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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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization
MOUNT NITTANY MEDICAL CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1800 EAST PARK AVENUE

City or town, state or province, country, and ZIP or foreign postal code
STATE COLLEGE, PA 16803

D Employer identification number
24-0795682

E Telephone number
(814) 231-7000

G Gross receipts $ 817,545,487

F Name and address of principal officer:
KATHLEEN RHINE
1800 EAST PARK AVENUE
STATE COLLEGE, PA 16803

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.MOUNTNITTANY.ORG

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

L Year of formation: 1905

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
INPATIENT, OUTPATIENT & EMERGENCY CARE SERVICES TO CENTRE COUNTY AND THE SURROUNDING AREAS.

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**	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	3
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	2,201
6	Total number of volunteers (estimate if necessary)	**6**	800
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,763,187
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	984,898

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	382,000	12,112,974
9	Program service revenue (Part VIII, line 2g)	414,537,910	384,095,396
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,256,212	4,872,599
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,956,581	9,753,038
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	427,132,703	410,834,007
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	27,030,341	31,318,071
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)	181,292,438	186,285,237
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)	172,404,498	171,249,030
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	380,727,277	388,852,338
19	Revenue less expenses. Subtract line 18 from line 12	46,405,426	21,981,669

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	771,104,568	834,985,034
21	Total liabilities (Part X, line 26)	364,642,924	456,217,818
22	Net assets or fund balances. Subtract line 21 from line 20	406,461,644	378,767,216

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

****** 2021-05-07
Signature of officer Date

BRYAN ROACH SR. EXECUTIVE VP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00760402

Firm's name ▶ BAKER TILLY US LLP — Firm's EIN ▶ 39-0859910

Firm's address ▶ 1570 FRUITVILLE PIKE SUITE 400
LANCASTER, PA 17601 — Phone no. (717) 740-4863

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:

MOUNT NITTANY'S MISSION: WE ARE HERE TO MAKE PEOPLE HEALTHIER.MOUNT NITTANY MEDICAL CENTER WILL PROVIDE EVERY PATIENT WITH THE FINEST, PATIENT-CENTERED CARE IN A SAFE AND COMFORTABLE ENVIRONMENT. CONTINUED ON SCHEDULE O.CARE WILL BE PROVIDED WHILE CONTINUALLY IMPROVING ACCESS TO CARE, AND STRIVING TO ENHANCE THE QUALITY OF HUMAN LIFE FOR EVERYONE WE SERVE. MOUNT NITTANY MEDICAL CENTER WILL ENHANCE ITS POSITION AS THE PREFERRED REGIONAL HEALTHCARE DESTINATION FOR BOTH PATIENTS AND MEDICAL PROFESSIONALS - PROVIDING VITAL CLINICAL CENTERS OF EXCELLENCE AND SUPERIOR ACCESS TO CARE - SUPPORTED BY A COMMITMENT TO MEDICAL EDUCATION AND BACKED BY A CULTURE OF ADVANCEMENT AND ACCOUNTABILITY - MOVING LIFE FORWARD.

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

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

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

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

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

4a (Code:) (Expenses $ 300,576,632 including grants of $ 31,318,071) (Revenue $ 384,095,396)

See Additional Data

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

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

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 300,576,632

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *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	Yes	
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	44		
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			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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**	2,201		
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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	8		
	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	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶BRYAN ROACH SR EXECUTIVE VP & CFO 1800 EAST PARK AVENUE STATE COLLEGE, PA 16803 (814) 234-6148

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.

See instructions for the order in which to list the persons above.

☐ 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) ▶								8,398,385	1,393,620	1,064,188

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 ▶ 127

			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**	Yes	
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
ALEXANDER BUILDING CONSTRUCTION LLC 315 VAUGHN STREET HARRISBURG, PA 17110	CONSTRUCTION SERVICES	3,357,774
PRICEWATERHOUSE COOPERS LLP PO BOX 7247-8001 PHILADELPHIA, PA 19170	CONSULTING SERVICES	3,120,000
MILTON S HERSHEY MEDICAL CENTER 500 UNIVERSITY DRIVE HERSHEY, PA 17033	PHYSICIAN SERVICES	2,446,019
PAVON MARKETING GROUP INC 1006 MARKET STREET HARRISBURG, PA 17101	CONSULTING SERVICES	1,114,477
BALFURD CLEANERS 2467 PARK AVE PO BOX 109 TIPTON, PA 16684	CLEANING SERVICES	1,098,730

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 ▶ 147

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	3,448,681			
e Government grants (contributions)	1e	8,664,293			
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a - 1f: $	1g				
h **Total.** Add lines 1a-1f		12,112,974			
Program Service Revenue	Business Code				
2a NET PATIENT SERVICE REVENUE	621110	383,448,692	383,448,692		
b OTHER OPERATING REVENUE	900099	646,704	646,704		
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f	384,095,396				
3 Investment income (including dividends, interest, and other similar amounts)		1,275,792			1,275,792
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					

		(i) Real	(ii) Personal				
6a Gross rents	6a	333,682					
b Less: rental expenses	6b	554,074					
c Rental income or (loss)	6c	-220,392					
d Net rental income or (loss)				-220,392			-220,392

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	409,075,433	579,053				
b Less: cost or other basis and sales expenses	7b	405,455,901	601,778				
c Gain or (loss)	7c	3,619,532	-22,725				
d Net gain or (loss)				3,596,807			3,596,807
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a	146,563					
b Less: cost of goods sold	10b	99,727					
c Net income or (loss) from sales of inventory				46,836			46,836
Other Revenue Miscellaneous Revenue	Business Code						
11a SERVICES SOLD TO RELATED ORGS.	900099	4,595,425					4,595,425
b OUTPATIENT LAB SERVICES	621500	2,762,423		2,762,423			
c CAFETERIA SALES	722210	1,084,675					1,084,675
d All other revenue		1,484,071		764			1,483,307
e **Total.** Add lines 11a–11d		9,926,594					
12 **Total revenue.** See instructions		410,834,007	384,095,396	2,763,187			11,862,450

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	31,318,071	31,318,071		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,621,822	2,192,511	3,429,311	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	138,079,247	116,029,561	22,049,686	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	12,902,721	10,729,690	2,173,031	
9 Other employee benefits	19,596,707	19,109,177	487,530	
10 Payroll taxes	10,084,740	8,064,922	2,019,818	
11 Fees for services (non-employees):				
a Management				
b Legal	522,521		522,521	
c Accounting	132,066		132,066	
d Lobbying	22,045		22,045	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,336,459		2,336,459	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,614,778	14,203,136	7,411,642	
12 Advertising and promotion	684,684	36	684,648	
13 Office expenses	4,794,624	2,965,067	1,829,557	
14 Information technology	8,750,860	1,662,051	7,088,809	
15 Royalties				
16 Occupancy	4,967,867	4,560,532	407,335	
17 Travel	40,406	18,141	22,265	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,829	6,366	11,463	
20 Interest	8,223,701	8,223,701		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,589,577		24,589,577	
23 Insurance	2,356,409		2,356,409	
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	55,225,402	55,116,652	108,750	
b BAD DEBT EXPENSE	13,629,751	13,629,751		
c COMMUNITY HEALTH NEEDS	8,492,521	0	8,492,521	
d PATHOLOGY LAB	2,285,111	2,285,111		
e All other expenses	12,562,419	10,462,156	2,100,263	
25 **Total functional expenses.** Add lines 1 through 24e	388,852,338	300,576,632	88,275,706	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		4,186	1	4,186
	2	Savings and temporary cash investments		30,300,892	2	53,796,506
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		36,568,689	4	29,708,267
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		9,116,651	8	10,010,823
	9	Prepaid expenses and deferred charges		5,042,240	9	5,291,450
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 474,196,687			
	b	Less: accumulated depreciation	10b 271,189,954	217,110,376	10c	203,006,733
	11	Investments—publicly traded securities		30,878,447	11	27,383,171
	12	Investments—other securities. See Part IV, line 11		415,404,932	12	458,331,132
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		26,678,155	15	47,452,766
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		771,104,568	16	834,985,034
Liabilities	17	Accounts payable and accrued expenses		125,612,289	17	173,270,924
	18	Grants payable			18	
	19	Deferred revenue		324,025	19	393,388
	20	Tax-exempt bond liabilities		234,783,665	20	232,317,947
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		3,922,945	25	50,235,559
	26	**Total liabilities.** Add lines 17 through 25		364,642,924	26	456,217,818
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		396,984,895	27	369,838,584
	28	Net assets with donor restrictions		9,476,749	28	8,928,632
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		406,461,644	32	378,767,216
	33	Total liabilities and net assets/fund balances		771,104,568	33	834,985,034

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	410,834,007
2	Total expenses (must equal Part IX, column (A), line 25)	2	388,852,338
3	Revenue less expenses. Subtract line 2 from line 1	3	21,981,669
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	406,461,644
5	Net unrealized gains (losses) on investments	5	-1,436,278
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	-48,239,819
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	378,767,216

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: 24-0795682

Name: MOUNT NITTANY MEDICAL CENTER

Form 990, Part III, Line 4a:

