

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE PROVISION OF CHARITABLE HEALTHCARE SERVICES TO RESIDENTS OF THE SURROUNDING COMMUNITY ON AN IN-PATIENT AND OUT-PATIENT BASIS APPROXIMATELY 15,054 PATIENTS WERE ADMITTED TO RPH IN FYE 6/30/18

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 \$ 215,058,489 including grants of \$ 0) (Revenue \$ 330,929,916)
	See Additional Data

4b	(Code) (Expenses \$ 11,740,345 including grants of \$ 185,538) (Revenue \$ 357,064)
	See Additional Data

4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 226,798,834
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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	14	
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	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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.
 ▶MICHELE SISTO ONE GUTHRIE SQUARE SAYRE, PA 18840 (570) 887-4625

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.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	185,538	185,538		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	444,653	205,316	239,337	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	
7 Other salaries and wages.	83,462,936	69,918,894	13,544,042	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,387,798	1,158,649	229,149	
9 Other employee benefits.	10,746,989	9,019,136	1,727,853	
10 Payroll taxes.	6,204,766	5,180,280	1,024,486	
11 Fees for services (non-employees):				
a Management.	25,467,066	3,394,560	22,072,506	
b Legal.	164,992	2,504	162,488	
c Accounting.	3,002,273		3,002,273	
d Lobbying.	24,654		24,654	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	52,830,761	49,460,954	3,369,807	
12 Advertising and promotion.	43,021	42,236	785	
13 Office expenses.	9,284,990	5,001,634	4,283,356	
14 Information technology.	3,737,308	1,641,821	2,095,487	
15 Royalties.	0			
16 Occupancy.	4,154,048	818,317	3,335,731	
17 Travel.	385,999	336,147	49,852	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	278,203	253,396	24,807	
20 Interest.	3,497,830	197	3,497,633	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	15,354,844	17,668	15,337,176	
23 Insurance.	1,365,213	512,730	852,483	
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	78,688,389	78,637,811	50,578	
b OTHER EXPENSES	7,174,226	644,615	6,529,611	
c CAFETERIA/CATERING	584,606	366,431	218,175	
d ACCRETION EXPENSE	269,782		269,782	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	308,740,885	226,798,834	81,942,051	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☒

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		3,516,759	2	1,690,333
	3	Pledges and grants receivable, net		0	3	258,326
	4	Accounts receivable, net		40,028,335	4	41,049,312
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		7,479,679	8	7,169,475
	9	Prepaid expenses and deferred charges		6,210,470	9	6,943,458
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	286,947,873		
	b	Less: accumulated depreciation	10b	190,816,928		
				97,498,874	10c	96,130,945
	11	Investments—publicly traded securities		428,832,336	11	413,642,781
	12	Investments—other securities. See Part IV, line 11		63,435,858	12	75,653,727
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
15	Other assets. See Part IV, line 11		15,801,131	15	21,403,528	
16	Total assets. Add lines 1 through 15 (must equal line 34)		662,803,442	16	663,941,885	
Liabilities	17	Accounts payable and accrued expenses		34,662,567	17	37,613,553
	18	Grants payable		0	18	0
	19	Deferred revenue		53,166	19	56,823
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		149,687,426	25	136,241,198
	26	Total liabilities. Add lines 17 through 25		184,403,159	26	173,911,574
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		471,396,849	27	482,714,364
	28	Temporarily restricted net assets		5,516,630	28	5,792,933
	29	Permanently restricted net assets		1,486,804	29	1,523,014
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		478,400,283	33	490,030,311
34	Total liabilities and net assets/fund balances		662,803,442	34	663,941,885	

Form 990, Part III, Line 4b:

ROBERT PACKER HOSPITAL PROVIDES EDUCATIONAL SERVICES TO ITS EMPLOYEES AND MEMBERS OF THE COMMUNITY THE FOLLOWING EDUCATIONAL SERVICES ARE PROVIDED 1) X-RAY TECHNOLOGY, 2) RESPIRATORY THERAPY, 3) MEDICAL RESIDENTS & STUDENTS, 4) LABORATORY TECHNOLOGY, AND 5) ROBERT PACKER SCHOOL OF NURSING IN CONJUNCTION WITH MANSFIELD UNIVERSITY

SCHEDULE A (Form 990 or 990EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
		2017 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization ROBERT PACKER HOSPITAL		Employer identification number 24-0795463

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. 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—2016.** 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—2017.** 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—2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	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? <i>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.</i>		
	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? <i>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.</i>		
	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)? <i>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).</i>		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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.		
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? <i>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.</i>		
	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? <i>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.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, 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 2017 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 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:
Software Version:
EIN: 24-0795463
Name: ROBERT PACKER HOSPITAL

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

Facts And Circumstances Test

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2017
Department of the Treasury Internal Revenue Service	▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>.	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 ROBERT PACKER HOSPITAL	Employer identification number 24-0795463
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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) 2014	(b) 2015	(c) 2016	(d) 2017	(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)		(b)
		Yes	No	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		24,654
j	Total. Add lines 1c through 1i			24,654
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1I	DETAIL OF OTHER LOBBYING ACTIVITIES AMOUNT REPRESENTS MEMBERSHIPS IN AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE HOSPITAL & HEALTH SYSTEM ASSOCIATION OF PENNSYLVANIA (HAP)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135060249

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

ROBERT PACKER HOSPITAL

Employer identification number

24-0795463

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

Held at the End of the Year

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

1b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		947,484		947,484
b Buildings		154,755,963	90,606,530	64,149,433
c Leasehold improvements		4,063,681	2,621,593	1,442,088
d Equipment		116,279,811	95,078,853	21,200,958
e Other		10,900,934	2,509,952	8,390,982
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				96,130,945

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 POOLED FUNDS	75,653,727	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	75,653,727	

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
ESTIMATED THIRD PARTY PAYABLE	695,369	
RPH AUXILARY INVESTMENTS	64,815	
ASSET RETIREMENT OBLIGATION	5,660,582	
SWAP CONTRACT PAYABLE 2007	99,553	
SWAP CONTRACT PAY FMV 2007	10,429,285	
LOAN PAY-GH TAX EXEMPT BONDS	120,351,121	
FINANCING COSTS	-1,059,527	
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	136,241,198	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

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: 24-0795463
Name: ROBERT PACKER HOSPITAL

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	TEXT OF FIN 48 DISCLOSURE THIS ORGANIZATION IS AN AFFILIATE OF THE GUTHRIE CLINIC ("GUTHRIE") THE FIN 48 (ASC 740) FOOTNOTE BELOW DERIVES FROM THE CONSOLIDATED JUNE 30, 2018 FINANCIAL STATEMENTS OF GUTHRIE ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE CORPORATION TO EVALUATE TAX POSITIONS TAKEN BY THE CORPORATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE CORPORATION HAS TAKEN AN UNCERTAIN POSITION THAT AT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE THE CORPORATION HAS CONCLUDED THAT AS OF JUNE 30, 2018 AND 2017, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS -----

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
ROBERT PACKER HOSPITAL

Employer identification number
24-0795463

Part I

Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities		
☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
☒ 100% ☐ 150% ☐ 200% ☐ Other %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
☐ 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 eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a	No
b If "Yes," did the organization make it available to the public?	6b	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			967,457	382,142	585,315	0 190 %
b Medicaid (from Worksheet 3, column a)			41,449,359	22,529,390	18,919,969	6 130 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			42,416,816	22,911,532	19,505,284	6 320 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			381,945		381,945	0 120 %
f Health professions education (from Worksheet 5)			13,331,244	5,558,483	7,772,761	2 520 %
g Subsidized health services (from Worksheet 6)			4,670,625	972,762	3,697,863	1 200 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			18,383,814	6,531,245	11,852,569	3 840 %
k Total. Add lines 7d and 7j			60,800,630	29,442,777	31,357,853	10 160 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		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	23,209,276	
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	2,320,928	
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	97,334,339	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	95,188,571	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	2,145,768	
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

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)

ROBERT PACKER HOSPITAL

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a ☒ 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 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>SEE SUPPLEMENTAL DISCLOSURE</u>		
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 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>SEE SUPPLEMENTAL DISCLOSURE</u>		
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)**

