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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
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

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

C Name of organization
WAYNE MEMORIAL HOSPITAL
% DAVID HOFF
Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
HONESDALE, PA 18431

D Employer identification number
24-0798839

E Telephone number
(570) 253-8100

G Gross receipts $ 120,335,392

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.WMH.ORG

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

L Year of formation 1907

M State of legal domicile PA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	882
6	Total number of volunteers (estimate if necessary)	**6**	197
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,084
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	828

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	83,106	217,881
9	Program service revenue (Part VIII, line 2g)	86,572,581	87,892,554
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,602,299	4,885,612
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-150,010	-47,715
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	92,107,976	92,948,332
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,630,270	2,862,133
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	38,995,890	42,572,461
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	42,312,959	44,350,026
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	82,939,119	89,784,620
19	Revenue less expenses Subtract line 18 from line 12	9,168,857	3,163,712

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	113,448,051	113,934,037
21	Total liabilities (Part X, line 26)	42,506,226	45,084,447
22	Net assets or fund balances Subtract line 21 from line 20	70,941,825	68,849,590

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 — 2017-01-31 Date

DAVID HOFF CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Brian D Todd	Brian D Todd			P00422601

Firm's name ▶ BKD LLP — Firm's EIN ▶

Firm's address ▶ 910 E ST LOUIS 200/PO BOX 1190
SPRINGFIELD, MO 658062523

Phone no (417) 865-8701

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

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

WAYNE MEMORIAL HOSPITAL PROVIDES QUALITY HEALING AND COMFORT TO THOSE IN NEED GUIDED BY COMPASSION, ADVOCACY, RESPECT, EXCELLENCE AND SERVICE

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 49,346,777 including grants of $) (Revenue $ 61,360,527)

OUTPATIENT SERVICES ARE OFFERED IN A VARIETY OF AREAS, INCLUDING LAB, RADIOLOGY, REHABILITATION SERVICES SUCH AS PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY AND PRIMARY CARE WMH ALSO PROVIDES OUTPATIENT EMERGENCY, DIAGNOSTIC, AND REHABILITATIVE SERVICES OUR EMERGENCY DEPARTMENT OFFERS PHYSICIAN CARE 24 HOURS A DAY TO ALL, REGARDLESS OF ABILITY TO PAY

4b (Code) (Expenses $ 15,245,906 including grants of $) (Revenue $ 23,629,899)

INPATIENT SERVICES PROVIDES A FULL CONTINUUM OF CARE, FROM BIRTHING SUITES TO CHEMOTHERAPY, ENDOSCOPY, CARDIOLOGY PROCEDURES, RESPIRATORY THERAPY, IMAGING SCANS, HOME HEALTH AND HOSPICE CARE FOR THE POPULATION WE SERVE, APPROXIMATELY 100,000 PEOPLE IN MOSTLY RURAL WAYNE AND PIKE COUNTIES, PENNSYLVANIA

4c (Code) (Expenses $ 2,030,468 including grants of $) (Revenue $ 2,902,128)

INPATIENT REHABILITATION PROVIDES PHYSICAL, OCCUPATIONAL, AUDIOLOGY AND SPEECH THERAPY WITH SKILL CERTIFIED THERAPISTS AN INDIVIDUALIZED REHABILITATION PROGRAM DESIGNED TO ENHANCE FUNCTION AND INDEPENDENCE IS DEVELOPED FOR EACH PATIENT BY A TEAM OF SPECIALIZED REHABILITATION PROFESSIONALS EACH PATIENT'S EVALUATION AND PROGRESS IS DIRECTED AND MONITORED BY A PHYSIATRIST AND AN INTERDISCIPLINARY TEAM CONSISTING OF A PRIMARY REHABILITATION NURSE, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPISTS, AND A SOCIAL WORKER

4d Other program services (Describe in Schedule O)

(Expenses $ 2,862,133 including grants of $ 2,862,133) (Revenue $)

4e **Total program service expenses ▶** 69,485,284

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	Yes	
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		No
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		No
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	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	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 domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**	Yes	
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 . .	1a	89		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	882		
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		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		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	1a	17		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Yes	
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	
b	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				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	
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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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	Yes	
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	Yes	

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.

☐ Own website ☐ Another's website ☑ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records ▶ DAVID HOFF 601 PARK STREET HONESDALE, PA 18431 (570) 253-8100

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) JOANN HUDAK 2ND VICE CHAIR	0 8 0 8	X		X				0	0	0
(2) SUSAN MANCUSO SECRETARY	0 8 0 8	X		X				0	0	0
(3) FRANK BORELLI TREASURER BEGINNING 10/15	0 8 0 8	X		X				0	0	0
(4) WENDELL HUNT TRUSTEE	0 8 0 8	X						0	0	0
(5) JOSEPH HARCUM TRUSTEE	0 8 0 8	X						0	0	0
(6) JULIE SEILER TRUSTEE	0 8 0 8	X						0	0	0
(7) HUGH RECHNER 1ST VICE CHAIR BEGINNING 02/16	0 8 0 2	X		X				0	0	0
(8) GARY BEILMAN TRUSTEE	0 8 0 8	X						0	0	0
(9) DIRK MUMFORD CHAIR	3 0 2 1	X		X				0	0	0
(10) TED EDGAR TREASURER END 10/15, TRUSTEE	0 8 0 8	X		X				0	0	0
(11) WILLIAM R DEWAR III MD TRUSTEE	0 8 0 8	X						0	0	0
(12) SCOTT EPSTEIN MD TRUSTEE	0 8 0 8	X						0	0	0
(13) JAMES LABAR TRUSTEE	0 8 1 0	X						0	0	0
(14) MILTON ROEGNER TRUSTEE	0 8 1 3	X						0	0	0

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			
(15) MARTHA WILSON	0 8	X						0	0	0
TRUSTEE	0 8									
(16) JULIANN DOYLE	0 8	X						0	0	0
TRUSTEE	0 8									
(17) TIMOTHY FARLEY	0 8	X						0	0	0
TRUSTEE	0 8									
(18) MIKE CLIFFORD	18 8			X				0	244,971	51,417
CFO	21 2									
(19) DAVID HOFF	32 0			X				0	442,220	43,886
CEO	8 0									
(20) JAMES PETTINATO	39 9				X			0	172,509	27,199
DIRECTOR OF PATIENT CARE SERVI	0 1									
(21) JEFFERY MOGERMAN	40 0					X		660,127	0	32,570
PHYSICAN	0 0									
(22) LILLIAN LONGENDORFER	40 0					X		229,988	0	19,386
PHYSICIAN	0 0									
(23) GEORGE J RUCCO	40 0					X		181,040	0	0
CERTIFIED RN ANESTHETIST	0 0									
(24) DEBORAH H PUGH	40 0					X		175,476	0	27,433
CERTIFIED RN ANESTHETIST	0 0									
(25) DAVID CAUCCI	40 0					X		454,770	0	33,858
PHYSICIAN	0 0									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,701,401	859,700	235,749

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 12

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
CHARLES W GRIMM, CONSTRUCTION INC WAYMART, PA 18472	CONSTRUCTION	2,474,646
STAFF CARE, INC ATLANTA, GA 30384	STAFFING	1,692,690
WAYNE MEMORIAL, HEALTH SYSTEM HONESDALE, PA 18431	ADMINISTRATIVE SVCS	1,277,700
N AMERICAN PTRS IN, ANESTHESIA MELVILLE, NY 11747	ANESTHESIOLOGY SVCS	1,186,800
LABORTORY CORPORATION, OF AMERICA BURLINGTON, NC 27216	LAB TESTING	799,306

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 16

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 19,791				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 198,090				
	g	Noncash contributions included in lines 1a-1f $ 50,000				
	h	**Total.** Add lines 1a-1f . . . . . ▶	217,881			
Program Service Revenue		Business Code				
	2a	NET PATIENT SERVICE REVENUE 623000	86,771,786	86,771,786		
	b	CAFETERIA 722514	312,408	312,408		
	c	OTHER REVENUE 900099	115,592	115,592		
	d	MEANINGFUL USE REVENUE 623000	692,768	692,768		
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	87,892,554			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	1,484,732			1,484,732
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross rents: 535,577 /				
	b	Less rental expenses: 443,122 /				
	c	Rental income or (loss): 92,455 / 0				
	d	Net rental income or (loss) . . . . . ▶	92,455			92,455
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 30,195,318 / 149,500				
	b	Less cost or other basis and sales expenses: 26,919,960 / 23,978				
	c	Gain or (loss): 3,275,358 / 125,522				
	d	Net gain or (loss) . . . . . ▶	3,400,880			3,400,880
	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 . . ▶	0			
	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 . . . ▶	0			
	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 . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	GAIN/(LOSS) ON EQUITY INVESTEE 900099	-140,170		2,084	-142,254
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	-140,170			
	12	**Total revenue.** See Instructions . . . . . ▶	92,948,332	87,892,554	2,084	4,835,813