MOUNT NITTANY MEDICAL CENTER IS AN ACUTE CARE HOSPITAL AND IS AN AFFILIATE OF MOUNT NITTANY HEALTH SYSTEM (HEALTH SYSTEM) WHICH INCLUDES MOUNT NITTANY MEDICAL CENTER, MOUNT NITTANY MEDICAL CENTER HEALTH SERVICES, CENTRE COUNTY CHILDREN'S ADVOCACY CENTER, AND THE FOUNDATION FOR MOUNT NITTANY MEDICAL CENTER. MOUNT NITTANY MEDICAL CENTER IS COMMITTED TO PROVIDING QUALITY MEDICAL CARE IN AN ATMOSPHERE THAT REFLECTS HIGH STANDARDS OF SOCIAL, ETHICAL, AND FINANCIAL RESPONSIBILITY AND WILL ASSURE THAT THOSE SAME STANDARDS ARE MET IN ALL CONTRACTUAL RELATIONSHIPS. CONTINUED ON "SCHEDULE O"THE BOARD OF TRUSTEES HAS ESTABLISHED THIS STATEMENT OF ORGANIZATIONAL VALUES TO ASSURE THAT MEMBERS OF THE BOARD, THE MEDICAL CENTER STAFF, AND THE MEDICAL STAFF HONOR THE FOLLOWING PRINCIPLES THROUGH OUR BEHAVIORS:1) ALLIANCES WITH PATIENTS:- WE WILL TREAT ALL PATIENTS WITH DIGNITY AND RESPECT, AND WILL ACCOMMODATE INDIVIDUAL RESPONSES TO THE STRESS OF ILLNESS.- WE FULLY SUPPORT THE PRINCIPLES OUTLINED IN THE STATEMENT OF PATIENT'S RIGHTS AND RESPONSIBILITIES DOCUMENT.- WE COMMIT TO A SERVICE EXCELLENCE PHILOSOPHY THAT STRIVES TO MEET OR EXCEED PATIENT EXPECTATIONS.- ALL PATIENTS RECEIVE A UNIFORM STANDARD OF CARE THROUGHOUT THE FACILITY, REGARDLESS OF SOCIAL, CULTURAL, FINANCIAL, RELIGIOUS, RACIAL, GENDER, OR SEXUAL ORIENTATION FACTORS.- THE MEDICAL CENTER AND MEDICAL STAFF WORK JOINTLY TO ASSURE THAT ONLY APPROPRIATE AND EFFECTIVE TESTS, PROCEDURES, AND TREATMENTS ARE PROVIDED TO PATIENTS.2) COMMUNITY RELATIONS:- WE WILL FAIRLY AND ACCURATELY REPRESENT OURSELVES AND OUR CAPABILITIES TO THE PUBLIC.- WE ARE COMMITTED TO CONSTANT PREPARATION FOR THE LONG-TERM FINANCIAL VIABILITY OF THE MEDICAL CENTER THROUGH RESPONSIBLE UTILIZATION OF RESOURCES AND IN SUPPORT OF OUR COMMITMENT TO MEET THE HEALTHCARE NEEDS OF THE COMMUNITY.- MEDICAL CENTER LEADERSHIP (EXECUTIVES, BOARD OF TRUSTEES, MEDICAL STAFF) WILL DISCLOSE AND AVOID POTENTIAL CONFLICTS OF INTEREST. ALL OTHER HOSPITAL STAFF WILL AVOID SIMILAR CONFLICTS OF INTEREST.- WE WILL MAINTAIN AN OPEN ADMISSIONS POLICY: NO PATIENT WILL BE REFUSED EVALUATION AND SERVICE BASED UPON SEX, AGE, RACE, CREED, NATIONAL ORIGIN, SEXUAL ORIENTATION, INFECTION STATUS, OR THE ABILITY TO PAY. TRANSFERS TO OTHER FACILITIES WILL OCCUR ONLY WHEN WE ARE UNABLE TO PROVIDE NEEDED SERVICES AND ONLY TO FACILITIES THAT PROVIDE AN APPROPRIATE LEVEL OF CARE, BASED ON OUR ASSESSMENT OF THE PATIENTS' NEEDS. PATIENTS MAY ALSO REQUEST ELECTIVE TRANSFER AND AN INFORMED CONSENT PROCESS WILL BE FOLLOWED.GENERAL PROGRAM SERVICE INFORMATION:-1) OPERATIONS & PATIENTS:MOUNT NITTANY MEDICAL CENTER, LOCATED IN STATE COLLEGE, PENNSYLVANIA, IS A 260-BED ACUTE-CARE, NOT-FOR-PROFIT FACILITY OFFERING GENERAL MEDICAL AND SURGICAL SERVICES THAT ARE FOCUSED ON HELPING PATIENTS REACH THEIR HEALTH POTENTIAL. FOR THE FISCAL YEAR ENDED JUNE 30, 2020, MOUNT NITTANY MEDICAL CENTER PROVIDED CARE TO THE FOLLOWING NUMBER OF PATIENTS:TOTAL NUMBER OF: INPATIENTS 13,042, OUTPATIENTS 300,806 AND ER VISITS 48,488 TOTAL MEDICARE AND MEDICARE ADVANTAGE: INPATIENTS 5,347, OUTPATIENTS 96,152 AND ER VISITS 14,785 TOTAL MEDICAID AND MEDICAID HMO: INPATIENTS 1,073, OUTPATIENTS 17,535 AND ER VISITS 8,216TOTAL SELF PAY: INPATIENTS 231, OUTPATIENTS 13,588 AND ER VISITS 2,084MOUNT NITTANY MEDICAL CENTER DID NOT DENY MEDICAL SERVICES TO ANY INDIVIDUALS INCLUDING THOSE THAT HAD PRIVATE INSURANCE, MEDICARE, MEDICAID, PUBLIC HEALTH INSURANCE, OR NO INSURANCE.2) EMERGENCY DEPARTMENT:MOUNT NITTANY MEDICAL CENTER OPERATES AN EMERGENCY ROOM 24 HOURS A DAY, 365 DAYS A YEAR PROVIDING SERVICES TO ALL MEMBERS OF THE COMMUNITY REGARDLESS OF THEIR ABILITY TO PAY AND DENIED ZERO PATIENTS REQUESTING SUCH SERVICES. THE EMERGENCY ROOM DOES NOT HAVE A TRAUMA CENTER CERTIFICATION.3) MEDICAL STAFF PRIVILEGES:ALL QUALIFIED PHYSICIANS IN THE COMMUNITY ARE ELIGIBLE FOR MEDICAL STAFF PRIVILEGES AT MOUNT NITTANY MEDICAL CENTER AND ALL QUALIFIED PHYSICIAN APPLICATIONS HAVE BEEN ACCEPTED FOR MEDICAL STAFF PRIVILEGES. MORE THAN 300 PHYSICIANS IN 42 SPECIALTIES AND SUBSPECIALTIES ARE CREDENTIALED AT MOUNT NITTANY MEDICAL CENTER.4) PROFESSIONAL MEDICAL EDUCATION AND TRAINING:MOUNT NITTANY MEDICAL CENTER CONDUCTS PROFESSIONAL MEDICAL EDUCATION AND TRAINING PROGRAMS FOR THE BENEFIT OF THE COMMUNITY WITH A RESULTING FINANCIAL LOSS TO THE MEDICAL CENTER.

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			
KATHLEEN RHINE SECRETARY/TREASURER/CEO	32.00 8.00	X		X				931,785	0	179,812
VEERAL PATEL MD PHYSICIAN	40.00					X		756,241	0	49,279
JAMES MARTIN MD PHYSICIAN	40.00					X		745,731	0	48,125
BRIAN SPENCER DO PHYSICIAN	40.00					X		743,687	0	35,285
ALLISON YINGLING MD PHYSICIAN	40.00					X		750,239	0	21,287
DUSTIN CASE DO TRUSTEE	2.00 38.00	X						0	667,989	43,492
CHRISTOPHER JONES MD PHYSICIAN	40.00					X		659,934	0	40,303
NIRMAL JOSHI MD SYSTEM CHIEF MEDICAL OFFICER	40.00				X			592,895	0	42,368
UPENDRA THAKER MD ASSOCIATE CHIEF MEDICAL OFFICER	40.00				X			437,731	0	59,272
THOMAS CHARLES EXEC VP SYSTEM DVLMT	40.00				X			412,809	0	65,199

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			
JEFFREY PRO MD TRUSTEE	2.00 38.00	X						0	382,384	43,859
TIFFANY CABIBBO EVP PATIENT CARE SVCS/CNO	40.00				X			350,432	0	63,301
RANDY TEWKSBURY UNTIL 41219 FORMER SR VP FINANCE/CFO	32.00 8.00						X	340,887	0	54,824
MICHAEL MARTZ UNTIL 53020 SR VP OF INFORMATION SERVS	40.00				X			319,838	0	51,661
DAMON SORENSEN UNTIL 61719 FORMER SR VP OF FINANCE/CFO	40.00						X	321,307	0	34,392
ROGER YOST VP REVENUE CYCLE	40.00				X			255,770	0	77,802
KRISTIE KAUFMAN MD CHAIR	2.00 38.00	X		X				0	291,323	34,621
HAROLD BRUNGARD UNTIL 620 VP FACILITIES/PLANT OPS	40.00				X			220,708	0	38,328
SUZANNE BARKLEY UNTIL 52820 VP OF QUALITY/PATIENT SAFETY OFFICER	40.00				X			165,861	0	42,537
GERALD DITMANN UNTIL 3119 FORMER VP HUMAN RESOURCES	40.00						X	171,098	0	23,333

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			
RICHARD WISNIEWSKI INTERIM CFO (6/24/19 - 3/7/20)	40.00			X				140,750	0	10,281
BARRY R STEIN DMD TRUSTEE	2.00	X						17,605	51,924	0
BRYAN ROACH BEGIN 12219 EXECUTIVE VP & CFO	40.00			X				48,356	0	3,699
LANCE ROSE FORMER CEO/OFFICER/DIRECTOR	0.00						X	14,721	0	1,128
EUGENE M KEPHART DED TRUSTEE	2.00 2.00	X						0	0	0
KENNETH W PASCH TRUSTEE	2.00	X						0	0	0
NANCY L SILVIS TRUSTEE	2.00	X						0	0	0

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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 instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MOUNT NITTANY MEDICAL CENTER

Employer identification number
24-0795682

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) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 24-0795682

Name: MOUNT NITTANY MEDICAL CENTER

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: 93493132003051

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

2019

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
MOUNT NITTANY MEDICAL CENTER	24-0795682

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)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(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		22,045
j	Total. Add lines 1c through 1i			22,045
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
PART II-B, LINE 1:	A PORTION OF THE DUES PAID TO THE HOSPITAL & HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA ($14,361) AND THE AMERICAN HOSPITAL ASSOCIATION ($7,684) WAS DETERMINED TO BE FOR LOBBYING PURPOSES.