ROBERT PACKER HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %			
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? 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)	15	Yes	
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>SEE SUPPLEMENTAL DISCLOSURE</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>SEE SUPPLEMENTAL DISCLOSURE</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>SEE SUPPLEMENTAL DISCLOSURE</u>			
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**

ROBERT PACKER HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

ROBERT PACKER HOSPITAL

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

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

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

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

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION	PART I, LINE 7- COSTING METHODOLOGY USED INFORMATION REPORTED ON THE SCHEDULE H, PART I, LINE 7 TABLE WAS DERIVED UTILIZING THE RATIO OF COST TO CHARGES CALCULATED USING WORKSHEET 2, EXCEPT LINE 7E, WHICH WAS TAKEN FROM THE MEDICARE COST REPORT, AND LINE 7G, WHICH WAS CALCULATED BASED UPON AN INTERNAL COST ACCOUNTING SYSTEM WITHIN THE COST ACCOUNTING SYSTEM, SOME PATIENT SEGMENTS WERE BASED ON A RATIO OF COST TO CHARGE - TOTAL DEPARTMENTAL EXPENSE PLUS ALLOCATED OVERHEAD SPREAD BASED ON CHARGES ----- -----
PART III, SECTION A, LINE 2- BAD DEBT EXPENSE	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 ARE BASED ON ACTUAL CHARGES WRITTEN OFF (AMOUNTS THAT ARE DEEMED TO BE UNCOLLECTIBLE) ----- ----- PART III, SECTION A, LINE 4- BAD DEBT EXPENSE FOOTNOTE THE TEXT OF THE BAD DEBT FOOTNOTE CAN BE FOUND ON PAGE 8 OF THE ELECTRONICALLY ATTACHED AUDITED FINANCIAL STATEMENTS FOR THE GUTHRIE CLINIC AND AFFILIATES -----

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, SECTION B, LINE 8- COSTING METHODOLOGY, MEDICARE SHORTFALL	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNT REPORTED ON LINE 6 IS BASED ON THE THE HOSPITAL'S MEDICARE COST REPORT FILING FOR THE YEAR CONSISTENT WITH THE CHARITABLE HEALTHCARE MISSION OF ROBERT PACKER HOSPITAL AND THE COMMUNITY BENEFIT STANDARD SET FORTH IN IRS REVENUE RULING 69-545, THE HOSPITAL PROVIDES CARE FOR ALL PATIENTS COVERED BY MEDICARE SEEKING MEDICAL CARE AT THE HOSPITAL SUCH CARE IS PROVIDED REGARDLESS OF WHETHER THE REIMBURSEMENT PROVIDED FOR SUCH SERVICES MEETS OR EXCEEDS THE COSTS INCURRED BY THE ROBERT PACKER HOSPITAL TO PROVIDE SUCH SERVICES AS A RESULT, THE HOSPITAL VIEWS ANY SHORTFALL REPORTED IN LINE 7 AS AN ADDITIONAL ITEM OF COMMUNITY BENEFIT PROVIDED BY THE ORGANIZATION -----
PART III, SECTION B, LINE 9B- COLLECTION POLICY PRACTICES	ONCE A PATIENT IS APPROVED FOR CHARITY CARE OR AN INSTALLMENT PLAN, THEIR ACCOUNT IS TRANSFERRED TO EITHER THE BUDGET OR CHARITY CARE FINANCIAL CLASS ACCOUNTS IN THESE FINANCIAL CLASSES ARE NOT PLACED WITH COLLECTION -----

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2- NEEDS ASSESSMENT	ROBERT PACKER HOSPITAL AND THE GUTHRIE CLINIC EMPHASIZE PRIMARY HEALTH CARE SERVICES, HEALTH PROMOTION, AND CHRONIC DISEASE PREVENTION AND MANAGEMENT FOR THE COMMUNITY WE SERVE RPH'S OVERALL APPROACH TO COMMUNITY BENEFIT IS TO EXAMINE THE INTERSECTION OF DOCUMENTED UNMET COMMUNITY NEEDS AND MATCH THESE NEEDS WITH ORGANIZATIONAL STRENGTHS THESE UNMET COMMUNITY NEEDS CAN BE DEFINED AS A DISCREPANCY OR GAP BETWEEN WHAT IS CURRENTLY AVAILABLE AND WHAT THE COMMUNITY DESIRES THE OVERARCHING GOALS OF THIS COMMUNITY HEALTH NEEDS ASSESSMENT ARE TO (1) IDENTIFY STRENGTHS AND LIMITATION WITHIN RPH'S SERVICE AREA, (2) DEFINE THE NEEDS AND ASSETS ASSOCIATED WITH THE COMMUNITY WE SERVE, (3) DESCRIBE RESOURCES SUCH AS HEALTH PROFESSIONALS, REGIONAL ECONOMICS AND COMMUNICATION NETWORKS WHOSE GOAL IS TO MAXIMIZE COMMUNITY HEALTH THE IDENTIFIED NEEDS WILL RESULT IN THE FORMATION OF AN IMPLEMENTATION PLAN THAT WILL BUILD UPON THE CONTINUUM OF CARE CURRENTLY OFFERED AT RPH BY CLEARLY LINKING OUR CLINICAL SERVICES WITH OUR COMMUNITY-BASED SERVICES THROUGH THIS COMMUNITY BENEFIT PROCESS THE IMPLEMENTED COMMUNITY BENEFIT PLAN WILL BE INTEGRATED INTO THE STRATEGIC ORGANIZATIONAL GOALS OF RPH THE PLAN PROGRESS WILL BE MONITORED TO ENSURE TIMELY IMPLEMENTATION FURTHER COLLABORATIVE PARTNERSHIPS WILL BE INTEGRAL TO THE SUCCESS OF THE PLAN THE RPH COMMUNITY HEALTH NEEDS ASSESSMENT BEGAN WITH A REVIEW OF PRIMARY DATA SOURCES, SPECIFICALLY SURVEY AND FOCUS GROUP DATA THAT HAD BEEN COLLECTED THROUGHOUT 2015 AND EARLY 2016 DUE TO THE LIMITATIONS SURROUNDING HEALTH NEEDS PERCEPTIONS CONTAINED IN THE COLLECTED INFORMATION FROM THE FOUR COUNTIES, SECONDARY DATA SOURCES WERE HEAVILY USED FOR THIS ASSESSMENT THE SECONDARY DATA SOURCES INCLUDED THE MOST RECENT COUNTY HEALTH RANKINGS AND DATA COLLECTED THROUGH THE STRATEGIC PLANNING AND MARKETING DEPARTMENT (DEMOGRAPHIC INFORMATION, DISCHARGE DATA, ETC) RECENT INDICATORS OF HEALTH WERE COLLECTED FROM COMMUNITY COMMONS AND COMPARED TO COUNTY, STATE, NATIONAL AND HEALTHY PEOPLE 2020 REFERENCE DATA ALL INFORMATION WAS ASSEMBLED AND A 32 PERSON, CHNA GROUP CONSISTING OF COMMUNITY MEMBERS, HEALTH CARE PROVIDERS (PHYSICIANS AND NURSES), ADMINISTRATORS AND AN INDIVIDUAL WITH EXPERIENCE IN PUBLIC HEALTH WAS INVITED TO REVIEW THE FINDINGS THE DATA WAS STRATIFIED INTO THREE CATEGORIES WHICH INCLUDED CLINICAL CARE, HEALTH BEHAVIORS AND HEALTH OUTCOMES WITHIN THE FOUR COUNTIES THAT COMPRISE THE PRIMARY SERVICE AREA FOR RPH, FORTY-ONE INDICATORS OF HEALTH WERE IDENTIFIED TO BE WORSE THAN THE STATE, US OR HEALTHY PEOPLE 2020 GOAL ONCE THESE FORTY-ONE INDICATORS WERE IDENTIFIED, THEY WERE PRIORITIZED BY EACH INDIVIDUAL MEMBER OF THE CHNA GROUP THE HANLON METHOD USES A TWO-STEP PROCESS TO SCORE INDICATORS OF HEALTH THE FIRST STEP ENSURES THAT EACH NEED MEETS THE PEARL TEST WHICH INCLUDES PROPRIETY - IS AN INTERVENTION SUITABLE?, ECONOMICS- DOES IT MAKE ECONOMIC SENSE TO ADDRESS THE NEED?, ACCEPTABILITY- IS THE COMMUNITY OPEN TO ADDRESSING THIS NEED AND WILL IT ACCEPT THE INTERVENTION?, RESOURCES - ARE RESOURCES AVAILABLE?, LEGALITY- IS THE INTERVENTION LAWFUL? THE SECOND STEP OF THE HANLON METHOD REQUIRES ASSIGNING A SCORE FROM 1-10 FOR EACH NEED BASED IN REGARDS TO THE (1) SIZE OF THE PROBLEM (2) SERIOUSNESS OF THE PROBLEM AND (3) EFFECTIVENESS POTENTIAL OF AN INTERVENTION USING THIS METHODOLOGY, THE CHNA GROUP SCORED EACH OF THE UNMET NEEDS FROM WHICH SEVERAL PRIORITY NEEDS WERE IDENTIFIED FOR THE PRIMARY SERVICE AREA OF RPH FURTHER, ONCE SCORED, THE RESULTS WERE SHARED WITH THE CHNA GROUP FOR DISCUSSION THE GROUP WAS ALSO GIVEN THE OPPORTUNITY TO ADJUST ANY RANKINGS THIS PROCESS OF PRIORITIZATION CLASSIFIED THREE AREAS OF UNMET HEALTH CARE NEEDS IN SEQUENTIAL ORDER (HIGHEST TO LOWEST SCORE) THESE PRIORITY NEEDS INCLUDED * OBESITY (WITH A SUBSET FOCUS OF CHILDHOOD OBESITY) * ACCESS TO MENTAL HEALTH PROVIDERS (WITH A SUBSET FOCUS OF OPIATE USAGE) * CANCER INCIDENCE (WITH A SUBSET FOCUS OF TOBACCO USAGE) IN ADDITION TO THE PRIORITIES SET BY THE CHNA GROUP, TWO MORE UNMET COMMUNITY NEEDS WERE IDENTIFIED AND WILL BE DESCRIBED WITHIN THIS CHNA AS AREAS FOR POTENTIAL HEALTH IMPROVEMENT HOWEVER, DUE TO AVAILABLE RESOURCES THESE NEEDS WILL NOT BE ADDRESSED THROUGH AN IMPLEMENTATION STRATEGY IN THE SUBSEQUENT FISCAL YEARS THESE NEEDS INCLUDE ACCESS TO PRIMARY CARE AND DIABETES (ADULT POPULATION) HTTP://WWW.GUTHRIE.ORG/SITES/DEFAULT/FILES/RPH_CHNA_July2016.PDF -----
PART VI, LINE 3- PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	CHARITY CARE AVAILABILITY AND CONTACT INFORMATION ARE POSTED IN ALL REGISTRATION AREAS AND IN THE HOSPITAL'S BUSINESS OFFICE THE CHARITY CARE POLICY, APPLICATION, AND CONTACT INFORMATION ARE POSTED ON THE HOSPITAL'S WEBSITE SELF PAY PATIENTS ARE REFERRED TO THE HOSPITAL'S FINANCIAL COUNSELOR FROM PHYSICIAN OFFICES, SOCIAL WORKERS, OR SELF REFERRED THE FINANCIAL COUNSELOR AS WELL AS THE BUSINESS OFFICE STAFF FOLLOW UP WITH SELF PAY PATIENTS TO ASSESS THEIR NEED AND ASSIST IN DETERMINING THEIR ELIGIBILITY FOR SECURING A PAYMENT SOURCE (I E COBRA COVERAGE, SPECIAL NEEDS PROGRAM, MEDICAID, OTHER FEDERAL/STATE PROGRAMS, OR CHARITY CARE) STAFF ALSO ASSIST WITH THE APPLICATION PROCESS AS REQUESTED BY SELF PAY PATIENTS THE HOSPITAL'S BILLING STATEMENTS ALSO HAVE INFORMATION REGARDING WHOM TO CONTACT IN CASE A PATIENT NEEDS ASSISTANCE MEETING ITS FINANCIAL OBLIGATIONS -----

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4- COMMUNITY INFORMATION	ROBERT PACKER HOSPITAL (RPH) IS A NOT-FOR-PROFIT COMMUNITY TEACHING HOSPITAL AND A MEMBER OF THE GUTHRIE CLINIC (TGC) RPH LOCATED IN SAYRE, PA AND IS A 254-BED TERTIARY CARE HOSPITAL THAT SERVES THE SOUTHERN TIER REGION OF NEW YORK AND THE NORTHERN TIER REGION OF PENNSYLVANIA THE PRIMARY SERVICE AREA FOR RPH INCLUDES BRADFORD COUNTY, PA, TIOGA COUNTY, PA, CHEMUNG COUNTY, NY, AND TIOGA COUNTY, NY IN FISCAL YEAR 2015, RPH HAD OVER 14,960 INPATIENT VISITS, MORE THAN 11,540 OUTPATIENT SUERGIES, 4,530 INPATIENT SURGERIES AND THE RPH EMERGENCY DEPARTMENT HAD OVER 33,000 VISITS FURTHER, DURING THE SAME TIME PERIOD, THERE WERE APPROXIMATELY 1,597 BIRHTS AND OVER 172,380 OUTPATIENT VISITS AT RPH RPH HAS RECEIVED NUMEROUS NATIONAL AWARDS FOR HIGH QUALITY PATIENT CARE SUCH AS THE TRUVEN TOP 50 CARDIOVASCULAR HOSPITAL AND WAS DESIGNATED ONE OF THE MOST CONNECTED HOSPITALS BY U S NEWS AND WORLD REPORT IN 2015 RPH IS A REGIONAL LEVEL II TRAUMA CENTER, ACCREDITED BY THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION AND IS SERVED BY GUTHRIE AIR, A REGIONAL AERO-MEDICAL HELICOPTER PROGRAM RPH OFFERS A FULL RANGE OF DIAGNOSTIC, MEDICAL AND SURGICAL SERVICES INCLUDING GUTHRIE CARDIAC AND VASCULAR CENTER, GUTHRIE RPH CHEST PAIN CENTER, GUTHRIE CANCER AND INFUSION CENTER, GUTHRIE BREAST CARE CENTER, GUTHRIE BEHAVIORAL HEALTH SCIENCE CENTER AND GUTHRIE WEIGHT LOSS CENTER GUTHRIE RPH MEDICAL IMAGING PROVIDES A WIDE RANGE OF DIAGNOSTIC AND THERAPEUTIC IMAGING STUDIES, INCLUDING COMPUTED TOMOGRAPHY AND A NEWLY UPGRADED MAGNETIC RESONANCE IMAGING, INTERVENTIONAL RADIOLOGY SERVICES, DIGITAL MAMMOGRAPHY WITH COMPUTER ASSISTED DETECTION, NUCLEAR MEDICINE INCLUDING NUCLEAR CARDIOLOGY AND SINGLE-PHOTON EMISSION COMPUTED TOMOGRAPHY, POSITRON EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY, ULTRASOUND INCLUDING VASCULAR AND OBSTETRIC ULTRASOUND, X-RAY AND FLUOROSCOPY MOREOVER, RPH ALSO HAS TEACHING PROGRAMS IN NURSING, RADIOLOGY, RESPIRATORY THERAPY, LABORATORY SCIENCES, GENERAL SURGERY, FAMILY PRACTICE, INTERNAL MEDICINE AND CARDIOVASCULAR SPECIALTIES THESE TEACHING AREAS ARE SUPPORTED BY AN ACTIVE SKILLS LAB AND RESEARCH FOUNDATION RPH MOSTLY SERVES A RURAL POPULATION OVER A LARGE GEOGRAPHIC AREA FROM FOUR COUNTIES COVERING THE TWIN TIER REGIONS OF NEW YORK AND PENNSYLVANIA THE PRIMARY SERVICE AREA OF RPH IS DEFINED AS 67 CONTIGUOUS ZIP CODES FROM WHICH OVER 75% OF THE INPATIENT POPULATION IS DERIVED THE 67 CONTIGUOUS ZIP CODES INCLUDE 241,643 PEOPLE, THE MAJORITY OF WHICH ARE WHITE, NON-HISPANIC, BETWEEN THE AGES OF 35-54 IN THE GEOGRAPHIC AREA, 40 7% OF INDIVIDUALS AGED TWENTY-FIVE OR OLDER HAVE AT LEAST A HIGH SCHOOL DEGREE WITH 28 1% AND 19 8% HAVING SOME COLLEGE AND BACHELOR'S DEGREE/HIGHER, RESPECTIVELY FROM 2010 UNTIL 2015 THERE WAS A 0 9% DECREASE IN THE OVERALL POPULATION SERVED BY RPH IT IS ANTICIPATED BETWEEN 2015 AND 2020, A SIMILAR DECREASE OF 0 5% WILL BE OBSERVED IN THE OVERALL POPULATION SERVED BY RPH -----
PART VI, LINE 5- PROMOTION OF COMMUNITY HEALTH	SEE SCHEDULE O, FORM 990, PART III, LINE 1- STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR MORE INFORMATION REGARDING HOW THE HOSPITAL FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNNITY -----

