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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
WAYNE MEMORIAL HOSPITAL
% DAVID HOFF
Doing business as

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

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

D Employer identification number
24-0798839

E Telephone number
(570) 253-8100

G Gross receipts $ 146,838,843

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.WMH.ORG

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

L Year of formation: 1907

M State of legal domicile: PA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	899
6	Total number of volunteers (estimate if necessary)	**6**	155
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	6,109
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	3,648

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	351,453	1,276
9	Program service revenue (Part VIII, line 2g)	96,669,678	94,868,389
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,517,715	2,877,058
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-176,933	80,021
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	99,361,913	97,826,744
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,582,647	1,107,447
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	44,726,346	46,258,500
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	50,515,919	45,009,691
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	97,824,912	92,375,638
19	Revenue less expenses. Subtract line 18 from line 12	1,537,001	5,451,106

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	164,931,224	169,481,273
21	Total liabilities (Part X, line 26)	87,453,664	83,509,398
22	Net assets or fund balances. Subtract line 21 from line 20	77,477,560	85,971,875

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

****** 2020-05-11
Signature of officer Date

DAVID HOFF CEO
Type or print name and title

Paid Preparer Use Only

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

Firm's name ▶ BKD LLP — Firm's EIN ▶

Firm's address ▶ 910 E ST LOUIS 200/PO BOX 1190
SPRINGFIELD, MO 658062523 — Phone no. (417) 865-8701

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a	(Code: See Additional Data)	(Expenses $	56,450,464	including grants of $	) (Revenue $	69,861,082)
4b	(Code: See Additional Data)	(Expenses $	15,667,944	including grants of $	) (Revenue $	21,487,690)
4c	(Code: See Additional Data)	(Expenses $	1,553,479	including grants of $	) (Revenue $	2,248,381)
4d	Other program services (Describe in Schedule O.)	(Expenses $	1,410,746	including grants of $	1,107,447) (Revenue $	1,271,236)
4e	**Total program service expenses ▶**		75,082,633			

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		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	Yes	
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	94		
b	Enter the number of Forms W-2G included in line 1a. *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	899		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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 HOFF 601 PARK STREET HONESDALE, PA 18431 (570) 253-8100

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

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

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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) ▶								1,845,070	1,362,801	527,985

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 ▶ 16

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SORDONI CONSTRUCTION SERVICES INC, 45 OWEN ST FORTY FORT, PA 18704	CONSTRUCTION SERVICE	18,012,579
CHARLES W GRIMM CONSTRUCTION INC, PO BOX X WAYMART, PA 18472	CONSTRUCTION SERVICE	3,144,593
WAYNE MEMORIAL HEALTH SYSTEM, 601 PARK STREET HONESDALE, PA 18431	ADMINISTRATIVE SVCS	1,419,900
NORTH AMERICAN PARTNERS IN ANESTHES, 68 S SERVICE RD STE 350 MELVILLE, NY 11747	ANESTHESIOLOGY SVCS	1,084,050
MEDICAL SOLUCTIONS LLC, PO BOX 310737 DES MOINES, IA 503310737	STAFFING	851,098

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 ▶ 24

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a				
	b Membership dues . .	1b				
	c Fundraising events . .	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,276			
	g Noncash contributions included in lines 1a - 1f:$ _____					
	h **Total.** Add lines 1a-1f . . . . . ▶		1,276			

Program Service Revenue		Business Code				
2a	NET PATIENT SERVICE REVENUE	623000	75,996,129	75,996,129		
b	PA RURAL HEALTH MODEL REVENUE	623000	18,290,997	18,290,997		
c	CAFETERIA	722514	289,039	289,039		
d	OTHER REVENUE	900099	292,224	292,224		
e						
f	All other program service revenue.					
g	**Total.** Add lines 2a–2f . . . . ▶		94,868,389			

Other Revenue						
3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,590,353			1,590,353
4	Income from investment of tax-exempt bond proceeds ▶		0			
5	Royalties . . . . . ▶		0			
		(i) Real / (ii) Personal				
6a	Gross rents	560,023				
b	Less: rental expenses	447,755				
c	Rental income or (loss)	112,268 / 0				
d	Net rental income or (loss) . . . . . ▶		112,268			112,268
		(i) Securities / (ii) Other				
7a	Gross amount from sales of assets other than inventory	49,851,049				
b	Less: cost or other basis and sales expenses	48,564,344				
c	Gain or (loss)	1,286,705				
d	Net gain or (loss) . . . . . ▶		1,286,705			1,286,705
8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . a	0				
b	Less: direct expenses . . . b	0				
c	Net income or (loss) from fundraising events . . ▶		0			
9a	Gross income from gaming activities. See Part IV, line 19 . . . a	0				
b	Less: direct expenses . . . b	0				
c	Net income or (loss) from gaming activities . . ▶		0			
10a	Gross sales of inventory, less returns and allowances . . a	0				
b	Less: cost of goods sold . . b	0				
c	Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
11a	GAIN/(LOSS) ON EQUITY INVESTEE	900099	-32,247		6,109	-38,356
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a–11d . . . . . ▶		-32,247			
12	**Total revenue.** See Instructions. . . . . ▶		97,826,744	94,868,389	6,109	2,950,970

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,107,447	1,107,447		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	62,778	62,778		
7 Other salaries and wages	35,220,626	28,119,397	7,101,229	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,435,602	1,945,406	490,196	
9 Other employee benefits	5,961,356	4,761,558	1,199,798	
10 Payroll taxes	2,578,138	2,059,255	518,883	
11 Fees for services (non-employees):				
a Management	1,419,900		1,419,900	
b Legal	168,346		168,346	
c Accounting	130,139		130,139	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	334,691		334,691	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,586,722	10,445,400	1,141,322	
12 Advertising and promotion	202,878		202,878	
13 Office expenses	2,883,316	1,432,331	1,450,985	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,621,004	1,042,505	578,499	
17 Travel	252,043	242,675	9,368	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	54,784	40,375	14,409	
20 Interest	369,803	304,216	65,587	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	4,728,929	3,890,227	838,702	
23 Insurance	629,312	517,700	111,612	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES & DRUGS	18,124,973	18,124,973		
b REPAIRS & MAINTENANCE	2,387,205	919,535	1,467,670	
c LICENSES, DUES, SUBSCRIPTIONS	115,646	66,855	48,791	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	92,375,638	75,082,633	17,293,005	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	276,676	1	521,390
	2	Savings and temporary cash investments	31,813,671	2	28,822,999
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	10,183,105	4	8,830,766
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	1,735,760	8	1,694,017
	9	Prepaid expenses and deferred charges	1,634,501	9	1,856,246
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 141,008,378			
	b	Less: accumulated depreciation — 10b: 78,250,976	41,491,497	10c	62,757,402
	11	Investments—publicly traded securities	66,779,119	11	50,960,276
	12	Investments—other securities. See Part IV, line 11	921,506	12	1,394,930
	13	Investments—program-related. See Part IV, line 11	3,348,443	13	5,797,291
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	6,746,946	15	6,845,956
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	164,931,224	16	169,481,273
Liabilities	17	Accounts payable and accrued expenses	22,290,232	17	21,763,104
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	1,335,169
	20	Tax-exempt bond liabilities	59,795,148	20	57,228,105
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	201,212	23	67,574
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	5,167,072	25	3,115,446
	26	**Total liabilities.** Add lines 17 through 25	87,453,664	26	83,509,398
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	74,403,669	27	80,456,867
	28	Temporarily restricted net assets	319,139	28	2,767,988
	29	Permanently restricted net assets	2,754,752	29	2,747,020
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	77,477,560	33	85,971,875
	34	Total liabilities and net assets/fund balances	164,931,224	34	169,481,273

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	97,826,744
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,375,638
3	Revenue less expenses. Subtract line 2 from line 1	3	5,451,106
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77,477,560
5	Net unrealized gains (losses) on investments	5	891,866
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	2,151,343
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	85,971,875

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 24-0798839

Name: WAYNE MEMORIAL HOSPITAL

Form 990 (2018)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

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

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			
JOANN HUDAK 2ND VICE CHAIR	0.8 0.8	X		X				0	0	0
SUSAN MANCUSO TREASURER END 06/19	0.8 0.8	X		X				0	0	0
FRANK BORELLI TREASURER BEG 06/19	0.8 0.8	X		X				0	0	0
WENDELL HUNT SECRETARY	0.8 0.8	X		X				0	0	0
JOSEPH HARCUM TRUSTEE	0.8 0.8	X						0	0	0
JULIE SEILER TRUSTEE	0.8 0.8	X						0	0	0
HUGH RECHNER 1ST VICE CHAIR	0.8 0.8	X		X				0	0	0
DIRK MUMFORD CHAIR	3.75 1.0	X		X				0	0	0
WILLIAM R DEWAR III MD TRUSTEE	0.8 0.8	X						0	0	0
JAMES LABAR TRUSTEE END 10/18	0.8 1.0	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			
MILTON ROEGNER TRUSTEE END 10/18	0.8 1.3	X						0	0	0
MARTHA WILSON TRUSTEE END 10/18	0.8 0.8	X						0	0	0
RONALD SCHMALZLE TRUSTEE	0.8 0.8	X						0	0	0
MATT MEAGHER TRUSTEE	0.8 0.8	X						0	0	0
DR DENISE VIOLA TRUSTEE END 08/18	0.8 0.8	X						0	0	0
CHRISTINE RECHNER TRUSTEE BEG 10/18	0.8 1.0	X						0	0	0
DR LOUIS D'ORO TRUSTEE BEG 08/18	0.8 0.8	X						0	0	0
JULIANN DOYLE TRUSTEE BEG 10/18	0.8 0.8	X						0	0	0
NANCY PROPST TRUSTEE BEG 10/18	0.8 1.3	X						0	0	0
ROSEMARIE CORIGLIANO TRUSTEE BEG 07/18	0.8 0.8	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			
DR SEAN MCVEIGH TRUSTEE BEG 08/18	0.8 0.8	X						0	0	0
DR SCOTT EPSTEIN TRUSTEE END 08/18	0.8 0.8	X						0	0	0
MIKE CLIFFORD CFO END 12/18	18.8 21.2			X				0	260,948	120,925
DAVID HOFF CEO	32.0 8.0			X				0	496,065	117,675
PATRICIA DUNSINGER CFO BEG 01/19	18.8 21.2			X				0	87,238	30,496
JAMES PETTINATO DIRECTOR OF PATIENT CARE SERV	39.9 0.1				X			0	194,611	35,224
JOHN CONTE DIRECTOR OF FACILITY SERVICES	24.4 15.6				X			0	168,538	44,805
JAMES HOCKENBURY DIRECTOR OF ANCILLARY SERVICES	34.0 6.0				X			0	155,401	11,695
JEFFERY MOGERMAN PHYSICAN	40.0 0.0					X		637,979	0	39,712
SIBYL RICKARD PHYSICIAN	40.0 0.0					X		292,291	0	44,714

