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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

C Name of organization
WAYNESBORO HOSPITAL

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 2767

City or town, state or province, country, and ZIP or foreign postal code
YORK, PA 174052767

F Name and address of principal officer:
ROXANNA GAPSTUR
PO BOX 2767
YORK, PA 174052767

D Employer identification number

23-1360854

E Telephone number

(717) 851-3055

G Gross receipts \$ 114,828,464

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.SUMMITHEALTH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1922

M State of legal domicile: PA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE WAYNESBORO HOSPITAL IS A REGIONAL NONPROFIT HEALTH CARE ORGANIZATION COMMITTED TO THE IMPROVEMENT OF THE HEALTH AND WELL-BEING OF THE PEOPLE IN SOUTH-CENTRAL PENNSYLVANIA.

2 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)	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	9
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	634
6	Total number of volunteers (estimate if necessary)	183
7a	Total unrelated business revenue from Part VIII, column (C), line 12	103,876
7b	Net unrelated business taxable income from Form 990-T, line 34	

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	104,254	203,503
9 Program service revenue (Part VIII, line 2g)	73,341,536	83,099,067
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,176,155	6,278,639
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	882,195	471,339
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	77,504,140	90,052,548

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		65,000
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	37,915,391	39,218,821
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	25,044,410	33,981,375
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	62,959,801	73,265,196
19 Revenue less expenses. Subtract line 18 from line 12	14,544,339	16,787,352

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	144,309,278	151,619,616
21 Total liabilities (Part X, line 26)	26,237,684	27,916,682
22 Net assets or fund balances. Subtract line 21 from line 20	118,071,594	123,702,934

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

MICHAEL F O'CONNOR CFO WELLSPAN HEALTH

2020-06-01

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-06-01

Check ☐ if self-employed

PTIN P00156653

Firm's name ▶ SMITH ELLIOTT KEARNS & COMPANY LLC

Firm's EIN ▶ 52-0783935

Firm's address ▶ 19 BROOKWOOD AVE STE 101

Phone no. (717) 243-9104

CARLISLE, PA 17015

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code:)	(Expenses \$ 50,145,012	including grants of \$ 65,000)	(Revenue \$ 83,099,067)
	See Additional Data			

4b	(Code:)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code:)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O.)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ►	50,145,012
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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	
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

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a 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	No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 43	
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	

Form **990** (2018)

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 13		
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 9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **PA**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 P RIZZUTO SENIOR CONTROLLER PO BOX 2767 YORK, PA 174052767 (717) 851-3055

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 ☐

7

● 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.

[illegible]

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,307,791	9,284,983	1,662,827

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 ▶ 28

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
PYRAMID CONSTRUCTION SVS INC 840 NORTH FRONT STREET WORMLEYSBURG, PA 17043	CONSTRUCTION SV	2,730,614
FRANKLIN COUNTY EMER ASSO LLC 720 ORCHARD CT CHAMBERSBURG, PA 17201	ER PHYSICIANS	2,642,965
COMPHEALTH ASSOCIATES PO BOX 972625 DALLAS, TX 75397	LOCUM TENES PHY	357,274
GS ARCHITECTS 920 WEST CHESTER PIKE HAVERTOWN, PA 19083	ARCHITECTURAL S	255,091
WPA EMERGENCY MEDICINE 513 RT 259 LIGONIER, PA 15658	LOCUM TENES PHY	226,175

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 ▶ 14

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c				
d Related organizations	1d	203,503			
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a - 1f:\$ _____					
h Total. Add lines 1a-1f ▶		203,503			

Program Service Revenue

	Business Code				
2a PROGRAM SERVICE REVENUE	621990	83,099,067	83,099,067		
b _____					
c _____					
d _____					
e _____					
f All other program service revenue.					
g Total. Add lines 2a-2f ▶		83,099,067			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts) ▶		2,278,925			2,278,925
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
6a Gross rents	(i) Real	(ii) Personal			
	1,387,859				
b Less: rental expenses	1,446,081				
c Rental income or (loss)	-58,222				
d Net rental income or (loss) ▶		-58,222			-58,222
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	27,329,549				
b Less: cost or other basis and sales expenses	23,326,169	3,666			
c Gain or (loss)	4,003,380	-3,666			
d Net gain or (loss) ▶		3,999,714			3,999,714
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
b Less: direct expenses b					
c Net income or (loss) from fundraising events ▶					
9a Gross income from gaming activities. See Part IV, line 19 a					
b Less: direct expenses b					
c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances a					
b Less: cost of goods sold b					
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code				
11a CAFETERIA REVENUE	621990	237,350			237,350
b UMCSC REBATE INCOME	621990	134,136			134,136
c COURIER AND LAB SERVICES	621500	103,876		103,876	
d All other revenue		54,199			54,199
e Total. Add lines 11a-11d ▶		529,561			
12 Total revenue. See Instructions. ▶		90,052,548	83,099,067	103,876	6,646,102

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	65,000	65,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,785,248	1,240,391	544,857	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	27,667,336	19,322,440	8,344,896	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,149,873	803,230	346,643	
9 Other employee benefits	6,552,912	4,575,710	1,977,202	
10 Payroll taxes	2,063,452	1,440,702	622,750	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	31,392		31,392	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	18,307		18,307	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,931,256	8,310,651	2,620,605	
12 Advertising and promotion	244,904		244,904	
13 Office expenses	332,817	68,928	263,889	
14 Information technology	990,135		990,135	
15 Royalties				
16 Occupancy	1,841,933	907,508	934,425	
17 Travel	79,401	51,067	28,334	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,937,528		3,937,528	
23 Insurance	571,945		571,945	
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 BAD DEBT EXPENSE	8,289,312	8,289,312		
b SUPPLIES	5,334,638	5,037,462	297,176	
c TAXES & LICENSES	1,283,482		1,283,482	
d OTHER EXPENSES	94,325	32,611	61,714	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	73,265,196	50,145,012	23,120,184	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	1,125	1	429
	2	Savings and temporary cash investments	9,344,335	2	15,522,610
	3	Pledges and grants receivable, net	22,615	3	17,035
	4	Accounts receivable, net	6,194,059	4	5,153,116
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	359,076	7	113,003
	8	Inventories for sale or use	278,827	8	467,937
	9	Prepaid expenses and deferred charges	876,706	9	787,375
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	104,732,939		
	b	Less: accumulated depreciation	65,801,393		
			40,598,524	10c	38,931,546
	11	Investments—publicly traded securities	24,539,123	11	86,779,743
	12	Investments—other securities. See Part IV, line 11	58,325,581	12	9
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	142,962	14	108,223
15	Other assets. See Part IV, line 11	3,626,345	15	3,738,590	
16	Total assets. Add lines 1 through 15 (must equal line 34)	144,309,278	16	151,619,616	
Liabilities	17	Accounts payable and accrued expenses	8,096,459	17	8,764,129
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	7,505,354	20	7,143,140
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	5,533,763	23	5,356,244
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	5,102,108	25	6,653,169
	26	Total liabilities. Add lines 17 through 25	26,237,684	26	27,916,682
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	114,732,876	27	120,343,034
	28	Temporarily restricted net assets	22,615	28	22,615
	29	Permanently restricted net assets	3,316,103	29	3,337,285
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	118,071,594	33	123,702,934	
34	Total liabilities and net assets/fund balances	144,309,278	34	151,619,616	

Part XI Reconciliation of Net AssetsCheck 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	90,052,548
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,265,196
3	Revenue less expenses. Subtract line 2 from line 1	3	16,787,352
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	118,071,594
5	Net unrealized gains (losses) on investments	5	-2,286,429
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,869,583
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	123,702,934

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 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?
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?
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?
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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description
EXTENDED TO 7152020

Form 990, Part III, Line 4a:

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
PAUL SCHEMEL CHAIR	0.13	X		X				0	0	0
DR JOSEPH STEWART VICE-CHAIR	0.02	X		X				0	0	0
PATRICK W O'DONNELL PRESIDENT	6.13	X		X				287,082	1,626,795	310,020
KIMBERLY M RZOMP TREASURER/VP	4.00	X		X				57,086	513,769	72,744
KEVIN LORENTSEN DIRECTOR	0.13 40.00	X						0	485,675	26,422
DR LISA HIGGINBOTHAM DIRECTOR	0.07 40.00	X						0	212,981	15,142
DR FRANCIS ACHAMPONG DIRECTOR	0.13	X						0	0	0
JOHN BLUBAUGH DIRECTOR	0.02	X						0	0	0
FRANK ERVIN DIRECTOR	0.02	X						0	0	0
STEVE HOLOVIAK DIRECTOR	0.13	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
GREG DUFFEY DIRECTOR	0.08	X						0	0	0
JAMES ROCK DIRECTOR	0.10	X						0	0	0
BONNIE ZEHLER DIRECTOR	0.11	X						0	0	0
ROXANNA GAPSTUR BEGINNING 112019 CEO WELLSPAN	0.00 40.00			X				0	0	0
KEVIN MOSSER ENDING 12312018 CEO WELLSPAN	0.00 40.00			X				0	4,267,289	111,748
MICHAEL F O'CONNOR CFO WELLSPAN	0.00 40.00			X				0	811,162	641,117
THOMAS ANDERSON VP MEDICAL A	8.00 32.00				X			103,058	412,231	59,591
BARBARA ROSSINI VP COMMUNITY	4.00 36.00				X			29,328	263,956	49,898
MELISSA DUBROW VP & COO	40.00 0.00				X			272,232	0	42,723
SHERRI STAHL SR VP HOSPIT	8.00 32.00				X			103,627	414,505	68,356

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
MICHELE ZEIGLER VP INFORMATI	8.00 32.00				X			69,156	276,620	59,358
JEFF CARTY VP OF FINANC	40.00 0.00				X			231,588	0	45,434
JILL KELLER-REYKA VP NURSING S	40.00 0.00				X			197,779	0	37,267
SCOTT CARD ED PHYSICIAN	40.00 0.00					X		305,463	0	38,282
CLARENCE MILLER PATHOLOGIST	40.00 0.00					X		210,063	0	30,121
KEVIN SANDERS ED PHYSICIAN	40.00 0.00					X		173,989	0	28,164
JARETT LOGSDON PHARMACY MAN	40.00 0.00					X		136,265	0	18,165
LAURIE VOGEL PHARMACIST	40.00 0.00					X		131,075	0	8,275

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

WAYNESBORO HOSPITAL

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

23-1360854

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____

10

☐

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

11

☐

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

12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2018

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a

33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV Supporting Organizations (continued)		Yes	No
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?		
b	A family member of a person described in (a) above?		
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.		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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		Yes	No
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
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	<input type="checkbox"/>	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). 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	<input type="checkbox"/>	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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

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

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
WAYNESBORO HOSPITAL

Employer identification number
23-1360854

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 7/25/06, 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 ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2018

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

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a

Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	10,228,229	9,507,802	8,591,208	8,609,595	8,355,696
b Contributions	128,383	136,108	128,985	138,437	191,429
c Net investment earnings, gains, and losses	1,024,925	597,504	800,942	-143,310	73,178
d Grants or scholarships					
e Other expenditures for facilities and programs	-593,517	-8,251	-8,675	-8,509	-6,513
f Administrative expenses	-5,990	-4,510	-4,658	-5,005	-4,195
g End of year balance	10,782,030	10,228,229	9,507,802	8,591,208	8,609,595

2

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

a Board designated or quasi-endowment ▶ 95.430 %

b Permanent endowment ▶ 4.570 %

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:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

b

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

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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	3,009,243	1,083,234		4,092,477
b Buildings	17,224,280	21,144,515	15,386,071	22,982,724
c Leasehold improvements				
d Equipment	1,247,779	61,023,888	50,415,322	11,856,345
e Other				
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				38,931,546

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ESTIMATED PAYABLES TO THIRD PARTY	6,400,369
ADVANCES FROM THIRD PARTY PAYORS	252,800
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	6,653,169

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	81,744,929
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-8,289,312
e	Add lines 2a through 2d	2e	-8,289,312
3	Subtract line 2e from line 1	3	90,034,241
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	18,307
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	18,307
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	90,052,548

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	64,957,577
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	64,957,577
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	18,307
b	Other (Describe in Part XIII.)	4b	8,289,312
c	Add lines 4a and 4b	4c	8,307,619
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	73,265,196

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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	ENDOWMENT FUNDS ARE TO BE USED FOR THE DEVELOPMENT OR EXPANSIONS OF COMMUNITY HEALTHCARE INITIATIVES AND PROGRAMS. FUNDS ARE ALSO USED TO EDUCATE THE COMMUNITY ABOUT HEALTHCARE ISSUES.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	<p>IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED INTERPRETATION NO. 48 , ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109 , ACCOUNTING FOR INCOME TAXES (FIN 48), WHICH CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITIONS AND CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. UNDER THE REQUIREMENTS OF FIN 48, TAX-EXEMPT ORGANIZATIONS COULD NOW BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN OR VARIOUS TAX EXPOSURE ITEMS. PRIOR TO FIN 48, THE DETERMINATION OF WHEN TO RECORD A LIABILITY FOR TAX EXPOSURE WAS BASED ON WHETHER A LIABILITY WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE IN ACCORDANCE WITH SFAS NO. 5, ACCOUNTING FOR CONTINGENCIES. ON JULY 1, 2007, THE PARENT COMPANY, WELLSPAN HEALTH, ADOPTED FIN 48. WELLSPAN HEALTH DETERMINED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THROUGH JUNE 30, 2019.</p>

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	BAD DEBT EXPENSE -8,289,312

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	BAD DEBT EXPENSE 8,289,312

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.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
WAYNESBORO HOSPITAL

Employer identification number
23-1360854

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			704,599		704,599	0.960 %
b Medicaid (from Worksheet 3, column a)			10,834,498	5,091,042	5,743,456	7.840 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			11,539,097	5,091,042	6,448,055	8.800 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	34	11,811	80,620		80,620	0.110 %
f Health professions education (from Worksheet 5)	4	2,234	4,097		4,097	0.010 %
g Subsidized health services (from Worksheet 6)	2		18,534		18,534	0.030 %
h Research (from Worksheet 7)	1		19,244		19,244	0.030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5		87,431		87,431	0.120 %
j Total. Other Benefits	46	14,045	209,926		209,926	0.290 %
k Total. Add lines 7d and 7j	46	14,045	11,749,023	5,091,042	6,657,981	9.090 %

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			37,358		37,358	0.050 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			37,358		37,358	0.050 %

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 Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	9,306,786
6 Enter Medicare allowable costs of care relating to payments on line 5	6	12,124,441
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-2,817,655
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:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> 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)
WAYNESBORO HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
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
6 a 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	Yes
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.SUMMITHEALTH.ORG</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>WWW.HEALTHYFRANKLINCOUNTY.ORG</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> 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 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>WWW.SUMMITHEALTH.ORG</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
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)

WAYNESBORO HOSPITAL			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 300.000000000000 %</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input checked="" type="checkbox"/> Asset level</div><div>d</div><div><input type="checkbox"/> Medical indigency</div><div>e</div><div><input type="checkbox"/> Insurance status</div><div>f</div><div><input type="checkbox"/> Underinsurance discount</div><div>g</div><div><input type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? 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): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div>d</div><div><input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): WWW.SUMMITHEALTH.ORG</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): WWW.SUMMITHEALTH.ORG</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): WWW.SUMMITHEALTH.ORG</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>g</div><div><input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</div><div>h</div><div><input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div>j</div><div><input checked="" type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes

Part V Facility Information (continued)**Billing and Collections**

WAYNESBORO HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
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 nonpayment?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

WAYNESBORO HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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?

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?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C - OTHER INCOME BASED CRITERIA FOR FREE OR DISCOUNTED CARE	IF A FAMILY HAS LIQUID ASSETS AVAILABLE, THEY ARE EXPECTED TO CONTRIBUTE TO THE COST OF THEIR CARE USING THOSE FUNDS. HOWEVER, THEY ARE NOT REQUIRED TO SPEND DOWN ALL OF THEIR LIQUID ASSETS IN ORDER TO BE ELIGIBLE FOR A DISCOUNT. PATIENTS MAY RETAIN SIX MONTHS OF LIVING EXPENSES FROM THEIR LIQUID ASSETS. SIX MONTHS OF LIVING EXPENSES IS ESTIMATED TO BE ONE HALF OF 300% OF FPG. AT THAT POINT, THEY RECEIVE A DISCOUNT ON THEIR MEDICAL BILL.
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	THE INFORMATION WAS OBTAINED USING THE COST METHODS USED IN PREPARING THE MEDICARE COST REPORTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II - COMMUNITY BUILDING ACTIVITIES	WAYNESBORO HOSPITAL WORKS TO STRENGTHEN OUR COMMUNITY THROUGH HEALTH EDUCATION EFFORTS FOR CHILDREN AND ADULTS, HEALTH FAIRS PROVIDING DIAGNOSTIC TESTING, EDUCATING COMMUNITY GROUPS OF SPECIFIC HEALTH TOPICS, FUNDING LOCAL COMMUNITY ORGANIZATIONS THROUGH THE SUMMIT HEALTH ENDOWMENT PROGRAM, PROVIDING RESOURCES FOR THE "HEALTHY COMMUNITIES PARTNERSHIP" PROGRAM, PARTICIPATING IN LOCAL CIVIC ORGANIZATIONS, SPONSORING EVENTS HELD BY LOCAL CHARITABLE ORGANIZATIONS, AND SUPPORTING WORKFORCE DEVELOPMENT INITIATIVES THROUGH SUMMIT HEALTH'S SCHOOL LIAISON DEPARTMENT.
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT SOME PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE COST TO CHARGE RATIO WAS USED TO CALCULATE THE COST OF BAD DEBT EXPENSE. THIS RATIO IS CALCULATED AS FOLLOWS: (NET PATIENT REVENUE DIVIDED BY THE TOTAL OPERATING REVENUE MULTIPLIED BY THE TOTAL OPERATING EXPENSE) DIVIDED BY THE GROSS PATIENT REVENUE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
BAD DEBT EXPENSE FOOTNOTE TO FINANCIAL STATEMENTS	<p>THE HOSPITAL PROVIDES CREDIT IN THE NORMAL COURSE OF ITS BUSINESS TO PATIENTS. PATIENT RECEIVABLES ARE BASED ON THE OUTSTANDING PATIENT BALANCE AFTER ANY CONTRACTUAL REIMBURSEMENTS ARE APPLIED AND ARE GENERALLY DUE 30 DAYS AFTER BILLED. ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTIBILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD- PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT SOME PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.</p>
PART III, LINE 8 - MEDICARE EXPLANATION	<p>THE INFORMATION WAS OBTAINED USING THE COST METHODS USED IN PREPARING THE MEDICARE COST REPORTS. THE SHORTFALL ABOVE RELATES TO OUR MISSION OF PROVIDING SERVICES TO MEMBERS OF OUR COMMUNITY.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	ALL PATIENTS ARE SUBJECT TO THE DEBT COLLECTION POLICY REGARDLESS OF THEIR ABILITY TO PAY.
PART VI, LINE 2 - NEEDS ASSESSMENT	HEALTH NEEDS OF FRANKLIN COUNTY RESIDENTS AND SURROUNDING COMMUNITIES ARE ASSESSED THROUGH NUMEROUS RESEARCH METHODS INCLUDING CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENT IN 2018. THE NEEDS WERE IDENTIFIED BY KEY LEADERS AND NONPROFITS WITHIN THE COMMUNITY. BASED ON SCOPE, SEVERITY, AND COMMUNITY PERCEPTIONS OF SEVERITY AND POTENTIAL IMPACT, AND CONSIDERING THE COMMUNITY INITIATIVES TAKEN SINCE 2015, FRANKLIN COUNTYS MOST SIGNIFICANT NEEDS FOCUS ON TWO SOCIAL DETERMINANTS AND TWO BEHAVIORAL HEALTH PRIORITIES: ESTABLISHING AND MAINTAINING THE BASIC CONDITIONS THAT SUPPORT HEALTH, INCLUDING, ACCESS TO CARE, FAMILY-SUSTAINING INCOMES, ACCESSIBLE TRANSPORTATION, REDUCED STRESS, AND AFFORDABLE AND QUALITY HOUSING ESTABLISHING AND MAINTAINING SYSTEMS THAT ASSURE THAT CHILDREN AND FAMILIES HAVE ACCESS TO HIGH QUALITY EDUCATIONAL OPPORTUNITIES THROUGHOUT THE LIFESPAN SUPPORTING IMPROVED MENTAL HEALTH INCLUDING REDUCING AND TREATING SUBSTANCE USE SUPPORTING ACTIVE LIVING, HEALTHY EATING, AND LESS OBESITY THE COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE FOUND ON OUR WEBSITE AT WWW.SUMMITHEALTH.ORG .

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PATIENTS ARE MADE AWARE OF THE CHARITY PROGRAM AND OTHER BILLING ASSISTANCE SERVICES AT REGISTRATION, DURING EMERGENCY ROOM VISITS, AND NOTICES PLACED IN SERVICE AREAS. BILLING STATEMENTS ARE ALSO INFORM PATIENTS OF CHARITY CARE AND OTHER BILLING ASSISTANCE PROGRAMS.
PART VI, LINE 4 - COMMUNITY INFORMATION	WAYNESBORO HOSPITAL PRIMARILY SERVES COMMUNITY MEMBERS FROM FRANKLIN AND FULTON COUNTY, PA, AND NEARBY COMMUNITIES IN WASHINGTON COUNTY, MD. ACCORDING TO U.S. CENSUS DATA, FRANKLIN COUNTY RESIDENTS HAVE A SLIGHTLY LOWER INCOME AND ARE SLIGHTLY OLDER THAN THE STATE AVERAGE. FOR A HEALTH SYSTEM, THIS TYPICALLY RESULTS IN AN INCREASED NEED FOR HEALTHCARE SERVICES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	WAYNESBORO HOSPITAL SUPPORTS LOCAL NON-PROFIT ORGANIZATIONS WITH FINANCIAL GRANTS FROM THE SUMMIT ENDOWMENT.
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	THE HOSPITAL IS PART OF WELLSPAN SUMMIT HEALTH, A REGIONAL NETWORK OF HOSPITALS AND HEALTHCARE PROVIDERS THAT ARE SERVED BY THE ORGANIZATION'S COMMUNITY HEALTH DEPARTMENT. THIS DEPARTMENT'S MISSION IS TO IMPROVE THE HEALTH OF THE COMMUNITY THROUGH EDUCATION, DETECTION AND PREVENTION PROGRAMS INCLUDING HEALTH FAIRS, SCREENINGS, AND SEMINARS. THIS MISSION IS COMPLETED ON BEHALF OF WAYNESBORO HOSPITAL AND ALL OTHER SUMMIT AFFILIATES. PART OF THIS MISSION IS COMPLETED THROUGH COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS INCLUDING THE PENNSYLVANIA DEPARTMENT OF HEALTH.

Additional Data

Software ID:
Software Version:
EIN: 23-1360854
Name: WAYNESBORO 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		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	WAYNESBORO HOSPITAL 501 EAST MAIN STREET WAYNESBORO, PA 17268	X	X					X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
FACILITY 1, WAYNESBORO HOSPITAL - PART V, LINE 3E	FRANKLIN COUNTYS MOST SIGNIFICANT NEEDS FOCUS ON TWO SOCIAL DETERMINANTS AND TWO BEHAVIORAL HEALTH PRIORITIES: ESTABLISHING AND MAINTAINING THE BASIC CONDITIONS THAT SUPPORT HEALTH, INCLUDING, ACCESS TO CARE, FAMILY-SUSTAINING INCOMES, ACCESSIBLE TRANSPORTATION, REDUCED STRESS, AND AFFORDABLE AND QUALITY HOUSING ESTABLISHING AND MAINTAINING SYSTEMS THAT ASSURE THAT CHILDREN AND FAMILIES HAVE ACCESS TO HIGH QUALITY EDUCATIONAL OPPORTUNITIES THROUGHOUT THE LIFESPAN SUPPORTING IMPROVED MENTAL HEALTH INCLUDING REDUCING AND TREATING SUBSTANCE USE SUPPORTING ACTIVE LIVING, HEALTHY EATING, AND LESS OBESITY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
FACILITY 1, WAYNESBORO HOSPITAL - PART V, LINE 5	THE SUMMIT HEALTH MANAGEMENT TEAM, HEALTHY FRANKLIN COUNTY LEADERSHIP ADVISORY COMMITTEE, AND THE CENTER FOR OPINION RESEARCH AT FRANKLIN AND MARSHALL COLLEGE CONTRIBUTED TO THE DEVELOPMENT OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). ONE MAJOR INITIATIVE INCLUDED A SERIES OF SEVEN FOCUS GROUPS WITH COMMUNITY MEMBERS IN THE SUMMIT HEALTH SERVICE AREA. THE GOAL OF THESE FOCUS GROUPS WAS TO GATHER INFORMATION ABOUT FRANKLIN COUNTYS TOP COMMUNITY HEALTH NEEDS FROM THE PERSPECTIVE OF TARGETED COMMUNITY INFORMANTS THAT INCLUDED SCHOOLS, LOW-INCOME, MINORITY, AND SENIOR POPULATIONS. A SECOND TOOL WAS A SURVEY OF 51 VETERANS CONDUCTED BY THE COMMUNITY SERVICES TEAM AT SUMMIT HEALTH. THIS SURVEY WAS DESIGNED TO CLOSELY MIRROR THE COMMUNITY BEHAVIORAL RISK FACTOR SURVEY AND PROVIDE MORE DETAILS ABOUT THE HEALTH CONDITIONS, RISKS, AND BEHAVIORS OF THIS POPULATION. IN ADDITION TO THE FOCUS GROUPS AND VETERANS SURVEY, SUMMIT HEALTH HOSTED A STAKEHOLDER FORUM ON APRIL 15, 2019 WITH MEMBERS OF THE HEALTHY FRANKLIN COUNTY LEADERSHIP TEAM. THE THREE PRIMARY GOALS OF THE FORUM WERE TO: (1) EXPLAIN THE CHNA PROCESS AND THE ROLE OF COMMUNITY STAKEHOLDERS; (2) PRESENT THE ANALYTIC FRAMEWORK AND PRELIMINARY COMMUNITY HEALTH DATA INCLUDED IN THIS SUMMARY; AND (3) GATHER INPUT FROM THESE COMMUNITY STAKEHOLDERS WHO HAVE PUBLIC HEALTH EXPERTISE OR SERVE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN FRANKLIN COUNTY, ABOUT COMMUNITY HEALTH NEEDS AND COMMUNITY RESOURCES.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY 1, WAYNESBORO HOSPITAL - PART V, LINE 6A	THE CHAMBERSBURG HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY 1, WAYNESBORO HOSPITAL - PART V, LINE 6B	HEALTHY FRANKLIN COUNTY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
FACILITY 1, WAYNESBORO HOSPITAL - PART V, LINE 7D	THE 2018-2019 SUMMIT HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IS AVAILABLE FOR REVIEW BOTH ON THE WEBSITE: WWW.HEALTHYFRANKLINCOUNTY.ORG OR ON THE WEBSITE: WWW.SUMMITHEALTH.ORG . A PRINTED COPY OF THE REPORT MAY BE OBTAINED UPON REQUEST TO: WELLSPAN SUMMIT HEALTH, ANN SPOTTSWOOD, DIRECTOR OF COMMUNITY SERVICES, ASPOTTSWOOD@SUMMITHEALTH.ORG .

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

Form and Line Reference	Explanation
FACILITY 1, WAYNESBORO HOSPITAL - PART V, LINE 11	THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS ENCOURAGES COMMUNITIES TO REFLECT ON THE INITIATIVES THEY HAVE UNDERTAKEN AND THEIR SUCCESSES IN ADDRESSING THE HEALTH PRIORITIES THEY HAVE ESTABLISHED. SINCE 2015, SUMMIT HEALTH'S COMMUNITY SERVICES TEAM ENGAGED WITH THE COMMUNITY TO ESTABLISH SPECIFIC ACTIVITIES TARGETED TO IMPROVING COMMUNITY HEALTH IN SEVEN PRIORITY AREAS. THE COMMUNITY PRIORITIES, GOALS, AND ACTIVITIES RESULTING FROM THE 2015 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS ARE FULLY DESCRIBED IN APPENDIX I OF THE 2018-2019 SUMMIT HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT. THE SEVEN PRIORITY AREAS ESTABLISHED IN 2015 INCLUDE ACCESS TO PRIMARY CARE SERVICES, NUTRITION, PHYSICAL ACTIVITY, MENTAL HEALTH AND SUBSTANCE USE AND PREVENTION, EDUCATION AND COMMUNITY BASED EDUCATION, EARLY CHILDHOOD EDUCATION, AND ADOLESCENT HEALTH. TABLE 8 OF THE 2018-2019 SUMMIT HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT SHOWS THE NUMBER OF INITIATIVES IMPLEMENTED AND HEALTH INDICATORS RELATED TO EACH. THE COMMUNITY, LED BY SUMMIT HEALTH AND THE HEALTHY FRANKLIN COUNTY LEADERSHIP GROUP, CREATED MANY COMMUNITY INTERVENTIONS, WITH THE MOST EFFORT DEDICATED TO NUTRITION, FOLLOWED BY MENTAL HEALTH AND SUBSTANCE USE AND PREVENTION, PHYSICAL ACTIVITY, AND ACCESS TO CARE. UNFORTUNATELY, ALL OF THESE ACTIVITIES HAVE NOT YET PRODUCED MUCH COMMUNITY-LEVEL CHANGE. ACCESS TO CARE HAS REMAINED VIRTUALLY UNCHANGED WITH THE EXCEPTION OF HIGHER RATES OF DENTAL VISITS. INDICATORS RELATED TO NUTRITION AND PHYSICAL ACTIVITY HAVE GOTTEN WORSE. MENTAL HEALTH INDICATORS HAVE ALSO DECLINED. EDUCATION AND COMMUNITY BASED EDUCATION INDICATORS HAVE REMAINED VIRTUALLY UNCHANGED. ACCESS TO EARLY CHILDHOOD EDUCATION HAS IMPROVED AS HAVE TEEN BIRTH RATES AND TEEN CHLAMYDIA RATES. THESE RESULTS ARE REMINDERS OF AT LEAST TWO IMPORTANT TRUTHS ABOUT IMPROVING PUBLIC HEALTH. FIRST, EFFECTING CHANGE WILL REQUIRE MORE THAN THREE OR FOUR YEARS. MOST OF THE PUBLIC HEALTH PROBLEMS IN OUR COMMUNITIES HAVE EMERGED OVER LONG PERIODS OF TIME AND IT WILL REQUIRE A LONG-TERM AND SUSTAINED INVESTMENT TO PRODUCE CHANGE. SECOND, MOST OF THE INDICATORS USED HERE ARE TRAILING INDICATORS THAT REFLECT AT LEAST IN PART SOCIAL AND STRUCTURAL CONTEXTS THAT ARE LIKELY TO MOVE ONCE THOSE UNDERLYING CONDITIONS BEGIN TO CHANGE. PUT SIMPLY, TIME AND SOCIAL CHANGE ARE NECESSARY CONDITIONS FOR IMPROVING THE HEALTH OF A COMMUNITY. THE PRIORITIES AND IMPACTS ESTABLISHED BY THE 2015 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROVIDE A SUMMARY OF THE WORK IMPLEMENTED GUIDED BY THE RESULTS OF THE PREVIOUS CHNA REGARDING THE SEVEN PRIORITY AREAS IDENTIFIED ABOVE. TO ASSESS PROGRESS TOWARDS THESE GOALS, COMMUNITY INDICATORS FROM THE 2015 CHNA AND 2019 CHNA WERE COMPARED IN THE CATEGORIES OF ORGANIZATIONAL INDICATORS AND PRESENTED IN A TABLE IN THE CHNA ASSESSMENT REPORT. ACCESS TO CARE HAS REMAINED VIRTUALLY UNCHANGED WITH THE EXCEPTION OF HIGHER RATES OF DENTIST VISITS. NUTRITION AND PHYSICAL ACTIVITY HAS GOTTEN WORSE FOR ALL INDICATORS

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

Form and Line Reference	Explanation
FACILITY 1, WAYNESBORO HOSPITAL - PART V, LINE 11	, DESPITE THE MANY ACTIVITIES COMPLETED AT AN ORGANIZATIONAL LEVEL TO ADDRESS THESE ISSUES . MENTAL HEALTH INDICATORS HAVE ALSO DECLINED. EDUCATION AND COMMUNITY BASED EDUCATION IND ICATORS HAVE REMAINED VIRTUALLY UNCHANGED. ACCESS TO EARLY CHILDHOOD EDUCATION HAS IMPROVE D. TEEN BIRTH RATE AND TEEN CHLAMYDIA RATES HAVE GONE DOWN, WHILE THE CHLAMYDIA RATE FOR Y OUNG ADULTS HAS INCREASED. THESE RESULTS SHOULD BE VIEWED WHILE CONSIDERING ONE IMPORTANT POINT IT TAKES TIME IN ORDER TO SEE CHANGES AT THE COMMUNITY LEVEL; SIMPLY BECAUSE AN INDI CATOR HAS NOT CHANGED OR HAS DECLINED, DOES NOT MEAN THAT THE INTERVENTION HAS FAILED THER E MAY BE MANY REASONS WHY A POSITIVE CHANGE HAS NOT OCCURRED.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY 1, WAYNESBORO HOSPITAL - PART V, LINE 16J	INFORMATION AND APPLICATION CAN BE FOUND ON THE BACK OF A PATIENT BILLING STATEMENT.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY 1, WAYNESBORO HOSPITAL - PART V, LINE 20E	FINANCIAL COUNSELORS CALL AND SEND LETTERS TO SELF PAY PATIENTS OR PATIENTS WITH HIGH DEDUCTIBLE PLANS THAT RECEIVE EMERGENCY DEPARTMENT, SURGICAL, OR I/P SERVICES.

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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
WAYNESBORO HOSPITAL

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number
23-1360854

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 noncash assistance	(h) Purpose of grant or assistance
(1) BOROUGH OF WAYNESBORO 55 EAST MAIN STREET WAYNESBORO, PA 17268	23-6002956	GOV	40,000				WAYNESBORO FIRE DEPT
(2) WAYNESBORO AREA ALS UNIT INC DBA MEDIC 2 PO BOX 447 WAYNESBORO, PA 17268	25-1468492	501C3	25,000				AMBULANCE

- 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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, PAGE 1, PART I, LINE 2	ALL FUNDING DECISIONS ARE MADE BY THE SUMMIT ENDOWMENT COMMITTEE, A COMMITTEE OF THE SUMMIT HEALTH BOARD. THE ENDOWMENT MANAGER PROCESSES GRANT APPLICATIONS, ASSISTS GRANTEEES IN DEVELOPING SOUND PROGRAM EVALUATION METHODOLOGIES, RECEIVES AND SUMMARIZES PERIODIC REPORTS, AND VISITS PROGRAM SITES, REPORTING ALL ACTIVITIES TO THE SUMMIT ENDOWMENT COMMITTEE.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
Department of the Treasury Internal Revenue Service	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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization WAYNESBORO HOSPITAL		Employer identification number 23-1360854

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.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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	No
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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		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	

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.

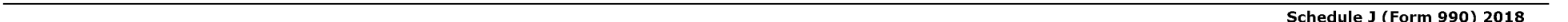
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Schedule J (Form 990) 2018

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, PAGE 1, PART I, LINE 7	INCENTIVE COMPENSATION IS BASED ON PRE-DETERMINED MEASURABLE GOALS APPROVED BY THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE. THE MEASURABLE GOALS ARE BASED ON QUALITY, COMMUNITY ACCESS TO CARE, PATIENT SAFETY AND LEADERSHIP.



Additional Data

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

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

(A) Name 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				
PATRICK W O'DONNELL PRESIDENT	(i)	246,216	34,273	6,593	39,696	6,807	333,585	
	(ii)	1,395,226	194,212	37,357	224,941	38,576	1,890,312	
KIMBERLY M RZOMP TREASURER/VP & CFO	(i)	40,157	14,131	2,798	5,515	1,760	64,361	
	(ii)	361,412	127,175	25,182	49,630	15,839	579,238	
KEVIN LORENTSEN DIRECTOR	(i)							
	(ii)	425,633	58,365	1,677	8,250	18,172	512,097	
DR LISA HIGGINBOTHAM DIRECTOR	(i)							
	(ii)	193,003	19,613	365	6,331	8,811	228,123	
KEVIN MOSSER ENDING 12312018 CEO WELLSPAN HEALTH	(i)							
	(ii)	1,023,400	420,420	2,823,469	13,433	98,315	4,379,037	420,420
MICHAEL F O'CONNOR CFO WELLSPAN HEALTH	(i)							
	(ii)	588,737	222,300	125	590,416	50,701	1,452,279	222,300
THOMAS ANDERSON VP MEDICAL AFFAIRS	(i)	78,908	17,554	6,596	8,145	3,773	114,976	
	(ii)	315,631	70,216	26,384	32,581	15,092	459,904	
BARBARA ROSSINI VP COMMUNITY RELATIO	(i)	22,070	5,065	2,193	2,771	2,219	34,318	
	(ii)	198,633	45,589	19,734	24,939	19,969	308,864	
MELISSA DUBROW VP & COO	(i)	196,474	44,907	30,851	14,462	28,261	314,955	
	(ii)							
SHERRI STAHL SR VP HOSPITAL SERVI	(i)	70,904	25,996	6,727	9,898	3,773	117,298	
	(ii)	283,615	103,983	26,907	39,591	15,094	469,190	
MICHELE ZEIGLER VP INFORMATION SERVI	(i)	51,564	11,630	5,962	10,081	1,791	81,028	
	(ii)	206,254	46,520	23,846	40,324	7,162	324,106	
JEFF CARTY VP OF FINANCE	(i)	188,812	23,663	19,113	13,429	32,005	277,022	
	(ii)							
JILL KELLER-REYKA VP NURSING SERVICES/	(i)	176,232	11,278	10,269	11,418	25,849	235,046	
	(ii)							
SCOTT CARD ED PHYSICIAN	(i)	304,987		476	16,500	21,782	343,745	
	(ii)							
CLARENCE MILLER PATHOLOGIST	(i)	205,864		4,199	12,812	17,309	240,184	
	(ii)							
KEVIN SANDERS ED PHYSICIAN	(i)	173,849		140	10,396	17,768	202,153	
	(ii)							
JARETT LOGSDON PHARMACY MANAGER	(i)	135,902		363	8,533	9,632	154,430	
	(ii)							

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Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- Attach to Form 990.
- Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WAYNESBORO HOSPITAL

Employer identification number

23-1360854

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 FCIDA REVENUE BONDS SERIES 2014A			04-30-2014	8,600,000	SEE PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue								
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		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						
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						
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 ▶								
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							
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						
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?								
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							

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						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		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						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
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						
b Name of provider								
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						
7 Has the organization established written procedures to monitor the requirements of section 148?	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						

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

Return Reference	Explanation
<p>SCHEDULE K - ADDITIONAL INFORMATION</p>	<p>FCIDA REVENUE BONDS SERIES 2014A 213,430,000 OF REVENUE BONDS FOR WELLSPAN HEALTH OBLIGATE D GROUP, SERIES 2014A WERE ISSUED NOVEMBER 11, 2014 BY GENERAL AUTHORITY OF SOUTH CENTRAL PENNSYLVANIA. THE PURPOSE OF THIS BOND ISSUE WAS REVENUE REFUND FOR BONDS ISSUED 06/23/199 3 AND 11/12/2008. WELLSPAN HEALTH, THE PARENT ORGANIZATION, ALLOCATED PORTIONS OF THE PROC EEDS OF THIS TAX EXEMPT BOND ISSUE TO YORK HOSPITAL (23-1352222), GETTYSBURG HOSPITAL (23- 1352220), WELLSPAN PROPERTIES (22-2842252), WELLSPAN SPECIALTY SERVICES (23-2899911), AND EPHRATA COMMUNITY HOSPITAL (23-1370484). IN ORDER TO REMAIN CONSISTENT WITH THE REPORTING ON FORM 8038, ALL OUTSTANDING LIABILITIES ASSOCIATED WITH THIS TAX-EXEMPT BOND ISSUE IS RE PORTED ON THE WELLSPAN HEALTH (22-2517863) SCHEDULE K. AS OF 6/30/19, THE ALLOCATION OF T HE DEBT CAPITAL PROGRAM INCLUDING ISSUE PREMIUM WAS AS FOLLOWS: YORK HOSPITAL 115,717,777, GETTYSBURG HOSPITAL 7,778,848, WELLSPAN PROPERTIES 27,853,476, WELLSPAN SPECIALTY SERVICE S 13,693,232, AND EPHRATA COMMUNITY HOSPITAL 28,452,517. THESE AMOUNTS ARE REPORTED ON THE RESPECTIVE BALANCE SHEETS FOR EACH OF THESE ENTITIES. ON MAY 22, 2015, THE LANCASTER MUNI CIPAL AUTHORITY ISSUED 36,572,083 OF REVENUE BONDS, SERIES 2015A, TO AN OBLIGATED GROUP CO NSISTING OF YORK HOSPITAL, GETTYSBURG HOSPITAL AND EPHRATA COMMUNITY HOSPITAL. THE PURPOSE OF THIS BOND ISSUE WAS TO REFUND BONDS ISSUED ON BEHALF OF EPHRATA COMMUNITY HOSPITAL, IN CLUDING THE LANCASTER MUNICIPAL AUTHORITY REVENUE NOTES SERIES 2009, 2010A, 2012, AND 2013 . IN ORDER TO REMAIN CONSISTENT WITH THE REPORTING ON FORM 8038, ALL OUTSTANDING LIABILITI ES ASSOCIATED WITH THIS TAX-EXEMPT BOND ISSUE IS REPORTED ON THE WELLSPAN HEALTH (22- 2517 863) SCHEDULE K. AS OF 6/30/19, THE 30,762,699 OF OUTSTANDING LIABILITY IS REPORTED ON THE EPHRATA COMMUNITY HOSPITAL RETURN BALANCE SHEET. 34,877,000 OF REVENUE BONDS FOR WELLSPAN HEALTH OBLIGATED GROUP, SERIES 2017A WERE ISSUED MARCH 13, 2018 BY GENERAL AUTHORITY OF S OUTH CENTRAL PENNSYLVANIA. THE PURPOSE OF THIS BOND ISSUE WAS REVENUE REFUND FOR BONDS ISS UED 11/12/2008. WELLSPAN HEALTH, THE PARENT ORGANIZATION, ALLOCATED PORTIONS OF THE PROCEE DS OF THIS TAX EXEMPT BOND ISSUE TO YORK HOSPITAL (23-1352222), GETTYSBURG HOSPITAL (23-13 52220), WELLSPAN PROPERTIES (22- 2842252), WELLSPAN SPECIALTY SERVICES (23-2899911), AND G OOD SAMARITAN HOSPITAL (23-1794160). IN ORDER TO REMAIN CONSISTENT WITH THE REPORTING ON F ORM 8038, ALL OUTSTANDING LIABILITIES ASSOCIATED WITH THIS TAX-EXEMPT BOND ISSUE IS REPORT ED ON THE WELLSPAN HEALTH (22-2517863) SCHEDULE K. AS OF 6/30/19, THE ALLOCATION OF THE DE BT CAPITAL PROGRAM WAS AS FOLLOWS: YORK HOSPITAL 18,072,754, GETTYSBURG HOSPITAL 2,822,312 , WELLSPAN PROPERTIES 3,298,402, WELLSPAN SPECIALTY SERVICES 5,227,656,GOOD SAMARITAN HOSP ITAL 252,048, AND WELLSPAN HEALTH 1,443,829. THESE AMOUNTS ARE REPORTED ON THE RESPECTIVE BALANCE SHEETS FOR EACH OF THESE ENTITIES. 29,312,000 OF REVENUE BONDS, SERIES 2017B FOR W ELLSPAN HEALTH OBLIGATED GROUP</p>

Return Reference	Explanation
<p>SCHEDULE K - ADDITIONAL INFORMATION</p>	<p>WERE ISSUED 9/4/2018 BY GENERAL AUTHORITY OF SOUTH CENTRAL PENNSYLVANIA. THE PURPOSE OF THE BOND ISSUE WAS REFUND FOR BONDS ISSUED 11/12/2008. IN ORDER TO REMAIN CONSISTENT WITH THE REPORTING ON FORM 8038, ALL OUTSTANDING LIABILITIES ASSOCIATED WITH THIS TAX-EXEMPT BOND ISSUE IS REPORTED ON THE WELLSPAN HEALTH (22-2517863) SCHEDULE K. AS OF 6/30/19, THE ALLOCATION OF THE DEBT CAPITAL PROGRAM WAS AS FOLLOWS: YORK HOSPITAL 16,704,970, GETTYSBURG HOSPITAL 2,608,713, WELLSPAN PROPERTIES 3,048,772, WELLSPAN SPECIALTY SERVICES 4,832,016, GOOD SAMARITAN HOSPITAL 232,972, AND WELLSPAN HEALTH 1,334,557. THESE AMOUNTS ARE REPORTED ON THE RESPECTIVE BALANCE SHEETS FOR EACH OF THESE ENTITIES. 331,502,627 OF REVENUE BONDS SERIES 2019A AND 2019B FOR WELLSPAN HEALTH OBLIGATED GROUP WERE ISSUED 4/3/2019 BY GENERAL AUTHORITY OF SOUTH CENTRAL PENNSYLVANIA. THE PURPOSE OF THIS BOND ISSUE WAS REVENUE REFUND FOR BONDS ISSUED 11/12/2008. WELLSPAN HEALTH, THE PARENT ORGANIZATION, ALLOCATED PORTIONS OF THE PROCEEDS OF THIS TAX EXEMPT BOND ISSUE TO YORK HOSPITAL (23-1352222), CHAMBERSBURG HOSPITAL (23-0465970), WELLSPAN PROPERTIES (22- 2842252), CHAMBERSBURG HEALTH SERVICES (25-1515376), GOOD SAMARITAN HOSPITAL (23-1794160) AND EPHRATA COMMUNITY HOSPITAL (23-1370484). IN ORDER TO REMAIN CONSISTENT WITH THE REPORTING ON FORM 8038, ALL OUTSTANDING LIABILITIES ASSOCIATED WITH THIS TAX-EXEMPT BOND ISSUE IS REPORTED ON THE WELLSPAN HEALTH (22-2517863) SCHEDULE K. AS OF 6/30/19, THE ALLOCATION OF THE DEBT CAPITAL PROGRAM WAS AS FOLLOWS : YORK HOSPITAL 131,706,215, CHAMBERSBURG HOSPITAL 110,087,343, WELLSPAN PROPERTIES 65,734,073, CHAMBERSBURG HEALTH SERVICES 18,810,564, GOOD SAMARITAN HOSPITAL 1,482,627, AND EPHRATA COMMUNITY HOSPITAL 3,472,471. THESE AMOUNTS ARE REPORTED ON THE RESPECTIVE BALANCE SHEETS FOR EACH OF THESE ENTITIES. 212,690,000 OF REVENUE BONDS SERIES 2019C, 2019D AND 2019E FOR WELLSPAN HEALTH OBLIGATED GROUP WERE ISSUED 4/3/2019 BY GENERAL AUTHORITY OF SOUTH CENTRAL PENNSYLVANIA. THE PURPOSE OF THIS BOND ISSUE WAS REVENUE REFUND FOR BONDS ISSUED 11/12/2008. WELLSPAN HEALTH, THE PARENT ORGANIZATION, ALLOCATED PORTIONS OF THE PROCEEDS OF THIS TAX EXEMPT BOND ISSUE TO YORK HOSPITAL (23-1352222), GETTYSBURG HOSPITAL (23-1352220), WELLSPAN PROPERTIES (22-2842252), WELLSPAN SPECIALTY SERVICES (23-2899911), GOOD SAMARITAN HOSPITAL (23-1794160) AND WELLSPAN HEALTH (22-2517863). IN ORDER TO REMAIN CONSISTENT WITH THE REPORTING ON FORM 8038, ALL OUTSTANDING LIABILITIES ASSOCIATED WITH THIS TAX-EXEMPT BOND ISSUE IS REPORTED ON THE WELLSPAN HEALTH (22-2517863) SCHEDULE K. AS OF 6/30/19, THE ALLOCATION OF THE DEBT CAPITAL PROGRAM WAS AS FOLLOWS: YORK HOSPITAL 123,530,352, GETTYSBURG HOSPITAL 19,290,983, WELLSPAN PROPERTIES 22,545,140, WELLSPAN SPECIALTY SERVICES 35,731,920, GOOD SAMARITAN HOSPITAL 1,722,789, AND WELLSPAN HEALTH 9,868,816. THESE AMOUNTS ARE REPORTED ON THE RESPECTIVE BALANCE SHEETS FOR EACH OF THESE ENTITIES. ON APRIL 30, 2014, 35,795,000 OF HEALTHCARE REVENUE</p>

Return Reference	Explanation
SCHEDULE K - ADDITIONAL INFORMATION	UE BONDS SERIES 2014A & 2014C WERE ISSUED BY FRANKLIN COUNTY INDUSTRIAL AUTHORITY. IN ORDER TO REMAIN CONSISTENT WITH THE REPORTING ON FORM 8038, ALL OUTSTANDING LIABILITIES ASSOCIATED WITH THIS TAX-EXEMPT BOND ISSUE IS REPORTED ON THE WELLSPAN HEALTH (22-2517863) SCHEDULE K. AS OF 6/30/19, THE ALLOCATION OF THE DEBT CAPITAL PROGRAM WAS AS FOLLOWS: WAYNESBORO HOSPITAL (23-1360854) 7,143,140, CHAMBERSBURG HOSPITAL (23-0465970) 21,039,169, AND CHAMBERSBURG HEALTH SERVICES(25-1515376) 499,518. THESE AMOUNTS ARE REPORTED ON THE RESPECTIVE BALANCE SHEETS FOR EACH OF THESE ENTITIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
WAYNESBORO HOSPITAL

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

23-1360854

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	SUMMIT HEALTH, A 501(C)(3) ENTITY, IS A MEMBER OF THIS ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	SUMMIT HEALTH, A 501(C)(3) ENTITY, ELECTS THE MEMBERS OF THE GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	SUMMIT HEALTH, A 501(C)(3) ENTITY, RETAINS CERTAIN RESERVE POWERS OVER THIS ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE ORGANIZATION'S 990 IS REVIEWED BY THE AUDIT COMMITTEE AND UPON APPROVAL RECOMMENDED TO THE FULL BOARD OF DIRECTORS FOR SUBMISSION TO THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	MEMBERS ARE ASKED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THEY MAY HAVE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION IS DISCUSSED WITH AN INDEPENDENT COMPENSATION COMMITTEE. THIS IS PERFORMED IN CONCERT WITH A COMPENSATION CONSULTANT WHO ASSISTS THIS COMMITTEE IN SETTING THE COMPENSATION FOR THESE INDIVIDUALS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION IS DISCUSSED WITH AN INDEPENDENT COMPENSATION COMMITTEE. THIS IS PERFORMED IN CONCERT WITH A COMPENSATION CONSULTANT WHO ASSISTS THIS COMMITTEE IN SETTING THE COMPENSATION FOR THESE INDIVIDUALS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UP ON REQUEST. THESE DOCUMENTS ARE HELD IN THE FINANCE DEPARTMENT OF THE WAYNESBORO HOSPITAL. HOSPITAL BYLAWS AND ALL POLICIES AND PROCEDURES ARE FOUND ON THE WAYNESBORO HOSPITAL INTR ANET.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES 6,770,699 483,065 0 OUTSIDE SERVICES 1,539,952 1,723,068 0 CONSULTING FEES 0 414,472 0 TOTAL 8,310,651 2,620,605 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	NET TRANSFERS TO AFFILIATES -8,757,255 PENSION ADJUSTMENT -112,328 TOTAL -8,869,583

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493155007430	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No. 1545-0047
					2018
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection
Department of the Treasury Internal Revenue Service					
Name of the organization WAYNESBORO HOSPITAL				Employer identification number 23-1360854	

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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.

See Additional Data Table

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

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

See Additional Data Table

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)WELLSPAN SUMMIT HEALTH	C	203,503	FMV

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-1360854

Name: WAYNESBORO HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 2767 YORK, PA 174052767 25-1515371	HEALTHCARE	PA	501C3	7	WELLSPAN H		No
PO BOX 2767 YORK, PA 174052767 23-0465970	HEALTHCARE	PA	501C3	3	WELLSPAN S		No
PO BOX 2767 YORK, PA 174052767 25-1515376	HEALTHCARE	PA	501C3	12A	WELLSPAN S		No
PO BOX 2767 YORK, PA 174052767 25-1716306	HEALTHCARE	PA	501C3	3	WELLSPAN S		No
PO BOX 2767 YORK, PA 174052767 23-1352222	HEALTHCARE	PA	501C3	3	NA		No
PO BOX 2767 YORK, PA 174052767 22-2842253	SOLE GP IN	PA	501C3	10	NA		No
PO BOX 2767 YORK, PA 174052767 23-1352220	HEALTH CAR	PA	501C3	3	NA		No
PO BOX 2767 YORK, PA 174052767 23-2251358	FUNDRAISIN	PA	501C3	12A	NA		No
PO BOX 2767 YORK, PA 174052767 20-0519121	REDUCED RA	PA	501C3	12A	NA		No
PO BOX 2767 YORK, PA 174052767 23-2338591	HORNE PERS	PA	501C3	10	NA		No
PO BOX 2767 YORK, PA 174052767 23-1352573	HORNE HEAL	PA	501C3	10	NA		No
PO BOX 2767 YORK, PA 174052767 22-2517863	INTEGRATED	PA	501C3	12C	NA		No
PO BOX 2767 YORK, PA 174052767 23-2400237	HEALTH-REL	PA	501C3	12B	NA		No
PO BOX 2767 YORK, PA 174052767 23-2730785	MEDICAL AN	PA	501C3	10	NA		No
PO BOX 2767 YORK, PA 174052767 23-3050192	CHARITABLE	PA	501C3	12C	NA		No
PO BOX 2767 YORK, PA 174052767 23-2899911	SURGERY AN	PA	501C3	3	NA		No
PO BOX 2767 YORK, PA 174052767 22-2842252	LEASES FAC	PA	501C3	12A	NA		No
PO BOX 2767 YORK, PA 174052767 23-1370484	HEALTH CAR	PA	501C3	3	NA		No
PO BOX 2767 YORK, PA 174052767 80-0940005	FUNDRAISIN	PA	501C3	12A	EPHRATA CO		No
PO BOX 2767 YORK, PA 174052767 20-3033058	MEDICAL AN	PA	501C3	12B	EPHRATA CO		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 2767 YORK, PA 174052767 45-2537633	PHYSICIAN	PA	501C3	12B	NORTHERN L		No
PO BOX 2767 YORK, PA 174052767 23-0794160	HEALTH CAR	PA	501C3	3	NA		No
PO BOX 2767 YORK, PA 174052767 23-1548822	HEALTH CAR	PA	501C3	3	NA		No
PO BOX 2767 YORK, PA 174052767 23-2356151	FUNDRAISIN	PA	501C3	12A	NA		No
PO BOX 2767 YORK, PA 174052767 25-1832359	MEDICAL AN	PA	501C3	10	NA		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SUMMIT SURGERY CENTER LP 785 5TH AVENUE SUITE 3 CHAMBERSBURG, PA 17201 25-1845303	PHYSICIAN	PA	NA					No			No	0.650 %
(1) SURGERY CENTER ASSOCIATES LLC 785 5TH AVENUE SUITE 3 CHAMBERSBURG, PA 17201 25-1845304	PHYSICIAN	PA	NA					No		Yes		1.000 %
(2) APPLE HILL SURGICAL CENTER PARTNERS PO BOX 2767 YORK, PA 174052767 23-2489452	SURGICAL C	PA	NA					No			No	
(3) CENTRAL PA ALLIANCE LABORATORIES LL PO BOX 2767 YORK, PA 174052767 23-2910950	REF. LAB	PA	NA					No			No	
(4) LITTLESTOWN HEALTH CARE PARTNERS 300 WEST KING STREET LITTLESTOWN, PA 17340 23-2880464	LEASE FACI	PA	NA					No			No	
(5) CHERRY TREE CANCER CENTER LLP PO BOX 2767 YORK, PA 174052767 23-2915628	RADIATION	PA	NA					No			No	
(6) THE REHAB CENTER 855 SPRINGDALE DRIVE SUITE 20 EXTON, PA 19341 25-1687903	PHYSICAL T	PA	NA					No			No	
(7) CUMBERLAND VALLEY MOBILE SERVICES LLC 112 NORTH SEVENTH ST CHAMBERSBURG, PA 17201 20-0884014	MOBILE SVC	PA	NA					No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
(1) WELLSPAN PHARMACY INC PO BOX 2767 YORK, PA 174052767 23-2374072	DISPENSES	PA	N/A	C CORP					No
(1) WELLSPAN RECIPROCAL RISK RETEN PO BOX 2767 YORK, PA 174052767 20-0048457	RISK RETEN	PA	N/A	C CORP					No
(2) YORK HEALTH PLAN PO BOX 2767 YORK, PA 174052767 23-2664989	PREFERRED	PA	N/A	C CORP					No
(3) WELLSPAN PROVIDER NETWORK PO BOX 2767 YORK, PA 174052767 23-2907828	COORD MNGD	PA	N/A	C CORP					No
(4) APPLE HILL CONDOMINIUM ASSOCIA PO BOX 2767 YORK, PA 174052767 23-2504543	CONDO MGMT	PA	N/A	C CORP					No
(5) NORTH LANC CO PHYS HOSP ALLIAN PO BOX 2767 YORK, PA 174052767 23-2421885	COORD PHYS	PA	N/A	C CORP					No
(6) GSH REALTY INC PO BOX 2767 YORK, PA 174052767 25-1832359	RENTAL NON	PA	N/A	C CORP					No
(7) EPHRATA HEALTH PAVILION CONDOMINIUM ASSOCIATION PO BOX 2767 YORK, PA 174052767 47-5367279	CONDO ASSO	PA	N/A	C CORP					No