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6- DETAIL REGARDING AFFILIATED HEALTH CARE SYSTEM ROLES	ROBERT PACKER HOSPITAL IS PART OF THE GUTHRIE CLINIC SEE SCHEDULE O, FORM 990, PART III, LINE 1- STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR MORE INFORMATION

Schedule H (Form 990) 2017

Additional Data

Software ID:

Software Version:

EIN: 24-0795463

Name: ROBERT PACKER HOSPITAL

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ROBERT PACKER HOSPITAL GUTHRIE SQUARE SAYRE, PA 18840 WWW.GUTHRIE.ORG LICENSE# 440601	X	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
PART V, SECTION B, LINE 5- INPUT FROM COMMUNITY	THE ROBERT PACKER HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT BEGAN WITH A REVIEW OF PRIMARY DATA SOURCES, SPECIFICALLY SURVEY AND FOCUS GROUP DATA THAT HAD BEEN COLLECTED THROUGHOUT 2015 AND EARLY 2016 DUE TO THE LIMITATIONS SURROUNDING HEALTH NEEDS PERCEPTIONS CONTAINED IN THE COLLECTED INFORMATION FROM THE FOUR COUNTIES, SECONDARY DATA SOURCES WERE HEAVILY USED FOR THIS ASSESSMENT THE SECONDARY DATA SOURCES INCLUDED THE MOST RECENT COUNTY HEALTH RANKINGS AND DATA COLLECTED THROUGH THE STRATEGIC PLANNING AND MARKETING DEPARTMENT (DEMOGRAPHIC INFORMATION, DISCHARGE DATA, ETC) RECENT INDICATORS OF HEALTH WERE COLLECTED FROM COMMUNITY COMMONS AND COMPARED TO COUNTY, STATE, NATIONAL AND HEALTHY PEOPLE 2020 REFERENCE DATA ALL INFORMATION WAS ASSEMBLED AND A 32 PERSON, CHNA GROUP CONSISTING OF COMMUNITY MEMBERS, HEALTH CARE PROVIDERS (PHYSICIANS AND NURSES), ADMINISTRATORS AND AN INDIVIDUAL WITH EXPERIENCE IN PUBLIC HEALTH WAS INVITED TO REVIEW THE FINDINGS THE DATA WAS STRATIFIED INTO THREE CATEGORIES WHICH INCLUDED CLINICAL CARE, HEALTH BEHAVIORS AND HEALTH OUTCOMES WITHIN THE FOUR COUNTIES THAT COMPRISE THE PRIMARY SERVICE AREA FOR RPH, FORTY-ONE INDICATORS OF HEALTH WERE IDENTIFIED TO BE WORSE THAN THE STATE, US OR HEALTHY PEOPLE 2020 GOAL ONCE THESE FORTY-ONE INDICATORS WERE IDENTIFIED, THEY WERE PRIORITIZED BY EACH INDIVIDUAL MEMBER OF THE CHNA GROUP IN ADDITION TO THE CHNA GROUP, THIS REPORT IN ITS ENTIRETY WILL BE SHARED DURING REGULAR MEETINGS THROUGHOUT 2017 AND 2018 WITH THE S2AY RURAL HEALTH NETWORK, EAST CENTRAL DIVISION OF THE AMERICAN CANCER SOCIETY, TIOGA PARTNERSHIP FOR COMMUNITY HEALTH, AND THE CHEMUNG, SCHUYLER, AND STEUBEN HEALTH DEPARTMENTS FOR THEIR REVIEW, INPUT, AND SOLICITATION OF WRITTEN COMMENTS -----
PART V, SECTION B, LINE 6A- JOINT CHNA	ROBERT PACKER HOSPITAL'S CHNA WAS CONDUCTED JOINTLY WITH TROY COMMUNITY HOSPITAL AND CORNING HOSPITAL, AFFILIATED IRC SECTION 501(c)(3) TAX EXEMPT HOSPITAL ORGANIZATIONS -----

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
PART V, SECTION B, LINE 7 & 10- CHNA & IMP PLAN PUBLIC AVAILABILITY	A COPY OF THE ORGANIZATION'S MOST RECENT CHNA AND IMPLEMENTATION PLAN CAN BE FOUND AT https //www guthrie org/about-us/community-benefits/community-health-needs -assessment ----- -----
PART V, SECTION B, LINE 11- ADDRESSING THE NEEDS IDENTIFIED IN THE CHNA	FOR A COMPLETE DESCRIPTION ON HOW THE ORGANIZATION IS ADDRESSING THE NEEDS IDENTIFIED IN THE MOST RECENTLY COMPLETED CHNA, SEE THE FOLLOWING https //www guthrie org/about-us/community-benefits/community-health-needs -assessment DUE TO RESOURCE LIMITATIONS, THE FOLLOWING IDENTIFIED NEEDS WERE NOT ABLE TO BE ADDRESSED IN THE IMPLEMENTATION PLAN * ACCESS TO PRIMARY CARE * DIABETES -----

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
PART V, SECTION B, LINE 16A,B & C-FAP PUBLIC AVAILABILITY	A COPY OF THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, APPLICATION, AND PLAIN LANGUAGE SUMMARY CAN BE FOUND AT https //www guthrie org/patients-visitors/pay-my-bill/financial-assistance -----

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
ROBERT PACKER HOSPITAL

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

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

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

OMB No 1545-0047

2017

Open to Public
Inspection

Employer identification number
24-0795463

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)							
(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 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EDUCATIONAL AID - VARIOUS INDIVIDUALS	87	185,538			N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	DETAIL OF GRANTS TO INDIVIDUALS IN THE UNITED STATES HEALTH PROFESSION SCHOLARSHIPS - SENIORS MUST PLAN TO ENTER AN ACCREDITED COLLEGE, UNIVERSITY, HOSPITAL BASED NURSING, OR ALLIED HEALTH PROGRAM WITH CAREERS IN HEALTH PROFESSIONS, INCLUDING HOSPITAL ADMINISTRATION OR A PLANNED CAREER IN MEDICAL RESEARCH GUTHRIE EMPLOYEE SCHOLARSHIPS - THESE SCHOLARSHIPS ARE OFFERED TO CHILDREN OF FULL-TIME EMPLOYEES OF GUTHRIE SENIORS MUST PLAN TO ENTER AN ACCREDITED COLLEGE OR UNIVERSITY ANY CAREER INTEREST IS ALLOWED MANSFIELD UNIVERSITY SCHOLARSHIPS - AWARDED TO NURSING STUDENTS WHO MEET THE CRITERIA OF THE SCHOLARSHIP PROTOCOLS OTHER VARIOUS SCHOLARSHIPS/AWARDS - AWARDED TO ALLIED HEALTH STUDENTS OR CURRENT EMPLOYEES THAT MEET THE CRITERIA OF THE SCHOLARSHIP/AWARD PROTOCOLS ALL SCHOLARSHIPS ARE RECONCILED AND MONITORED ON A MONTHLY BASIS AS PART OF NORMAL OPERATING PROCEDURES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Name of the organization ROBERT PACKER HOSPITAL	Employer identification number 24-0795463
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Part I Questions Regarding Compensation