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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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MOUNT NITTANY MEDICAL CENTER

Employer identification number
24-0795682

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	3,422,460	2,541,959	2,394,232	2,126,432	2,168,284
b Contributions	10,000	720,554	58,475	43,700	38,500
c Net investment earnings, gains, and losses	-18,305	159,947	89,252	224,100	-17,293
d Grants or scholarships					
e Other expenditures for facilities and programs					63,059
f Administrative expenses					
g End of year balance	3,414,155	3,422,460	2,541,959	2,394,232	2,126,432

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

a Board designated or quasi-endowment ▶ 18.930 %

b Permanent endowment ▶ 80.340 %

c Temporarily restricted endowment ▶ 0.730 %

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

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		9		9
b Buildings		255,264,233	115,798,936	139,465,297
c Leasehold improvements		16,817,354	9,858,346	6,959,008
d Equipment		189,981,312	140,030,886	49,950,426
e Other		12,133,779	5,501,786	6,631,993
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				203,006,733

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) INVESTMENT IN PARTNERSHIP - EQUITY METHOD	1,713,351	C
(B) ALTERNATIVE INVESTMENT	456,617,781	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	458,331,132	

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)BENEFICIAL INTEREST IN PERPETUAL TRUST	78,823
(2)DUE FROM AFFILIATES	390
(3)INTEREST IN NET ASSETS OF THE FOUNDATION FOR MNMC	16,730,080
(4)INVESTMENT IN CANCER CARE PARTNERSHIP	1,524,675
(5)OTHER ASSETS	9,284,250
(6)FINANCING LEASE RIGHT-OF-USE ASSETS	3,582,710
(7)OPERATING LEASE RIGHT-OF-USE ASSETS	16,251,838
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	47,452,766

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	
(2) ACCRUED INTEREST	1,129,348
(3) CAPITAL LEASE OBLIGATIONS	3,580,644
(4) DEFERRED COMPENSATION	977,594
(5) ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	28,138,173
(6) OPERATING LEASE OBLIGATIONS	16,409,800
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	50,235,559

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	342,396,820
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-1,436,278		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-64,206,029		
e	Add lines **2a** through **2d**			2e	-65,642,307
3	Subtract line **2e** from line **1**			3	408,039,127
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	2,794,880		
c	Add lines **4a** and **4b**			4c	2,794,880
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	410,834,007

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	370,091,248
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	-2,794,880		
e	Add lines **2a** through **2d**			2e	-2,794,880
3	Subtract line **2e** from line **1**			3	372,886,128
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	15,966,210		
c	Add lines **4a** and **4b**			4c	15,966,210
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	388,852,338

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: 24-0795682
Name: MOUNT NITTANY MEDICAL CENTER

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	PERMANENT ENDOWMENT FUNDS ARE HELD BY THE FOUNDATION FOR MOUNT NITTANY MEDICAL CENTER, INC . AND EARNINGS ARE DESIGNATED TO FUND FUTURE EXPENDITURES AND CAPITAL ACQUISITIONS FOR MOU NT NITTANY MEDICAL CENTER.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	BAD DEBT EXPENSES NETTED AGAINST REVENUE ON FINANCIALS -13,629,751. CHANGE IN BENEFICIAL I NTEREST IN PERPETUAL TRUSTS -834. CHANGE IN INTEREST IN FOUNDATION -19,539. CHANGE IN INTE REST IN PARTNERSHIP -103,378. INVESTMENT EXPENSES NETTED AGAINST REVENUE ON FINANCIALS -2, 336,459. PENSION LIABILITY ADJUSTMENT -48,116,068.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	COST OF GOODS SOLD - GIFT SHOP -99,727. RENTAL EXPENSES -554,074. RELATED PARTY CONTRIBUTI ONS NETTED AGAINST GRANTS ON FINANCIALS 3,448,681.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COST OF GOODS SOLD - GIFT SHOP 99,727. RENTAL EXPENSES 554,074. RELATED PARTY CONTRIBUTIONS NETTED AGAINST GRANTS ON FINANCIALS -3,448,681.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	BAD DEBT EXPENSES NETTED AGAINST REVENUE ON FINANCIALS 13,629,751. INVESTMENT EXPENSES NETTED AGAINST REVENUE ON FINANCIALS 2,336,459.

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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

2019

Open to Public Inspection

Name of the organization
MOUNT NITTANY MEDICAL CENTER

Employer identification number
24-0795682

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 25000.0000000000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b		No
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other ____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	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	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
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)			1,581,234		1,581,234	0.420 %
b Medicaid (from Worksheet 3, column a)			29,092,374	10,234,691	18,857,683	5.030 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			30,673,608	10,234,691	20,438,917	5.450 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,003,141	110,500	892,641	0.240 %
f Health professions education (from Worksheet 5)			73,622	14,718	58,904	0.020 %
g Subsidized health services (from Worksheet 6)			7,540,760	3,930,905	3,609,855	0.960 %
h Research (from Worksheet 7)			132,450		132,450	0.040 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			475,281		475,281	0.130 %
j **Total.** Other Benefits			9,225,254	4,056,123	5,169,131	1.390 %
k **Total.** Add lines 7d and 7j			39,898,862	14,290,814	25,608,048	6.840 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			15,845		15,845	0 %
9 Other						
10 Total			15,845		15,845	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	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	4,272,252		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	60,387,096		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	73,597,595		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-13,210,499		
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 MOUNT NITTANY MEDICAL CENTER

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): WWW.MOUNTNITTANY.ORG/HEALTHNEEDS			
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): WWW.MOUNTNITTANY.ORG/HEALTHNEEDS			
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)

MOUNT NITTANY MEDICAL CENTER

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 250.000000000000 % and FPG family income limit for eligibility for discounted care of ____ %			
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): HTTPS://WWW.MOUNTNITTANY.ORG/BILLING-INSURANCE/FINANCIAL-ASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url): HTTPS://WWW.MOUNTNITTANY.ORG/BILLING-INSURANCE/FINANCIAL-ASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url): HTTPS://WWW.MOUNTNITTANY.ORG/BILLING-INSURANCE/FINANCIAL-ASSISTANCE			
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

MOUNT NITTANY MEDICAL CENTER

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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☐ Made presumptive eligibility determinations (if not, describe in Section C)			
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)