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			
GEORGE J RUCCO CERTIFIED RN ANESTHETIST	40.0 0.0					X		222,736	0	13,135
DAVID CAUCCI PHYSICIAN	40.0 0.0					X		495,521	0	41,503
MICHAEL STEFONETTI CERTIFIED RN ANESTHETIST	40.0 0.0					X		196,543	0	28,101

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

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

The organization is not a private foundation because it is: (For lines 1 through 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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** . . . . . ▶ ☐

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 . . . . . ▶ ☐

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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	**11c**		

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

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 ☐ 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: 24-0798839

Name: WAYNE MEMORIAL 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493177008370

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		7,548
j	Total. Add lines 1c through 1i			7,548
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1(I)	LOBBYING EXPENSES: WAYNE MEMORIAL HOSPITAL PAYS ANNUAL MEMBERSHIP DUES TO THE HOSPITAL & HEALTH SYSTEM ASSOCIATION OF PENNSYLVANIA (HAP) AND AMERICAN HOSPITAL ASSOCIATION (AHA). THE HOSPITAL IS NOTIFIED EACH YEAR THAT A PORTION OF THE MEMBERSHIP DUES IS USED FOR LOBBYING ACTIVITIES. THE PORTION OF FEES PAID REPRESENTING LOBBYING EXPENDITURES WAS $7,548.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ .....

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

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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		

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

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" 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		2,885,353		2,885,353
b Buildings		60,645,131	27,552,751	33,092,380
c Leasehold improvements		3,889,348	2,446,931	1,442,417
d Equipment		65,519,092	47,046,303	18,472,789
e Other		8,069,454	1,204,991	6,864,463
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				62,757,402

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
PROFESSIONAL LIABILITY CLAIMS	2,057,982
DUE TO RELATED PARTY	1,057,464
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,115,446

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	98,541,900
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	891,866		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-289,773		
e	Add lines **2a** through **2d**			2e	602,093
3	Subtract line **2e** from line **1**			3	97,939,807
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	334,691		
b	Other (Describe in Part XIII.)	4b	-447,754		
c	Add lines **4a** and **4b**			4c	-113,063
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	97,826,744

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	92,488,702
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	447,755		
e	Add lines **2a** through **2d**			2e	447,755
3	Subtract line **2e** from line **1**			3	92,040,947
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	334,691		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	334,691
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	92,375,638

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: 24-0798839
Name: WAYNE MEMORIAL HOSPITAL

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITIONS: MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUI DANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERI AL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	AMOUNTS INCLUDED ON LINE 1, BUT NOT ON FORM 990, PART VIII, LINE 12: $ (506,932) CHANGE IN DEFINED BENEFIT PENSION PLAN 217,159 TRANSFER FROM AFFILIATE ---------- $ (289,773)

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1: $ 1 TEMPORARILY RESTR ICTED CONTRIBUTIONS (447,755) RENTAL EXPENSES ---------- $ (447,754)

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25: $ 447,755 RENTAL EXPENSES

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ 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
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		730	437,713		437,713	0.470 %
b Medicaid (from Worksheet 3, column a)			14,758,825	8,989,888	5,768,937	6.250 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		730	15,196,538	8,989,888	6,206,650	6.720 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).		10,317	275,194	6,050	269,144	0.290 %
f Health professions education (from Worksheet 5)		23	107,810		107,810	0.120 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,107,447		1,107,447	1.200 %
j **Total.** Other Benefits		10,340	1,490,451	6,050	1,484,401	1.610 %
k **Total.** Add lines 7d and 7j		11,070	16,686,989	8,995,938	7,691,051	8.330 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	3		152,494		152,494	0.170 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	110	8,950	1,000	7,950	0.010 %
7 Community health improvement advocacy						
8 Workforce development	3	66	3,372		3,372	
9 Other						
10 Total	7	176	164,816	1,000	163,816	0.180 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	12,180,013		
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	3,046,221		
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	32,137,365
6	Enter Medicare allowable costs of care relating to payments on line 5	6	32,107,067
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	30,298
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
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		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): SEE PART V SECTION C			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): SEE PART V SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

WAYNE MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Billing and Collections

WAYNE MEMORIAL 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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ 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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ 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 ☐ 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 ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☐ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

WAYNE MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

Form and Line Reference	Explanation
See Add'l Data	

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
SCHEDULE H, PART I, LINE 7I	CONTRIBUTIONS TO THE COMMUNITY: THE HOSPITAL SUBSIDIZED BOTH IN AND OUT OF SCOPE (NON PRIMARY CARE SERVICES - PEDIATRICS, SURGEONS AND SPECIALIST) SERVICES OF WAYNE MEMORIAL COMMUNITY HEALTH CENTERS (WMCHC) WITH A CASH CONTRIBUTION OF $1,106,665. WMCHCS SURGEONS AND SPECIALIST PROVIDE INPATIENT AND OUTPAITENT CARE AT WAYNE MEMORIAL HOSPITAL AS WELL AS SERVICES OUT OF THEIR HEALTH CENTER OFFICES. WMCHC PEDIATRIC PRACTITIONERS PROVIDE INPATIENT AND OUTPATIENT CARE AT WAYNE MEMORIAL HOSPITAL AND OUTPATIENT SERVICES IN THE HONESDALE AND CARBONDALE AREA. WMCHC WOULD NOT BE ABLE TO PROVIDE THESE SERVICES AND THEY WOULD NOT BE AVAILABLE IN THE COMMUNITY WITHOUT THIS SUBSIDY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN F	PERCENT OF TOTAL EXPENSE: TO ARRIVE AT THE PERCENT OF TOTAL EXPENSES, THE DENOMINATOR USED WAS TOTAL EXPENSES PER PART IX, LINE 25, OF THE FORM 990, $92,375,638.

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BENEFIT AND BUILDING ACTIVITIES: WAYNE MEMORIAL HOSPITAL (WMH) AND ITS AFFILIATE S PROMOTE THE HEALTH AND WELLBEING OF THE COMMUNITIES AND INDIVIDUALS IT SERVES THROUGH A VARIETY OF COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES. WE FOCUS ON THE UNDERSERVE D AND UNDERPRIVILEGED WITHIN OUR SERVICE AREA. WE ENDEAVOR TO IMPROVE THE LITERACY LEVEL A ND PRIORITIZE INFORMATION GIVEN ON PREVENTION AND TREATMENT FOR CHRONIC DISEASE. OUR GOAL IS TO IMPACT ROOT CAUSES OF POOR HEALTH BY BECOMING A CATALYST FOR HEALTHY LIFESTYLE CHANG ES IN OUR SERVICE AREA. THE RATIONALE, PROGRAM METHODOLOGY AND IMPLEMENTATION FOR THE FOLL OWING PROGRAMS ARE TYPICAL OF THE OTHER PROGRAMS DESCRIBED HEREIN AND SHOULD SERVE AS A MO DEL FOR THOSE PROGRAMS IN ADDRESSING THE REQUIREMENTS OF THIS SECTION OF THE FORM. -IN-SCH OOL WALKING PROGRAM IS A PARTNERSHIP OF WAYNE MEMORIAL HOSPITAL, FOREST CITY REGIONAL (FCR SD), WALLENPAUPACK AREA (WASD), WAYNE HIGHLANDS (WHSD) AND WESTERN WAYNE SCHOOL DISTRICTS (WWSD). WMH PROVIDES LEADERSHIP, DIRECTION, TRACKING AND FACILITATION FOR THE PROGRAM IN N INE LOCAL SCHOOLS THAT RUNS MONDAY THROUGH THURSDAY 6PM TO 8PM, WHENEVER SCHOOLS ARE IN SE SSION. THIS PROVIDES A SAFE FREINDLY ENVIRONMENT FOR YOUNG, OLD OR DISABLED PEOPLE TO EXER CISE. ALL SITES ARE HANDICAP ACCESSIBLE. IT ALSO PROVIDES A USER FRIENDLY MODALITY TO DIST RIBUTE EDUCATIONAL MATERIALS. -HEALTH PROBLEMS: SEDENTARY LIFESTYLE, POOR NUTRITION, AND P OOR BEHAVIORAL HEALTH SKILLS. THESE HAVE BEEN IDENTIFIED AS LEADING RISK FACTORS BY THE CE NTER FOR DISEASE CONTROL (CDC) AND THE PENNSYLVANIA DEPARTMENT OF HEALTH FOR OBESITY, HEAR T DISEASE, HYPERTENSION, AND A NUMBER OF OTHER CHRONIC DISEASES. -NEED/PROBLEM IDENTIFICAT ION: LOCALLY THE NEED WAS IDENTIFIED IN TWO ASSESSMENT TOOLS. WMH COMMUNITY NEEDS ASSESSME NT 2019 IDENTIFIED PREVENTION OF CHRONIC DISEASE AS A REGIONAL PRIORITY. THE TOGETHER FOR HEALTH PROGRAM (TFH) IS A PARTNERSHIP OF WMH AND WASD, WHSD, FCRSD, AND COMMUNITY AGENCIES IDENTIFYING AND ADDRESSING THE NEEDS OF THE YOUTH. ONE COMPONENT OF THE PROGRAM, THE RESO URCE DAY, HAS BECOME A CATALYST THAT ENHANCES THE HEALTH AND WELLNESS OF 7TH GRADERS AND 9 TH GRADERS. A DAY FILLED WITH 5 SMALL GROUP INTERACTIVE WORKSHOPS FACILITATED BY PROFESSIO NALS ON SUCH SUBJECTS AS NUTRITION, YOGA, RELATIONSHIPS, SUICIDE AWARENESS, DRUG AND ALCOH OL, GOAL SETTING, ETC. THE STUDENTS PARTICIPATION AND THEIR FEEDBACK PROVIDES WMH, SCHOOL DISTRICTS, AND THE COMMUNITY WITH AN AWARENESS OF THE STUDENTS NEEDS AND HOW TO POSITIVELY IMPACT THE STUDENTS. THIS PROVIDES DIRECTION FOR IN-SCHOOL COMMUNITY BENEFITS ACTIVITIES, INCLUDING THE IN-SCHOOL WALKING PROGRAM AND IN-SCHOOL EDUCATIONAL PRESENTATIONS BY HEALTH CARE PROFESSIONALS. -IMPORTANCE OF HEALTH PROBLEM: LACK OF EXERCISE, POOR NUTRITION AND P OOR BEHAVIORAL HEALTH SKILLS HAS MANIFOLD NEGATIVE EFFECTS ON INDIVIDUALS OF ALL AGES AND INCOME LEVELS SEEN IN OUR HIGH RATE OF CHRONIC DISEASE. RURAL, LOW INCOME, ELDERLY OR DISA BLED INDIVIDUALS ARE PARTICULARLY VULNERABLE. THE IN-SCHOOL WALKING PROGRAM PROVIDES AN OP PORTUNITY TO LEARN, WALK AND SOCIALIZE WHILE BEING IN A SAFE ATMOSPHERE CLOSE TO THEIR HOM E. THE IN-SCHOOL WALKING PROGRAM PROVIDES ACCESS OF SERVICES TO ABOUT 400 PEOPLE WITHIN SC HOOL HALLWAYS NOT IN USE BY THE SCHOOL DURING THOSE HOURS. -ACTIVITY IMPACT: PARTICIPANTS' RESPONSES TO THE PROGRAM INDICATE THAT IT HELPS MOTIVATE THEM TO FEEL BETTER, LOSE WEIGHT , ENJOY FELLOWSHIP, INCREASE ENERGY LEVELS AND HOLD A BETTER SELF-IMAGE THAN PRIOR TO THEI R PARTICIPATION. THEY ALSO HAVE AN IMPROVED KNOWLEDGE BASE ON AWARENESS AND PREVENTION OF MANY HEALTH ISSUES. (STROKE, HEART DISEASE, DIABETES, TRAUMA, ASTHMA, COPD, AND SLEEP APNE A, TO NAME A FEW). -COMMUNITY BENEFIT: ENHANCING PUBLIC HEALTH, ADVANCING THE QUALITY OF L IFE, ULTIMATELY, AND RELIEF OF THE BURDEN OF SOCIETY OF CARING FOR THOSE WITH PREVENTABLE CHRONIC ILLNESS. INDIVIDUALS, WHO HAVE SEDENTARY AND NEGATIVE LIFESTYLES ARE THE PRINCIPAL BENEFICIARIES OF THE PROGRAM. -PURPOSE: THE PURPOSE OF THE IN-SCHOOL WALKING PROGRAM IS T O IMPROVE THE HEALTH STATUS OF PARTICIPANTS THEREBY IMPROVING THE HEALTH STATUS OF OUR COM MUNITY. IT ALSO ENHANCES A COMMUNITY ABILITY TO WORK TOGETHER AND MAXIMIZE THE RESOURCES A VAILABLE. -SUPPORT: THE WMH COMMUNITY HEALTH DEPARTMENT HAS RESPONDED TO OPPORTUNITIES FOR INVOLVEMENT IN COMMUNITY BENEFIT INITIATIVES BY ENTHUSIASTICALLY DEDICATING THEIR TIME, E XPERTISE AND RESOURCES. THE PRIMARY SUPPORT OF THE IN-SCHOOL WALKING PROGRAM COMES FROM TH E FOUR SCHOOL DISTRICTS AND WMH USE OF SOCIAL MEDIA, WEB PAGES, IN-KIND SERVICES, ETC. WMH PROVIDED OVERSITE TO MAINTAIN APPROPRIATE LITERACY LEVELS WITH THE EDUCATIONAL INFORMATIO N. THE 700+ MEMBERS OF PENNSYLVANIA STATE HEALTH IMPROVEMENT PLAN (SHIP) PARTNERSHIP FOR W AYNE AND PIKE COUNTIES SUPPORT THE WALKING PROGRAM THROUGH POSTING FLYERS, SOCIAL MEDIA, P RESENTATIONS AND PARTICIPATION. WMH IS THE LEAD AGENCY FOR THE PIKE/WAYNE SHIP PARTNERSHIP . THE SHIP PARTNERSHIP IDENTIFIES NEEDS AND BECOME

Form and Line Reference	Explanation
SCHEDULE H, PART II	S A CATALYST FOR CHANGE TO ACCOMPLISH A HEALTHIER COMMUNITY AND REDUCES THE BURDEN ON MANY GOVERNMENT ENTITIES. BOLD GOLD MEDIA, A LOCAL RADIO STATION, PROVIDES PUBLIC SERVICE ANNO UNCEMENTS AND WMH COMMUNITY HEALTH DEPARTMENT PROVIDES A WEEKLY RADIO BROADCAST "HEALTHWOR KS" THAT AIRS ON TWO STATIONS. DURING FYE 6/30/2019, THE ABOVE METHODOLOGY COULD BE APPLIE D TO ANY OF THE GREATER THAN 200 PROGRAMS PROVIDING SERVICES TO GREATER THAN 10,000 PEOPLE . SOME OF THE OTHER PROGRAMING INCLUDES HEALTH/RESOURCE FAIRS, RADIO SHOES, SEMINARS/WORKS HOPS, EMPLOYEE WELLNESS PROGRAMS, NUTRITION CLASSES, DIABETES CLASSES, TRAUMA AWARENESS, S TROKE AWARENESS, OPIOID AWARENESS, BEHAVIORAL HEALTH, STRESS MANAGEMENT AND PAIN MANAGEMEN T WITHOUT OPIOIDS, TO NAME A FEW.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	BAD DEBT EXPENSE: THE HOSPITAL HAS ADOPTED THE NEW REVENUE RECOGNITION STANDARD ASU 2014-09. UNDER ASU 2014-09, THE ESTIMATED AMOUNTS DUE FROM PATIENTS FOR WHICH THE HEALTH SYSTEM DOES NOT EXPECT TO BE ENTITLED OR COLLECT FROM THE PATIENTS ARE CONSIDERED IMPLICIT PRICE CONCESSIONS AND EXCLUDED FROM THE HEALTH SYSTEM'S ESTIMATION OF THE TRANSACTION PRICE OR REVENUE RECORDED. BAD DEBT EXPENSE WAS NOT SIGNIFICANT TO THE AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2019. HOWEVER, THE HOSPITAL INTERNALLY TRACKS BAD DEBT EXPENSE CONSISTENT WITH HISTORICAL PRACTICES AND THAT AMOUNT HAS BEEN REPORTED ON SCHEDULE H, PART III, SECTION A, LINE 2.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 3	BAD DEBT EXPENSE ATTRIBUTABLE TO CHARITY CARE: THE HOSPITAL DOES NOT TRACK BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY. IF THIS HOSPITAL IS AWARE OR BECOMES AWARE OF A PATIENT'S ELIGIBILITY FOR CHARITY CARE THEN BAD DEBT EXPENSE WOULD NOT BE RECORDED FOR SUCH A PATIENT. CHARITY CARE WOULD BE RECORDED IF THAT PATIENT IS ELIGIBLE. TO DETERMINE THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO CHARITY CARE SHOWN ON LINE 3, THE ORGANIZATION APPLIED ITS RATIO OF PATIENT CARE COST TO CHARGES OF 25.01% TO THE TOTAL BAD DEBT EXPENSE SHOWN ON THE HOSPITAL'S FINANCIAL STATEMENT OF $12,180,013.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 4	BAD DEBT EXPENSE FOOTNOTE: THE AUDITED FINANCIAL STATEMENTS DO NOT CONTAIN A FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE. THEY DO, HOWEVER, CONTAIN A FOOTNOTE THAT DESCRIBES PATIENT ACCOUNTS RECEIVABLE, THAT NOTE CAN BE FOUND ON PAGE 11 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT: THE COMMUNITY NEEDS ASSESSMENT METHODOLOGY THAT WAYNE MEMORIAL HOSPITAL USED RELATED TO THE TIME FRAME 7/1/2018 - 6/30/2019 FOLLOWED A MODEL THAT INVOLVED CONTRACTING WITH AN OUTSIDE ORGANIZATION, A CONSULTING FIRM, TO CONDUCT THE STUDY. THIS ASSESSMENT CONFORMS TO THE IRS REQUIREMENT THAT NONPROFIT HOSPITALS MUST COMPLETE A COMMUNITY NEEDS ASSESSMENT EVERY THREE YEARS. WAYNE MEMORIAL HOSPITAL BEGAN A NEW COMPLIANT NEEDS ASSESSMENT IN 2019 AND COMPLETED IT IN JUNE OF 2019. -BACKGROUND: IN THE FALL OF 2012, UNDER THE GUIDANCE OF WAYNE MEMORIAL HOSPITAL, A GROUP OF INDIVIDUALS REPRESENTING VARIOUS HEALTH CARE AND HUMAN SERVICE PROVIDERS IN WAYNE AND PIKE COUNTIES, PA AND THE COMMUNITY OF CARBONDALE IN LACKAWANNA COUNTY, PA MET TO CONSIDER A PLAN TO PRODUCE A COMPREHENSIVE NEEDS AND RESOURCE ASSESSMENT FOR THE AREA. THE PRODUCT WOULD BENEFIT HEALTH CARE AND HUMAN SERVICE PROVIDER ORGANIZATIONS/AGENCIES AND LOCAL GOVERNMENTS IN PIKE AND WAYNE COUNTIES IN TERMS OF ORGANIZATIONAL POLICY CONSIDERATIONS AND IN PREPARATION OF FUNDING PROPOSALS TO GOVERNMENTAL AND PRIVATE FUNDERS. AS A RESULT OF THAT ORIGINAL MEETING, A COMMUNITY NEEDS ASSESSMENT STEERING COMMITTEE WAS STARTED AS AN INDEPENDENT GRASS ROOTS COLLABORATION OF COMMUNITY ACTIVISTS, HEALTH CARE PROVIDERS AND EDUCATORS THAT BEGAN REGULAR MEETINGS TO COMPOSE A REQUEST FOR PROPOSALS (RFP) TO ACCOMPLISH THE ASSESSMENT. THE COMMITTEE INCLUDED REPRESENTATIVES FROM WAYNE MEMORIAL HOSPITAL (WMH), WAYNE MEMORIAL COMMUNITY HEALTH CENTERS, THE CARBONDALE AREA, WAYNE AND PIKE COUNTY GOVERNMENTS, PPL, INC., THE PIKE INTERAGENCY COUNCIL AND AREA SCHOOL DISTRICTS. AN RFP WAS CREATED AND SENT TO QUALIFIED REGIONAL CONSULTING FIRMS TO COMPLETE A COMMUNITY HEALTH AND HUMAN SERVICES NEEDS AND RESOURCES ASSESSMENT FOR THE COUNTIES OF PIKE AND WAYNE AND THE COMMUNITY OF CARBONDALE IN LACKAWANNA AND SURROUNDING AREAS IN NORTHEASTERN PENNSYLVANIA. -THE ASSESSMENT: IN JANUARY 2013, A FIRM WAS CHOSEN, HMC ASSOCIATES OF GETZVILLE, NY, THAT HAD PERFORMED A SIMILAR HEALTH NEEDS ASSESSMENT FOR WAYNE AND PIKE IN 2009 AND ANOTHER SIMILAR ASSESSMENT FOR PIKE COUNTY IN 2004. FROM FEBRUARY THROUGH JUNE 2013 THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS PERFORMED INVOLVING STATISTICAL DATA COLLECTION FROM SOURCES IN PENNSYLVANIA, NEW YORK AND NEW JERSEY WAS CONSIDERED ALONG WITH COMMUNITY PERCEPTIONS AND LOCAL EXPERT OPINIONS GATHERED THROUGH NUMEROUS FOCUS GROUPS, ONE-ON-ONE INTERVIEWS AND AN IN-DEPTH ONLINE COMMUNITY SURVEY DEVELOPED BY HMS. THE MOST RECENT CHNA WAS PERFORMED FROM JANUARY 2019 THROUGH JUNE 30, 2019 AND THE HMS ASSOCIATES WAS ONCE AGAIN ENGAGED TO PERFORM THE STUDY. THE 2019 CHNA IMPLEMENTATION PLAN WAS COMPLETED BY WMH FROM JULY 1 THROUGH SEPTEMBER 1, 2019. -GEOGRAPHIC AREA ASSESSED: THE AREA ASSESSED WERE THE COUNTIES OF WAYNE AND PIKE, PA AND THE COMMUNITY OF CARBONDALE AND ITS SURROUNDINGS IN LACKAWANNA AND PORTIONS OF SUSQUEHANNA COUNTY, PA. -HOW FREQUENTLY THE ASSESSMENT IS CONDUCTED: THE FIRST INCIDENCE OF A NEEDS ASSESSMENT OF THIS DEPTH FOR THE HOSPITALS SERVICE AREA WAS THE ONE PERFORMED IN 2009, REFERRED TO IN THE ASSESSMENT ABOVE. PRIOR TO THAT, CHNAS WERE PERFORMED INTERNALLY APPROXIMATELY EVERY THREE YEARS UNDER THE DIRECTION OF THE WAYNE MEMORIAL HOSPITAL COMMUNITY ADVISORY BOARD STARTING IN 1996. IT IS THE INTENTION OF WAYNE MEMORIAL TO FULFILL THE REQUIREMENT OF THE IRS COMMUNITY BENEFIT MANDATE TO PERFORM A SIMILAR NEEDS ASSESSMENT TO THE 2009 STUDY EVERY THREE YEARS. -PROCESS FOR PRIORITIZING NEEDS: AN IN-DEPTH ANALYSIS WAS MADE OF ALL COLLECTED DATA, WHICH WAS WEIGHTED THROUGH A FORMULA DEVELOPED THAT JUXTAPOSED DATA COLLECTED FOLLOWING MASLOW'S HIERARCHY OF NEEDS AND EMPIRICAL EMPHASIS IDENTIFIED BY EXPERTS AND PROVIDERS INVOLVED IN THE STUDY. THIS FORMULA WAS USED TO ESTABLISH A FINAL ACTIONABLE LIST OF THE HIGHEST PRIORITY HEALTH SERVICE NEEDS FOR THE TWO-COUNTY REGION. THOSE PRIORITY ITEMS WERE ANALYZED AND PRIORITIZED BY THE HOSPITALS STRATEGY COMMITTEE AND AN IMPLEMENTATION PLAN WAS DEVELOPED BY THE COMMITTEE AND ULTIMATELY APPROVED BY THE WAYNE MEMORIAL HOSPITAL BOARD OF TRUSTEES IN OCTOBER 2019 (THE EXTENDED DEADLINE APPROVED BY THE IRS FOR THIS YEARS CHNA IMPLEMENTATION PLAN). THE TOP IDENTIFIED NEEDS WERE 1. MENTAL HEALTH AND SUBSTANCE ABUSE; 2. CHRONIC DISEASE; 3. NEWBORN HEALTH; 4. PREVENTABLE INPATIENT CARE; 5. IMPROVED ACCESS TO PHYSICIAN SPECIALISTS; 6. TRANSPORTATION; 7. COUNSELING; 8. HELP UNDERSTANDING MEDICAL CARE AND ACCESS; 10. SUPPORT GROUPS. -AVAILABILITY OF THE ASSESSMENT TO THE COMMUNITY: THE FINAL ASSESSMENT PRODUCT WAS MADE AVAILABLE TO THE GENERAL PUBLIC VIA WAYNE MEMORIAL HOSPITAL'S WEB SITE AND INCLUDES A 21 PAGE CHNA EXECUTIVE SUMMARY AND AN 89 PAGE CHNA USER GUIDE THAT CAN BE PRINTED. THE USER GUIDE INCLUDES THE DETAILED RESULTS OF THE ONLINE COMMUNITY SURVEY PERFORMED AS PART OF THE STUDY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: THE HOSPITAL EDUCATES AND INFORMS PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE HOSPITAL'S CHARITY CARE POLICY THROUGH ITS SCHEDULING, REGISTRATION, SOCIAL SERVICES AND BILLING DEPARTMENTS. ITS PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ARE ALSO MADE AWARE OF THEIR ELIGIBILITY THROUGH WMCHC A CLINICAL AFFILIATE OF THE HOSPITAL WHO RECEIVES SUBSTANTIAL FINANCIAL SUPPORT FROM THE HOSPITAL AND IS A FEDERALLY QUALIFIED HEALTH CENTER. FEDERALLY QUALIFIED HEALTH CENTERS IMPROVE THE HEALTH OF THE NATION'S UNDERSERVED COMMUNITIES AND VULNERABLE POPULATIONS BY ASSURING ACCESS TO COMPREHENSIVE, CULTURALLY COMPETENT, QUALITY PRIMARY HEALTH CARE SERVICES. HEALTH CENTER PROGRAM GRANTS SUPPORT A VARIETY OF COMMUNITY-BASED AND PATIENT-DIRECTED HEALTH CARE SERVICES, PRINCIPALLY TO AN INCREASING NUMBER OF THE NATION'S UNDERSERVED. PATIENTS AND OTHERS ARE MADE AWARE OF THE PROGRAMS AVAILABLE ANYTIME FROM THE SCHEDULING OF AN APPOINTMENT TO FINAL DISPOSITION OF THEIR BILL IF THERE IS ANY INDICATION OF THE NEED OR REQUEST FOR HELP IN PAYING FOR SERVICES BEING SCHEDULED, PROVIDED OR BILLED FOR. WAYNE MEMORIAL HOSPITAL, THROUGH ITS NETWORK OF 700 STATE HEALTH IMPROVEMENT PLAN (SHIP) PARTNERS (ORGANIZATIONS, AGENCIES, BUSINESSES, SCHOOLS, TASK FORCES, COALITIONS, RELIGIOUS GROUPS, AND INDIVIDUALS) PROVIDE THE MODALITY FOR DELIVERING WRITTEN INFORMATION, VERBAL EXPLANATION AND ASSISTANCE IN COMPLETING FORMS FOR THE MOST VULNERABLE POPULATION. THE INFORMATION AND SERVICES ARE AVAILABLE AT MANY OF OUR OUTREACH FUNCTIONS. THE BROCHURE "FINANCIAL AID POLICY AND GUIDELINES" IS AVAILABLE AT OUTPATIENT REGISTRATION DESKS AND AT APPROPRIATE COMMUNITY OUTREACH FUNCTIONS. IT CONTAINS INFORMATION OF ELIGIBILITY FOR FINANCIAL AID AT WMH, AND HOW TO APPLY FOR MEDICAL ASSISTANCE, MEDICAID, OR FINANCIAL AID. IT CONTAINS THE CONTACT INFORMATION FOR THE WAYNE MEMORIAL COMMUNITY HEALTH CENTERS' OUTREACH AND ENROLLMENT COORDINATORS AND THE 2018 US POVERTY INCOME GUIDELINES. PHYSICIAN DIRECTORIES ARE AVAILABLE AT OUTREACH PROGRAMS. ON THE WMH WEBSITE, THERE IS A "FIND A DOC" TAB TO ASSIST PATIENTS IN FINDING AN APPROPRIATE PHYSICIAN AND WMH COMMUNITY HEALTH HAS A PHYSICIAN REFERRAL PHONE LINE PROVIDING PERSONAL ASSISTANCE. THIS INFORMATION IS DISCUSSED PERIODICALLY ON THE HEALTHWORKS WEEKLY RADIO SHOW. WHEN NECESSARY, WE PROVIDE ASSISTANCE FOR THOSE WITH LANGUAGE BARRIERS IN BOTH TRANSLATION AND SIGN LANGUAGE.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION: THE PRIMARY SERVICE AREA OF WAYNE MEMORIAL HOSPITAL INCLUDES ALL OF WAYNE COUNTY, PENNSYLVANIA AND ALL OF WESTERN, NORTHERN AND PORTIONS OF EASTERN AND SOUTH ERN PIKE COUNTY, PA; THE SOUTHEASTERN PORTION OF SUSQUEHANNA COUNTY, PA; THE COMMUNITY OF CARBONDALE AND ITS IMMEDIATELY SURROUNDING COMMUNITIES IN LACKAWANNA COUNTY, PA; AND THE S OUTHWESTERN PORTION OF WESTERN SULLIVAN COUNTY, NEW YORK. THE SECONDARY SERVICE AREA INCLU DES THE BALANCE OF PIKE COUNTY AND EASTERN PORTIONS OF LACKAWANNA AND SUSQUEHANNA AND NORT HERN MONROE COUNTY IN PENNSYLVANIA. ALTHOUGH SOME PORTIONS OF PIKE COUNTY THAT ARE INCLUDE D IN THE NEWBURGH, NY MSA (METROPOLITAN STATISTICAL AREA) AND ALL OF LACKAWANNA COUNTY, WH ICH ARE CLASSIFIED AS URBAN, THE WMH SERVICE AREA IS PREDOMINANTLY RURAL. - SERVICE AREA C ONGRESSIONAL DISTRICTS: THE CONGRESSIONAL DISTRICTS INCLUDED IN THE WMH SERVICE AREA ARE P A-10 AND NY-22. - SERVICE AREA CENSUS TRACTS: THE CENSUS TRACTS INCLUDED IN THE WMH SERVIC E AREA ARE THE FOLLOWING: 9502, 9523, 9524, 9601, 9602, 9603, 9604, 9605, 9606, 9607, 9608 , 9609, 9610, 9611, 9612, 9613, 9614, 1101, 1106, 1107, 1108, AND 1109. - SERVICE AREA ZIP CODES: THE ZIP CODES INCLUDED IN THE WMH SERVICE AREA ARE THE FOLLOWING: 12723, 12741, 12 748, 12764, 18324, 18328, 18336, 18337, 18403, 18405, 18407, 18413, 18414, 18415, 18417, 1 8421, 18425, 18426, 18427, 18428, 18431, 18433, 18436, 18437, 18439, 18443, 18444, 18445, 18453, 18455, 18461, 18462, 18463, 18470, 18472. - HOSPITALS IN SERVICE AREA: THE ONLY HOS PITAL IN WAYNE CO., PA IS WAYNE MEMORIAL HOSPITAL, A NONPROFIT ACUTE CARE COMMUNITY-BASED HOSPITAL; THERE IS NO HOSPITAL LOCATED IN PIKE COUNTY, PA; THE ONLY HOSPITAL IN THE PORTIO N OF MONROE CO., PA THAT IS PART OF WMH'S SERVICE AREA IS POCONO MEDICAL CENTER, A NONPROF IT ACUTE CARE HOSPITAL; THE ONLY HOSPITAL IN THE PORTION OF LACKAWANNA CO., PA THAT IS PAR T OF WMH'S SERVICE AREA WAS MARION COMMUNITY HOSPITAL, A CRITICAL ACCESS HOSPITAL THAT CLO SED ITS DOORS ON FEBRUARY 28, 2012; THERE ARE NO HOSPITALS IN THE PORTIONS OF SULLIVAN CO. , NY OR SUSQUEHANNA COUNTY, PA THAT ARE PARTS OF WMH'S SERVICE AREA. - MEDICALLY UNDERSERV ED AREAS: FEDERALLY DESIGNATED MEDICALLY UNDERSERVED AREAS (MUAS) IN THE WMH SERVICE AREA INCLUDE THE FOLLOWING: LACKAWANNA CO., MUA - 8 CENSUS TRACTS; MONROE CO., STROUDSBURG - LO W INCOME MUP; PIKE CO. - GREENE SERVICE AREA, MUA; WAYNE CO. - DAMASCUS SERVICE AREA MUA; SULLIVAN CO., NY - 3 LOW INCOME MUPS. HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS) INCLUDE L ACKAWANNA - 4 SERVICE AREAS; PIKE - 4 SERVICE AREAS; SUSQUEHANNA - 8 SERVICE AREAS; WAYNE - 10 SHORTAGE AREAS. - COMMUNITY DEMOGRAPHICS: THE REVERSAL OF THE SERVICE AREA POPULATION GROWTH FOLLOWING THE 2010 CENSUS, ALTHOUGH GRADUAL, IS ONE OF THE MOST SIGNIFICANT ASPECT S OF THE WMH SERVICE AREA. IT IS NOTED HERE THAT THIS PHENOMENON HAS PROVEN TO BE REPRESEN TATIVE OF MOST RURAL AREAS IN THE COMMONWEALTH AND, INDEED SIMILAR TO THE RURAL POPULATION DECLINE IN MUCH OF RURAL U.S. THE MOST RECENT POPULATION ESTIMATE PROVIDED BELOW FOR THE 2016 CENSUS BUREAU, AMERICAN COMMUNITY SURVEY (ACS), HOWEVER, SHOWS A CONTINUED POPULATION REDUCTION FOLLOWING THE REVERSAL OF THE DECADES-LONG GROWTH FOR PIKE COUNTY. THE TARGET P OPULATION FOR WMH AND WMCHC SERVICES IS COMPRISED OF PREDOMINANTLY LOW INCOME, DISPROPORTI ONATELY ELDERLY, MOBILITY/TRANSPORTATION CHALLENGED, OFTEN SIGNIFICANTLY OVERWEIGHT AND PR ONE TO REFRAIN FROM HEALTH-RELATED PHYSICAL ACTIVITIES. THEY ARE FREQUENTLY UNMOTIVATED TO TAKE RESPONSIBILITY FOR THEIR HEALTH STATUS. THE CORE OF THE HOSPITAL'S USERS CONSISTS IN LARGE PART OF RURAL LOW TO MODERATE INCOME RESIDENTS. ANOTHER DOMINANT FACTOR OF SERVICE AREA DEMOGRAPHICS IS THE SIGNIFICANT IN-MIGRATION THAT WAYNE, AND ESPECIALLY PIKE, COUNTIE S' POPULATIONS HAVE EXPERIENCED IN RECENT TIMES. THE 2010 U. S. CENSUS SHOWED THAT THE ARE A POPULATION INCREASED FOR THE SERVICE AREAS FROM THE 2000 CENSUS: PIKE SHOWED THE LARGEST GROWTH 23.9% TO 57,369; WAYNE GREW 10.7% TO 52,822; SULLIVAN (NY) 4.9% TO 77,547; AND, LA CKAWANNA 0.6% TO 214,437. 2012 U. S. CENSUS BUREAU POPULATION ESTIMATES (THE MOST RECENT A VAILABLE FOR THE AREA) SHOWED A DROP IN POPULATION FOR THE AREA, WITH THE EXCEPTION OF LAC KAWANNA CO., WHICH REMAINED ESSENTIALLY STABLE: LACKAWANNA + 0.1%; PIKE - 0.9%; SULLIVAN (NY) -1.0%; SUSQUEHANNA -1.6%; AND WAYNE -1.7%. A SIGNIFICANT NUMBER OF THE NEW RESIDENTS T HAT ARRIVED IN THE 2000-2010 DECADE CAME WITHOUT ESTABLISHED CARE PATTERNS. THE TWO-HOUR P ROXIMITY TO NEW YORK CITY ACCELERATED THIS MIGRATION AFTER THE TERRORIST ATTACKS OF 2001. THESE MIGRANTS, IN LARGE PART, CONSIST OF LOW INCOME, YOUNG ADULTS AND FAMILIES SEEKING TO ESCAPE THE HIGH COST OF THE URBAN AREAS, ALONG WITH RETIREES MOVING FOR THE SAME REASON. THE RETIREES CONSIST OF BOTH MEDICARE AGE POPULATION AND A SIGNIFICANT NUMBER OF 55 TO 65 YEAR OLD RETIREES WITHOUT THE BENEFIT OF CORPORATE RETIREMENT BENEFITS AND THEY OFTEN PRES ENT SEEKING SLIDING FEE SCALE SERVICES. BOTH MIGRA

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	NT GROUPS REPRESENT A SIGNIFICANT NEED FOR THE COMMUNITY. HAVING MOVED TO A DISTANT COMMUN ITY, THESE PATIENTS OFTEN SEEK EPISODIC CARE AT VARIOUS LOCATIONS AND ARE ABUSERS OF EMERG ENCY ROOM SERVICES. SPECIAL POPULATIONS: THE DATA SHOWN IN THE TABLE BELOW IS UPDATED FROM U.S. CENSUS BUREAU AMERICAN COMMUNITY SURVEY, LAST REVISED 2016: PIKE COUNTY - TOTAL POPU LATION: 56,210 - MEDIAN AGE: 46.7 - % POPULATION - > 65 YRS: 20.5% - % POPULATION - RACE/W HITE: 89.7% - % POPULATION - RACE/BLACK: 5.8% - % POPULATION - HISP. (ANY RACE): 10.1% - % POPULATION - HIGH SCHOOL GRAD: 90.7% - % POPULATION - BS/BA: 26.9% - % POPULATION - VETER ANS > 18 YRS: 10.3% - MEDIAN HOUSEHOLD INCOME: $61,199 - PERSONS BELOW POVERTY LEVEL: 10.2 % - CIVILIAN POPULATION W/O HEALTH INSURANCE: 2.9% WAYNE COUNTY - TOTAL POPULATION: 51,307 - MEDIAN AGE: 47 - % POPULATION - > 65 YRS: 20.7% - % POPULATION - RACE/WHITE: 95.0% - % POPULATION - RACE/BLACK: 3.6% - % POPULATION - HISP. (ANY RACE): 4.1% - % POPULATION - HIG H SCHOOL GRAD: 89.9% - % POPULATION - BS/BA: 20.6% - % POPULATION - VETERANS > 18 YRS: 10. 5% - MEDIAN HOUSEHOLD INCOME: $50,595 - PERSONS BELOW POVERTY LEVEL: 12.7% - CIVILIAN POPU LATION W/O HEALTH INSURANCE: 10.5% CARBONDALE - TOTAL POPULATION: 8,707 - MEDIAN AGE: N/A - % POPULATION - > 65 YRS: 17.2% - % POPULATION - RACE/WHITE: 95.0% - % POPULATION - RACE/ BLACK: 0.4% - % POPULATION - HISP. (ANY RACE): 3.1% - % POPULATION - HIGH SCHOOL GRAD: 93. 1% - % POPULATION - BS/BA: 18.2% - % POPULATION - VETERANS > 18 YRS: 9.4% - MEDIAN HOUSEHO LD INCOME: $44,982 - PERSONS BELOW POVERTY LEVEL: 23.1% - CIVILIAN POPULATION W/O HEALTH I NSURANCE: 8.0% TARGET POPULATION - TOTAL POPULATION: 116,224 - MEDIAN AGE: 44.4 - % POPULA TION - > 65 YRS: 19.5% - % POPULATION - RACE/WHITE: 93.8% - % POPULATION - RACE/BLACK: 4.9 % - % POPULATION - HISP. (ANY RACE): 5.3% - % POPULATION - HIGH SCHOOL GRAD: 91.2% - % POP ULATION - BS/BA: 21.9% - % POPULATION - VETERANS > 18 YRS: 10.1% - MEDIAN HOUSEHOLD INCOME : $52,259 - PERSONS BELOW POVERTY LEVEL: 15.2% - CIVILIAN POPULATION W/O HEALTH INSURANCE: 7.1% PENNSYLVANIA - TOTAL POPULATION: 12,783,977 - MEDIAN AGE: 40.6 - % POPULATION - > 65 YRS: 16.6% - % POPULATION - RACE/WHITE: 81.4% - % POPULATION - RACE/BLACK: 11.00% - % POP ULATION - HISP. (ANY RACE): 6.6% - % POPULATION - HIGH SCHOOL GRAD: 91.7% - % POPULATION - BS/BA: 28.2% - % POPULATION - VETERANS > 18 YRS: 8.3% - MEDIAN HOUSEHOLD INCOME: $54,895 - PERSONS BELOW POVERTY LEVEL: 13.3% - CIVILIAN POPULATION W/O HEALTH INSURANCE: 8.0% U.S. - TOTAL POPULATION: 318,558,162 - MEDIAN AGE: 37.7 - % POPULATION - > 65 YRS: 14.5% - % P OPULATION - RACE/WHITE: 73.3% - % POPULATION - RACE/BLACK: 12.6% - % POPULATION - HISP. (A NY RACE): 17.35% - % POPULATION - HIGH SCHOOL GRAD: 87.7% - % POPULATION - BS/BA: 34.1% - % POPULATION - VETERANS > 18 YRS: 8.0% - MEDIAN HOUSEHOLD INCOME: $55,322 - PERSONS BELOW POVERTY LEVEL: 15.1% - CIVILIAN POPULATION W/O HEALTH INSURANCE: 11.7% - RATES OF UNINSURE D AND UNDERINSURED: (NOTE: SOME DATA SETS ARE NOT AVAILABLE IN THE 06-DEC-2012 OR 2013 SET . THE DATA PROVIDED ARE FROM THE 2006-2008 AMERICAN COMMUNITY SURVEY 3-YEAR ESTIMATES SURV EY.) ACCORDING TO THE U. S. CENSUS BUREAU, 2006-2008 ACS ESTIMATES, SERVICE AREA POPULATIO N OF UNINSURED NUMBERS IS 8,849, OR 8.0% OF THE POPULATION. - PERCENT OF FAMILIES ON MEDIC AID OR OTHER ASSISTANCE: ACCORDING TO THE U.S. CENSUS BUREAU, 2006-2008 AMERICAN COMMUNITY SURVEY 3-YEAR ESTIMATES, THE NUMBER OF FAMILIES IN THE SERVICE AREA ON MEDICAID IS 16,639 , OR 15.1% OF THE POPULATION. - AGE BREAKDOWN AND RECENT TRENDS: ACCORDING TO THE U. S. CE NSUS BUREAU, 2006-2008 AMERICAN COMMUNITY SURVEY 3-YEAR ESTIMATES, AGE BREAKDOWN OF THE SE RVICE AREA POPULATION IS AS FOLLOWS: UNDER 5 YEARS OF AGE 4,954 OR 4.5% 5-17 YEARS 12,373 OR 11.2% 18-34 YEARS 18,070 OR 16.4% 35-64 YEARS 46,874 OR 42.5% 65 AND OLDER 27,297 OR 24 .8% - PERCENTAGES OF NON-ENGLISH SPEAKING POPULATIONS: ACCORDING TO THE U.S. CENSUS BUREAU AMERICAN COMMUNITY SURVEY, 06-DEC-2012,

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Additional Data

Software ID:

Software Version:

EIN: 24-0798839

Name: WAYNE MEMORIAL HOSPITAL

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	WAYNE MEMORIAL HOSPITAL 601 PARK STREET HONESDALE, PA 18431 WWW.WMH.ORG 230501	X	X					X			

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
SCHEDULE H, PART V, SECTION B, LINE 5	COMMUNITY INPUT: NUMEROUS ORGANIZATIONS AND COMMUNITY GROUPS PARTICIPATED IN THE ASSESSMENT. THE PUBLIC HEALTH AREA WAS INCLUDED WITHIN THE ASSESSMENT THROUGH UTILIZATION AND ANALYSIS OF INFORMATION ROUTINELY EVALUATED BY PUBLIC HEALTH AGENCIES AND ORGANIZATIONS WITH PREVENTIVE HEALTH PROGRAM CAPACITIES. THE AREA DOH WAS REPRESENTED BY TAMMY DELEO, RN, WHO IS THE NEW DOH NURSE FOR PIKE COUNTY. GREGORY BONK, THE LEAD HMS CONSULTANT OF THE ASSESSMENT ASSISTED PUBLIC HEALTH AGENCIES IN COMPLETING HEALTH NEEDS ASSESSMENTS IN THE 1990S AND HAS WORKED ON MANY PROJECTS INVOLVING PUBLIC HEALTH AGENCIES IN SEVERAL STATES. HE HAS BEEN AN ADJUNCT FACULTY MEMBER AT THE STATE UNIVERSITY OF NEW YORK AT BUFFALO, SCHOOL OF MEDICINE AND BIOMEDICAL SCIENCES, DEPARTMENT OF FAMILY MEDICINE SINCE 1988. THE ASSESSMENT WAS GUIDED BY A 26-MEMBER ADVISORY COMMITTEE, REPRESENTATIVE OF PROVIDERS, CONSUMERS, AND KEY LEADERSHIP FROM THE AREA: - JESSICA AQUILINA, FOREST CITY REGION SCHOOL DISTRICT - GREGORY BONK, HMS ASSOCIATES - TAMMY DELEO, PIKE COUNTY PADOH - JACK DENNIS, WAYNE MEMORIAL HEALTH FOUNDATION EXECUTIVE DIRECTOR - MARIA DIEHL, WAYNE MEMORIAL HOSPITAL, PUBLIC RELATIONS - MARGARET ENNIS, WAYNE COUNTY BEHAVIORAL HEALTH - GREGORY FRIGOLETTO, SUPERINTENDENT, WAYNE HIGHLANDS SCHOOL DISTRICT - MATT OSTERBERG, PIKE COUNTY COMMISSIONER - KEITH GUNUSKEY, ASST. SUPERINTENDENT, WALLENPAUPACK AREA SCHOOL DISTRICT - TUBIN GUPTA, MD, BEHAVIORAL HEALTH WAYNE MEMORIAL CHC - DAVE HOFF, HOSPITAL, ADMINISTRATION - FRED JACKSON, WAYNE MEMORIAL COMMUNITY HEALTH CENTERS, ADMINISTRATION - WENDELL KAY, WAYNE COUNTY COMMISSIONER - CAROL KNEIER, RD, WAYNE MEMORIAL HOSPITAL - MARIA MILLER, WESTERN WAYNE SCHOOL DISTRICT - DIRK MUMFORD, WAYNE MEMORIAL HOSPITAL - WYNTER NEWMAN, MANAGER, WAYNE MEMORIAL COMMUNITY HEALTH CENTER - LEE OAKES, FORMER BOARD CHAIR, WAYNE MEMORIAL HEALTH SYSTEM - JIM PETTINATO, WAYNE MEMORIAL HOSPITAL, ADMINISTRATION - PATRICK PUGLIESE, MD, WAYNE MEMORIAL HOSPITAL, EMERGENCY DEPARTMENT - HUGH RECHNER, BOARD CHAIR, WAYNE MEMORIAL HEALTH SYSTEM - TRACY SCHWARTZ, DIRECTOR, WAYNE COUNTY LIBRARIES - RON SCHMALZLE, PIKE COUNTY COMMISSIONER - MICHELE VALINSKI, ADMINISTRATOR, HUMAN SERVICES, WAYNE COUNTY - JANICE WALTERS, EX-OFFICIO, PA RURAL HEALTH MODEL, PADOH - ANDREA WHYTE, RETIRED WAYNE COUNTY HUMAN SERVICES WE ALSO HAD 947 RESPONSES TO AN INTERNET SURVEY CONDUCTED IN MAY 2019 WHICH IDENTIFIED POTENTIAL SERVICE PRIORITIES ADDRESSING TARGET POPULATIONS, NEEDS AND CHARACTERISTICS.
SCHEDULE H, PART V, SECTION B, LINE 6B	OTHER ORGANIZATIONS: COLLABORATIVE PARTNERS INCLUDED TWELVE ORGANIZATIONS WHICH AGREED TO DISTRIBUTE THE EMAIL SURVEY. THESE ORGANIZATIONS WERE: FOREST CITY REGION SCHOOL DISTRICT WAYNE MEMORIAL COMMUNITY HEALTH CENTERS WALLENPAUPACK SCHOOL DISTRICT WAYNE COUNTY COMMISSIONERS PIKE COUNTY PADOH WAYNE COUNTY BEHAVIORAL HEALTH WAYNE HIGHLANDS SCHOOL DISTRICT PIKE COUNTY COMMISSIONERS WESTERN WAYNE SCHOOL DISTRICT WAYNE COUNTY PUBLIC LIBRARY HUMAN SERVICES-WAYNE COUNTY PA RURAL HEALTH MODEL-PADOH

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
SCHEDULE H, PART V, SECTION B, LINE 7 AND 10	CHNA REPORT AND IMPLEMENTATION STRATEGY URL: WWW.WMH.ORG/CHNA-COMMUNITY-HEALTH-NEEDS-ASSESSMENT/ STATUS OF THE STRATEGY TO ADDRESS SUCH NEEDS.
SCHEDULE H, PART V, SECTION B, LINE 11	ADDRESSING IDENTIFIED NEEDS: ALTHOUGH WAYNE MEMORIAL HOSPITAL RECOGNIZES THE IMPORTANCE OF ALL THE NEEDS IDENTIFIED BY THE COMMUNITY, CERTAIN NEEDS ARE NOT WITHIN THE PURVIEW OF WMH AND ARE NOT ADDRESSED. THE ATTACHED IMPLEMENTATION STRATEGY DESCRIBES THE NEEDS BEING MET, AS WELL AS THE ORGANIZATION RESPONSIBLE TO ADDRESS THE IDENTIFIED NEEDS AND THE STATUS OF THE STRATEGY TO ADDRESS SUCH NEEDS.

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
SCHEDULE H, PART V, SECTION B, LINE 16A, 16B, & 16C	FAP, FAP APPLICATION, PLAIN LANGUAGE SUMMARY URL: HTTP://WWW.WMH.ORG/FINANCIAL-ASSISTANCE/
SCHEDULE H, PART VI, SECTION B, LINE 22D	MAXIMUM AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS: A FINANCIAL ASSISTANCE ELIGIBLE INDIVIDUAL WILL NOT BE CHARGED MORE FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE THAN AGB. IF A PATIENT IS FAP-ELIGIBLE, THEY WOULD RECEIVE A 100% DISCOUNT. THE HOSPITAL USES THE PROSPECTIVE MEDICARE METHOD FOR CALCULATING AGB.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WAYNE MEMORIAL COMUNITY HEALTH CENTERS 601 PARK STREET HONESDALE, PA 18431	23-2180889	501(C)(3)	1,106,665				EXEMPT PURPOSES

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

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, PART I, LINE 2	MONITORING USE OF GRANT FUNDS: THE BOARD MONITORS THE FUNDS GIVEN TO WMCHC BY REVIEWING THE WORKINGS AND PROGRESS OF THAT CORPORATION. THERE IS A CLINICAL RELATIONSHIP AND THE HOSPITAL WORKS DIRECTLY WITH WMCHC SO THEY ARE ABLE TO MAKE SURE THE FUNDS ARE BEING USED PROPERLY.

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Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4C	CEO COMPENSATION: WAYNE MEMORIAL HEALTH SYSTEM, A RELATED ORGANIZATION, DETERMINES THE COMPENSATION OF THE CEO USING THE FOLLOWING METHODS: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. THE BOARD MAKES THE FINAL DECISION USING THE INFORMATION PROVIDED BY THE CONSULTANT.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: WAYNE MEMORIAL HEALTH SYSTEM, A RELATED ORGANIZATION, COVERS DAVID HOFF AND MIKE CLIFFORD WITH A 457(F) SUPPLEMENTAL RETIREMENT AGREEMENT (SERP). IN THE CURRENT YEAR THE FOLLOWING CONTRIBUTIONS WERE MADE: $ 57,394 DAVID HOFF $ 4,230 MIKE CLIFFORD

Additional Data

Software ID:
Software Version:
EIN: 24-0798839
Name: WAYNE MEMORIAL 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				
MIKE CLIFFORD CFO END 12/18	(i)	0	0	0	0	0	0	0
	(ii)	199,742	34,014	27,192	94,669	26,256	381,873	0
DAVID HOFF CEO	(i)	0	0	0	0	0	0	0
	(ii)	374,929	77,800	43,336	92,672	25,003	613,740	0
JEFFERY MOGERMAN PHYSICAN	(i)	615,154	22,825	0	16,500	23,212	677,691	0
	(ii)	0	0	0	0	0	0	0
SIBYL RICKARD PHYSICIAN	(i)	284,185	8,106	0	16,500	28,214	337,005	0
	(ii)	0	0	0	0	0	0	0
GEORGE J RUCCO CERTIFIED RN ANESTHETIST	(i)	222,631	105	0	13,135	0	235,871	0
	(ii)	0	0	0	0	0	0	0
DAVID CAUCCI PHYSICIAN	(i)	495,415	106	0	16,500	25,003	537,024	0
	(ii)	0	0	0	0	0	0	0
MICHAEL STEFONETTI CERTIFIED RN ANESTHETIST	(i)	196,438	105	0	11,878	16,223	224,644	0
	(ii)	0	0	0	0	0	0	0
JAMES PETTINATO DIRECTOR OF PATIENT CARE SERV	(i)	0	0	0	0	0	0	0
	(ii)	142,759	27,237	24,615	10,221	25,003	229,835	0
JOHN CONTE DIRECTOR OF FACILITY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	144,589	12,500	11,449	21,593	23,212	213,343	0
JAMES HOCKENBURY DIRECTOR OF ANCILLARY SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	139,575	5,000	10,826	9,038	2,657	167,096	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part 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

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WAYNE MEMORIAL HOSPTIAL AND HEALTH AUTHORITY	23-2152053	946016HU9	12-20-2012	4,703,786	REFUND REMAINING 2007 BONDS PAY IS		X	X			X
B	WAYNE CO HOSPITAL AND HEALTH FACILITIES AUTHORITY	23-2152053	946016JDS	01-30-2013	9,998,351	ADVANCE REFUND 2003 PAY ISS		X	X			X
C	WAYNE CO HOSPITAL AND HEALTH FACILITIES AUTHORITY	23-2152053	946016GS5	10-25-2012	9,997,040	REFUND '05 AND A PART OF '07 BONDS		X	X			X
D	WAYNE MEMORIAL HOSPITAL AND HEALTH FACILITIES	23-2152053	946016JX9	09-01-2017	37,609,342	FINANCING DESIGN,CONSTR AND EQUIP		X	X			X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,070,000	5,870,000	3,575,000	5,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	4,703,786	9,998,351	9,997,040	37,609,342
4	Gross proceeds in reserve funds	461,420	692,238	461,420	1,369,150
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	4,315,090	9,027,197	9,255,837	0
7	Issuance costs from proceeds	93,600	196,001	187,404	679,633
8	Credit enhancement from proceeds	40,533	82,913	92,379	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	0	35,560,559
11	Other spent proceeds	9,255,837	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2012	2013	2012	2019

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART IV, COLUMNS A, B, & C, LINE 2C	ARBITRAGE DATE: THE ARBITRAGE CALCULATION WAS COMPLETED ON 2/26/2018 FOR THE FOLLOWING BOND ISSUES: WAYNE MEMORIAL HOSPITAL AND HEALTH AUTHORITY ISSUED 12/20/2012 WAYNE CO HOSPITAL AND HEALTH FACILITIES AUTHORITY ISSUED 1/30/2013 WAYNE CO HOSPITAL AND HEALTH FACILITIES AUTHORITY ISSUED 10/25/2012

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part 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

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Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WAYNE MEMORIAL HOSPITAL AND HEALTH AUTHORITY	23-2152053		12-01-2017	8,000,000	FINANCE DESIGN, CONSTR, AND EQUIP		X	X			X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	345,030			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	8,000,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	157,818			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	7,842,182			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2019			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
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 ▶		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
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?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

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	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
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).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ANNASTASIA HARCUM	JOE HARCUM - FAMILY	62,778	EMPLOYEE COMPENSATION		No

Part V **Supplemental Information**

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	OTHER PROGRAM SERVICES: THE ORGANIZATION PROVIDED GRANTS TO WAYNE MEMORIAL COMMUNITY HEALTH CENTERS. SEE SCHEDULE I FOR MORE INFORMATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS AND FAMILY RELATIONSHIPS: HUGH RECHNER HAS A FAMILY RELATIONSHIP WITH CHRISTINE RECHNER, A TRUSTEE OF THE WAYNE MEMORIAL LONG TERM CARE AND MEMBER OF THE SYSTEM BOARD BY VIRTUE OF POSITION. MATT MEAGHER HAS A FAMILY RELATIONSHIP WITH PAUL MEAGHER, A TRUSTEE OF THE WAYNE MEMORIAL LONG TERM CARE. DAVID HOFF (CEO), JAMES PETTINATO (DIRECTOR OF PATIENT CARE SERVICES), JOHN CONTE (DIRECTOR OF FACILITY SERVICES), JAMES HOCKENBURY (DIRECTOR OF ANCILLARY SERVICES), PATRICIA DUNSINGER (CFO BEGINNING 01/19), AND MIKE CLIFFORD (CFO ENDING 12/18) ARE COMPENSATED BY WAYNE MEMORIAL HEALTH SYSTEM, A RELATED ORGANIZATION.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS: ARTICLE I, PURPOSE. THE PURPOSE OF THE CORPORA TION SHALL BE: - TO ESTABLISH AND MAINTAIN A HOSPITAL TO SERVE THE RESIDENTS OF WAYNE COUN TY AND THE SURROUNDING AREA. - TO PROVIDE MEDICAL CARE AND SERVICES TO ALL PERSONS IN NEED , REGARDLESS OF RACE, COLOR, CREED, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION OR FINANCIAL STATUS. - TO DEVELOP, FOSTER AND SUPPORT THE MEDICAL EDUCATION OF THE PATIENTS SERVED, THE STAFF AND THE COMMUNITY. - TO MANAGE, OPERATE OR PARTICIPATE IN, SO FAR AS HOSPITAL POLIC Y AND CIRCUMSTANCES MAY WARRANT, ACTIVITIES DESIGNED AND CARRIED ON TO PROMOTE THE GENERAL HEALTH OF THE COMMUNITY. THE CORPORATION IS INCORPORATED UNDER THE PENNSYLVANIA NONPROFIT CORPORATION LAW, FOR CHARITABLE, SCIENTIFIC AND EDUCATION PURPOSES WITHIN THE MEANING OF 501(c)(3) OF THE INTERNAL REVENUE CODE OF 1986, OR ANY CORRESPONDING PROVISIONS OF ANY SUB SEQUENT FEDERAL TAX LAWS, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORG ANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SAID SECTION. NO PART OF THE NET EAR NINGS OF THE CORPORATION SHALL INURE TO THE BENEFIT OF, OR BE DISTRIBUTABLE TO ITS DIRECTO RS, OFFICERS, OR OTHER PRIVATE PERSONS, EXCEPT THAT THE CORPORATION SHALL BE AUTHORIZED AN D EMPOWERED TO PAY REASONABLE COMPENSATION FOR SERVICES RENDERED AND TO MAKE PAYMENTS AND DISTRIBUTIONS IN FURTHERANCE OF THE PURPOSES SET FORTH ABOVE. NO SUBSTANTIAL PART OF THE A CTIVITIES OF THE CORPORATION SHALL BE THE CARRYING ON OF PROPAGANDA, OR OTHERWISE ATTEMPTI NG TO INFLUENCE LEGISLATION, AND THE CORPORATION SHALL NOT PARTICIPATE IN, OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTION OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF ANY CANDIDATE FOR PUBLIC OFFICE. NOTWITHSTANDING ANY OTHER PROVISION OF THESE BYLAWS, THE CORPORATION SHALL NOT CARRY ON ANY OTHER ACTIVITIES NOT PERMITTED TO BE CARRIED ON (A) BY A CORPORATION EXEMPT FROM FEDERAL INCOME TAX UNDER 501(a) DESCRIBED IN 501(c)(3) OF TH E INTERNAL REVENUE CODE OF 1986, OR THE CORRESPONDING PROVISIONS OF ANY SUBSEQUENT FEDERAL TAX LAWS, OR (B) BY A CORPORATION, CONTRIBUTIONS TO WHICH ARE DEDUCTIBLE UNDER 170(c)(2) OF THE INTERNAL REVENUE CODE OF 1986 OR THE CORRESPONDING PROVISIONS OF ANY SUBSEQUENT FED ERAL TAX LAWS. THE CORPORATION DOES NOT CONTEMPLATE PECUNIARY GAIN OR PROFIT, INCIDENTAL O R OTHERWISE. ARTICLE II, MEMBERSHIP. SECTION 1, GENERAL: WAYNE MEMORIAL HEALTH SYSTEM, A P ENNSYLVANIA NONPROFIT CORPORATION, SHALL BE THE SOLE MEMBER OF THIS CORPORATION WITH THOSE RIGHTS RESERVED TO THE SOLE MEMBER AS SPECIFIED IN THESE BYLAWS. ARTICLE III, BOARD OF TR USTEES. SECTION 1. POWERS RESERVED TO THE SOLE MEMBER: (B) MERGER OR CONSOLIDATION WITH, O R THE SALE OF SUBSTANTIALLY ALL THE ASSETS OF, THE CORPORATION TO ANY OTHER ENTITY SECTION 4. SPECIFIC DUTIES OF BOARD: (D) THE REVIEW AND APPROVAL OF THE BYLAWS OF THE HOSPITAL'S MEDICAL STAFF; (E) ESTABLISHING AND IMPLEMENTING A PROCEDURE FOR PROCESSING AND EVALUATING APPLICATIONS FOR MEDICAL STAF

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	F APPOINTMENT AND GRANTING OF CLINICAL PRIVILEGES; (F) THE APPROVAL OF ANY AUXILIARY ORGAN IZATIONS TO BE ESTABLISHED BY THE HOSPITAL ARTICLE VI, THE MEDICAL STAFF. SECTION 1. ORGAN IZATION OF THE MEDICAL STAFF: THE BOARD SHALL APPOINT A MEDICAL STAFF WHICH SHALL OPERATE IN ACCORDANCE WITH THESE BYLAWS AND THOSE BYLAWS OF THE MEDICAL STAFF WHICH SHALL BE APPRO VED BY THE BOARD. THE MEDICAL STAFF SHALL OPERATE AS AN INTEGRAL PART OF THE HOSPITAL AND, THROUGH ITS COMMITTEES AND OFFICERS, SHALL BE RESPONSIBLE AND ACCOUNTABLE TO THE BOARD FO R THE QUALITY OF MEDICAL CARE PROVIDED TO PATIENTS OF THE HOSPITAL, THE ETHICAL CONDUCT AN D PROFESSIONAL PRACTICE OF ITS MEMBERS, AND THE DISCHARGE OF THOSE DUTIES AND RESPONSIBILI TIES DELEGATED TO IT BY THE BOARD FROM TIME TO TIME. SECTION 2. BYLAWS OF THE MEDICAL STAF F: (A) THE MEDICAL STAFF SHALL ADOPT AND RECOMMEND TO THE BOARD MEDICAL STAFF BYLAWS, RULE S AND REGULATIONS AND ANY AMENDMENTS THERETO FOR ITS INTERNAL GOVERNANCE. THE MEDICAL STAF F BYLAWS SHALL STATE THE PURPOSES, FUNCTIONS AND ORGANIZATION OF THE MEDICAL STAFF, AND SH ALL SET FORTH THE POLICIES BY WHICH THE MEDICAL STAFF SHALL EXERCISE AND ACCOUNT FOR ITS D ELEGATED AUTHORITY AND RESPONSIBILITIES. ALL SUCH MEDICAL STAFF BYLAWS, RULES AND REGULATI ONS, AND ANY ADDITIONS OR AMENDMENTS THERETO, SHALL BE RECOMMENDED BY THE MEDICAL STAFF TO THE BOARD, BUT SHALL NOT BECOME EFFECTIVE UNLESS THEY HAVE BEEN APPROVED BY THE BOARD, FO LLOWING THE PROCEDURES SET FORTH IN THE MEDICAL STAFF BYLAWS. SECTION 3. APPOINTMENT TO TH E MEDICAL STAFF AND ASSIGNMENT OF CLINICAL PRIVILEGES: (A) APPOINTMENT TO THE MEDICAL STAF F SHALL BE A PREREQUISITE TO THE EXERCISE OF CLINICAL PRIVILEGES IN THE HOSPITAL, EXCEPT A S OTHERWISE SPECIFICALLY PROVIDED IN THE MEDICAL STAFF BYLAWS. THE BOARD SHALL CONSIDER RE COMMENDATIONS OF THE MEDICAL STAFF IN GRANTING AND DEFINING THE SCOPE OF CLINICAL PRIVILEG ES GRANTED TO PRACTITIONERS AND SHALL APPOINT TO THE MEDICAL STAFF, IN NUMBERS NOT EXCEEDI NG THE NEEDS OF THE HOSPITAL, PHYSICIANS, DENTISTS AND PODIATRISTS WHO MEET THE QUALIFICAT IONS FOR APPOINTMENT AS SET FORTH IN THE MEDICAL STAFF BYLAWS. EACH APPOINTEE TO THE MEDIC AL STAFF SHALL HAVE APPROPRIATE AUTHORITY AND RESPONSIBILITY FOR THE CARE OF HIS PATIENTS, SUBJECT TO SUCH LIMITATIONS AS ARE CONTAINED IN THESE BYLAWS AND IN THE MEDICAL STAFF BYL AWS AND THE RULES AND REGULATIONS OF THE MEDICAL STAFF, AND SUBJECT TO ANY ADDITIONAL LIMI TATIONS ATTACHED TO HIS APPOINTMENT. SECTION 4. DELEGATION AND RIGHT TO RESCIND AUTHORITY: THE BOARD SHALL HAVE THE RIGHT TO RESCIND AT ANY TIME THE DELEGATION OF ANY AUTHORITY GRA NTED BY OR PURSUANT TO THIS ARTICLE VI. NO ASSIGNMENT, REFERRAL, OR DELEGATION OF AUTHORIT Y BY THE BOARD SHALL RELIEVE THE BOARD OF ITS RESPONSIBILITY FOR THE CONDUCT OF THE HOSPIT AL.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	REPORTABLE COMPENSATION: PATRICIA DUNSINGER PREVIOUSLY HELD THE POSITION OF CHIEF ACCOUNTANT PRIOR TO TAKING OVER THE CHIEF FINANCIAL OFFICER POSITION ON 1/1/19. HER COMPENSATION FOR HER ROLE AS CHIEF ACCOUNTANT HAS BEEN REPORTED IN PART VII, COLUMNS E & F.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RECONCILIATION OF NET ASSETS: OTHER CHANGES IN NET ASSETS ARE AS FOLLOWS: $ 2,448,848 CHANGE IN INTEREST IN NET ASSETS OF FOUNDATION 217,159 TRANSFER FROM AFFILIATE (7,732) CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST (506,932) CHANGE IN DEFINED BENEFIT PENSION PLAN ---------- $ 2,151,343

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PROFESSIONAL SERVICE FEES TOTAL FEES:5351412

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PURCHASED SERVICE FEES TOTAL FEES:4251748

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:TEMPORARY/LEASED EMPLOYEE FEES TOTAL FEES:1548208

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:COLLECTION EXPENSES TOTAL FEES:302935

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:MAINTENANCE CONTRACTS TOTAL FEES:117360

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:TRUSTEE FEES TOTAL FEES:15059

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
WAYNE MEMORIAL HOSPITAL

Employer identification number
24-0798839

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)WAYNE MEMORIAL HEALTH FOUNDATION INC 601 PARK STREET HONESDALE, PA 18431 23-2208596	FUNDRAISING	PA	501(C)(3)	12 A I	WMHS		No
(2)WAYNE MEMORIAL HEALTH SYSTEM INC 601 PARK STREET HONESDALE, PA 18431 23-2221292	OVERSIGHT	PA	501(C)(3)	12 B II	NA		No
(3)WAYNE MEMORIAL LONG TERM CARE 37 WOODLANDS DRIVE WAYMART, PA 18472 23-2719336	NURSING HOME	PA	501(C)(3)	10	WMHS		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)WAYNE HEALTH SERVICES INC 601 PARK STREET HONESDALE, PA 18431 23-2376183	DME, RENT, PHARM	PA	WMHF	C-CORPORATION	12,710	26,705	1.000 %		No
(2)CHARITABLE TRUST	TRUST	PA	WMH	TRUST		26,054	100.000 %	Yes	

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation