 5,128</u>

Fair Value of Financial Instruments

The Hospital meets the requirements for disclosure of fair value information about financial instruments, whether or not recognized in the balance sheet. In cases where quoted market prices are not available, fair values are based on estimates using present value or other valuation techniques. Those techniques are significantly affected by the assumptions used, including the discount rate and estimates of future cash flows. In that regard, the derived fair value estimates cannot be substantiated by comparison to independent markets and, in many cases, could not be realized in immediate settlement of the instruments. Certain financial instruments and all non-financial instruments are excluded from disclosure requirements. Accordingly, the aggregate fair value amounts presented do not represent the underlying value of the Hospital.

In addition to those disclosed above, the following methods and assumptions were used by the Hospital in estimating the fair value of its financial instruments:

Cash and cash equivalents

The carrying amount reported in the balance sheets for cash and cash equivalents approximates fair value.

NOTE 17 FAIR VALUE DISCLOSURES (CONTINUED)

Fair Value of Financial Instruments (Continued)

Notes receivable

The carrying amount approximates fair value since the majority of the notes are either with related parties or of a short duration.

Patient accounts and other receivables

The carrying amount reported in the balance sheets for patient accounts and other receivables approximates fair value. Unconditional promises to give approximate fair value.

Accounts payable and accrued expenses

The carrying amount reported in the balance sheets for accounts payable and accrued expenses approximates fair value.

Estimated amounts payable under third-party contractual agreements

The carrying amount reported in the balance sheets for estimated amounts payable under third-party contractual agreements approximates fair value.

Advances from third-party payors

The carrying amount reported in the balance sheets for advances from third-party payors approximates fair value.

Long-term debt

Fair values of the Hospital's Series 2014A revenue bonds are estimated using discounted cash flow analyses based on the Hospital's current incremental borrowing rate. Fair values of the Hospital's Series 2014B revenue bonds are estimated to approximate cost since these are variable rate bonds.

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NOTE 17 FAIR VALUE DISCLOSURES (CONTINUED)

Fair Value of Financial Instruments (Continued)

The carrying amounts and fair values of the Hospital's financial instruments at June 30 are as follows:

2014					
	Carrying Amount	Fair Value	Level 1	Level 2	Level 3
	(000 Omitted)				
Financial Assets:					
Cash and cash equivalents	\$ 4,058	\$ 4,058	\$ 4,058	\$ -	\$ -
Notes receivable	378	378	-	-	378
Patient accounts and other receivables	7,393	7,393	-	-	7,393
Assets limited as to use	69,366	69,366	50,529	7,667	11,170
Perpetual trusts held by third parties	2,892	2,892	-	2,892	-
Financial Liabilities:					
Accounts payable and accrued expenses	\$ 6,882	\$ 6,882	\$ 6,882	\$ -	\$ -
Estimated amounts payable under third-party contractual agreements	3,296	3,296	-	-	3,296
Advances from third-party payors	253	253	-	-	253
Long-term debt	1,572	1,682	-	1,682	-
2013					
	Carrying Amount	Fair Value	Level 1	Level 2	Level 3
	(000 Omitted)				
Financial Assets:					
Cash and cash equivalents	\$ 9,470	\$ 9,470	\$ 9,470	\$ -	\$ -
Notes receivable	443	443	-	-	443
Patient accounts and other receivables	7,300	7,300	-	-	7,300
Assets limited as to use	55,636	55,636	39,279	6,295	10,062
Perpetual trusts held by third parties	2,940	2,940	-	2,940	-
Financial Liabilities:					
Accounts payable and accrued expenses	\$ 6,495	\$ 6,495	\$ 6,495	\$ -	\$ -
Estimated amounts payable under third-party contractual agreements	3,213	3,213	-	-	3,213
Advances from third-party payors	253	253	-	-	253

NOTE 18 EVALUATION OF SUBSEQUENT EVENTS

The Hospital has evaluated events and transactions subsequent to June 30, 2014 through October 29, 2014, the date these financial statements were issued. No events have been identified which would require disclosure to these financial statements.