MOUNT NITTANY MEDICAL CENTER

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, 20a, 20b, 20c, 20d, 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
PART I, LINE 3C:	IN ADDITION TO THE FINANCIAL ASSISTANCE (FREE CARE POLICY) BASED ON FPG, THE HOSPITAL ALSO OFFERS A DISCOUNT OF 55% OFF OF CHARGES TO UNINSURED PATIENTS ON HOSPITAL ACCOUNT BALANCES (THIS DISCOUNT IS FOR PATIENTS WHO DO NOT QUALIFY UNDER OUR 250% FPG FINANCIAL ASSISTANCE POLICY.) THE FOLLOWING ARE EXAMPLES THAT QUALIFY PATIENTS AS UNINSURED: TERMINATED COVERAGE EITHER DUE TO JOB TERMINATION OR UNINSURED PERIODS DURING TRANSITION, EMPLOYED PATIENTS WHO MAY BE IN A "WAITING/GRACE" PERIOD FOR INSURANCE, OR INSURED PATIENTS WHERE COVERAGE HAS EXHAUSTED.
PART I, LINE 7:	COST TO CHARGE RATIO WAS COMPUTED USING WORKSHEET 2 AS DESCRIBED IN THE IRS INSTRUCTIONS TO FORM 990 FOR LINES 7A, 7B, AND 7G. COST ACCOUNTING SYSTEM WAS USED FOR SUBSIDIZED HEALTH SERVICES. FOR ALL OTHERS, COSTS INCLUDED THE VALUE OF STAFF DONATED HOURS (WITH ESTIMATED BENFITS), MONETARY CONTRIBUTIONS, ESTIMATED VALUE OF MATERIALS USED IN DELIVERING PROGRAMS, AND ESTIMATED SPACE COSTS. THE INDIRECT COST ALLOCATION APPLIES THE INDIRECT-TO-DIRECT COST RATIO FROM THE MEDICAL CENTER'S MOST RECENT MEDICARE COST REPORT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F):	THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25 AMOUNTS TO $13,629,751 FOR THE YEAR ENDED JUNE 30, 2020.
PART II, COMMUNITY BUILDING ACTIVITIES:	OUR ENTRIES FOR WORKFORCE DEVELOPMENT INCLUDE STAFF TIME TO PROVIDE EDUCTION TO LOCAL HIGH SCHOOL STUDENTS REGARDING STROKE CARE AT MNMC, INCLUDING PREVENTION, IN-HOSPITAL CARE, & POST-HOSPITAL CARE & THE PRESENTATION OF ROLES & RESPONSIBILITIES OF THE CLINICAL TRIALS OFFICE AT MNMC.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	BAD DEBT (AT COST) IS CALCULATED BY APPLYING THE PATIENT CARE COST-TO-CHARGE RATIO FROM WORKSHEET 2 TO THE MEDICAL CENTER'S PROVISION FOR DOUBTFUL COLLECTIONS AS OF JUNE 30, 2020. THE MEDICAL CENTER'S ACCOUNTING DEPARTMENT RECORDS PAYMENTS, WHILE THE PATIENT ACCOUNTING STAFF MAKES THE APPROPRIATE ADJUSTMENT TO THE PATIENT ACCOUNTS FOR BAD DEBT, DISCOUNTS, OR FREE CARE WRITE-OFFS.
PART III, LINE 3:	THE MEDICAL CENTER IS UNABLE TO ESTIMATE THE AMOUNT OF BAD DEBT THAT COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. PATIENTS DO NOT PROVIDE INCOME INFORMATION PRIOR TO RECEIVING CARE. THE REGISTRATION DEPARTMENT GIVES EVERY PATIENT A COPY OF OUR FINANCIAL ASSISTANCE PROGRAM TO ENSURE EVERY PATIENT HAS THE OPPORTUNITY AS APPROPRIATE TO QUALIFY FOR OUR ASSISTANCE PROGRAM. THE MEDICAL CENTER OFFERS DETAILED INFORMATION ABOUT THE CHARITY CARE PROGRAM WHEN PATIENTS OFFER INFORMATION THAT IS NEEDED TO DETERMINE ELIGIBILITY. SEE RESPONSE TO PART VI, LINE 3.MOUNT NITTANY MEDICAL CENTER PROVIDES SERVICES TO ALL PATIENTS REGARDLESS OF ABILITY TO PAY AS PART OF THE HOSPITAL'S MISSION. A PORTION OF THE MOUNT NITTANY MEDICAL CENTER'S BAD DEBT WOULD RELATE TO PATIENTS THAT COULD QUALIFY FOR CHARITY CARE BUT WERE UNWILLING OR UNABLE TO PROVIDE THE APPROPRIATE DOCUMENTATION TO ALLOW THAT CLASSIFICATION. AS SUCH A PORTION OF THE HOSPITAL'S BAD DEBT SHOULD BE CONSIDERED COMMUNITY BENEFIT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	ACCOUNTS RECEIVABLE PATIENTS, ARE REPORTED AT NET REALIZABLE VALUE. ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE UNCOLLECTIBLE BASED UPON MANAGEMENTS' ASSESSMENT OF INDIVIDUAL ACCOUNTS. THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS ESTIMATED BASED ON A PERIODIC REVIEW OF THE ACCOUNTS RECEIVABLE AGING, PAYOR CLASSIFICATIONS, AND APPLICATION OF HISTORICAL WRITE-OFF PERCENTAGES. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUAL AMOUNTS DUE AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND INSURED PATIENTS WITH DEDUCTIBLE AND CO-PAYMENT BALANCES, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBT IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE BILLED RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.
PART III, LINE 8:	THE MEDICAL CENTER CONTINUES TO PROVIDE CARE TO ALL PRESENTING AND ADMITTED PATIENTS, REGARDLESS OF ABILITY TO PAY. THROUGH DILIGENT COST CONTROL PROCESSES, THE MEDICAL CENTER SEEKS WAYS TO KEEP COSTS OF PROVIDING CARE TO A MINIMUM, WHILE STILL PROVIDING THE SAFETY MEASURES, TECHNOLOGICAL CAPABILITIES, AND APPROPRIATE STAFFING LEVELS TO ENSURE THE BEST POSSIBLE OUTCOMES. NOTWITHSTANDING THE COSTS TO PROVIDE CARE, RECEIVING "LESS" THEN WHAT IT COSTS TO PROVIDE ADEQUATE CARE TO MEDICARE COVERED LIVES DOES THE MEDICAL CENTER A DISSERVICE. THIS SHORTFALL SHOULD COUNT AS A COMMUNITY BENEFIT AS THE MEDICAL CENTER STRIVES TO PROVIDE THE BEST CARE POSSIBLE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY.THE MEDICAL CENTER USES A STEP-DOWN COST ALLOCATION METHOD AND THEN APPLIES A COST-TO-CHARGE RATIO.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	IF PATIENTS ARE FOUND TO QUALIFY FOR FINANCIAL ASSISTANCE, THE MEDICAL CENTER IMMEDIATELY CEASES COLLECTIONS AND ADJUSTS CHARGES OFF AS CHARITY CARE.
PART VI, LINE 2:	THE 2019 CHNA WAS CONDUCTED FROM JUNE 2018 TO MAY 2019 AND USED BOTH PRIMARY AND SECONDARY STUDY METHODS TO COMPARE HEALTH TRENDS AND DISPARITIES ACROSS CENTRE COUNTY. PRIMARY STUDY METHODS WERE USED TO SOLICIT INPUT FROM HEALTHCARE CONSUMERS AND KEY COMMUNITY STAKEHOLDERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY. SECONDARY STUDY METHODS WERE USED TO IDENTIFY AND ANALYZE STATISTICAL DEMOGRAPHIC AND HEALTH TRENDS. SPECIFIC CHNA STUDY METHODS INCLUDED:- AN ANALYSIS OF EXISTING SECONDARY DATA SOURCES, INCLUDING PUBLIC HEALTH STATISTICS, DEMOGRAPHIC AND SOCIAL MEASURES, AND HEALTHCARE UTILIZATION- A REVIEW OF HOSPITAL DISCHARGE DATA TO ANALYZE HOW CONSUMERS ARE ACCESSING CARE AND WHERE GAPS IN SERVICE EXIST- A KEY INFORMANT SURVEY WITH 98 COMMUNITY LEADERS AND REPRESENTATIVES- FOCUS GROUPS WITH 30 HEALTHCARE CONSUMERS TO INFORM ACTION PLANNING AND STRATEGIES TO ADDRESS COMMUNITY HEALTH PRIORITIES- A COMMUNITY PARTNER FORUM WITH 52 INDIVIDUALS REPRESENTING COMMUNITY AGENCIES TO GATHER INSIGHT ON EXISTING HEALTH IMPROVEMENT EFFORTS AND OPPORTUNITIES FOR PARTNERSHIPTHE 2019 CHNA BUILT UPON MNH'S PREVIOUS CHNAS AND SUBSEQUENT IMPLEMENTATION PLANS. THE CHNA WAS CONDUCTED IN A TIMELINE TO COMPLY WITH IRS TAX CODE 501(R) REQUIREMENTS TO CONDUCT A CHNA EVERY THREE YEARS AS SET FORTH BY THE AFFORDABLE CARE ACT (ACA). THE FINDINGS WILL BE USED TO GUIDE COMMUNITY BENEFIT INITIATIVES FOR THE HOSPITALS AND ENGAGE LOCAL PARTNERS TO COLLECTIVELY ADDRESS IDENTIFIED HEALTH NEEDS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	THE 2019 CHNA CONSISTENTLY IDENTIFIED CHRONIC DISEASE, BEHAVIORAL HEALTH, AND SUBSTANCE USE DISORDER AS THE MOST SIGNIFICANT HEALTH NEEDS FOR CENTRE COUNTY RESIDENTS. THESE HEALTH NEEDS WERE CONFIRMED BY QUANTITATIVE AND QUALITATIVE RESEARCH, AS WELL AS COMMUNITY STAKEHOLDERS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY. COMMUNITY STAKEHOLDERS BROUGHT WIDE PERSPECTIVES ON RESIDENT HEALTH NEEDS, EXISTING COMMUNITY RESOURCES AVAILABLE TO MEET THOSE NEEDS, AND GAPS IN THE SERVICE DELIVERY SYSTEM. THE PRIORITIZED HEALTH NEEDS ARE CONSISTENT WITH THE HEALTH NEEDS IDENTIFIED AS PART OF THE 2016 CHNA. MOUNT NITTANY HEALTH, IN PARTNERSHIP WITH COMMUNITY AGENCIES, HAS MADE SIGNIFICANT PROGRESS IN ADDRESSING THESE NEEDS, BOTH FROM A COMMUNITY AND POPULATION HEALTH MANAGEMENT PERSPECTIVE. IMPROVED ACCESS TO CARE WILL CONTINUE TO BE A CROSS-CUTTING STRATEGY FOR ALL PRIORITY NEEDS. THROUGH THE FINANCIAL ASSISTANCE PROGRAM, MOUNT NITTANY MEDICAL CENTER PROVIDES MEDICAL CARE REGARDLESS OF A PATIENT'S ABILITY TO PAY, INSUFFICIENT HEALTH INSURANCE OR WHETHER A GOVERNMENT-SPONSORED PROGRAM COVERS THE FULL COST OF SERVICES. AS THE COUNTRY'S ECONOMIC FUTURE REMAINS UNCERTAIN, MNMC WILL PROVIDE SERVICES AT NO CHARGE OR REDUCED CHARGES TO THOSE WHO ARE FINANCIALLY UNABLE TO PAY FOR THOSE SERVICES. MNMC WILL NOT ARBITRARILY RESTRICT THE PROVISIONS OF HEALTH SERVICES TO CERTAIN INDIVIDUALS OR GROUPS.MNMC'S REGISTRATION DEPARTMENT REPRESENTATIVES WILL GIVE A COPY OF OUR FINANCIAL ASSISTANCE PROGRAM TO EVERY PATIENT ALONG WITH OTHER IMPORTANT BILLING INFORMATION. OUR FINANCIAL COUNSELOR WILL DISCUSS THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS SUCH AS MEDICAID OR STATE PROGRAMS TO ASSIST THE PATIENT WITH QUALIFICATIONS FOR THESE PROGRAMS. THE FINANCIAL COUNSELOR WILL ALSO ASSIST THE PATIENT IN COMPLETING THE PROPER PAPERWORK FOR ASSISTANCE. IN ADDITION, OUR VENDOR DEBIASE & LEVINE REPRESENTATIVE, WHO IS WORKING ON BEHALF OF MNMC, WILL ALSO ASSIST PATIENTS WITH THE MEDICAL ASSISTANCE PROCESS. OUR VENDOR WORKS ON BEHALF OF THE ORGANIZATION TO FOLLOW THE HOSPITAL'S POLICIES REGARDING PATIENT NOTIFICATION AND THE AVAILABILITY OF FINANCIAL ASSISTANCE. MNMC'S FINANCIAL ASSISTANCE POLICY IS POSTED ON OUR WEBSITE ALONG WITH AN APPLICATION FOR PATIENTS TO COMPLETE FOR FINANCIAL ASSISTANCE. THE FINANCIAL COUNSELORS AND CASE MANAGEMENT STAFF WILL ALSO WORK CLOSELY TO IDENTIFY AND ASSIST ELIGIBLE PATIENTS.A NOTICE OF AVAILABILITY OF MNMC'S FINANCIAL ASSISTANCE PROGRAM WILL BE GIVEN TO EACH PATIENT OR THEIR REPRESENTATIVE PRIOR TO SERVICES BEING RENDERED, WITH THE EXCEPTION OF EMERGENCY SERVICES WHEREBY THE PATIENT IS TRIAGED PRIOR TO COMPLETING THE REGISTRATION PROCESS. THESE PATIENTS WOULD RECEIVE THE NOTICE REGARDING THE FINANCIAL ASSISTANCE PROGRAM AT SOME POINT DURING THAT VISIT. THESE NOTICES ARE DISPLAYED AND MADE AVAILABLE IN ALL REGISTRATION AREAS OF THE HOSPITAL AND INCLUDES THE MOST CURRENT AVAILABLE "HOUSEHOLD INCOME GUIDELINES" AS PUBLISHED IN THE FEDERAL REGISTER. MNMC'S CURRENT FINANCIAL ASSISTANCE PROGRAM ELIGIBILITY IS BASED ON 2.5 TIMES THE "HOUSEHOLD INCOME GUIDELINES". THE PATIENT ACCOUNTS DIRECTOR OR HIS/HER DESIGNEE SHALL REVIEW ALL APPLICATIONS FOR THE MNMC FINANCIAL ASSISTANCE PROGRAM. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE PROOF OF INCOME.
PART VI, LINE 4:	THE MEDICAL CENTER'S PRIMARY SERVICE AREA INCLUDES CENTRE COUNTY AND PARTS OF THE SURROUNDING COUNTIES. CENTRE COUNTY'S POPULATION IS APPROXIMATELY 162,000. THE POPULATION INCREASED 5.2% FROM THE 2010 CENSUS. SEVERAL COMMUNITIES SERVED BY MOUNT NITTANY MEDICAL CENTER ARE DESIGNATED MEDICALLY UNDERSERVED AREAS, DETERMINED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, HEALTH RESOURCES AND SERVICES ADMINISTRATION AS HAVING TOO FEW PRIMARY CARE PROVIDERS, HIGH INFANT MORTALITY, HIGH POVERTY, OR A HIGH ELDERLY POPULATION. IN ADDITION, THE FOLLOWING GEOGRAPHIES/POPULATIONS ARE DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA) FOR EITHER PRIMARY CARE OR DENTAL CARE:- LOW-INCOME RESIDENTS IN PHILIPSBURG (PRIMARY CARE)- SNOW SHOE (PRIMARY CARE)- LOW-INCOME RESIDENTS ACROSS CENTRE COUNTY (DENTAL CARE)THE CENTRE COUNTY POPULATION IS PRIMARILY WHITE WITH LESS THAN 14% OF RESIDENTS IDENTIFYING AS ANOTHER RACE AND 3.1% OF RESIDENTS IDENTIFYING AS HISPANIC OR LATINO. THE MEDIAN AGE OF CENTRE COUNTY (29.8) IS LOWER THAN THE STATE AND NATIONAL MEDIANS (40.4 AND 37.4 YEARS RESPECTIVELY) AS REPORTED ON THE 2016 CHNA, BUT INCREASED FROM THE 2013 CHNA (28.7). CENTRE COUNTY REPRESENTS A DIVERSE SOCIOECONOMIC ENVIRONMENT. THE OVERALL POVERTY LEVEL IN CENTRE COUNTY DECREASED TO 19.1% FROM THE 2016 CHNA OF 20.9%. THE UNEMPLOYMENT RATE ALSO DECREASED FROM 6.7% TO 4.3% FROM 2016 TO 2019. INDIVIDUALS WITH LESS THAN A HIGH SCHOOL DIPLOMA DECREASED FROM 7.4% OF CENTRE COUNTY'S POPULATION TO 6.0%. POVERTY RATES IN CENTRE COUNTY MAY BE INFLUENCED BY STUDENTS ATTENDING THE PENNSYLVANIA STATE UNIVERSITY. POVERTY AND EDUCATION RATES MAY BE INFLUENCED BY AMISH POPULATIONS RESIDING IN CERTAIN ZIP CODES WITHIN CENTRE COUNTY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	THE MEDICAL CENTER'S BOARD OF TRUSTEES AND ITS VARIOUS COMMITTEES INCLUDE COMMUNITY MEMBERS AS WELL AS MEDICAL STAFF. THE COMMUNITY MEMBERS ARE NOT DIRECTLY INVOLVED IN THE MEDICAL CENTER'S OPERATIONS. THE MEDICAL CENTER'S MEDICAL STAFF EXCEEDS 300 PHYSICIANS. THE MEDICAL CENTER CONTINUES TO INVEST IN STRONG AND BENEFICIAL RELATIONSHIPS WITH ALL PHYSICIANS WHO HAVE AN INTEREST IN WORKING WITH THE MEDICAL CENTER. ALL REVENUES IN EXCESS OF EXPENSES ARE RE-INVESTED IN THE COMMUNITY, INCLUDING SIGNIFICANT DONATIONS TO THE COUNTY'S ONLY FREE MEDICAL AND DENTAL CLINIC, AS WELL AS FUNDING INTERNAL IMPROVEMENTS TO TECHNOLOGY SO THAT THE PEOPLE AND COMMUNITIES WE SERVE HAVE THE IMMEDIATE ACCESS TO THE BEST AND MOST APPROPRIATE DIAGNOSTIC AND TREATMENT OPTIONS AVAILABLE.
PART VI, LINE 6:	AS OF JUNE 30, 2020, MOUNT NITTANY HEALTH SYSTEMS HAS TWO CONTROLLED CORPORATIONS, WHICH ARE THE MOUNT NITTANY MEDICAL CENTER (INPATIENT AND OUTPATIENT SERVICES) AND MOUNT NITTANY MEDICAL CENTER HEALTH SERVICES, INC. (A PHYSICIAN PRACTICE D/B/A MOUNT NITTANY PHYSICIAN GROUP). THE FOUNDATION FOR THE MNMC (FUNDRAISING) IS CONTROLLED BY THE MOUNT NITTANY MEDICAL CENTER.COMMUNITY BENEFIT SERVICES OFFERED BY MOUNT NITTANY MEDICAL CENTER ARE AFFORDED TO THE BROAD COMMUNITY WITH THE INTENT OF IMPROVING COMMUNITY HEALTH. PROGRAMS AND SERVICES ARE DESIGNED TO RESPOND TO IDENTIFIED COMMUNITY NEEDS. COMMUNITY BENEFIT ACTIVITIES FALL INTO THESE MAJOR CATEGORIES: COMMUNITY HEALTH IMPROVEMENT SERVICES - INCLUDES ACTIVITIES THAT ARE CARRIED OUT TO IMPROVE COMMUNITY HEALTH. MOUNT NITTANY MEDICAL CENTER PROVIDES COMMUNITY HEALTH EDUCATION, HEALTH SCREENINGS, SUPPORT GROUPS, AND TRANSPORTATION ASSISTANCE. THIS PAST YEAR MNMC OFFERED NUMEROUS SCREENING AND EDUCATION EVENTS FOR MEMBERS OF OUR COMMUNITY. HEALTH PROFESSIONS EDUCATION - MOUNT NITTANY MEDICAL CENTER IS ADVANCING HEALTHCARE BY ADVANCING ACCESS TO EDUCATION AND TRAINING. MOUNT NITTANY AWARDED CONTINUING EDUCATION CREDITS FOR NURSES AND PHYSICIANS AS WELL AS TRAININGS IN THE AMERICAN HEART ASSOCIATION TRAINING CENTER. CASH AND IN-KIND DONATIONS - MOUNT NITTANY MEDICAL CENTER REPORTED ITS SUPPORT OF MORE THE FORTY LOCAL ORGANIZATIONS THROUGH IN-KIND AND CASH DONATIONS. THE LEAD BENEFICIARY OF MOUNT NITTANY'S SUPPORT IS CENTRE VOLUNTEERS IN MEDICINE. OTHER NON-PROFIT GROUPS INCLUDE AMERICAN HEART ASSOCIATION, PEOPLE CENTRE'D ON DIABETES, YMCA OF CENTRE COUNTY AND MORE. COMMUNITY-BUILDING ACTIVITIES - MOUNT NITTANY IS A LEAD FACILITATOR IN LOCAL AND REGIONAL PREPAREDNESS ACTIVITIES, ENSURING THAT CENTRE COUNTY IS PREPARED SHOULD A DISASTER STRIKE. IN ADDITION, MOUNT NITTANY PROVIDES ACCESS TO CARE IN RURAL AREAS TO ENSURE THAT EVERY COMMUNITY HAS ACCESS TO CARE, SUCH AS PROVIDING DIABETES EDUCATION AT RURAL DOCTOR'S OFFICES. SUBSIDIZED HEALTH SERVICES - MOUNT NITTANY MEDICAL CENTER PROVIDES THE COMMUNITY MENTAL HEALTH SERVICES AT ITS INPATIENT UNIT, ONCOLOGY PATIENT NAVIGATOR PROGRAM, AND TRANSPORTATION SERVICES FOR THE PATIENTS WITH CANCER, PEDIATRIC MEDICAL HOME PROGRAM FOR AT-RISK CHILDREN AND SEVERAL FREE SUPPORT GROUPS.THE MOUNT NITTANY PHYSICIAN GROUP OFFERS A COMMUNITY BENEFIT BY SEEING CENTRE VOLUNTEERS IN MEDICINE (CVIM) PATIENTS FOR SPECIALTY SERVICES AT NO COST TO THE PATIENT OR TO CVIM. THIS GROUP ALSO PROVIDES VARIOUS INTERNSHIPS, PRESENTATIONS, AND NEWSLETTERS TO THE COMMUNITY INCLUDING TOPICS LIKE HEART HEALTH AND PEDIATRICS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	PA

Additional Data

Software ID:

Software Version:

EIN: 24-0795682

Name: MOUNT NITTANY MEDICAL CENTER

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	MOUNT NITTANY MEDICAL CENTER 1800 EAST PARK AVENUE STATE COLLEGE, PA 16803 WWW.MOUNTNITTANY.ORG 550301	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
MOUNT NITTANY MEDICAL CENTER	PART V, SECTION B, LINE 5: THESE ARE 3 METHODS OF RESEARCH CONDUCTED TO DETERMINE THE COMMUNITY HEALTH NEEDS: 1) A KEY INFORMANT SURVEY WITH 98 COMMUNITY REPRESENTATIVES TO SOLICIT FEEDBACK ON COMMUNITY HEALTH PRIORITIES, UNDERSERVED POPULATIONS, AND PARTNERSHIP OPPORTUNITIES. A LIST OF KEY INFORMANTS AND THEIR RESPECTIVE ORGANIZATION IS INCLUDED IN APPENDIX B OF THE 2019 CHNA. 2) THREE FOCUS GROUPS WITH 30 HEALTH CARE CONSUMERS, ADDRESSING MENTAL HEALTH, SUBSTANCE ABUSE, CHRONIC DISEASE, AND ACCESS TO CARE. 3) A PARTNER FORUM WITH 52 COMMUNITY REPRESENTATIVES TO IDENTIFY COMMUNITY HEALTH PRIORITIES AND FACILITATE POPULATION HEALTH STRATEGY COLLABORATION BASED ON INPUT REGARDING COMMUNITY ASSETS, GAPS IN SERVICES, AND PARTNERSHIP OPPORTUNITIES. A LIST OF PARTNERS IS INCLUDED IN APPENDIX C OF THE 2019 CHNA.
MOUNT NITTANY MEDICAL CENTER	PART V, SECTION B, LINE 6B: THE 2019 CHNA WAS CONDUCTED IN PARTNERSHIP WITH CENTRE FOUNDATION, CENTRE COUNTY UNITED WAY, AND CENTRE COUNTY PARTNERSHIP FOR COMMUNITY HEALTH.

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
MOUNT NITTANY MEDICAL CENTER	PART V, SECTION B, LINE 11: FROM THE 2019 CHNA, PRIORITIES WERE IDENTIFIED INCLUDING CHRONIC DISEASE, MENTAL HEALTH AND SUBSTANCE ABUSE. THE PRIORITIES WERE ESTABLISHED WITH OUR PARTNERS IN THE PROCESS, CENTRE FOUNDATION, CENTRE COUNTY UNITED WAY AND CENTRE COUNTY PARTNERSHIP, FOR COMMUNITY HEALTH/CENTRE COUNTY GOVERNMENT USING A RESEARCH PROCESS THAT INCLUDED BOTH PRIMARY AND SECONDARY DATA SOURCES AND A COMMUNITY REVIEW AND APPROVAL OF THE PRIORITY AREAS, AS WELL AS REVIEW AND APPROVAL BY THE MEDICAL CENTER BOARD OF DIRECTORS. THE 2019 COMMUNITY HEALTH IMPLEMENTATION PLAN TO ADDRESS THE MOST PRESSING HEALTH PRIORITIES (CHRONIC DISEASE, SUBSTANCE ABUSE AND MENTAL HEALTH) WAS REVIEWED BY THE BOARD OF DIRECTORS ON JUNE 24, 2019 AND WE ARE IN THE PROCESS OF EXECUTING THE GOALS, STRATEGIES AND TACTICS WITH SUPPORT FROM OUR COMMUNITY PARTNERS AS NOTED IN THE PLAN, WHICH IS PUBLICLY DISTRIBUTED ON THE MOUNTNITTANY.ORG/HEALTH NEEDS WEBSITE. WE ARE ADDRESSING THE IDENTIFIED PRIORITY HEALTH NEEDS THROUGH MOUNTNITTANY HEALTH-LED PROGRAMS, SUCH AS OUR CANCER PROGRAM, LUNG NODULE CLINIC AND SCREENING PROGRAM, THE STROKE PREVENTION PROGRAM AND OUR DIABETES PROGRAM. IN ADDITION, WE ARE SYSTEMATICALLY EXECUTING THE STRATEGIES IN THE IMPLEMENTATION PLAN TO DEVELOP CARE COORDINATION PROGRAMS IN OUR ED AND MEDICAL OFFICES WELL AS EXTENDING OUR REACH AS A HEALTH SYSTEM BY COLLABORATING WITH OUR COMMUNITY PARTNERS TO ADDRESS THE HEALTH CONCERNS OF THE COMMUNITY IN A COORDINATED EFFORT. AS PART OF THE CHNA, THE COMMUNITY ANECDOTALLY NOTED THAT ORAL HEALTH WAS AN ISSUE IN THE COMMUNITY, BUT DATA AND THE SCOPE AND SEVERITY OF THE MOUNT NITTANY MEDICAL CENTER 24-0795682 ISSUE DID NOT RAISE IT TO THE TOP OF FINAL PRIORITIES LIST. THE MEDICAL CENTER WILL NOT ADDRESS THIS NEED; HOWEVER, OTHERS IN THE COMMUNITY, LIKE CENTRE VOLUNTEERS IN MEDICINE, WHO HAVE ORAL HEALTH AND DENTAL CARE AS ONE OF THEIR CORE CARE SERVICES DO PROVIDE THAT SERVICE TO PEOPLE. THE MEDICAL CENTER WILL CONTINUE TO SUPPORT THESE ORGANIZATIONS.
MOUNT NITTANY MEDICAL CENTER	PART V, SECTION B, LINE 13B: INCOME GUIDELINES FOR ELIGIBILITY ARE BASED ON THE SIZE OF A FAMILY: ONE MEMBER: $29,425, TWO MEMBERS: $39,825, FOR FAMILY UNITS WITH MORE THAN TWO MEMBERS, ADD $10,400 FOR EACH ADDITIONAL MEMBER.

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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

2019

Open to Public Inspection

Name of the organization
MOUNT NITTANY MEDICAL CENTER

Employer identification number
24-0795682

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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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
PART I, LINE 2:	ASSISTANCE IS PROVIDED TO RELATED ENTITIES FOR FINANCIAL SUPPORT. MANAGEMENT OF THE ORGANIZATION OVERSEES THE USE OF FUNDS AT THE AFFILIATED ENTITIES.

Additional Data

Software ID:
Software Version:
EIN: 24-0795682
Name: MOUNT NITTANY MEDICAL CENTER

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MOUNT NITTANY MEDICAL CENTER HEALTH SERVICES INC 1800 EAST PARK AVENUE STATE COLLEGE, PA 16803	51-0426500	501(C)(3)	30,774,211	0	CASH	N/A	PROVIDE FINANCIAL SUPPORT TO AFFILIATE
MOUNT NITTANY HEALTH SYSTEM INC 1800 EAST PARK AVENUE STATE COLLEGE, PA 16803	80-0663092	501(C)(3)	494,220	0	CASH	N/A	PROVIDE FINANCIAL SUPPORT TO AFFILIATE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRE COUNTY CHILDREN'S ADVOCACY CENTER 1800 EAST PARK AVENUE STATE COLLEGE, PA 16803	46-0871813	501(C)(3)	49,640	0	CASH	N/A	PROVIDED FINANCIAL SUPPORT TO AFFILIATE

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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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MOUNT NITTANY MEDICAL CENTER

Employer identification number
24-0795682

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 on 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 on 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**	Yes	
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
PART I, LINE 4B	THE FORMER CEO, LANCE ROSE, RECEIVED A NONQUALIFIED RETIREMENT PLAN PAYMENT OF $14,721 DURING THE YEAR.
PART I, LINE 7	THE EXECUTIVE TEAM MEMBERS OF MOUNT NITTANY MEDICAL CENTER AND THE MOUNT NITTANY MEDICAL CENTER HEALTH SERVICES' (D/B/A MOUNT NITTANY PHYSICIAN GROUP) EXECUTIVE DIRECTOR RECEIVED A PORTION OF THEIR ANNUAL VARIABLE-PAY BASED UPON THE CONSOLIDATED OPERATING MARGIN, MOUNT NITTANY MEDICAL CENTER HEALTH SERVICES' (D/B/A MOUNT NITTANY PHYSICIAN GROUP) OPERATING MARGIN, CONTRIBUTIONS, AND OTHER CORPORATE GOALS. THE CORPORATE GOALS FOCUSED ON (1) PROVIDING LOCALIZED CARE, INTEGRATED CARE, EFFICIENT CARE, AND ALIGNED CARE; (2) FINANCE; (3) QUALITY/PATIENT SAFETY; AND (4) THE WORK ENVIRONMENT.

Additional Data

Software ID:
Software Version:
EIN: 24-0795682
Name: MOUNT NITTANY MEDICAL CENTER

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				
1KATHLEEN RHINE SECRETARY/TREASURER/CEO	(i)	707,970	208,845	14,970	19,884	159,928	1,111,597	0
	(ii)	0	0	0	0	0	0	0
1VEERAL PATEL MD PHYSICIAN	(i)	744,640	0	11,601	0	49,279	805,520	0
	(ii)	0	0	0	0	0	0	0
2JAMES MARTIN MD PHYSICIAN	(i)	745,731	0	0	0	48,125	793,856	0
	(ii)	0	0	0	0	0	0	0
3BRIAN SPENCER DO PHYSICIAN	(i)	743,687	0	0	0	35,285	778,972	0
	(ii)	0	0	0	0	0	0	0
4ALLISON YINGLING MD PHYSICIAN	(i)	352,920	378,262	19,057	0	21,287	771,526	0
	(ii)	0	0	0	0	0	0	0
5DUSTIN CASE DO TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	635,328	24,009	8,652	0	43,492	711,481	0
6CHRISTOPHER JONES MD PHYSICIAN	(i)	592,259	54,125	13,550	0	40,303	700,237	0
	(ii)	0	0	0	0	0	0	0
7NIRMAL JOSHI MD SYSTEM CHIEF MEDICAL OFFICER	(i)	486,538	104,226	2,131	19,884	22,484	635,263	0
	(ii)	0	0	0	0	0	0	0
8UPENDRA THAKER MD ASSOCIATE CHIEF MEDICAL OFFICER	(i)	423,398	10,599	3,734	19,884	39,388	497,003	0
	(ii)	0	0	0	0	0	0	0
9THOMAS CHARLES EXEC VP SYSTEM DVLMT	(i)	341,802	70,797	210	19,884	45,315	478,008	0
	(ii)	0	0	0	0	0	0	0
10JEFFREY PRO MD TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	347,334	22,457	12,593	0	43,859	426,243	0
11TIFFANY CABIBBO EVP PATIENT CARE SVCS/CNO	(i)	292,536	57,896	0	19,884	43,417	413,733	0
	(ii)	0	0	0	0	0	0	0
12 RANDY TEWKSBURY UNTIL 41219 FORMER SR VP FINANCE/CFO	(i)	340,887	0	0	0	54,824	395,711	0
	(ii)	0	0	0	0	0	0	0
13 MICHAEL MARTZ UNTIL 53020 SR VP OF INFORMATION SERVS	(i)	273,749	43,740	2,349	19,884	31,777	371,499	0
	(ii)	0	0	0	0	0	0	0
14 DAMON SORENSEN UNTIL 61719 FORMER SR VP OF FINANCE/CFO	(i)	321,307	0	0	0	34,392	355,699	0
	(ii)	0	0	0	0	0	0	0
15ROGER YOST VP REVENUE CYCLE	(i)	231,398	24,372	0	17,809	59,993	333,572	0
	(ii)	0	0	0	0	0	0	0
16KRISTIE KAUFMAN MD CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	228,481	48,297	14,545	0	34,621	325,944	0
17 HAROLD BRUNGARD UNTIL 620 VP FACILITIES/PLANT OPS	(i)	192,729	27,979	0	14,718	23,610	259,036	0
	(ii)	0	0	0	0	0	0	0
18 SUZANNE BARKLEY UNTIL 52820 VP OF QUALITY/PATIENT SAFETY OFFICER	(i)	152,083	13,778	0	9,870	32,667	208,398	0
	(ii)	0	0	0	0	0	0	0
19 GERALD DITMANN UNTIL 3119 FORMER VP HUMAN RESOURCES	(i)	171,098	0	0	10,169	13,164	194,431	0
	(ii)	0	0	0	0	0	0	0

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				
21RICHARD WISNIEWSKI INTERIM CFO (6/24/19 - 3/7/20)	(i)	140,750	0	0	0	10,281	151,031	0
	(ii)	0	0	0	0	0	0	0
1LANCE ROSE FORMER CEO/OFFICER/DIRECTOR	(i)	0	0	14,721	0	1,128	15,849	0
	(ii)	0	0	0	0	0	0	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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MOUNT NITTANY MEDICAL CENTER

Employer identification number
24-0795682

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	CENTRE COUNTY HOSPITAL AUTHORITY	20-3197497	156273CU6	05-05-2011	70,552,972	SEE PART VI		X		X		X
B	CENTRE COUNTY HOSPITAL AUTHORITY (SERIES 2016A)	20-3197497	156273FF6	04-15-2016	80,895,596	SEE PART VI		X		X		X
C	CENTRE COUNTY HOSPITAL AUTHORITY (SERIES 2016B)	20-3197497	156273GE8	04-15-2016	20,208,892	SEE PART VI		X		X		X
D	CENTRE COUNTY HOSPITAL AUTHORITY (SERIES 2018 A & B)	20-3197497	156273HC1	03-21-2018	52,073,401	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	67,395,000	1,535,000	745,000	4,435,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	70,552,972	80,895,596	20,208,892	52,073,401
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	8,281,626			
6	Proceeds in refunding escrows		18,878,230		
7	Issuance costs from proceeds	1,033,856	764,512	199,179	350,023
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	61,237,490		20,009,713	26,890,452
11	Other spent proceeds		61,240,000		
12	Other unspent proceeds				24,832,926
13	Year of substantial completion	2013	2016	2017	2021

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
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?								
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								
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								
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
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: CENTRE COUNTY HOSPITAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 12/31/2015

Return Reference	Explanation
SCHEDULE K, PART I, BOND ISSUES:	BOND NUMBER 1 (A) ISSUER NAME: CENTRE COUNTY HOSPITAL AUTHORITY (F) DESCRIPTION OF PURPOSE: FUND EMERGENCY DEPARTMENT EXPANSION AND OTHER CAPITAL EXPENDITURES BOND NUMBER 2 (A) ISSUER NAME: CENTRE COUNTY HOSPITAL AUTHORITY (F) DESCRIPTION OF PURPOSE: REFUNDING OF THE SERIES 2009 BONDS AND ISSUANCE COSTS BOND NUMBER 3 (A) ISSUER NAME: CENTRE COUNTY HOSPITAL AUTHORITY (F) DESCRIPTION OF PURPOSE: FUND PERIOPERATIVE EXPANSION AND OTHER CAPITAL EXENDITURES BOND NUMBER 4 (A) ISSUER NAME: CENTRE COUNTY HOSPITAL AUTHORITY (F) DESCRIPTION OF PURPOSE: ADVANCE PARTIAL REFUNDING OF THE 2011 BONDS AND PAY 2016A BOND ISSUANCE COSTS BOND NUMBER 5 (A) ISSUER NAME: CENTRE COUNTY HOSPITAL AUTHORITY (F) DESCRIPTION OF PURPOSE: TO FUND 2016 CAPITAL PROJECTS AND PAY ISSUANCE COSTS FOR BOND SERIES 2016B BOND NUMBER 6 (A) ISSUER NAME: CENTRE COUNTY HOSPITAL AUTHORITY (F) DESCRIPTION OF PURPOSE: REFUNDING OF CALLABLE BONDS, FINANCING CAPITAL PROJECTS, AND COSTS OF ISSUANCE BOND NUMBER 7 (A) ISSUER NAME: CENTRE COUNTY HOSPITAL AUTHORITY (F) DESCRIPTION OF PURPOSE: ADVANCE REFUNDING OF 2012 BONDS AND ISSUANCE COSTS BOND NUMBER 8 (A) ISSUER NAME: CENTRE COUNTY HOSPITAL AUTHORITY (F) DESCRIPTION OF PURPOSE: CURRENT REFUNDING OF 2012 BONDS

Return Reference	Explanation
SCHEDULE K, PART III, LINE 3:	THERE ARE NO MANAGEMENT OR SERVICE CONTRACTS OR RESEARCH AGREEMENTS THAT RESULT IN PRIVATE BUSINESS USE RELATING TO THE FINANCED PROPERTIES FOR THE 2011, 2012, 2016, 2018, OR 2020 BONDS.

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
MOUNT NITTANY MEDICAL CENTER

Employer identification number
24-0795682

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	CENTRE COUNTY HOSPITAL AUTHORITY (SERIES 2020A)	20-3197497		03-04-2020	46,185,000	SEE PART VI		X		X		X
B	CENTRE COUNTY HOSPITAL AUTHORITY (SERIES 2020B)	20-3197497		03-04-2020	22,255,000	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	46,185,000	22,255,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	46,582,079			
7	Issuance costs from proceeds	232,246	110,000		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds		22,145,000		
12	Other unspent proceeds				
13	Year of substantial completion	2044	2041		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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				
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				
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 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %				
6	Total of lines 4 and 5		0 %		0 %				
7	Does the bond issue meet the private security or payment test?		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				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		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				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		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				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

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

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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

2019

Open to Public Inspection

Name of the organization
MOUNT NITTANY MEDICAL CENTER

Employer identification number
24-0795682

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	AS THE PARENT ENTITY, MOUNT NITTANY HEALTH SYSTEM (MNHS) HAS THE POWER TO APPOINT AND REMO VE, OR APPROVE THE REMOVAL OF, ANY AND ALL TRUSTEES OF THE CORPORATION, WITH THE EXCEPTION OF EX-OFFICIO TRUSTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	MNHS HAS THE FOLLOWING POWERS: (A) TO APPOINT AND REMOVE, OR APPROVE THE REMOVAL OF, ANY A ND ALL TRUSTEES OF THE CORPORATION, WITH THE EXCEPTION OF EX-OFFICIO TRUSTEES; (B) TO APPR OVE THE ELECTION OF AND TO REMOVE ANY AND ALL OFFICERS OF THE CORPORATION; (C) TO DEVELOP AND APPROVE ALL ANNUAL OPERATING AND CAPITAL BUDGETS OF THE CORPORATION (INCLUDING ALL AME NDMENTS THERETO); (D) TO APPROVE THE INCURRENCE, RE-FINANCING, OR PREPAYMENT OF ANY INDEBT EDNESS OF THE CORPORATION; (E) TO APPROVE THE SECURING OF ANY MORTGAGE, DEED OF TRUST, PLE DGE, SECURITY INTEREST, OR OTHER ENCUMBRANCE OF THE CORPORATION; (F) EXCEPT AS MAY BE INVO LVED THEREAFTER IN ORDINARY REPAIRS, MAINTENANCE, AND REPLACEMENT, AND EXCEPT AS MAY HAVE ALREADY BEEN APPROVED AS PART OF THE CAPITAL BUDGET, TO APPROVE THE MAKING OF ANY CAPITAL EXPENDITURE OR CAPITAL ADDITION OR IMPROVEMENT; (G) TO APPROVE ALL UNBUDGETED EXPENDITURES IN EXCESS OF 1% OF EACH SUCH BUDGET; (H) TO APPROVE THE MOVEMENT OF FUNDS TO AND FROM THI S CORPORATION TO THE PARENT OR OTHER ENTITIES RELATED TO THE PARENT; (I) TO APPROVE ALL ST RATEGIC PLANS OF THE CORPORATION; (J) TO SELECT THE INDEPENDENT AUDITORS AND LEGAL COUNSEL OF THE CORPORATION; (K) TO AMEND OR TO APPROVE AMENDMENTS, ALTERATIONS AND MODIFICATIONS TO OR REPEALS OF THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION IN ACCORDANCE WITH SECTION 12.1; (L) TO ENTER INTO, AMEND, OR TERMINATE ANY AGREEMENT WITH A MATERIAL T HIRD PARTY PAYOR OF THE CORPORATION, AS DETERMINED BY THE PARENT IN ITS SOLE DISCRETION; (M) TO APPROVE ALL AMENDMENTS TO ARTICLES OF INCORPORATION, MERGERS, CONSOLIDATIONS, DIVISI ONS, SALES OF SUBSTANTIALLY ALL ASSETS, LIQUIDATION OR DISSOLUTION OF THE CORPORATION, AND ALL OTHER FUNDAMENTAL CHANGE TRANSACTIONS, AS WELL AS ALL TRANSACTIONS OUTSIDE THE ORDINA RY COURSE OF BUSINESS; (N) TO ESTABLISH, TERMINATE, OR WITHDRAW FROM ANY SUBSIDIARY, JOINT VENTURE, OR OTHER PARTNERSHIP OR SHARED GOVERNANCE AGREEMENT; TO ENTER INTO, AMEND, OR TE RMINATE ANY AGREEMENT BETWEEN THE CORPORATION AND THE PARENT; (P) TO ENTER INTO, AMEND, OR TERMINATE AN AFFILIATION AGREEMENT WITH ANY HOSPITAL, PROVIDER, PAYOR, OR HEALTH CARE SYS TEM; (Q) TO APPROVE ANY MATERIAL CHANGE IN MISSION OR STRATEGIC DIRECTION OF THE CORPORATI ON; AND (R) TO TAKE ANY OTHER ACTION THAT IS RESERVED TO THE PARENT FROM TIME TO TIME BY T HE CORPORATION'S BOARD OF TRUSTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 WAS PROVIDED TO THE BOARD OF DIRECTORS AND TO THE MOUNT NITTANY HEALTH SYSTEM AUDIT COMMITTEE BEFORE BEING FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO KEY MEMBERS OF THE ORGANIZATIO N INCLUDING BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES. EACH PERSON MUST REPORT ANY POTENT IAL CONFLICTS OF INTEREST. REPORTED CONFLICTS ARE THEN REVIEWED BY THE CORPORATE COMPLIANC E OFFICER AND THE HEALTH SYSTEM'S AUDIT COMMITTEE. THE CONFLICT OF INTEREST REPORT IS THEN SUBMITTED TO THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS' EXECUTIVE & PHYSICIAN COMPENSATION COMMITTEE REVIEWS COMPENSATION PAID TO EXECUTIVE MANAGEMENT TEAM IN CONJUNCTION WITH AN INDEPENDENT THIRD PARTY CONSULTIN G FIRM TO ENSURE COMPENSATION IS REASONABLE AND APPROPRIATE FOR DUTIES AND RESPONSIBILITES ASSIGNED. THE PROCESS IS DESIGNED TO ENABLE THE HEALTH SYSTEM TO ATTRACT, MOTIVATE AND RE TAIN THE HIGHLY SKILLED EXECUTIVE TALENT NEEDED TO CARRY OUT ITS MISSION AND STRATEGIC OBJ ECTIVES THROUGH THE ESTABLISHMENT OF SALARIES, BENEFITS, AND VARIABLE PAY OPPORTUNITIES TH AT ARE REASONABLE, COMPARABLE WITH THOSE FOR SIMILAR POSITIONS IN SIMILARLY SITUATED NOT-F OR-PROFIT ORGANIZATIONS, AND REWARD ACHIEVEMENT OF ORGANIZATIONAL AND INDIVIDUAL OBJECTIVE S. THE EXECUTIVE & PHYSICIAN COMPENSATION COMMITTEE ENSURES THAT THE BOARD FULLY UNDERSTAN DS THE PROCESS BY WHICH THE ORGANIZATION'S OFFICERS/KEY EMPLOYEE COMPENSATION DECISIONS AR E MADE. THE COMMITTEE REVIEWS AND APPROVES EXECUTIVE COMPENSATION IN A MANNER THAT QUALIFI ES FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE IRS INTERMEDIATE SANCTIONS R ULES. THE COMMITTEE REPORTS ITS ACTIVITIES TO THE BOARD, INCLUDING THE SPECIFIC DETAILS OF COMPENSATION ACTIONS. THE BOARD HAS DELEGATED TO THE COMMITTEE THE AUTHORITY TO MAKE COMP ENSATION DECISIONS. THE BOARD BEARS THE ULTIMATE RESPONSIBILITY FOR ENSURING SOUND DECISIO N-MAKING IN THIS AREA. REVIEW AND APPROVAL OF COMPENSATION IS DOCUMENTED VIA MINUTES OF CO MMITTEE MEETINGS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS -834. CHANGE IN INTEREST IN PARTNERSHIP -103,378. CHANGE IN INTEREST IN THE FOUNDATION FOR MNMC -19,539. PENSION LIABILITY ADJUSTM ENT -48,116,068.

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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

2019

Open to Public Inspection

Name of the organization
MOUNT NITTANY MEDICAL CENTER

Employer identification number
24-0795682

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)THE FOUNDATION FOR MOUNT NITTANY MEDICAL CENTER INC 1800 EAST PARK AVENUE STATE COLLEGE, PA 168036796 57-1138956	FUNDRAISING AND SUPPORT FOR MOUNT NITTANY MEDICAL CENTER	PA	501(C)(3)	LINE 12A, I	MOUNT NITTANY MEDICAL CENTER	Yes	
(2) MOUNT NITTANY MEDICAL CENTER WORKMEN'S COMPENSATION SELF INSURANCE TRUST 1800 EAST PARK AVENUE STATE COLLEGE, PA 168036796 25-6440788	PROVIDE WORKMAN'S COMPENSATION BENEFITS TO EMPLOYEES OF MNMC	PA	501(C)(3)	LINE 12A, I	MOUNT NITTANY MEDICAL CENTER	Yes	
(3)MOUNT NITTANY MEDICAL CENTER HEALTH SERVICES INC 1800 EAST PARK AVENUE STATE COLLEGE, PA 168036796 51-0426500	PROFESSIONAL SERVICES TO SUPPORT MNMC	PA	501(C)(3)	LINE 10	MOUNT NITTANY HEALTH SYSTEM		No
(4)MOUNT NITTANY HEALTH SYSTEM 1800 EAST PARK AVENUE STATE COLLEGE, PA 168036796 80-0663092	PROVIDE MANAGEMENT AND ADMINISTRATIVE SUPPORT TO MNMC & SUBSIDIARIES	PA	501(C)(3)	LINE 12A, I	N/A		No
(5)CENTRE COUNTY CHILDREN'S ADVOCACY CENTER 1800 EAST PARK AVENUE STATE COLLEGE, PA 16803 46-0871813	CHILD-FOCUSED APPROACH TO CHILD ABUSE CASES	PA	501(C)(3)	LINE 7	MOUNT NITTANY MEDICAL CENTER	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? 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) Section 512(b)(13) controlled entity? No

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

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

		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	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
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		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
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
(1)FOUNDATION FOR MOUNT NITTANY MEDICAL CENTER	B	3,448,681	CASH
(2)FOUNDATION FOR MOUNT NITTANY MEDICAL CENTER	O	101,263	COST OF SHARING PAID EMPLOYEES
(3)CENTRE COUNTY CHILDREN'S ADVOCACY CENTER	B	49,640	CASH
(4)CENTRE COUNTY CHILDREN'S ADVOCACY CENTER	O	72,000	COST OF SHARING PAID EMPLOYEES

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