	Yes	No									
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td>☐ First-class or charter travel</td> <td>☐ Housing allowance or residence for personal use</td> </tr> <tr> <td>☐ Travel for companions</td> <td>☐ Payments for business use of personal residence</td> </tr> <tr> <td>☒ Tax indemnification and gross-up payments</td> <td>☐ Health or social club dues or initiation fees</td> </tr> <tr> <td>☐ Discretionary spending account</td> <td>☐ Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☒ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use										
☐ Travel for companions	☐ Payments for business use of personal residence										
☒ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees										
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)										
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b Yes										
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes										
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. <table border="0"> <tr> <td>☒ Compensation committee</td> <td>☒ Written employment contract</td> </tr> <tr> <td>☐ Independent compensation consultant</td> <td>☒ Compensation survey or study</td> </tr> <tr> <td>☐ Form 990 of other organizations</td> <td>☒ Approval by the board or compensation committee</td> </tr> </table>	☒ Compensation committee	☒ Written employment contract	☐ Independent compensation consultant	☒ Compensation survey or study	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee					
☒ 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: <table border="0"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td>4a</td> <td>No</td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td>4b Yes</td> <td></td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td>4c</td> <td>No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	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		
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									
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: <table border="0"> <tr> <td>a The organization?</td> <td>5a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>5b</td> <td>No</td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.	a The organization?	5a	No	b Any related organization?	5b	No					
a The organization?	5a	No									
b Any related organization?	5b	No									
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: <table border="0"> <tr> <td>a The organization?</td> <td>6a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>6b</td> <td>No</td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.	a The organization?	6a	No	b Any related organization?	6b	No					
a The organization?	6a	No									
b Any related organization?	6b	No									
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No									
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No									
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9										

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

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

See Additional Data Table

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	QUESTIONS REGARDING COMPENSATION GROSS-UP PAYMENTS ARE PERIODICALLY PROVIDED TO EMPLOYEES. ALL PAYMENTS ARE MADE PURSUANT TO WRITTEN ORGANIZATION POLICIES. -----
SCHEDULE J, PART I, LINE 3	COMPENSATION INFORMATION. EXECUTIVE COMPENSATION IS GENERALLY ESTABLISHED WITHIN A WRITTEN EMPLOYMENT AGREEMENT. COMPENSATION IS DETERMINED BASED ON MARKET STUDIES, PRESENTED TO THE GUTHRIE CLINIC COMPENSATION COMMITTEE, AND SUBSEQUENTLY APPROVED BY THE BOARD OF DIRECTORS. -----
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PARTICIPATION. THE GUTHRIE CLINIC ("TGC") HAS ESTABLISHED AN EMPLOYEE BENEFIT PLAN KNOWN AS THE GUTHRIE CLINIC 457(F) DEFERRED COMPENSATION PLAN (THE "PLAN") WHICH IS DESIGNED TO PROVIDE ELIGIBLE EMPLOYEES WITH DEFERRED COMPENSATION BENEFITS IN RECOGNITION OF THEIR DEDICATED AND VALUABLE SERVICE TO TGC. THE PLAN IS INTENDED TO BE AN INELIGIBLE DEFERRED COMPENSATION PLAN AS DESCRIBED IN SECTION 457(F) OF THE INTERNAL REVENUE CODE. EACH CONTRIBUTION VESTS AFTER THREE YEARS OF EMPLOYMENT PROVIDED THE PARTICIPANT REMAINS CONTINUOUSLY EMPLOYED. A PARTICIPANT SHALL BECOME FULLY VESTED IN THE PARTICIPANT'S 457(F) ACCOUNT BENEFIT UPON ATTAINING AGE 62, WITH 5 YEARS OF SERVICE. TGC SHALL DISTRIBUTE THE PARTICIPANT'S 457(F) ACCOUNT BENEFIT, LESS TAXES WITHHELD, THIRTY DAYS AFTER THE PARTICIPANT FIRST BECOMES VESTED IN THE PLAN. FOR YEARS SUBSEQUENT TO A PARTICIPANT ATTAINING AGE 62, THE PARTICIPANT SHALL BE ENTITLED TO THE PARTICIPANT'S DEFERRED COMPENSATION AMOUNT AS OF JULY 1ST IMMEDIATELY SUBSEQUENT TO THE DATE WHEN CREDITED. THE FOLLOWING INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN THE PLAN DURING THE YEAR AND/OR RECEIVED DISTRIBUTIONS DURING THE YEAR: JOSEPH SCOPELLITI - \$62,115; PAUL VERVALIN - NO DISTRIBUTION; CATHERINE MOHR - NO DISTRIBUTION; BRYAN FILLIPO - NO DISTRIBUTION.

Additional Data

Software ID:
Software Version:
EIN: 24-0795463
Name: ROBERT PACKER HOSPITAL

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARIE DROEGE FORMER PRESIDENT	(i)	73,945	11,032	357,786	9,916	5,960	458,639	0
	(ii)	0	0	0	0	0	0	0
1DANIEL J BROWN MD MEMBER BOD	(i)	0	0	0	0	0	0	0
	(ii)	491,916	20,000	0	17,550	11,854	541,320	0
2DANIEL SPORN MD CHAIRMAN	(i)	0	0	0	0	0	0	0
	(ii)	612,539	25,000	0	17,550	18,250	673,339	0
3PAUL VERVALIN PRESIDENT & COO (THRU 3/1/18)	(i)	0	0	0	0	0	0	0
	(ii)	429,675	17,156	185	16,200	19,711	482,927	0
4BARBARA PENNYPACKER VP SURGICAL SERVICES	(i)	177,270	4,387	0	11,808	11,854	205,319	0
	(ii)	0	0	0	0	0	0	0
5JOSEPH SAWYER PRESIDENT & COO (AS OF 3/1/18)	(i)	201,000	8,286	773	11,028	18,250	239,337	0
	(ii)	0	0	0	0	0	0	0
6SCOTT SILVESTRI CFO	(i)	0	0	0	0	0	0	0
	(ii)	257,067	11,560	0	16,118	18,250	302,995	0
7JOSEPH A SCOPELLITI MD MEMBER BOD	(i)	0	0	0	0	0	0	0
	(ii)	734,132	55,236	1,530	17,550	11,854	820,302	0
8BRIAN FILLIPO MD EVP-CHIEF MED QUALITY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	399,848	15,563	0	17,550	11,854	444,815	0
9MARC HARRIS PHYSICIAN	(i)	522,252	18,333	0	14,175	5,960	560,720	0
	(ii)	0	0	0	0	0	0	0
10JAMES RAFTIS PHYSICIAN	(i)	491,715	18,000	0	16,200	18,250	544,165	0
	(ii)	0	0	0	0	0	0	0
11CHARLES MCGURK PHYSICIAN	(i)	408,923	6,208	0	17,550	18,250	450,931	0
	(ii)	0	0	0	0	0	0	0
12GEORGE ELLIS PHYSICIAN	(i)	344,210	6,000	0	17,550	7,903	375,663	0
	(ii)	0	0	0	0	0	0	0
13CATHERINE MOHR EVP-CHIEF NURSING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	237,898	8,525	0	14,785	15,585	276,793	0
14DAVID BERTSCH MEMBER - BOD	(i)	0	0	0	0	0	0	0
	(ii)	434,791	0	0	16,200	18,250	469,241	0
15MICHAEL GUM DIRECTOR - SYSTEM PHARMACY	(i)	175,251	4,149	0	11,668	5,960	197,028	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493135060249
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2017
Department of the Treasury Internal Revenue Service Name of the organization ROBERT PACKER HOSPITAL			Open to Public Inspection
		Employer identification number 24-0795463	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS THE GUTHRIE CLINIC IS THE SOLE MEMBER OF ROBERT Packer Hospital THE GUTHRIE CLINIC IS A NONPROFIT HEALTH CARE ORGANIZATION INCORPORATED FOR THE PURPOSE OF CONDUCTING EXCLUSIVELY CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES THE GUTHRIE CLINIC (TGC) ACTS AS THE PARENT OF AN INTEGRATED SECTION 501(C)(3) HEALTH CARE DELIVERY SYSTEM, CONSISTING OF THE CORPORATION AND OTHER DIRECTLY AND INDIRECTLY CONTROLLED ENTITIES (SEE FORM 990, SCHEDULE R, FOR A LISTING OF THE AFFILIATES OF TGC) INCLUDING BUT NOT LIMITED TO GUTHRIE MEDICAL GROUP, P.C. (GMG) AND ROBERT PACKER HOSPITAL (RPH) THROUGH THE ACTIVITIES OF GMG, RPH AND ITS OTHER AFFILIATES (COLLECTIVELY REFERRED TO AS "GUTHRIE"), THE GUTHRIE CLINIC PROVIDES CHARITABLE COMMUNITY-BASED HEALTH CARE SERVICES AND PROGRAMS TO IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE AND COMMUNITIES SERVED BY ITS FACILITIES AND PROVIDERS THESE CHARITABLE ACTIVITIES INCLUDE PROVIDING PRIMARY CARE AND SPECIALTY PHYSICIAN SERVICES, AS WELL AS OPERATING A TERTIARY CARE TEACHING HOSPITAL, COMMUNITY HOSPITALS, A RESEARCH INSTITUTE, HOME CARE, AND HOSPICE CARE THE GUTHRIE RESEARCH INSTITUTE AND GUTHRIE CLINICAL RESEARCH FUNCTIONS OF THE DONALD GUTHRIE FOUNDATION, A SUBSIDIARY OF TGC, FURTHERS THESE CHARITABLE ACTIVITIES THROUGH PROVIDING PATIENT ACCESS TO THE REGION'S LARGEST PANEL OF CLINICAL TRIALS THE FACILITIES AND PROVIDER OFFICES OF GUTHRIE ARE LOCATED IN 23 COMMUNITIES THROUGHOUT THE NORTHERN TIER OF PENNSYLVANIA AND SOUTHERN TIER OF NEW YORK, WITH THE GREATEST CONCENTRATION OF SERVICES PROVIDED PRINCIPALLY IN BRADFORD COUNTY, PENNSYLVANIA AND CHEMUNG AND STEUBEN COUNTIES, NEW YORK THE VISION OF GUTHRIE IS TO HELP SHAPE THE DELIVERY OF HEALTH CARE IN THE REGION THROUGH WORKING COLLABORATIVELY WITH PHYSICIANS AND OTHER PROVIDERS, AND BY DISTRIBUTING ITS SERVICES THROUGHOUT THE REGION BASED ON COMMUNITY NEEDS GUTHRIE SEEKS TO BE THE PROVIDER OF CHOICE FOR PATIENTS IN THE TWIN TIER REGION, AND TO BE RECOGNIZED FOR ITS SUPERIOR QUALITY AND SERVICE IT ALSO STRIVES TO ADVANCE THE PRACTICE OF MEDICINE THROUGH ITS COMMITMENT TO TEACHING AND RESEARCH IN KEEPING WITH THIS VISION, THE CORE VALUES OF THE GUTHRIE CLINIC ARE AS FOLLOWS PATIENT-CENTEREDNESS, EXCELLENCE, AND TEAMWORK GUTHRIE PROVIDERS AND FACILITIES PROVIDE CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES BECAUSE IT DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE ON THE FINANCIAL STATEMENTS OF GUTHRIE ENTITIES COSTS FOR SERVICES AND SUPPLIES FURNISHED UNDER GUTHRIE'S CHARITY CARE POLICY AMOUNTED TO APPROXIMATELY \$1.21 MILLION IN 2018 AND \$1.35 MILLION IN 2017 WHEN MEASURED AT THE APPROPRIATE ENTITY'S ESTIMATED COST AS PART OF ITS CHARITABLE MISSION, GUTHRIE PROVIDES CARE THROUGH ITS HOSPITAL EMERGENCY DEPARTMENTS IT ENSURES THAT AN EMERGENCY-BASED TREATMENT OR HO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	SPITAL ADMISSION IS NOT DELAYED OR DENIED PENDING DETERMINATION OF COVERAGE OR A REQUIREME NT FOR PREPAYMENT OR DEPOSIT AS A RESULT OF THIS POLICY, GUTHRIE EXPERIENCED APPROXIMATELY \$2 16 MILLION AND \$2 56 MILLION IN BAD DEBTS FOR 2018 AND 2017, RESPECTIVELY IN ADDITIO N TO THE CHARITY CARE PROGRAM AND THE EMERGENCY DEPARTMENT BAD DEBTS DISCUSSED ABOVE, GUTHRIE SUPPORTS NUMEROUS OTHER CHARITABLE COMMUNITY ACTIVITIES. EXAMPLES OF THESE ACTIVITIES INCLUDE MEDICAL EDUCATION FOR PHYSICIANS AND NURSES, THE TRAUMA PROGRAM, AND MEDICAL RESEA RCH. THE ESTIMATED COST, NET OF REIMBURSEMENT, FOR THESE PROGRAMS WAS \$16 2 MILLION AND \$1 6 4 MILLION IN 2018 AND 2017, RESPECTIVELY. GUTHRIE ALSO PROVIDES SERVICES TO PATIENTS WHO PARTICIPATE IN THE MEDICAID PROGRAMS. REVENUES GENERATED FROM PATIENTS WHO PARTICIPATE IN THE MEDICAID PROGRAM ARE SUBJECT TO SUBSTANTIAL DISCOUNTS THAT RESULT IN REIMBURSEMENT FO R SERVICES RENDERED BELOW THE COST OF PROVIDING SUCH SERVICES. IN ORDER FOR PATIENTS TO ME ET THE GUIDELINES FOR THE MEDICAID PROGRAM, VARIOUS INCOME-BASED CRITERIA MUST BE MET THAT VALIDATE PATIENTS' INABILITY TO PAY FOR SERVICES AND INELIGIBILITY UNDER OTHER PROGRAMS. THE ESTIMATED LOSS INCURRED BY GUTHRIE FROM PROVIDING SERVICES TO MEDICAID PATIENTS AMOUNT ED TO \$52 15 MILLION AND \$43 12 MILLION IN 2018 AND 2017, RESPECTIVELY. THE TOTAL COST TO GUTHRIE IN SUPPORTING THESE CHARITABLE MISSION PROGRAMS WAS APPROXIMATELY \$71 72 MILLION A ND \$63 42 MILLION IN 2018 AND 2017, RESPECTIVELY. AS DISCUSSED, RPH AND THE GMG WORK CLOSE LY TOGETHER IN FULFILLING GUTHRIE'S CHARITABLE MISSION. A REGIONAL LEVEL II TRAUMA CENTER, RPH IS A TERTIARY CARE TEACHING HOSPITAL, LOCATED IN SAYRE, PENNSYLVANIA, SERVING THE SOU THERN TIER OF NEW YORK AND THE NORTHERN TIER OF PENNSYLVANIA. IT ALSO PROVIDES RESIDENCY P ROGRAMS IN FAMILY PRACTICE, INTERNAL MEDICINE, AND GENERAL SURGERY AS WELL AS A FELLOWSHIP PROGRAM IN VASCULAR SURGERY AND CARDIOVASCULAR DISEASE. MEDICAL STUDENT TRAINING IS PROV IDED FOR STUDENTS FROM AFFILIATED MEDICAL SCHOOLS. ALLIED HEALTH EDUCATION IS ALSO PROVIDE D FOR RESPIRATORY THERAPY, NURSING, LABORATORY SCIENCE, AND RADIOLOGIC TECHNOLOGY FOR STUD ENTS FROM PENNSYLVANIA AND NEW YORK COLLEGES AND UNIVERSITIES. CENTERS OF EXCELLENCE WITHI N RPH INCLUDE THE FOLLOWING: ADVANCED & MINIMALLY INVASIVE SURGERY, BEHAVIORAL HEALTH SERV ICES, BREAST AND IMAGING CENTER, COMPREHENSIVE CANCER CENTER, CARDIOVASCULAR CARE CENTER, THE CENTER FOR WOUND CARE AND HYPERBARIC MEDICINE, DIALYSIS CENTERS, JOINT CAMP PROGRAM FO R ORTHOPEDIC SURGERY, SPORTS MEDICINE, KIDNEY STONE TREATMENT CENTER, FIRST IMPRESSIONS BI RTHING CENTER, SLEEP DISORDERS TESTING, AND SPECIALTY EYE CARE. RPH STRIVES TO ENHANCE THE QUALITY OF LIFE IN THE COMMUNITIES IT SERVES BY PROVIDING SUPERIOR HEALTH CARE SERVICES A ND BY LEADING CONTINUOUS IMPROVEMENT OF COMMUNITY HEALTH. IT ACHIEVES THIS MISSION BY ORGA NIZING SERVICES AND DIRECTING RESOURCES TOWARD MEETING COMMUNITY HEALTH NEEDS THROUGH COLL ABORATION WITH COMMUNITY AGENC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III	IES AND BY COMPASSIONATE, EFFECTIVE, AND AFFORDABLE MEANS RPH WORKS CLOSELY WITH THE GMG TO ENSURE THAT THE SKILLS AND KNOWLEDGE OF THE MEDICAL STAFF PRODUCE THE MAXIMUM COMMUNITY HEALTH BENEFIT AS A MEMBER OF GUTHRIE, RPH INTEGRATES ITS PROGRAMS AND ACTIVITIES WITH THOSE OF THE LONG-TERM CARE AND EDUCATION AND RESEARCH DIVISIONS, SO THAT CONTINUITY AND SYNERGY RESULT AS PART OF TGC, THE VISION OF RPH IS TO PLAY A LEADERSHIP ROLE IN THE DEVELOPMENT AND PROVISION OF TERTIARY-LEVEL ACUTE CARE SERVICES EVIDENCE THAT RPH IS SUCCESSFULLY FULFILLING THIS ROLE CAN BE SEEN IN ITS CONTINUED ACCOMPLISHMENTS HIGHLIGHTS OF THOSE ACHIEVEMENTS INCLUDE CONTINUED ACCREDITATION BY THE PENNSYLVANIA TRAUMA SYSTEMS FOUNDATION BOARD AS A LEVEL II TRAUMA CENTER AND RECEIPT OF FULL CHEST PAIN CENTER ACCREDITATION WITH PCI (PERCUTANEOUS CORONARY INTERVENTION) FROM THE SOCIETY OF CARDIOVASCULAR PATIENT CARE GUTHRIE WEIGHT LOSS CENTER HAS BEEN ACCREDITED AS A LEVEL 1 FACILITY UNDER THE BARIATRIC SURGERY CENTER NETWORK (BSCN) ACCREDITATION PROGRAM OF THE AMERICAN COLLEGE OF SURGEONS (ACS) AS PART OF A FULLY-INTEGRATED HEALTH DELIVERY SYSTEM THAT ORGANIZES ITS SERVICES ON A REGIONAL BASIS AND IS ACCOUNTABLE FOR IMPROVING THE HEALTH OF THE POPULATION IT SERVES, RPH ACCEPTS RESPONSIBILITY FOR MEETING THE HEALTH CARE NEEDS OF THE COMMUNITY AND IS ABLE TO DOCUMENT THE COST EFFECTIVENESS AND QUALITY OF SERVICES PROVIDED CORNING HOSPITAL BREA ST CARE CENTER WAS AWARDED A FULL THREE-YEAR ACCREDITATION IN STEREOTACTIC BREAST BIOPSY BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR) AND RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES STROKE GOLD PLUS ACHIEVEMENT AWARD THE GMG IS A MULTI-SPECIALTY PHYSICIAN GROUP PRACTICE THAT INCLUDES NEARLY 350 SPECIALIST AND PRIMARY CARE PHYSICIANS AND MID-LEVEL PROVIDERS, HEADQUARTERED IN A FACILITY ADJACENT TO RPH PHYSICIANS WITHIN THE GMG PROVIDE COMPREHENSIVE MEDICAL CARE USING ADVANCED TECHNOLOGIES AND METHODOLOGIES FOR BOTH DIAGNOSIS AND TREATMENT FURTHER, THE GMG PROVIDES A BROAD RANGE OF EDUCATIONAL OPPORTUNITIES FOR PHYSICIANS AND OTHER HEALTH CARE PROVIDERS IT ALSO WORKS CLOSELY WITH THE RESEARCH INSTITUTE, WHERE RESEARCH CONTRIBUTES TO RECRUITING AND RETAINING PHYSICIAN SPECIALISTS TO SERVE THE REGION AND SUSTAINING PROFICIENT MEDICAL PRACTICES THE GMG IS COMMITTED TO THE ADVANCEMENT OF MEDICAL KNOWLEDGE AND SKILLS, AND EVERY EFFORT IS MADE TO PROVIDE PERSONAL, COMPASSIONATE MEDICAL CARE THE GMG OPERATES A REGIONAL OFFICE NETWORK IN 23 COMMUNITIES IN PENNSYLVANIA AND NEW YORK, ENCOMPASSING ALL OF THE MAJOR POPULATION CENTERS IN THE TWIN TIERS AREA MAJOR POPULATION CENTERS IN THE TWIN TIERS AREA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III (CONTINUED)	THE GUTHRIE CLINIC HAS DEVELOPED CERTAIN GUIDING PRINCIPLES FOR THE PROVISION OF PATIENT CARE, WHICH INCLUDE A COMMITMENT THE FOLLOWING * PRACTICE OF CLINICAL EXCELLENCE, * UTILIZATION OF THE SYNERGY OF A MULTI-SPECIALTY MEDICAL GROUP PRACTICE, * DEVELOPMENT OF AN INTEGRATED SYSTEM THAT PROVIDES A CONTINUUM OF CARE, * PROVISION OF LOCAL ACCESS TO CARE THROUGH SUPPORT OF A REGIONAL MEDICAL OFFICE NETWORK, * PROVISION OF SERVICES TO A DISTINCT GEOGRAPHIC REGION, AND * PROACTIVE OPERATIONS THE GMG, THROUGH THE PROVISION OF PRIMARY CARE SERVICES WITH EASE OF ACCESS TO SPECIALTY AND SUB-SPECIALTY CARE, FOCUSES ON MAKING AN INTEGRATED SYSTEM OF HEALTH CARE EASILY ACCESSIBLE TO PATIENTS WITH ITS PRIMARY CONCERN THE DIAGNOSIS AND TREATMENT OF DISEASE AND ILLNESS, IT ALSO SEEKS TO ACTIVELY IMPROVE THE HEALTH OF THE COMMUNITY IT SERVES THROUGH PREVENTION, HEALTH SCREENINGS, AND EDUCATION THE GMG WELCOMES ANY PATIENT SEEKING CARE ----- --- FORM 990, PART IV, LINE 12B DETAIL OF CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS WITH THE GUTHRIE CLINIC AND AFFILIATES -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP INFORMATION THE GUTHRIE CLINIC IS THE SOLE MEMBER OF ROBERT PACKER HOSPITAL -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERSHIP INFORMATION AS THE SOLE MEMBER OF ROBERT PACKER HOSPITAL, THE GUTHRIE CLINIC APPOINTS THE ORGANIZATION'S BOARD OF DIRECTORS -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERSHIP INFORMATION AS THE SOLE MEMBER OF ROBERT PACKER HOSPITAL, THE GUTHRIE CLINIC HAS APPROVAL RIGHTS OF CERTAIN BOARD DECISIONS -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW PROCESS THE FORM 990 OF THE ORGANIZATION IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW AND IS ALSO REVIEWED BY THE ORGANIZATION'S FINANCE PERSONNEL AND AN INDEPENDENT ACCOUNTING FIRM PRIOR TO FILING WITH THE IRS -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY THE CONFLICT OF INTEREST DISCLOSURE POLICY SETS FORTH THAT ALL PERSONS, INCLUDING EMPLOYEES, AGENTS AND BOARD/COMMITTEE MEMBERS, PARTICULARLY THOSE INVOLVED IN DECISION-MAKING FOR THE GUTHRIE CLINIC (TGC), ACT IN AN APPROPRIATE MANNER AND WILL NOT PARTICIPATE IN ANY ACTIONS THAT MIGHT CREATE A PERSONAL OR PROFESSIONAL CONFLICT OF INTEREST AND/OR NOT BE IN THE BEST INTEREST OF TGC ALL MEMBERS OF ANY TGH BOARD/ COMMITTEE AND TGH SENIOR MANAGEMENT MUST MAKE FULL DISCLOSURE OF ANY POSSIBLE CONFLICT OF INTEREST THROUGH THE USE OF THE CONFLICT OF INTEREST DISCLOSURE FORM AND REFRAIN FROM VOTING OR PARTICIPATING IN DECISION-MAKING INVOLVING ANY POSSIBLE CONFLICT OF INTEREST THE FORM IS DISTRIBUTED TO ALL BOARD/COMMITTEE MEMBERS AND EMPLOYEES (WHEN APPLICABLE) ANNUALLY BY THE TGC ADMINISTRATION OFFICE TGC BOARD/COMMITTEE MEMBERS OR EMPLOYEES MUST COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM THIS FORM SHOULD BE COMPLETED WHEN THERE IS ANY SITUATION WHERE A POSSIBLE CONFLICT OF INTEREST EXISTS, AND/OR ON AN ANNUAL BASIS AND/OR AT THE TIME OF APPOINTMENT OR ELECTION OF NEW BOARD/COMMITTEE MEMBERS IF THE FORM IS NOT COMPLETED WITHIN 13 MONTHS OF THE LAST SIGNING, THE TGC BOARD CHAIRMAN WILL BE ADVISED ANY INDIVIDUAL HAVING A CONFLICT OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON ANY MATTER SHOULD EXCUSE THEMSELVES FROM THE PORTION OF THE MEETING OR MEETINGS WHERE THE MATTER IS DISCUSSED AND NOT VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER THE MINUTES OF THE MEETING OR MEETINGS SHOULD REFLECT THE DISCLOSURE, THE ABSTENTION FROM VOTING, AND ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTED -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW AND APPROVAL EXECUTIVE COMPENSATION IS GENERALLY ESTABLISHED WITHIN A WRITTEN EMPLOYMENT AGREEMENT COMPENSATION IS DETERMINED BASED ON MARKET STUDIES, PRESENTED TO THE GUTHRIE CLINIC COMPENSATION COMMITTEE, AND SUBSEQUENTLY APPROVED BY THE BOARD OF DIRECTORS -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS THE ORGANIZATION'S FORM 1023 AND 990 ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST THE ORGANIZATION DOES NOT ROUTINELY MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DETAIL OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES EQUITY TRANSFER TO/FROM AFFILIATES \$(54,552,913) EQUITY TRANSFER FROM RPH AUXILIARY 247,967 PENSION ADJUSTMENT 1,995,386 INTEREST DIVIDEND INCOME ON INVESTMENTS 84,722 NET REALIZED GAINS AND LOSSES 96,236 ON RESTRICTED INVESTMENTS EARNINGS DISTRIBUTION 343,366 ----- TOTAL \$(51,785,236) -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2B	DETAIL OF CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS WITH THE GUTHRIE CLINIC AND AFFILIATES -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART X & SCHEDULE K	TAX EXEMPT BOND DETAIL ROBERT PACKER HOSPITAL HAS BEEN ALLOCATED A PORTION OF THE HEALTH CARE FACILITIES AUTHORITY OF SAYRE, HEALTH CARE REVENUE BONDS, SERIES 2007, FROM THE GUTHRIE CLINIC, A RELATED IRC SECTION 501(C)(3) ORGANIZATION SINCE THE GUTHRIE CLINIC REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THIS BOND HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE GUTHRIE CLINIC THE TOTAL OUTSTANDING ALLOCATED BALANCE FOR THE ROBERT PACKER HOSPITAL WAS \$34,790,507 AS OF JUNE 30, 2018 THIS AMOUNT IS INCLUDED IN OTHER LIABILITIES ROBERT PACKER HOSPITAL HAS BEEN ALLOCATED A PORTION OF THE CENTRAL BRADFORD PROGRESS AUTHORITY, HEALTH CARE REVENUE BONDS, SERIES 2012, FROM THE GUTHRIE CLINIC, A RELATED IRC SECTION 501(C)(3) ORGANIZATION SINCE THE GUTHRIE CLINIC REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THIS BOND HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE GUTHRIE CLINIC THE TOTAL OUTSTANDING ALLOCATED BALANCE FOR THE ROBERT PACKER HOSPITAL WAS \$7,500,000 AS OF JUNE 30, 2018 THIS AMOUNT IS INCLUDED IN OTHER LIABILITIES ROBERT PACKER HOSPITAL HAS BEEN ALLOCATED A PORTION OF THE CENTRAL BRADFORD PROGRESS AUTHORITY, HEALTH CARE REVENUE BONDS, SERIES 2011, FROM THE GUTHRIE CLINIC, A RELATED IRC SECTION 501(C)(3) ORGANIZATION SINCE THE GUTHRIE CLINIC REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THIS BOND HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE GUTHRIE CLINIC THE TOTAL OUTSTANDING ALLOCATED BALANCE FOR THE ROBERT PACKER HOSPITAL WAS \$31,300,650 AS OF JUNE 30, 2018 THIS AMOUNT IS INCLUDED IN OTHER LIABILITIES ROBERT PACKER HOSPITAL HAS BEEN ALLOCATED A PORTION OF THE CENTRAL BRADFORD PROGRESS AUTHORITY, HEALTH CARE REVENUE BONDS, SERIES 2016, FROM THE GUTHRIE CLINIC, A RELATED IRC SECTION 501(C)(3) ORGANIZATION SINCE THE GUTHRIE CLINIC REMAINS AS THE PRIMARY OBLIGOR OF THE BOND, ALL INFORMATION REGARDING THIS BOND HAS BEEN REPORTED ON THE FORM 990, SCHEDULE K OF THE GUTHRIE CLINIC THE TOTAL OUTSTANDING ALLOCATED BALANCE FOR THE ROBERT PACKER HOSPITAL WAS \$46,355,000 AS OF JUNE 30, 2018 THIS AMOUNT IS INCLUDED IN OTHER LIABILITIES -----

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MAINTENANCE AGREEMENT TOTAL FEES 4516386

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COLLECTIVE SERVICE TOTAL FEES 470377

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTANTS TOTAL FEES 2670700

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMP STAFF TOTAL FEES 8646391

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LOCUM SERVICES TOTAL FEES 1516946

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN FEES TOTAL FEES 17687414

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LAUNDRY TOTAL FEES 794924

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION DIAGNOSTIC TESTING TOTAL FEES 792670

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEACHING FEES TOTAL FEES 2051808

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER TOTAL FEES 13683145

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As Filed Data -

DLN: 93493135060249

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ROBERT PACKER HOSPITAL

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
24-0795463

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) TWIN TIER MANAGEMENT CORP INC PO BOX 310 SAYRE, PA 18840 23-2209439	MANAGEMENT CORP	PA	TGC	C CORP					No
(2) CORNING PROPERTIES INC 1 GUTHRIE DRIVE CORNING, NY 14830 38-3977095	REAL ESTATE HOLD	NY	CH	C CORP					No

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)RPHGUTHRIE AUXILIARY	C	503,000	

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 24-0795463
Name: ROBERT PACKER HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
ONE GUTHRIE SQUARE SAYRE, PA 18840 23-3055017	SUPPORTING	PA	501(c)(3)	12B,II	NA		No
ONE GUTHRIE SQUARE SAYRE, PA 18840 20-3979472	HEALTHCARE	PA	501(c)(3)	7	TGC		No
200 S WILBUR AVENUE SAYRE, PA 18840 24-6022957	MED RESEARCH	PA	501(c)(3)	4	TGC		No
275 GUTHRIE DRIVE TROY, PA 16947 24-0800337	HEALTHCARE	PA	501(c)(3)	3	TGC		No
ONE GUTHRIE SQUARE SAYRE, PA 18840 15-0532257	HEALTHCARE	NY	501(c)(3)	3	TGC		No
421 TOMAHAWK ROAD TOWANDA, PA 18848 23-2394345	HOME HEALTH	PA	501(c)(3)	10	TGC		No
151 MEETING STREET CHARLESTON, SC 29401 20-1090801	SUPPORTING	SC	501(c)(3)	12A,I	TGC		No
ONE GUTHRIE SQUARE SAYRE, PA 18840 22-2979677	NURSING FAC	NY	501(c)(3)	3	TGC		No
ONE GUTHRIE SQUARE SAYRE, PA 18840 25-0815795	HEALTHCARE	PA	501(c)(3)	3	TGC		No
1 GUTHRIE DRIVE CORNING, NY 14830 16-0393490	HEALTHCARE	NY	501(c)(3)	3	TGC		No
91 HOSPITAL DRIVE TOWANDA, PA 18848 24-0786657	HEALTHCARE	PA	501(C)(3)	3	TGC		No
91 HOSPITAL DRIVE TOWANDA, PA 18848 65-1160811	SUPPORTING	PA	501(C)(3)	12A,I	GTMH		No
200 SOUTH WILBUR AVE SAYRE, PA 18840 23-1650350	GIFT SHOP	PA	501(C)(3)	10	RPH	Yes	