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,862,133	2,862,133		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	33,327	33,327		
7 Other salaries and wages	33,320,831	24,084,289	9,236,542	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,186,251	1,574,402	611,849	
9 Other employee benefits	4,616,602	3,324,589	1,292,013	
10 Payroll taxes	2,415,450	1,739,457	675,993	
11 Fees for services (non-employees)				
a Management	1,277,700		1,277,700	
b Legal	165,993		165,993	
c Accounting	76,913		76,913	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	315,606		315,606	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,624,066	7,869,933	754,133	
12 Advertising and promotion	234,439		234,439	
13 Office expenses	8,119,343	5,076,508	3,042,835	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,651,182	1,104,952	546,230	
17 Travel	265,971	261,683	4,288	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	78,013	59,664	18,349	
20 Interest	529,241	415,398	113,843	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,247,684	2,549,088	698,596	
23 Insurance	488,729	383,601	105,128	
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 MEDICAL SUPPLIES & DRUGS	11,650,580	11,650,580		
b BAD DEBT	5,490,836	5,490,836		
c REPAIRS & MAINTENANCE	2,025,481	965,209	1,060,272	
d LICENSES, DUES, SUBSCRIPTION	108,249	39,635	68,614	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	89,784,620	69,485,284	20,299,336	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 ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,570	1	13,019
	2	Savings and temporary cash investments		20,630,813	2	12,514,471
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		8,263,849	4	10,677,280
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		586,798	8	1,740,905
	9	Prepaid expenses and deferred charges		1,281,280	9	1,094,649
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 91,572,185			
	b	Less accumulated depreciation	10b 65,525,697	22,456,697	10c	26,046,488
	11	Investments—publicly traded securities		50,939,033	11	51,387,780
	12	Investments—other securities See Part IV, line 11		772,456	12	844,244
	13	Investments—program-related See Part IV, line 11		4,691,812	13	3,776,795
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		3,823,743	15	5,838,406
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		113,448,051	16	113,934,037
Liabilities	17	Accounts payable and accrued expenses		17,623,990	17	21,069,944
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		21,997,403	20	19,818,256
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		592,216	23	464,100
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		2,292,617	25	3,732,147
	26	**Total liabilities.** Add lines 17 through 25		42,506,226	26	45,084,447
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		68,576,508	27	66,386,674
	28	Temporarily restricted net assets		288,206	28	365,242
	29	Permanently restricted net assets		2,077,111	29	2,097,674
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		70,941,825	33	68,849,590
	34	Total liabilities and net assets/fund balances		113,448,051	34	113,934,037

Part XI Reconcilliation 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	92,948,332
2	Total expenses (must equal Part IX, column (A), line 25)	2	89,784,620
3	Revenue less expenses Subtract line 2 from line 1	3	3,163,712
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,941,825
5	Net unrealized gains (losses) on investments	5	-3,197,949
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1,158,741
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,216,739
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	68,849,590

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		10,474
j	Total Add lines 1c through 1i			10,474
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1(I)	LOBBYING EXPENSES WAYNE MEMORIAL HOSPITAL PAYS ANNUAL MEMBERSHIP DUES TO THE HOSPITAL & HEALTH SYSTEM ASSOCIATION OF PENNSYLVANIA (HAP) AND AMERICAN HOSPITAL ASSOCIATION (AHA) THE HOSPITAL IS NOTIFIED EACH YEAR THAT A PORTION OF THE MEMBERSHIP DUES IS USED FOR LOBBYING ACTIVITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

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

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

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)	Accumulated (c)depreciation	(d)Book value
1a Land		2,185,196		2,185,196
b Buildings		35,373,884	24,130,907	11,242,977
c Leasehold improvements		3,147,205	1,966,195	1,181,010
d Equipment		48,244,131	38,354,189	9,889,942
e Other		2,621,769	1,074,406	1,547,363
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				26,046,488

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) BEN INT IN PERPETUAL TRUSTS	1,993,760
(2) DUE FROM AFFILIATES	1,790,905
(3) DEFERRED FINANCING COSTS	215,844
(4) OTHER RECEIVABLES	1,837,897
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	5,838,406

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	0
EST MALPRACTICE CLAIMS	2,672,288
DUE TO 3RD PARTIES	1,059,859
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	3,732,147

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

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

1	Total revenue, gains, and other support per audited financial statements			1	81,453,524
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-3,197,949		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-8,720,190		
e	Add lines **2a** through **2d**			2e	-11,918,139
3	Subtract line **2e** from line **1**			3	93,371,663
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	-423,331		
c	Add lines **4a** and **4b**			4c	-423,331
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	92,948,332

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

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

1	Total expenses and losses per audited financial statements			1	84,802,099
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	823,921		
e	Add lines **2a** through **2d**			2e	823,921
3	Subtract line **2e** from line **1**			3	83,978,178
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	315,606		
b	Other (Describe in Part XIII)	4b	5,490,836		
c	Add lines **4a** and **4b**			4c	5,806,442
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	89,784,620

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, PART X, LINE 2	UNCERTAIN TAX POSITIONS MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1 $ (443,122) RENTAL EXPENSES 19,791 TEMPORARILY RESTRICTED CONTRIBUTIONS ---------- $ (423,331)
SCHEDULE D, PART XII, LINE 2D	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 $ 443,122 RENTAL EXPENSES 380,799 RELATED PARTY GOODWILL ---------- $ 823,921
SCHEDULE D, PART XII, LINE 4B	AMOUNTS INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT ON LINE 1 $ 5,490,836 BAD DEBT EXPENSE

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

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			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		No
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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"?	4		No
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 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)		342	270,632		270,632	0 320 %
b Medicaid (from Worksheet 3, column a)			13,255,543	7,537,842	5,717,701	6 750 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		342	13,526,175	7,537,842	5,988,333	7 070 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	23	11,146	165,995	11,995	154,000	0 180 %
f Health professions education (from Worksheet 5)	3	19	332,141	4,000	328,141	0 390 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2		3,221,820		3,221,820	3 800 %
j **Total.** Other Benefits	28	11,165	3,719,956	15,995	3,703,961	4 370 %
k **Total.** Add lines 7d and 7j	28	11,507	17,246,131	7,553,837	9,692,294	11 440 %

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	3		63,247		63,247	0 070 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	1	130	5,113	1,034	4,079	
7	Community health improvement advocacy						
8	Workforce development	2	461	20,147		20,147	0 020 %
9	Other						
10	**Total**	6	591	88,507	1,034	87,473	0 090 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	5,490,836		
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	1,617,600		
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	30,860,841		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	31,996,670		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-1,135,829		
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	
b	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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	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)

Name of hospital facility or letter of facility reporting group WAYNE MEMORIAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW WMH ORG/HOME			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW WMH ORG/HOME			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, 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 (FAP)

WAYNE MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
13	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 included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE PART V SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

WAYNE MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**		No
	If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

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	
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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
SCHEDULE H, PART I, LINE 7I	CONTRIBUTIONS TO THE COMMUNITY THE HOSPITAL SUBSIDIZED BOTH IN & OUT OF SCOPE (NON PRIMARY CARE SERVICES - PEDIATRICS, SURGEONS AND SPECIALIST) SERVICES OF WAYNE MEMORIAL COMMUNITY HEALTH CENTERS (WMCHC) WITH A CASH CONTRIBUTION OF $3,217,932 WMCHC'S SURGEONS AND SPECIALIST PROVIDE INPATIENT AND OUTPATIENT CARE AT WAYNE MEMORIAL HOSPITAL AS WELL AS SERVICES OUT OF THEIR HEALTH CENTER OFFICES WMCHC PEDIATRIC PRACTITIONERS PROVIDE INPATIENT AND OUTPATIENT CARE AT WAYNE MEMORIAL HOSPITAL AND OUTPATIENT SERVICES IN THE HONESDALE AND CARBONDALE AREA WMCHC WOULD NOT BE ABLE TO PROVIDE THESE SERVICES AND THEY WOULD NOT BE AVAILABLE IN THE COMMUNITY WITHOUT THE SUBSIDY

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN F	PERCENT OF TOTAL EXPENSE TO ARRIVE AT THE PERCENT OF TOTAL EXPENSES, THE DENOMINATOR WHICH EQUALS TOTAL EXPENSES PER PART IX, LINE 25, OF THE FORM 990 WAS REDUCED BY BAD DEBT EXPENSE THE AMOUNT OF BAD DEBT EXPENSE THAT WAS REMOVED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN SCHEDULE H, PART I, LINE 7, COLUMN (F) WAS $5,490,836

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	COSTING METHODOLOGY THE COST TO CHARGE RATIO CALCULATED ON IRS WORKSHEET 2 WAS USED IN THE CALCULATION OF COST ON IRS WORKSHEETS 1 AND 3

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES WAYNE MEMORIAL HOSPITAL AND ITS AFFILIATES PROMOTE THE HEALTH AND WELLBEING OF THE COMMUNITIES IT SERVES THROUGH A VARIETY OF COMMUNITY BUILDING ACTIVITIES WE FOCUS ON THE UNDERSERVED AND UNDERPRIVILEGED WITHIN OUR SERVICE AREA THE RATIONALE, PROGRAM METHODOLOGY AND IMPLEMENTATION FOR THE FOLLOWING PROGRAMS ARE TYPICAL OF THE OTHER PROGRAMS DESCRIBED HEREIN AND SHOULD SERVE AS A MODEL FOR THOSE PROGRAMS IN ADDRESSING THE REQUIREMENTS OF THIS SECTION OF THE FORM - THE IN-SCHOOL WALKING PROGRAM IS A PARTNERSHIP OF WAYNE MEMORIAL HOSPITAL, FOREST CITY REGIONAL SCHOOL DISTRICT (FCRSD), WALLENPAUPACK AREA (WASD), WAYNE HIGHLANDS (WHSD), AND WESTERN WAYNE SCHOOL DISTRICTS (WWSD) WMH PROVIDES LEADERSHIP, DIRECTION, TRACKING AND FACILITATION FOR THE PROGRAM THAT RUNS MONDAY THROUGH THURSDAY, FROM 6PM TO 8 PM, WHENEVER THE SCHOOLS ARE IN SESSION THIS PROVIDES A SAFE AND FRIENDLY ENVIRONMENT FOR YOUNG, OLD, OR DISABLED PEOPLE TO EXERCISE ALL SITES ARE HANDICAP ACCESSIBLE IT ALSO PROVIDES A USER-FRIENDLY MODALITY TO DISTRIBUTE EDUCATIONAL MATERIALS - HEALTH PROBLEMS SEDENTARY LIFESTYLE, POOR NUTRITION, AND POOR BEHAVIORAL HEALTH SKILLS THESE HAVE BEEN IDENTIFIED AS LEADING RISK FACTORS BY THE CENTERS FOR DISEASE CONTROL (CDC) AND THE PENNSYLVANIA DEPARTMENT OF HEALTH FOR OBESITY, HEART DISEASE, HYPERTENSION, AND A NUMBER OF OTHER CHRONIC DISEASES - NEED/PROBLEM IDENTIFICATION LOCALLY, THE NEED WAS IDENTIFIED IN TWO ASSESSMENT TOOLS WMH'S 2013 COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED PREVENTION OF CHRONIC DISEASE AS A REGIONAL PRIORITY THE TOGETHER FOR HEALTH PROGRAM (TFH) IS A PARTNERSHIP OF WMH AND WASD, WHSD, FCRSD, AND COMMUNITY AGENCIES THAT IDENTIFY AND ADDRESS THE NEEDS OF THE YOUTH ONE COMPONENT OF THE PROGRAM ASSESSES THE HEALTH AND WELLNESS OF SEVENTH AND NINTH GRADERS BY A SELF-REPORTING ASSESSMENT TOOL IN 2014-2015, 36% OF NINTH GRADERS AND 33% OF SEVENTH GRADERS SURVEYED WERE OVERWEIGHT AND 47% OF NINTH GRADERS AND 53% OF SEVENTH GRADERS HAD LESS THAN 5 DAYS A WEEK WITH PHYSICAL ACTIVITY PARALLEL NEGATIVE DATA ALSO OCCURRED IN THE AREA OF NUTRITION AND BEHAVIORAL HEALTH SKILLS THIS PROVIDES DIRECTION FOR IN-SCHOOL TFH WORKSHOPS AND OTHER COMMUNITY BENEFIT ACTIVITIES, INCLUDING THE IN-SCHOOL WALKING PROGRAM - IMPORTANCE OF HEALTH PROBLEM LACK OF EXERCISE, POOR NUTRITION AND POOR BEHAVIORAL HEALTH SKILLS HAS MANIFOLD NEGATIVE EFFECTS ON INDIVIDUALS OF ALL AGES AND INCOME LEVELS AS SEEN IN OUR HIGH RATE OF CHRONIC DISEASE RURAL, LOW INCOME, ELDERLY OR DISABLED INDIVIDUALS ARE PARTICULARLY VULNERABLE THE IN-SCHOOL WALKING PROGRAM PROVIDES AN OPPORTUNITY TO LEARN, WALK, AND SOCIALIZE WHILE BEING IN A SAFE ATMOSPHERE CLOSE TO THEIR HOME THE IN-SCHOOL WALKING PROGRAM PROVIDES ACCESS OF SERVICES TO ABOUT 400 PEOPLE WITHIN SCHOOL HALLWAYS NOT IN USE BY THE SCHOOL DURING THOSE HOURS - ACTIVITY IMPACT PARTICIPANTS' RESPONSES TO THE PROGRAMS INDICATE THAT IT HELPS MOTIVATE THEM TO FEEL BETTER, LOSE WEIGHT, ENJOY FELLOWSHIP, INCREASE ENERGY LEVELS, AND HOLD A BETTER SELF-IMAGE THAN PRIOR TO THEIR PARTICIPATION THEY ALSO HAVE AN IMPROVED KNOWLEDGE BASE ON AWARENESS AND PREVENTION OF MANY HEALTH ISSUES - STROKE, HEART DISEASE, DIABETES, TRAUMA, ASTHMA, COPD, SLEEP APNEA, JUST TO NAME A FEW - COMMUNITY BENEFIT ENHANCING PUBLIC HEALTH, ADVANCING THE QUALITY OF LIFE, ULTIMATELY, AND RELIEF OF THE BURDEN OF SOCIETY OF CARING FOR THOSE WITH PREVENTABLE CHRONIC ILLNESS INDIVIDUALS WHO HAVE SEDENTARY AND NEGATIVE LIFESTYLES ARE THE PRINCIPAL BENEFICIARIES OF THIS PROGRAM - PURPOSE THE WMH COMMUNITY HEALTH DEPARTMENT HAS RESPONDED TO OPPORTUNITIES FOR INVOLVEMENT IN COMMUNITY BENEFIT INITIATIVES BY ENTHUSIASTICALLY DEDICATING THEIR TIME, EXPERTISE, AND RESOURCES THE PRIMARY SUPPORT OF THE IN-SCHOOL WALKING PROGRAM COMES FROM THE FOUR SCHOOL DISTRICTS AND WMH USE OF SOCIAL MEDIA, WEB PAGES, IN-KIND SERVICES, ETC THE 700+ MEMBERS OF PENNSYLVANIA STATE HEALTH IMPROVEMENT PLAN (SHIP) PARTNERSHIP FOR WAYNE AND PIKE COUNTIES SUPPORT THE WALKING PROGRAM THROUGH POSTING FLYERS, SOCIAL MEDIA, PRESENTATIONS, AND PARTICIPATION WMH IS THE LEAD AGENCY FOR THE PIKE/WAYNE SHIP PARTNERSHIP THE SHIP PARTNERSHIP IDENTIFIES NEEDS AND BECOMES A CATALYST FOR CHANGE TO ACCOMPLISH A HEALTHIER COMMUNITY AND REDUCES THE BURDEN ON MANY GOVERNMENT ENTITIES BOLD GOLD MEDIA, A LOCAL RADIO STATION, PROVIDES PUBLIC SERVICE ANNOUNCEMENTS AND WMH COMMUNITY HEALTH DEPARTMENT PROVIDES A WEEKLY RADIO BROADCAST "HEALTHWORKS" THAT AIRS ON TWO STATIONS DURING FYE 6/30/16, THE ABOVE METHODOLOGY COULD BE APPLIED TO ANY OF THE GREATER THAN 225 PROGRAMS PROVIDING SERVICES TO GREATER THAN 13,900 PEOPLE THIS INCLUDES HEALTH FAIRS, RESOURCE DAYS, SPEAKERS, PRESENTERS, RADIO SHOWS, WORKSHOPS, SEMINARS, WELLNESS PROGRAMS, NUTRITION CLASSES, DIABETES CLASSES, STROKE AWARENESS, SMOKING CESSATION, AND DEPRESSION SCREENING, TO NAME A FEW

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	BAD DEBT EXPENSE THE BAD DEBT COST ENTERED ON LINE 2 WAS CALCULATED BY TAKING THE BAD DEBT EXPENSE SHOWN ON THE HOSPITAL'S FINANCIALS STATEMENT ($5,490,836)

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 3	BAD DEBT EXPENSE ATTRIBUTABLE TO CHARITY CARE THE HOSPITAL DOES NOT TRACK BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IF THIS HOSPITAL IS AWARE OR BECOMES AWARE OF A PATIENT'S ELIGIBILITY FOR CHARITY CARE THEN BAD DEBT EXPENSE WOULD NOT BE RECORDED FOR SUCH A PATIENT CHARITY CARE WOULD BE RECORDED IF THAT PATIENT IS ELIGIBLE

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 4	BAD DEBT EXPENSE FOOTNOTE THE HOSPITAL'S FINANCIAL STATEMENTS DID NOT CONTAIN A FOOTNOTE THAT DESCRIBED BAD DEBT EXPENSE THE HOSPITAL RECORDS BAD DEBT EXPENSE AS THE BALANCE IS WRITTEN OFF ON A GIVEN ACCOUNT IF THERE ARE NO PAYMENTS OR ADJUSTMENTS ON THE ACCOUNT THE AMOUNT WRITTEN OFF WOULD REPRESENT THE AMOUNT CHARGED FOR SERVICES IF THERE ARE PAYMENTS AND/OR ADJUSTMENTS THEN THE AMOUNT WRITTEN OFF WOULD BE THE NET BALANCE OF THE ACCOUNT THE ADJUSTMENTS ON THE ACCOUNT WOULD BE FOR CONTRACTUAL ADJUSTMENTS WITH THIRD PARTIES INCLUDING MEDICARE, MEDICAID AND COMMERCIAL INSURERS AS WELL AS ANY OTHER DISCOUNT AVAILABLE TO ALL PATIENTS ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF INDIVIDUAL ACCOUNTS THE ALLOWANCE OF DOUBTFUL COLLECTIONS IS ESTIMATED BASED UPON A PERIODIC REVIEW OF THE ACCOUNTS RECEIVABLE AGING, PAYER CLASSIFICATIONS AND APPLICATION OF HISTORICAL WRITE-OFF PERCENTAGES

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	COMMUNITY BENEFIT THE HOSPITAL BECAME A SOLE COMMUNITY HOSPITAL (SCH) EFFECTIVE DECEMBER 8, 2013 PRIOR TO THAT THE HOSPITAL WAS MEDICARE DEPENDENT HOSPITAL (MDH) A MDH MUST HAVE 60% OF ITS INPATIENT DAYS OR ADMISSIONS ATTRIBUTABLE TO ITS MEDICARE PATIENTS IN 2 OUT OF 3 OF ITS MOST RECENT FISCAL YEARS MDH IS PAID SIMILARLY TO A SOLE COMMUNITY HOSPITAL BUT AT A LESSER RATE A MDH IS PAID THE GREATER OF THE FEDERAL INPATIENT PROSPECTIVE PAYMENT SYSTEM (IPPS) RATES OR 75% OF THE DIFFERENCE BETWEEN THE HOSPITAL SPECIFIC COST FOR A BASE PERIOD ROLLED FORWARD FOR MARKET BASKET INCREASES FROM THE BASE PERIOD AND THE IPPS RATES A SCH RECEIVES 100% OF THE HOSPITAL SPECIFIC COST ROLLED FORWARD FOR FUTURE PERIODS BY MARKET BASKET INCREASES DETERMINED BY THE MEDICARE PROGRAM

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

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT THE COMMUNITY NEEDS ASSESSMENT METHODOLOGY THAT WAYNE MEMORIAL HOSPITAL USED RELATED TO THE TIME FRAME 7/1/2015 - 6/30/2016 FOLLOWED A MODEL THAT INVOLVED CONTRACTING WITH AN OUTSIDE ORGANIZATION, A CONSULTING FIRM, TO CONDUCT THE STUDY THIS ASSESSMENT CONFORMS TO THE IRS REQUIREMENT THAT NONPROFIT HOSPITALS MUST COMPLETE A COMMUNITY NEEDS ASSESSMENT EVERY THREE YEARS WAYNE MEMORIAL HOSPITAL BEGAN A NEW COMPLIANT NEEDS ASSESSMENT IN DECEMBER 2015 AND COMPLETED IT IN JUNE OF 2016 - BACKGROUND IN THE FALL OF 2015, UNDER THE GUIDANCE OF WAYNE MEMORIAL HOSPITAL, A GROUP OF INDIVIDUALS REPRESENTING VARIOUS HEALTH CARE AND HUMAN SERVICE PROVIDERS IN WAYNE AND PIKE COUNTIES, PA AND THE COMMUNITY OF CARBONDALE IN LACKAWANNA COUNTY, PA MET TO CONSIDER A PLAN TO PRODUCE A COMPREHENSIVE NEEDS AND RESOURCE ASSESSMENT FOR THE AREA THE PRODUCT WOULD BENEFIT HEALTH CARE AND HUMAN SERVICE PROVIDER ORGANIZATIONS/AGENCIES AND LOCAL GOVERNMENTS IN PIKE AND WAYNE COUNTIES IN TERMS OF ORGANIZATIONAL POLICY CONSIDERATIONS AND IN PREPARATION OF FUNDING PROPOSALS TO GOVERNMENTAL AND PRIVATE FUNDERS AS A RESULT OF THAT ORIGINAL MEETING, A COMMUNITY NEEDS ASSESSMENT STEERING COMMITTEE WAS STARTED AS AN INDEPENDENT GRASS ROOTS COLLABORATION OF COMMUNITY ACTIVISTS, HEALTH CARE PROVIDERS AND EDUCATORS THAT BEGAN REGULAR MEETINGS TO COMPOSE A REQUEST FOR PROPOSALS (RFP) TO ACCOMPLISH THE ASSESSMENT THE COMMITTEE INCLUDED REPRESENTATIVES FROM WAYNE MEMORIAL HOSPITAL (WMH), WAYNE MEMORIAL COMMUNITY HEALTH CENTERS, THE CARBONDALE AREA, WAYNE AND PIKE COUNTY GOVERNMENTS, PPL, INC , THE PIKE INTERAGENCY COUNCIL AND AREA SCHOOL DISTRICTS AN RFP WAS CREATED AND SENT TO QUALIFIED REGIONAL CONSULTING FIRMS TO COMPLETE A COMMUNITY HEALTH AND HUMAN SERVICES NEEDS AND RESOURCES ASSESSMENT FOR THE COUNTIES OF PIKE AND WAYNE AND THE COMMUNITY OF CARBONDALE IN LACKAWANNA AND SURROUNDING AREAS IN NORTHEASTERN PENNSYLVANIA - THE ASSESSMENT IN JANUARY 2016, A FIRM WAS CHOSEN, HMS ASSOCIATES OF GETZVILLE, NY, THAT HAD PERFORMED A SIMILAR HEALTH NEEDS ASSESSMENT FOR WAYNE AND PIKE IN 2009 AND ANOTHER SIMILAR ASSESSMENT FOR PIKE COUNTY IN 2004 FROM FEBRUARY THROUGH JUNE 2013 THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS PERFORMED INVOLVING STATISTICAL DATA COLLECTION FROM SOURCES IN PENNSYLVANIA, NEW YORK AND NEW JERSEY WAS CONSIDERED ALONG WITH COMMUNITY PERCEPTIONS AND LOCAL EXPERT OPINIONS GATHERED THROUGH NUMEROUS FOCUS GROUPS, ONE-ON-ONE INTERVIEWS AND AN IN-DEPTH ONLINE COMMUNITY SURVEY DEVELOPED BY HMS - GEOGRAPHIC AREA ASSESSED THE AREA ASSESSED WERE THE COUNTIES OF WAYNE AND PIKE, PA AND THE COMMUNITY OF CARBONDALE AND ITS SURROUNDINGS IN LACKAWANNA AND PORTIONS OF SUSQUEHANNA COUNTY, PA - HOW FREQUENTLY THE ASSESSMENT IS CONDUCTED THE FIRST INCIDENCE OF A NEEDS ASSESSMENT OF THIS DEPTH FOR THE HOSPITAL'S SERVICE AREA WAS THE ONE PERFORMED IN 2009, REFERRED TO IN THE ASSESSMENT ABOVE PRIOR TO THAT, CHNAS WERE PERFORMED INTERNALLY APPROXIMATELY EVERY THREE YEARS UNDER THE DIRECTION OF THE WAYNE MEMORIAL HOSPITAL COMMUNITY ADVISORY BOARD STARTING IN 1996 IT IS THE INTENTION OF WAYNE MEMORIAL TO FULFILL THE REQUIREMENT OF THE IRS COMMUNITY BENEFIT MANDATE TO PERFORM A SIMILAR NEEDS ASSESSMENT TO THE 2009 STUDY EVERY THREE YEARS - PROCESS FOR PRIORITIZING NEEDS AN IN-DEPTH ANALYSIS WAS MADE OF ALL COLLECTED DATA, WHICH WAS WEIGHTED THROUGH A FORMULA DEVELOPED THAT JUXTAPOSED DATA COLLECTED FOLLOWING MASLOW'S HIERARCHY OF NEEDS AND EMPIRICAL EMPHASIS IDENTIFIED BY EXPERTS AND PROVIDERS INVOLVED IN THE STUDY THIS FORMULA WAS USED TO ESTABLISH A FINAL ACTIONABLE LIST OF THE HIGHEST PRIORITY HEALTH SERVICE NEEDS FOR THE TWO-COUNTY REGION THOSE PRIORITY ITEMS WERE ANALYZED AND PRIORITIZED BY THE HOSPITAL'S STRATEGY COMMITTEE AND AN IMPLEMENTATION PLAN WAS DEVELOPED BY THE COMMITTEE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE HOSPITAL EDUCATES AND INFORMS PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE HOSPITAL'S CHARITY CARE POLICY THROUGH ITS SCHEDULING, REGISTRATION, SOCIAL SERVICES AND BILLING DEPARTMENTS ITS PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ARE ALSO MADE AWARE OF THEIR ELIGIBILITY THROUGH WMCHC A CLINICAL AFFILIATE OF THE HOSPITAL WHO RECEIVES SUBSTANTIAL FINANCIAL SUPPORT FROM THE HOSPITAL AND IS A FEDERALLY QUALIFIED HEALTH CENTER FEDERALLY QUALIFIED HEALTH CENTERS IMPROVE THE HEALTH OF THE NATION'S UNDERSERVED COMMUNITIES AND VULNERABLE POPULATIONS BY ASSURING ACCESS TO COMPREHENSIVE, CULTURALLY COMPETENT, QUALITY PRIMARY HEALTH CARE SERVICES HEALTH CENTER PROGRAM GRANTS SUPPORT A VARIETY OF COMMUNITY-BASED AND PATIENT-DIRECTED HEALTH CARE SERVICES, PRINCIPALLY TO AN INCREASING NUMBER OF THE NATION'S UNDERSERVED PATIENTS AND OTHERS ARE MADE AWARE OF THE PROGRAMS AVAILABLE ANYTIME FROM THE SCHEDULING OF AN APPOINTMENT TO FINAL DISPOSITION OF THEIR BILL IF THERE IS ANY INDICATION OF THE NEED OR REQUEST FOR HELP IN PAYING FOR SERVICES BEING SCHEDULED, PROVIDED OR BILLED FOR WAYNE MEMORIAL HOSPITAL, THROUGH ITS NETWORK OF 700 STATE HEALTH IMPROVEMENT PLAN (SHIP) PARTNERS (ORGANIZATIONS, AGENCIES, BUSINESSES, SCHOOLS, TASK FORCES, COALITIONS, RELIGIOUS GROUPS, AND INDIVIDUALS) PROVIDE THE MODALITY FOR DELIVERING WRITTEN INFORMATION, VERBAL EXPLANATION AND ASSISTANCE IN COMPLETING FORMS FOR THE MOST VULNERABLE POPULATION THE INFORMATION AND SERVICES ARE AVAILABLE AT MANY OF OUR OUTREACH FUNCTIONS THE BROCHURE FINANCIAL AID POLICY AND GUIDELINES IS AVAILABLE AT OUTPATIENT REGISTRATION DESKS AND AT APPROPRIATE COMMUNITY OUTREACH FUNCTIONS IT CONTAINS INFORMATION OF ELIGIBILITY FOR FINANCIAL AID AT WMH, AND HOW TO APPLY FOR MEDICAL ASSISTANCE, MEDICAID, OR FINANCIAL AID IT CONTAINS THE CONTACT INFORMATION FOR THE WAYNE MEMORIAL COMMUNITY HEALTH CENTERS' OUTREACH AND ENROLLMENT COORDINATORS AND THE 2016 US POVERTY INCOME GUIDELINES PHYSICIAN DIRECTORS ARE AVAILABLE AT OUTREACH PROGRAMS ON THE WMH WEBSITE, THERE IS A FIND A DOC TAB TO ASSIST PATIENTS IN FINDING AN APPROPRIATE PHYSICIAN AND WMH COMMUNITY HEALTH HAS A PHYSICIAN REFERRAL PHONE LINE PROVIDING PERSONAL ASSISTANCE THIS INFORMATION IS DISCUSSED PERIODICALLY ON THE HEALTHWORKS WEEKLY RADIO SHOW WHEN NECESSARY, WE PROVIDE ASSISTANCE FOR THOSE WITH LANGUAGE BARRIERS IN BOTH TRANSLATION AND SIGN LANGUAGE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION THE PRIMARY SERVICE AREA OF WAYNE MEMORIAL HOSPITAL INCLUDES ALL OF WAYNE COUNTY, PENNSYLVANIA AND ALL OF WESTERN, NORTHERN AND PORTIONS OF EASTERN AND SOUTH ERN PIKE COUNTY, PA, THE SOUTHEASTERN PORTION OF SUSQUEHANNA COUNTY, PA, THE COMMUNITY OF CARBONDALE AND ITS IMMEDIATELY SURROUNDING COMMUNITIES IN LACKAWANNA COUNTY, PA, AND THE S OUTHWESTERN PORTION OF WESTERN SULLIVAN COUNTY, NEW YORK THE SECONDARY SERVICE AREA INCLU DES THE BALANCE OF PIKE COUNTY AND EASTERN PORTIONS OF LACKAWANNA AND SUSQUEHANNA AND NORT HERN MONROE COUNTY IN PENNSYLVANIA ALTHOUGH SOME PORTIONS OF PIKE COUNTY THAT ARE INCLUDE D IN THE NEWBURGH, NY MSA (METROPOLITAN STATISTICAL AREA) AND ALL OF LACKAWANNA COUNTY, WH ICH ARE CLASSIFIED AS URBAN, THE WMH SERVICE AREA IS PREDOMINANTLY RURAL - SERVICE AREA C ONGRESSIONAL DISTRICTS THE CONGRESSIONAL DISTRICTS INCLUDED IN THE WMH SERVICE AREA ARE P A-10 AND NY-22 - SERVICE AREA CENSUS TRACTS THE CENSUS TRACTS INCLUDED IN THE WMH SERVIC E AREA ARE THE FOLLOWING 9502, 9523, 9524, 9601, 9602, 9603, 9604, 9605, 9606, 9607, 9608 , 9609, 9610, 9611, 9612, 9613, 9614, 1101, 1106, 1107, 1108, AND 1109 - SERVICE AREA ZIP CODES THE ZIP CODES INCLUDED IN THE WMH SERVICE AREA ARE THE FOLLOWING 12723, 12741, 12 748, 12764, 18324, 18328, 18336, 18337, 18403, 18405, 18407, 18413, 18414, 18415, 18417, 1 8421, 18425, 18426, 18427, 18428, 18431, 18433, 18436, 18437, 18439, 18443, 18444, 18445, 18453, 18455, 18461, 18462, 18463, 18470, 18472 - HOSPITALS IN SERVICE AREA THE ONLY HOS PITAL IN WAYNE CO , PA IS WAYNE MEMORIAL HOSPITAL, A NONPROFIT ACUTE CARE COMMUNITY-BASED HOSPITAL, THERE IS NO HOSPITAL LOCATED IN PIKE COUNTY, PA, THE ONLY HOSPITAL IN THE PORTIO N OF MONROE CO , PA THAT IS PART OF WMH'S SERVICE AREA IS POCONO MEDICAL CENTER, A NONPROF IT ACUTE CARE HOSPITAL, THE ONLY HOSPITAL IN THE PORTION OF LACKAWANNA CO , PA THAT IS PAR T OF WMH'S SERVICE AREA WAS MARION COMMUNITY HOSPITAL, A CRITICAL ACCESS HOSPITAL THAT CLO SED ITS DOORS ON FEBRUARY 28, 2012, THERE ARE NO HOSPITALS IN THE PORTIONS OF SULLIVAN CO , NY OR SUSQUEHANNA COUNTY, PA THAT ARE PARTS OF WMH'S SERVICE AREA - MEDICALLY UNDERSERV ED AREAS FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS (MUAS) IN THE WMH SERVICE AREA INCLUDE THE FOLLOWING LACKAWANNA CO , MUA - 8 CENSUS TRACTS, MONROE CO , STROUDSBURG - LO W INCOME MUP, PIKE CO - GREENE SERVICE AREA, MUA, WAYNE CO - DAMASCUS SERVICE AREA MUA, SULLIVAN CO , NY - 3 LOW INCOME MUPS HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS) INCLUDE L ACKAWANNA - 4 SERVICE AREAS, PIKE -4 SERVICE AREAS, SUSQUEHANNA - 8 SERVICE AREAS, WAYNE - 10 SHORTAGE AREAS - COMMUNITY DEMOGRAPHICS BESIDES THE INCREASE IN WMH'S SERVICE AREA C AUSED BY THE AFOREMENTIONED CLOSURE OF MARION COMMUNITY HOSPITAL IN CARBONDALE, THE CONTIN UED RATE OF RAPID GROWTH OF THE POPULATION OVER THE PAST DECADE IS ONE OF THE MOST SIGNIFI CANT ASPECTS OF THE WMH SERVICE AREA THE MOST RECENT POPULATION ESTIMATE PROVIDED BELOW F OR THE 2013, HOWEVER, SHOWS A REVERSAL OF THE DECADES-LONG GROWTH FOR PIKE COUNTY THE TAR GET POPULATION FOR WMH AND WMCHC SERVICES IS COMPRISED OF PREDOMINANTLY LOW INCOME, DISPRO PORTIONATELY ELDERLY, MOBILITY/TRANSPORTATION CHALLENGED, OFTEN SIGNIFICANTLY OVERWEIGHT A ND PRONE TO REFRAIN FROM HEALTH-RELATED PHYSICAL ACTIVITIES THEY ARE FREQUENTLY UNMOTIVAT ED TO TAKE RESPONSIBILITY FOR THEIR HEALTH STATUS THE CORE OF THE HOSPITAL'S USERS CONSIS TS IN LARGE PART OF RURAL LOW TO MODERATE INCOME RESIDENTS ANOTHER DOMINANT FACTOR OF SER VICE AREA DEMOGRAPHICS IS THE SIGNIFICANT IN-MIGRATION THAT WAYNE, AND ESPECIALLY PIKE, CO UNTIES' POPULATIONS HAVE EXPERIENCED IN RECENT TIMES THE 2010 U S CENSUS SHOWED THAT TH E AREA POPULATION INCREASED FOR THE SERVICE AREAS FROM THE 2000 CENSUS PIKE SHOWED THE L ARGEST GROWTH 23 9% TO 57,369, WAYNE GREW 10 7% TO 52,822, SULLIVAN (NY) 4 9% TO 77,547, A ND, LACKAWANNA 0 6% TO 214,437 2012 U S CENSUS BUREAU POPULATION ESTIMATES (THE MOST RE CENT AVAILABLE FOR THE AREA) SHOWED A DROP IN POPULATION FOR THE AREA, WITH THE EXCEPTION OF LACKAWANNA CO , WHICH REMAINED ESSENTIALLY STABLE LACKAWANNA + 0 1%, PIKE - 0 9%, SUL LIVAN (NY) -1 0%, SUSQUEHANNA -1 6%, AND WAYNE -1 7% A SIGNIFICANT NUMBER OF THE NEW RESI DENTS THAT ARRIVED IN THE 2000-2010 DECADE CAME WITHOUT ESTABLISHED CARE PATTERNS THE TWO -HOUR PROXIMITY TO NEW YORK CITY ACCELERATED THIS MIGRATION AFTER THE TERRORIST ATTACKS OF 2001 THESE MIGRANTS, IN LARGE PART, CONSIST OF LOW INCOME, YOUNG ADULTS AND FAMILIES SEE KING TO ESCAPE THE HIGH COST OF THE URBAN AREAS, ALONG WITH RETIREES MOVING FOR THE SAME R EASON THE RETIREES CONSIST OF BOTH MEDICARE AGE POPULATION AND A SIGNIFICANT NUMBER OF 55 TO 65 YEAR OLD RETIREES WITHOUT THE BENEFIT OF CORPORATE RETIREMENT BENEFITS AND THEY OFT EN PRESENT SEEKING SLIDING FEE SCALE SERVICES BOTH MIGRANT GROUPS REPRESENT A SIGNIFICANT NEED FOR THE COMMUNITY HAVING MOVED TO A DISTANT COMMUNITY, THESE PATIENTS OFTEN SEEK EP ISODIC CARE AT VARIOUS LOCATIONS AND ARE ABUSERS O

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	F EMERGENCY ROOM SERVICES - RATES OF UNINSURED AND UNDERINSURED (NOTE SOME DATA SETS AR E NOT AVAILABLE IN THE 06-DEC-2012 OR 20133 SET THE DATA PROVIDED ARE FROM THE 2006-2008 AMERICAN COMMUNITY SURVEY 3-YEAR ESTIMATES SURVEY) ACCORDING TO THE U S CENSUS BUREAU, 2006-2008 ACS ESTIMATES, SERVICE AREA POPULATION OF UNINSURED NUMBERS IS 8,849, OR 8 0% OF THE POPULATION - PERCENT OF FAMILIES ON MEDICAID OR OTHER ASSISTANCE ACCORDING TO THE U S CENSUS BUREAU, 2006-2008 AMERICAN COMMUNITY SURVEY 3-YEAR ESTIMATES, THE NUMBER OF FA MILIES IN THE SERVICE AREA ON MEDICAID IS 16,639, OR 15 1% OF THE POPULATION - AGE BREAKD OWN AND RECENT TRENDS ACCORDING TO THE U S CENSUS BUREAU, 2006-2008 AMERICAN COMMUNITY SURVEY 3-YEAR ESTIMATES, AGE BREAKDOWN OF THE SERVICE AREA POPULATION IS AS FOLLOWS UNDER 5 YEARS OF AGE 4,954 OR 4 5% 5-17 YEARS 12,373 OR 11 2% 18-34 YEARS 18,070 OR 16 4% 35-64 YEARS 46,874 OR 42 5% 65 AND OLDER 27,297 OR 24 8% - PERCENTAGES OF NON-ENGLISH SPEAKING POPULATIONS ACCORDING TO THE U S CENSUS BUREAU AMERICAN COMMUNITY SURVEY, 06-DEC-2012, NON-ENGLISH SPEAKING POPULATIONS IN THE SERVICE AREA AVERAGE 6 9% OF THE TOTAL POPULATION MAJOR HEALTH PROBLEMS AND HEALTH STATISTICS THE FOLLOWING SELECT HEALTH CAUSES OF DEATH AND STATISTICS ARE INDICATIVE OF MAJOR AREAS OF CONCERN FOR THE SERVICE AREA (ALL DERIVE F ROM HEALTHY PEOPLE 2020 INITIATIVES, 2009 DATA SETS) (NOTE CARBONDALE DATA IS ENCOMPASSE D IN LACKAWANNA COUNTY STATISTICS) CORONARY HEART DISEASE - (# OF DEATHS/100,000) PIKE - 116 3, WAYNE - 174 6, LACKAWANNA - 166 7, PA - 128 3, HP2020 TARGET - 100 8 BREAST CANCER - (#OF DEATHS/100,000) PIKE - 21 2, WAYNE 27 7, LACKAWANNA - 21 6, PA 24 0, HP2020 TARGE T -20 6 PROSTATE CANCER - (# OF DEATHS/100,000) PIKE - 23 5, WAYNE - 29 3, LACKAWANNA - 2 4 0, PA - 21 0, HP 2020 TARGET - 21 2 UNINTENTIONAL INJURY - (# OF DEATHS/100,000) PIKE - 37 6, WAYNE 57 0, LACKAWANNA - 42 8, PA 39 2, HP2020 TARGET -36 0 MOTOR VEHICLE CRASH - (# OF DEATHS/100,000) PIKE - 15 8, WAYNE - 26 9, LACKAWANNA - 14 8, PA - 12 2, HP 2020 TARG ET - 10 2 SUICIDE - (# OF DEATHS /100,000) PIKE - 10 3, WAYNE - 16 3, LACKAWANNA - 14 8, PA - 12 2, HP 2020 TARGET - 10 2 YOUNG ADULT - (# OF DEATHS/100,000) PIKE - 192 8, WAYNE - 166 3, LACKAWANNA - 106 7, PA - 85 9, HP 2020 TARGET - 88 5 ALL CANCER - (# OF DEATHS/10 0,000) PIKE - 153 5, WAYNE - 197 2, LACKAWANNA - 195 4, PA - 184 0, HP 2020 TARGET - 160 6

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH THE MAJORITY OF MEMBERS OF THE WAYNE MEMORIAL HOSPITAL GOVERNING BOARD ARE INDEPENDENT BOARD MEMBERS, COMPRISED OF RESIDENTS OF THE ORGANIZATION'S PRIMARY SERVICE AREA OF WAYNE AND PIKE COUNTY, PENNSYLVANIA THERE IS ONLY ONE OF SEVENTEEN BOARD MEMBERS THAT HAS A RELATIONSHIP WITH AN EMPLOYEE OF THE HOSPITAL AND IS THEREFORE NOT INDEPENDENT - THE WAYNE MEMORIAL HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY FOR ALL OF ITS DEPARTMENTS, WITH THE EXCEPTION OF ANESTHESIOLOGY, LABORATORY AND RADIOLOGY, AS SERVICES IN THESE DEPARTMENTS ARE PROVIDED ON AN EXCLUSIVE BASIS TO BENEFIT PATIENT CARE MEMBERS OF OUR MEDICAL STAFF ARE REQUIRED, WHILE PARTICIPATING AT THE HOSPITAL, TO TREAT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY OR THEIR INSURANCE STATUS - WAYNE MEMORIAL HOSPITAL UTILIZES ANY EXCESS FUNDS OVER EXPENSES TO IMPROVE PATIENT CARE, CONDUCT MEDICAL EDUCATION, OR SUPPORT OTHER NOT FOR PROFIT ORGANIZATIONS - WAYNE MEMORIAL HOSPITAL'S EMERGENCY DEPARTMENT SERVES ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY - THE HOSPITAL PARTICIPATES IN MEDICARE, MEDICAID, CHAMPUS, TRI-CARE AND OTHER GOVERNMENTAL SPONSORED HEALTHCARE PROGRAMS FURTHER, THE HOSPITAL HAS A CHARITY CARE POLICY, WHICH STRIVES TO QUALIFY THOSE PATIENTS FOR CHARITY CARE, WHO MEET CERTAIN INCOME LEVELS - THE HOSPITAL IS A SAFETY NET HOSPITAL IN RURAL PENNSYLVANIA, AND IS DESIGNATED AS A MEDICARE DEPENDENT HOSPITAL WMH COMMUNITY HEALTH UTILIZES THE SHIP PARTNERSHIP EMAIL STRING TO EMAIL TIMELY COMMUNICATION ON HEALTH AND WELLNESS OPPORTUNITIES THE SHIP MEMBERSHIP UTILIZES WMH'S OFFER TO FORWARD APPROPRIATE INFORMATION THEREBY BUILDING COMMUNICATION AND BREAKING DOWN THE GAP IN COMMUNICATION WMH PROVIDES SPACE IN THE LOBBY FOR WEEKLY DISPLAYS WMH INTERVIEWS COMMUNITY PEOPLE ON THE WEEKLY RADIO SHOW THE WAYNE MEMORIAL COMMUNITY ADVISORY BOARD IS MADE UP OF COMMUNITY MEMBERS FROM WAYNE, PIKE, AND LACKAWANNA COUNTIES IT HAS 3 YOUTH MEMBERS PARTICIPATING ON THE BOARD WMH IS REPRESENTED ON MANY COMMUNITY ADVISORY BOARDS, TASK FORCES, AND COALITIONS THAT ENHANCE THE HEALTH, WELLNESS, AND SAFETY OF OUR COMMUNITY AS WELL AS THE ECONOMIC GROWTH WMH STAFF PROVIDES MENTORING, JOB SHADOWING, PROCTORSHIP, PRECEPTORSHIP FOR AND STUDENTS IN THE MEDICAL FIELD

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM THE HOSPITAL IS PART OF AN AFFILIATED HEALTH CARE SYSTEM UNDER COMMON GOVERNANCE AND CONTROL THAT INCLUDES THE HOSPITAL AND WAYNE MEMORIAL LONG TERM CARE WHICH OPERATES WAYNE WOODLANDS MANOR IT IS ALSO A CLINICAL AFFILIATE OF WAYNE MEMORIAL COMMUNITY HEALTH CENTERS (WMCHC) WHICH IT SUPPORTS CLINICALLY AND FINANCIALLY WAYNE WOODLANDS MANOR WAS OPENED IN 1994 AND HAS PROVIDED AND CONTINUES TO PROVIDE SERVICES PRIMARILY TO MEDICAID RECIPIENTS (OVER 75% OF ITS RESIDENTS) MOST COUNTIES IN PENNSYLVANIA HAVE COUNTY OWNED AND OPERATED NURSING HOMES THAT PROVIDE SERVICES TO THIS SEGMENT OF THEIR COUNTY POPULATION WAYNE COUNTY DOES NOT HAVE A COUNTY NURSING HOME THIS COMMUNITY NEED IS MET BY WAYNE MEMORIAL LONG TERM CARE BY ITS OPERATION OF WAYNE WOODLANDS MANOR THE HOSPITAL HAS SUPPORTED WMCHC WHICH SERVES A NUMBER OF MUA'S AND MUP'S THE HOSPITAL HAS FINANCED WMCHC WORKING CAPITAL NEEDS WITH A LINE OF CREDIT THAT WAS AND CONTINUES TO BE NECESSARY BECAUSE THE COMMONWEALTH OF PENNSYLVANIA'S MEDICAID PROGRAM DID NOT PAY ADEQUATELY (PRIOR TO NOVEMBER 2010) NOR MAKE TIMELY SETTLEMENTS FOR CARE PROVIDED IN ADDITION, THE WAYNE MEMORIAL HOSPITAL HAS AN AFFILIATION WITH THE COMMONWEALTH MEDICAL COLLEGE (SCRANTON, PA) FOR THE PROVISION OF CLINICAL EDUCATION EXPERIENCES AT THE HOSPITAL AND WITHIN THE COMMUNITY THE HOSPITAL CONSIDERS THIS A RESPONSIBILITY CONSISTENT WITH ITS MISSION TO BE INVOLVED IN EDUCATION WAYNE MEMORIAL HEALTH SYSTEM AND THE WAYNE MEMORIAL HOSPITAL PROVIDE SIGNIFICANT COMMUNITY BENEFITS IN TERMS OF NEEDED HEALTH CARE SERVICES, PROVIDING SERVICES REGARDLESS OF THE ABILITY TO PAY, CLINICAL EDUCATION, AND PROVIDING A VAST NETWORK OF PRIMARY CARE PHYSICIANS IN ITS SERVICE AREA

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	WAYNE MEMORIAL HOSPITAL 601 PARK STREET HONESDALE,PA 18431 WWW WMH ORG 230501	X	X					X			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	MONITORING USE OF GRANT FUNDS WAYNE MEMORIAL HOSPITAL CONTRIBUTED TWO CLINICS TO WAYNE MEMORIAL COMMUNITY HEALTH CENTERS (WMCHC) THAT THEY PURCHASED DURING THE YEAR THIS CONTRIBUTION INCLUDED THE INVENTORY AND SUPPLIES OF THE CLINICS, AS WELL AS PATIENT MEDICAL RECORDS THE BOARD MONITORS THE FUNDS GIVEN TO WMCHC BY REVIEWING THE WORKINGS AND PROGRESS OF THAT CORPORATION THERE IS A CLINICAL RELATIONSHIP AND THE HOSPITAL WORKS DIRECTLY WITH WMCHC SO THEY ARE ABLE TO MAKE SURE THE FUNDS ARE BEING USED PROPERLY THE BOARD MONITORS THE FUNDS GIVEN TO THE COMMONWEALTH MEDICAL COLLEGE BY CONDUCTING A REVIEW PROCESS BEFORE DONATING FUNDS ADDITIONALLY, THE ORGANIZATIONS SHARE A GOOD RELATIONSHIP THAT ENABLES WAYNE MEMORIAL HOSPITAL TO SEE WHAT IS HAPPENING WITHIN THE PROGRAM AND KNOW THAT THE FUNDS ARE BEING USED APPROPRIATELY

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WAYNE MEMORIAL COMMUNITY HEALTH CENTERS 601 PARK STREET HONESDALE,PA 18431	23-2180889	501(C)(3)	2,519,133	318,000	FMV	PHYSICIAN CLINICS	EXEMPT PURPOSES
COMMONWEALTH MEDICAL COLLEGE 525 PINE STREET SCRANTON,PA 18509	26-0812968	501(C)(3)	25,000				SCHOLARSHIPS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part 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 on 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 in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MIKE CLIFFORDCFO	(i)	0	0	0	0	0	0	0
	(ii)	177,350	33,700	33,921	28,174	23,243	296,388	0
2 DAVID HOFFCEO	(i)	0	0	0	0	0	0	0
	(ii)	309,038	92,178	41,004	25,928	17,958	486,106	0
3 JEFFERY MOGERMAN PHYSICAN	(i)	622,752	37,375	0	15,898	16,672	692,697	0
	(ii)	0	0	0	0	0	0	0
4 LILLIAN LONGENDORFER PHYSICIAN	(i)	229,988	0	0	13,196	6,190	249,374	0
	(ii)	0	0	0	0	0	0	0
5 GEORGE J RUCCO CERTIFIED RN ANESTHETIST	(i)	180,040	1,000	0	0	0	181,040	0
	(ii)	0	0	0	0	0	0	0
6 DEBORAH H PUGH CERTIFIED RN ANESTHETIST	(i)	174,476	1,000	0	10,761	16,672	202,909	0
	(ii)	0	0	0	0	0	0	0
7 DAVID CAUCCIPHYSICIAN	(i)	454,770	0	0	15,900	17,958	488,628	0
	(ii)	0	0	0	0	0	0	0
8 JAMES PETTINATO DIRECTOR OF PATIENT CARE SERVI	(i)	0	0	0	0	0	0	0
	(ii)	122,880	24,180	25,449	9,241	17,958	199,708	0

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	CEO COMPENSATION WAYNE MEMORIAL HEALTH SYSTEM, A RELATED ORGANIZATION, DETERMINES THE COMPENSATION OF THE CEO USING THE FOLLOWING METHODS COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE THE BOARD MAKES THE FINAL DECISION USING THE INFORMATION PROVIDED BY THE CONSULTANT
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN WAYNE MEMORIAL HEALTH SYSTEM, A RELATED ORGANIZATION, COVERS DAVID HOFF WITH A 457(F) SUPPLEMENTAL RETIREMENT AGREEMENT (SERP) THERE WERE NO CONTRIBUTIONS TO OR DISTRIBUTIONS FROM THE PLAN DURING THE YEAR

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WAYNE CO HOSPITAL AND HEALTH FACILITIES AUTHORITY	23-2152053	946016HU9	12-20-2012	4,703,786	REFUND REMAINING 2007 BONDS PAY IS		X	X			X
B	WAYNE CO HOSPITAL AND HEALTH FACILITIES AUTHORITY	23-2152053	946016JD5	01-30-2013	9,998,351	ADVANCE REFUND 2003 PAY ISS		X	X			X
C	WAYNE CO HOSPITAL AND HEALTH FACILITIES AUTHORITY	23-2152053	946016GS5	10-25-2012	9,997,040	REFUND '05 AND A PART OF '07 BONDS		X	X			X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	350,000	1,205,000	680,000	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	4,703,786	9,998,351	9,997,040	
4	Gross proceeds in reserve funds	254,563	692,238	461,420	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	4,315,090	9,027,197	9,255,837	
7	Issuance costs from proceeds	93,600	196,001	187,404	
8	Credit enhancement from proceeds	40,533	82,913	92,379	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	0	0	0	
11	Other spent proceeds	0	0	0	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2012	2013	2012	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANNASTASIA HARCUM	JOE HARCUM - FAMILY	20,145	EMPLOYEE COMPENSATION		No
(2) JEAN DEWAR	WILLIAM DEWAR III - SPOUSE	13,182	EMPLOYEE COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial	X	1	50,000	FMV
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN B	NUMBER OF CONTRIBUTIONS THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS

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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 990-EZ 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.

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Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

Return Reference	Explanation
FORM 990, PART III, LINE 2	SIGNIFICANT PROGRAM SERVICE ADDITIONS WAYNE MEMORIAL HOSPITAL ADDED A CARDIAC CATHETERIZATION LABORATORY

Return Reference	Explanation
FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICES THE ORGANIZATION PROVIDED GRANTS TO WAYNE MEMORIAL COMMUNITY HEALTH CENTER AND COMMONWEALTH MEDICAL COLLEGE SEE SCHEDULE I FOR MORE INFORMATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS AND FAMILY RELATIONSHIPS GARY BEILMAN HAS A FAMILY RELATIONSHIP WITH MAUREEN BEILMAN, A TRUSTEE ON THE BOARD OF WAYNE MEMORIAL FOUNDATION HUGH RECHNER HAS A FAMILY RELATIONSHIP WITH CHRISTINE RECHNER, A TRUSTEE ON THE WMLTC BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	DELEGATE MANAGEMENT DUTIES WAYNE MEMORIAL HEALTH SYSTEM, INC , PROVIDES MANAGEMENT OVER THE ORGANIZATION THROUGH DIRECT EMPLOYMENT OF THE DIRECTORS AND OFFICERS OF THE ORGANIZATION THE MANAGEMENT SERVICES PROVIDED ARE REIMBURSED TO WAYNE MEMORIAL HEALTH SYSTEM THROUGH A MANAGEMENT FEE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 6, 7A & 7B	MEMBERS OR STOCKHOLDERS THE BOARD SHALL CONSIST OF THOSE INDIVIDUALS WHO ARE TRUSTEES OF WAYNE MEMORIAL HEALTH SYSTEM, A RELATED ORGANIZATION THEIR TERM OF OFFICE SHALL COINCIDE WITH THEIR TERM OF OFFICE ON THE BOARD OF WAYNE MEMORIAL HEALTH SYSTEM RESIGNATION OR REMOVAL FROM THE BOARD OF WAYNE MEMORIAL HEALTH SYSTEM SHALL CONSTITUTE RESIGNATION OR REMOVAL FROM THE BOARD OF THIS CORPORATION THE FOLLOWING DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY WAYNE MEMORIAL HEALTH SYSTEM, INC (A) AMENDMENT OF THE BYLAWS OR THE ARTICLES OF CORPORATION (B) MERGER OR CONSOLIDATION WITH ANY OTHER ENTITY (C) DISSOLUTION AND DISTRIBUTION OF ASSETS IN CONNECTION THEREWITH (D) ELECTION OF OFFICERS OF THIS CORPORATION (E) ADOPTION OF INVESTMENT POLICIES AND SELECTION OF INVESTMENT ADVISORS (F) INVESTMENT OF RESTRICTED GIFTS (G) SELECTION OF AUDITORS AND ATTORNEYS (H) ADOPTION OF OPERATING AND CAPITAL BUDGETS (I) APPROVAL OF FUND-RAISING PROGRAMS (J) DONATION OR TRANSFER OF ANY ASSET WITH AN AGGREGATE VALUE IN EXCESS OF SUCH AMOUNT AS MAY BE DETERMINED BY THE BOARD OF WAYNE MEMORIAL HEALTH SYSTEM FROM TIME TO TIME (K) CREATION OF ANY LIEN OR SECURITY INTEREST IN ASSETS OF THE CORPORATION (L) DESIGNATION OR RESTRICTION OF GIFTS WITH A MARKET VALUE IN EXCESS OF SUCH AMOUNT AS MAY BE DETERMINED BY THE BOARD OF WAYNE MEMORIAL HEALTH SYSTEM FROM TIME TO TIME, AND (M) ANY OTHER MATTER THAT WOULD REQUIRE THE APPROVAL OF THE MEMBERS OF A PENNSYLVANIA NONPROFIT CORPORATION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	990 REVIEW POLICY THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION A COPY OF THE FORM 990 WILL BE REVIEWED WITH THE RESOURCE MANAGEMENT COMMITTEE WHICH IS RESPONSIBLE FOR THE FINANCIAL OVERSIGHT OF ALL ENTITIES OF THE WAYNE MEMORIAL HEALTH SYSTEM A COPY OF THE 990 WILL BE DISTRIBUTED VIA E-MAIL TO EACH BOARD MEMBER BEFORE THE RETURN IS SUBMITTED TO THE IRS MANAGEMENT WILL DISCUSS ANY QUESTIONS THAT ANY BOARD MEMBER MAY HAVE AT THE NEXT FULL BOARD MEETING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY CONFLICT OF INTEREST STATEMENTS ARE COMPLETED BY EVERY BOARD MEMBER AND MANAGER ANNUALLY EACH INDIVIDUAL IS REQUIRED TO SIGN AND RETURN THE STATEMENTS TO THE ADMINISTRATION OFFICE THE AUDIT COMMITTEE IS RESPONSIBLE FOR MONITORING COMPLIANCE WITH ANY CONFLICT OF INTEREST THROUGHOUT THE YEAR IF A CONFLICT ARISES, THE PERSON WITH THE CONFLICT WILL RECUSE THEMSELVES FROM VOTING AND/OR DISCUSSING THE MATTER

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION REVIEW WAYNE MEMORIAL HEALTH SYSTEM, INC , (AND ALL RELATED ENTITIES) UTILIZES A COMPENSATION COMMITTEE OF THE BOARD TO SET COMPENSATION OF ITS CEO AND OTHER SENIOR MANAGERS, INCLUDING CFO, DIRECTOR OF PATIENT CARE SERVICES, DIRECTOR OF HUMAN RESOURCES, DIRECTOR OF FACILITY SERVICES, DIRECTOR OF ANCILLARY SERVICES AND THE EXECUTIVE DIRECTOR OF THE WAYNE MEMORIAL HEALTH FOUNDATION THE COMPENSATION COMMITTEE IS MADE UP OF INDEPENDENT DIRECTORS, WHO, WITH THE ASSISTANCE OF A NATIONAL COMPENSATION CONSULTING FIRM, UTILIZE COMPARABLE DATA FROM THE MARKETPLACE, LOOKING AT SUCH THINGS AS COMPARABLE ORGANIZATIONS IN TERMS OF REVENUE, SIZE, COMPLEXITY AND GEOGRAPHIC REGION THE ORGANIZATION HAS ADOPTED A PHILOSOPHY OF PAYING AT THE 50TH PERCENTILE OF THE MARKETPLACE ALL MEETINGS OF THE COMPENSATION COMMITTEE ARE DOCUMENTED AND MINUTES ARE MAINTAINED OF THE DELIBERATION AND DECISION-MAKING PROCESS THE PROCESS NORMALLY OCCURS IN OCTOBER OF THE YEAR THE COMPENSATION CHANGES ARE GRANTED

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENT DISCLOSURE. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND/OR FINANCIAL STATEMENTS AVAILABLE TO PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RECONCILIATION OF NET ASSETS OTHER CHANGES IN NET ASSETS ARE AS FOLLOWS $ (2,987,669) CHANGE IN DEFINED BENEFIT PENSION PLAN (380,799) RELATED PARTY GOODWILL 77,036 CHANGE IN INTEREST IN NET ASSETS OF FOUNDATION 54,130 TRANSFER FROM AFFILIATE 20,563 CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST ---------- --- $ (3,216,739)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

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

(a) Name, address, and EIN (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	(g) No
(1)WAYNE MEMORIAL HEALTH FOUNDATION INC 601 PARK STREET HONESDALE, PA 18431 23-2208596	FUNDRAISING	PA	501(C)(3)	11 A I	WMHS		No
(2)WAYNE MEMORIAL HEALTH SYSTEM INC 601 PARK STREET HONESDALE, PA 18431 23-2221292	OVERSIGHT	PA	501(C)(3)	11 B II	NA		No
(3)WAYNE MEMORIAL LONG TERM CARE 37 WOODLANDS DRIVE WAYMART, PA 18472 23-2719336	NURSING HOME	PA	501(C)(3)	9	WMHS		No

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

(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) Disproprtionate 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
WAYNE HEALTH SERVICES **(1)**INC 601 PARK STREET HONESDALE, PA 18431 23-2376183	DME, RENT, PHARM	PA	WMHF	C-CORPORATION	15,427	33,502	1 000 %		No
(2)CHARITABLE TRUST	TRUST	PA	WMH	TRUST	62	23,037	100 000 %	Yes	

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation