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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Goshen Hospital Association Inc

Doing Business As
Goshen General Hospital

Number and street (or P O box if mail is not delivered to street address) | Room/suite
200 High Park Avenue

City or town, state or country, and ZIP + 4
Goshen, IN 46526

D Employer identification number
35-6001540

E Telephone number
(574) 535-2665

G Gross receipts $ 166,847,427

F Name and address of principal officer
JAMES DAGUE
2024 S Main St
Goshen, IN 46526

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www goshenhealth com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1946 | **M** State of legal domicile IN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE HEALTH OF OUR COMMUNITIES BY PROVIDING INNOVATIVE, OUTSTANDING CARE AND SERVICES

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5	Total number of employees (Part V, line 2a)	5	1,325
6	Total number of volunteers (estimate if necessary)	6	332
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	486,921	831,884
9	Program service revenue (Part VIII, line 2g)	157,459,087	168,187,524
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,747,922	-4,006,460
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,741,741	1,834,479
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	161,435,671	166,847,427
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	147,000	169,000
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	68,847,883	67,504,438
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	83,066,032	93,013,190
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	152,060,915	160,686,628
19	Revenue less expenses Subtract line 18 from line 12	9,374,756	6,160,799
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	164,218,753	176,858,376
21	Total liabilities (Part X, line 26)	67,818,274	64,892,445
22	Net assets or fund balances Subtract line 21 from line 20	96,400,479	111,965,931

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 2010-11-12

RANDY CHRISTOPHEL CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: deloitte tax llp
111 monument circle suite 2000
indianapolis, IN 462045108

EIN ▶

Phone no ▶ (317) 464-8600

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE MISSION OF GOSHEN GENERAL HOSPITAL IS TO IMPROVE THE HEALTH OF OUR COMMUNITIES BY PROVIDING INNOVATIVE, OUTSTANDING CARE AND SERVICES, THROUGH EXCEPTIONAL PEOPLE DOING EXCEPTIONAL WORK

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 133,989,439 including grants of $ 169,000) (Revenue $ 168,187,524)

Goshen Hospital Association, Inc is a non-denominational non-for-profit organization providing health care services for the general public as well as charity within the community - See Schedule O for Additional DetailThe mission of Goshen General Hospital is to improve the health of our communities by providing innovative, outstanding care and service, through exceptional people doing exceptional work The hospital's values include Compassion - and commitment to service with empathy Accountability - with integrity and action Respect - through treating other as you wish to be treated Excellence - in all we do Building upon our heritage and values, Goshen General Hospital will deliver exceptional healthcare in an integrated model to the communities we serve, achieving preeminence with commitment to quality, leadership, and innovation By 2015, we will achieve all elements of this vision by focusing on the following key areas - Providing high-quality care with compassion, value and state-of-the-art technology,- Creating an environment that fosters the highest level of enthusiasm, commitment, collaboration and satisfaction,- Strategically responding to our diverse community's changing healthcare needs, with increasing emphasis on wellness, and- Helping our communities to be the "best places" to live and work As a community hospital, Goshen General Hospital is dedicated to meeting the specific health care needs of our communities As a community leader, the hospital is committed to provide care in an innovative and dynamic environment The hospital has 123 patient beds and over 150 physicians on its medical staff in nearly 20 specialties These physicians, together with other dedicated professionals, provide a wide range of services including the following acute medical & surgical, emergency, home health, radiology, laboratory, cancer care, bariatrics, women's health, pain management, sleep studies, rehabilitation, patient and community health education and professional education Goshen General Hospital has consistently met national quality standards The hospital composite scores for publicly reported quality measures in the areas of Acute Myocardial Infarction, Pneumonia, Heart Failure, Surgical Care Improvement Project, and Hospital Outpatient exceed 95% in 2009 In addition, Healthcare Excel (Quality Improvement Organization for Indiana) reported that the hospital was above our Peer Group and overall State performance in all areas of our publicly reported measures for the 4 quarters ending March 31, 2010 The American Nurses Credentialing Center's (ANCC) Magnet Recognition Program for excellence in nursing services has designated Goshen General Hospital as a Magnet hospital Designated hospitals have successfully created a work environment that nurses find both personally and professionally rewarding, advancing the practice of nursing and improving patient outcomes Research shows that Magnet hospitals are more effective at attracting and keeping quality nurses Goshen General Hospital is among an elite group of only 2% of hospitals in the nation to be re-designated as a Magnet facility and the only facility in the region The Goshen Center for Cancer Care is accredited by the Commission on Cancer of the American College of Surgeons (CoC) Receiving care at a CoC-approved Center for Cancer Care assures that patients will have access to - Quality care close to home - Comprehensive care offering a range of state-of-the art services and equipment - A multidisciplinary team approach to coordinate the best treatment options available to cancer patients - Participation in cancer clinical trials, education and support - Lifelong patient follow-up through a cancer registry that collects data on type and stage of cancers and treatment results - Ongoing monitoring and improvement in care The Center for Cancer Care is a leader in innovative cancer treatment We were among the first to adopt a comprehensive, multidisciplinary approach to cancer treatment We offer holistic programs for strengthening minds as well as bodies, place a premium on family involvement and spiritual needs, and encourage patients to play a decision-making role in treatment selection The Center for Cancer Care has specially trained surgical oncologists, a breast surgeon, medical oncologists, a radiation oncologists, naturopathic practitioners and highly distinguished Magnet designated nurses Goshen General Hospital improves the health and well-being of its communities by providing community wellness and education programs Through local partnerships, the hospital identifies health issues and creates programs to ensure our community is the healthiest place to live, work and raise a family The first of these programs cover CPR, EMS, Diabetes, Childbirth, Fitness, Nutrition, Community Education and Health Screenings and Elkhart County Childhood Obesity Initiative The CPR class is for anyone - professionals or private citizens - who want to know how to perform life-saving cardiopulmonary resuscitation, first aid classes are also offered EMS training is available for persons interested in becoming Emergency Medical Technicians or firefighters The diabetes education helps people delay the onset and slow the progression of complications from this disease It includes seminars, support groups, consultations and screenings Childbirth education prepares expectant mothers and their families during this significant time in their life Classes review many aspects of childbirth including labor rehearsal, cesarean deliveries, single-teen issues, breast feeding and a class just for siblings In addition to various community wellness and education programs, Goshen General Hospital provides a full-service resource for comprehensive health information and assistance Nurse on Call (NOC) is full-service, multi-lingual health information, referral and nurse triage telephone service available 24 hours a day, 7 days week NOC is staffed by specially trained, knowledgeable and experienced registered nurses This free service provides medical guidance when sick or injured, information on physicians in the area, referrals to community resources and registration for classes and events Annually, Goshen General Hospital makes contributions to well-deserving organizations from Goshen and the surrounding communities The hospital supports area non-profit agencies that shares its mission, vision and values through the Community Benefit Fund The program is an effort to further the impact these organizations can make and increase the number of beneficial programs available to the community In 2009, the hospital provided over $169,000 to 39 organizations Since its inception in 1998, the Community Benefit Fund has given over $1 3 million in grant money Goshen General Hospital provides health care services to all members of the communities regardless of their ability to pay The hospital offers financial assistance to those patients unable to pay all or a portion of their bill and who are unable to qualify for assistance through federal and state government assistance programs Patients are asked to complete a financial aid application to determine their eligibility for financial assistance The hospital provides the assistance of a financial advocate to help patients complete this application and to investigate other forms of available assistance In 2009, the hospital extended charity care to over 2,977 patients totaling $4 8 million Goshen General Hospital also partners with a local financial institution to provide a flexible and affordable financing solution for a patient's medical care

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

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

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

4e **Total program service expenses** ▶ $ 133,989,439

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **Yes** / **No**	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	100		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,325		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	16		
b	Enter the number of voting members that are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2 Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5	No
6	Does the organization have members or stockholders?			6 Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			7a Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			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	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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 a or b, 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ▶ IN

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 make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Director of Finance
200 High Park Avenue
Goshen, IN 46526
(574) 535-2665

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	3,274,513	666,384	142,160

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 9

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Gerig Surgical Services 303 South Main Street Mishawaka, IN 46544	SURGICAL AND ON-CALL SERVICES	989,671
Elkhart General Hospital PO Box 1329 Elkhart, IN 46514	Laundry services	422,481
Spectron MRC LLC 17490 Dugdale Drive South Bend, IN 46635	medical supplies	252,380
Varian Medical Systems 70140 Network Place Chicago, IL 40673	maintenance contracts	248,558
Deloitte Tax LLP PO Box 2079 Carol Stream, IL 60132	consulting tax services	218,981
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 8		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	48,815			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	783,069			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		831,884			
Program Service Revenue			Business Code				
	2a	PATIENT CARE	621,110	168,187,524	168,187,524		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		168,187,524			
	3	Investment income (including dividends, interest and other similar amounts)		-4,006,460			-4,006,460
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	883,780				
	b	Less rental expenses					
	c	Rental income or (loss)	883,780				
	d	Net rental income or (loss)		883,780			883,780
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	FOOD SERVICE REVENUE	721,000	436,168			436,168
	b	OTHER ONCOLOGY REV MIS	621,500	237,617	237,617		
	c	FINANCE CHARGES	561,000	195,950	195,950		
	d	All other revenue		80,964	80,964		
	e	**Total.** Add lines 11a–11d		950,699			
	12	**Total revenue.** See Instructions		166,847,427	168,702,055	0	-2,686,512

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) but are not required to complete columns (B), (C), and (D).

	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 governments and organizations in the U S See Part IV, line 21	169,000	169,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,554,823		1,554,823	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	50,341,217	33,133,491	17,207,726	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,061,972	1,340,282	721,690	
9	Other employee benefits	9,960,424	6,474,276	3,486,148	
10	Payroll taxes	3,586,002	2,330,901	1,255,101	
11	Fees for services (non-employees)				
a	Management	36,132		36,132	
b	Legal	166,796		166,796	
c	Accounting				
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees	35,057	35,057		
g	Other	10,682,849	10,682,849		
12	Advertising and promotion	2,674,661	2,674,661		
13	Office expenses	2,305,182	2,305,182		
14	Information technology	692,945	692,945		
15	Royalties				
16	Occupancy	1,262,180	1,262,180		
17	Travel	540,077	540,077		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,268,773		2,268,773	
21	Payments to affiliates	5,350,732	5,350,732		
22	Depreciation, depletion, and amortization	10,139,011	10,139,011		
23	Insurance	1,104,547	1,104,547		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	drugs and medical suppl	31,651,887	31,651,887	0	0
b	bad debt	16,781,340	16,781,340	0	0
c	repairs & maintenance	4,098,698	4,098,698	0	0
d	dues & subscriptions	281,720	281,720	0	0
e	drugs and medical suppl	0			
f	All other expenses	2,940,603	2,940,603		
25	**Total functional expenses.** Add lines 1 through 24f	160,686,628	133,989,439	26,697,189	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,513,667	1	7,372,491
	2	Savings and temporary cash investments		2,670,000	2	9,844,800
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		21,108,195	4	24,506,410
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		555,277	7	-86,357
	8	Inventories for sale or use		3,960,907	8	4,040,433
	9	Prepaid expenses and deferred charges		2,057,083	9	1,677,762
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 172,713,128			
	b	Less accumulated depreciation	10b 79,179,898	97,678,280	10c	93,533,230
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		29,798,262	12	35,198,195
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		315,810	14	213,366
	15	Other assets See Part IV, line 11		561,272	15	558,046
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		164,218,753	16	176,858,376
Liabilities	17	Accounts payable and accrued expenses		16,613,311	17	15,547,833
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		49,037,847	24	47,734,007
	25	Other liabilities Complete Part X of Schedule D		2,167,116	25	1,610,605
	26	**Total liabilities.** Add lines 17 through 25		67,818,274	26	64,892,445
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		96,400,479	27	111,965,931
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, 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		96,400,479	33	111,965,931
	34	Total liabilities and net assets/fund balances		164,218,753	34	176,858,376

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Goshen Hospital Association Inc

Employer identification number
35-6001540

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Goshen Hospital Association Inc

Employer identification number
35-6001540

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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" to 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's 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 XIV

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" to 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 XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,642,085		6,642,085
b Buildings		79,399,595	22,037,182	57,362,413
c Leasehold improvements		490,753	117,072	373,681
d Equipment		82,606,981	57,025,644	25,581,337
e Other		3,573,714		3,573,714
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				93,533,230

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other Board Designated Funds	33,952,548	F
Cancer Center Investment	1,245,647	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	35,198,195	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Asset retirement obligation	225,857
Deferred compensation	511,336
Deferred Medical malpractice	307,066
Interest rate swap	566,346
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,610,605

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Goshen Hospital Association Inc

Employer identification number
35-6001540

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheets 1 and 2)			2,267,727		2,267,727	1 410 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			9,377,899		9,377,899	5 840 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			11,645,626		11,645,626	7 250 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			22,649		22,649	0 010 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			23,468,804	28,929,828	-5,461,024	0 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			344,446		344,446	0 210 %
j **Total** Other Benefits			23,835,899	28,929,828	-5,093,929	0 220 %
k **Total.** Add lines 7d and 7j			35,481,525	28,929,828	6,551,697	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(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			111,216	111,216		
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**			111,216	111,216		

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	16,781,340		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	1,092,000		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	25,659,572		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	32,474,294		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-6,814,722		
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	Does the organization have a written debt collection policy?		9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
GOSHEN GENERAL HOSPITAL 200 HIGH PARK AVENUE GOSHEN,IN 46526	X	X					X		
GOSHEN HEALTH SYSTEM 200 HIGH PARK AVENUE GOSHEN,IN 46526		X							
NEW PARIS MEDICAL CLINIC 2018 SOUTH MAIN STREET GOSHEN,IN 46526		X							
INDIANA LAKES MANAGED CARE 200 HIGH PARK AVENUE GOSHEN,IN 46526		X							
THE RETREAT WOMEN'S HEALTH CENTER 1135 PROFESSIONAL DRIVE Goshen,IN 46526		X							

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 7f A detailed collection policy is followed Bad debt costs are based upon management's assessment of expected collections taking into consideration business and economic conditions These allowances are periodically reviewed for accuracy and if any further actions are required

Part I, Line 7 A cost-to-charge ratio derived from Schedule H, Worksheet 2, Ratio of Patient Care Cost-to-Charges, was used to determine costs for lines A through C reported in the table

Part III, Line 4 A detailed collection policy is followed Bad debt costs are based upon management's assessment of expected collections taking into consideration business and economic conditions These allowances are periodically reviewed for accuracy and if any further actions are required THE FOLLOWING NARRATIVE ADDRESSES THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WHICH IS INCLUDED IN THE FOOTNOTES IN THE FINANCIAL STATEMENTS FOR GOSHEN HEALTH SYSTEM, INC THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON ESTIMATED COLLECTIONS BY PAYOR CATEGORY AND AGING THE RESULTS OF THESE ESTIMATES ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN ADDITION, THE SYSTEM HAS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES

Part III, Line 8 ACTUAL MONTH TO DATE AND YEAR TO DATE REVENUES, CONTRACTUALS, REVENUE AND ACCOUNTS RECEIVABLE RELATED RATIOS, AND REVENUE RELATED STATISTICS (DAYS, DISCHARGES, ETC) ARE COMPARED TO BUDGET AND PRIOR YEAR AMOUNTS ON A MONTHLY BASIS BY CFO OF GOSHEN HOSPITAL, DEPARTMENT HEADS AND FINANCIAL REPRESENTATIVES ADDITIONALLY, ACTUAL CONTRACTUAL ALLOWANCE AS A PERCENTAGE OF GROSS ACCOUNTS RECEIVABLE AND CONTRACTUAL PROVISION AS A PERCENTAGE OF GROSS PATIENT CHARGES COMPARED TO BUDGETED AND PRIOR YEAR AMOUNTS ARE MONITORED THIS IS DONE AS PART OF THE HOSPITAL'S MONTHLY CLOSE PROCESS EXPLANATIONS TO VARIANCES (OR NON-VARIANCES WHEN EXPECTED) ARE RESEARCHED AND PROVIDED BY THE APPROPRIATE PERSONNEL AND REVIEWED WITH MANAGEMENT OF THE HOSPITAL THE FINANCE DEPARTMENT ALSO CONSIDERS THESE KEY PERFORMANCE INDICATORS WHEN DEVELOPING THEIR ESTIMATES OF CONTRACTUAL ALLOWANCES TO ENSURE RECORDED AMOUNTS APPEAR REASONABLE BASED ON ACTUAL DATA AVAILABLE FINANCIAL REPRESENTATIVES PREPARE AND UPDATE THE CONTRACTUAL ALLOWANCE MODEL A MINIMUM OF THREE TIMES THROUGHOUT THE YEAR AS A BASIS FOR ALL THIRD PARTY PAYORS BASED ON ACTUAL STATISTICS (E G DISCHARGES, DAYS, ETC) AND ON CURRENT REIMBURSEMENT RATES THE MODEL ANALYZES PATIENT RECEIVABLES AND CONTRACTUAL ALLOWANCE BY PAYOR AND BY PATIENT STATUS THE MODEL ESTIMATES THE COLLECTABILITY OF PATIENT ACCOUNTS BASED ON HISTORICAL COLLECTION RATES FINANCE COLLEAGUES ALSO UPDATE THE MODEL TO ACCOUNT FOR CHANGES IN REIMBURSEMENT RULES AFTER THE MODEL IS PREPARED, IT IS REVIEWED BY THE CHIEF FINANCIAL OFFICER FOR APPROPRIATENESS AND REASONABLENESS CONTRACTUAL ALLOWANCE CALCULATIONS ARE RECONCILED TO THE GENERAL LEDGER ON A MONTHLY BASIS ONCE THE CALCULATION IS PREPARED, THE FINANCE DEPARTMENT ADJUSTS THE GENERAL LEDGER ACCOUNTS

Part III, Line 9b Financial assistance is granted to those patients unable to pay all or a portion of their bill and who are unable to qualify for assistance through federal and state government assistance programs If after insurance reimbursement additional assistance is needed, all patients may obtain financial assistance if the income criteria are met All financial assistance applications are based on policy guidelines Uninsured patients are required to provide documentation and an application When approved, the adjustment is applied to the patient's account For patients who do not qualify for charity care of financial assistance, payment plans and lump sum settlements are available Goshen General Hospital also partners with a local financing institution to provide a flexible and affording financing solution

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 As a community hospital, Goshen General Hospital is dedicated to meeting the specific health care needs of our community The hospital has 123 patient beds and over 150 physicians on its medical staff in nearly 20 specialties These physicians, together with other dedicated professionals, provide a wide range of services including the following acute medical & surgical, emergency, home health, radiology, laboratory, cancer care, bariatrics, women's health, pain management, sleep studies, rehabilitation, patient and community health education and professional education The Center for Cancer Care is a leader in innovative cancer treatment We were among the first to adopt a comprehensive, multidisciplinary approach to cancer treatment We offer holistic programs for strengthening minds as well as bodies, place a premium on family involvement and spiritual needs, and encourage patients to play a decision-making role in treatment selection The Center for Cancer Care has specially trained surgical oncologists, a breast surgeon, medical oncologists, a radiation oncologists, naturopathic practitioners and highly distinguished Magnet designated nurses Goshen General Hospital improves the health and well-being of its communities by providing community wellness and education programs Through local partnerships, the hospital identifies health issues and creates programs to ensure our community is the healthiest place to live, work and raise a family The first of these programs cover CPR, EMS, Diabetes, Childbirth, Fitness, Nutrition, Community Education and Health Screenings and Elkhart County Childhood Obesity Initiative The CPR class is for anyone - professionals or private citizens - who want to know how to perform life-saving cardiopulmonary resuscitation, first aid classes are also offered EMS training is available for persons interested in becoming Emergency Medical Technicians or firefighters The diabetes education helps people delay the onset and slow the progression of complications from this disease It includes seminars, support groups, consultations and screenings Childbirth education prepares expectant mothers and their families during this significant time in their life Classes review many aspects of childbirth including labor rehearsal, cesarean deliveries, single-teen issues, breast feeding and a class just for siblings In addition to various community wellness and education programs, Goshen General Hospital provides a full-service resource for comprehensive health information and assistance Nurse on Call (NOC) is full-service, multi-lingual health information, referral and nurse triage telephone service available 24 hours a day, 7 days week NOC is staffed by specially trained, knowledgeable and experienced registered nurses This free service provides medical guidance when sick or injured, information on physicians in the area, referrals to community resources and registration for classes and events

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 charity care policy

Part VI, Line 3 Uninsured patients are screened during the pre-registration process for eligibility in the Healthy Indiana Plan and for any other known sources of financial assistance All registration locations have financial assistance forms available for self-pay patients to complete and will have information on the criteria and process for applying for financial assistance Applications are also provided to any patients with a balance due who may qualify for financial assistance Counselors are available to patients to aid in the application process including the collection of information to complete the application Payment options and information on financial assistance is available on the hospital's website Patients may download a preliminary application, and the patient agreement associated with financial assistance from the website This information is available in English and Spanish

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 Goshen Hospital Association, Inc serves the northern Indiana area in Elkhart County According to the 2000 Census, the population of Elkhart County is 182,791 The median income for a household in Elkhart County based on the 2000 census is $49,989 and the median income for a family is $50,438 Approximately 5 8% of families and 7 8% of the population were below the poverty line, including 10 2% of those under the age 18 and 6 5% of those age 65 and over The racial makeup of the County was about 86 4% white, 5 2% African American, and 8 4% other races 8 92% of the population is Hispanic or Latino or any race

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 Goshen Hospital Association, Inc hosted numerous community building activities during 2009 Community wellness and education programs have improved the health and well-being of its communities Community health education classes include Aphasia, Bone & Joint, Cancer, Celiac Disease, Childbirth Education, Childhood Obesity, Diabetes, Fitness/weight Management, Food & Nutrition, Financial Management, Grief/Bereavement, H1N1, CPR Instructor Course, Heimlich Maneuver Training, Pet First Aid & CPR, EMT Basic, Heart Health, Nursing, Safety, Sleep, and Women's Health

6 Provide any other information important to describing how the organization's hospitals 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)

Part VI, Line 6 All of the hospital's governing body is comprised of persons who reside in the organization's primary service area A majority of the board members are independent of the organization The governing body approves medical staff privileges as indicated in the organization's credentialing and privileging policies and as recommended by the Medical Executive Committee of the hospital The hospital's governing body approves the annual operating budget for the hospital and the expenditure of capital funds above certain dollar amounts The governing body also participates in strategic planning initiatives to determine goals objectives focused on patient care for the community

7 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 communites served

Part VI, Line 7 Hospital management provides Clarian Health with the hospital's annual operating budget and key strategic objectives In addition, the hospital management provides Clarian Health with various key metrics involving patient satisfaction, patient quality and colleague satisfaction Clarian Health reviews the data to ensure key initiatives are focused towards the promoting and meeting the healthcare needs of the communities In addition, the hospital collaborates with Clarian Health to provide necessary nursing education and physician recruitment to assist in meeting the health needs of the community

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Goshen Hospital Association Inc

Employer identification number
35-6001540

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADEC INCPO BOX 398 Bristol,IN 46573	351060633	501(c)(3)	7,000				ADEC Summer Camp and Corporate Guardianship Program
BASHOR CHILDREN'S HOMEPO BOX 843 GOSHEN,IN 46257	350933555	501(c)(3)	10,000				SUMMER SCHOOL PROGRAM
BOYS AND GIRLS CLUB OF GREATER GOSHEN INCPO BOX 614 GOSHEN,IN 46257	351033735	501(c)(3)	15,000				DRUG PREVENTION PROGRAM
ELKHART COUNTY AMERICAN RED CROSS721 RIVERVIEW AVE ELKHART,IN 46516		501(c)(3)	10,000				EMERGENCY SUPPLIES FOR MAJOR LOCAL DISASTERS
GOSHEN COLLEGE DEPARTMENT OF NURSING 1700 NORTH MAIN GOSHEN,IN 46526	352158366	501(c)(3)	8,000				NURSING SCHOLARSHIPS
HISPANIC-LATINO HEALTH COALITION OF ELKHART COUNTY323 STOCKER CT ELKHART,IN 46257	320039221	501(c)(3)	10,000				ANNUAL HEALTH FAIR
LACASA OF GOSHEN202 N COTTAGE AVE GOSHEN,IN 46258	351554538	501(c)(3)	10,000				HOME OWNERNSHIP CENTER
MAPLE CITY HEALTH CARE CENTER213 MIDDLEBURY ST GOSHEN,IN 46258	351749398	501(c)(3)	20,000				TO PROVIDE HEALTH CARE TO LOW-INCOME, UNINSURED, AND UNDERINSURED FAMILIES
UNITED CANCER SERVICES OF ELKHART COUNTY23971 US 33 EAST ELKHART,IN 46517	351091429	501(c)(3)	10,000				TO FUND PROGRAMS ADDRESSING CANCER ISSUES

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 9

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Other Information	Part IV	THE ORGANIZATIONS' PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S CONSISTS OF REQUIRING THE COMPLETION OF A FOLLOW-UP REPORT FORM WITH THE SUBSEQUENT GRANT FUND APPLICATIONS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Goshen Hospital Association Inc

Employer identification number
35-6001540

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Edward Boyts md	(i)	0	0	0	0	0	0	0
	(ii)	142,222	70,596	100	0	6,643	219,561	0
Daniel Bruetman md	(i)	0	0	0	0	0	0	0
	(ii)	429,639	23,827	0	0	9,768	463,234	0
James Dague	(i)	424,474	149,160	57,212	0	4,932	635,778	0
	(ii)	0	0	0	0	0	0	0
Amy Floria	(i)	169,531	33,733	32,308	0	8,154	243,726	0
	(ii)	0	0	0	0	0	0	0
Randy Christophel	(i)	261,756	71,840	61,828	0	7,174	402,598	0
	(ii)	0	0	0	0	0	0	0
Alan Weldy	(i)	212,101	52,458	28,422	0	3,013	295,994	0
	(ii)	0	0	0	0	0	0	0
Poopalasingham Poovendran	(i)	423,982	14,673	75,462	21,956	8,929	545,002	0
	(ii)	0	0	0	0	0	0	0
Maria Garcia	(i)	247,159	0	23,180	22,000	1,282	293,621	0
	(ii)	0	0	0	0	0	0	0
Min Yan	(i)	267,542	0	39,134	16,500	3,261	326,437	0
	(ii)	0	0	0	0	0	0	0
RANDALL CAMMENGA	(i)	225,750	59,895	40,192	22,000	4,074	351,911	0
	(ii)	0	0	0	0	0	0	0
JOSEPH GAGLIARDI	(i)	219,637	55,100	27,984	0	2,474	305,195	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 4a	THE FOLLOWING INDIVIDUALS RECEIVED CONTRIBUTIONS TO A NON-QUALIFIED DEFERRED COMPENSATION PLAN RANDY CHRISTOPHEL - 23,511 JAMES DAGUE - 80,863 AMY FLORIA - 14,024 ALAN WELDY - 17,247 RANDALL CAMMENGA - 21,115 JOSEPH GAGLIARDI - 18,306

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Goshen Hospital Association Inc

Employer identification number
35-6001540

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
PRESS GANEY	LINDA BAXLEY IS A DIRECTOR OF GOSHEN HOSPITAL AND OFFICER OF PRESS GANERY	198,545	Conducting patient satisfaction survey		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Goshen Hospital Association Inc

Employer identification number
35-6001540

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		JAMES DAGUE, AMY FLORIA, ALAN WELDY, AND RANDY CHRISTOPHEL ALL SERVE AS OFFICERS OF BOTH GOSHEN HEALTH SYSTEM, INC AND GOSHEN HOSPITAL ASSOCIATION, INC GOSHEN HEALTH SYSTEM, INC IS THE SOLE MEMBER OF GOSHEN HOSPITAL ASSOCIATION, INC
Form 990, Part VI, Section A, line 6		GOSHEN HEALTH SYSTEM, INC IS THE SOLE MEMBER OF GOSHEN HOSPITAL ASSOCIATION, INC
Form 990, Part VI, Section A, line 7a		GOSHEN HEALTH SYSTEM, INC , AS THE SOLE MEMBER OF GOSHEN HOSPITAL ASSOCIATION, INC , HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF THE HOSPITAL
Form 990, Part VI, Section A, line 7b		ITEMS THAT REQUIRE APPROVAL OF GOSHEN HEALTH SYSTEM, INC INCLUDE ANY AMENDMENT OF THE OPERATING AGREEMENT, DISSOLUTION OF THE ORGANIZATION, OR THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE ORGANIZATION
Form 990, Part VI, Section B, line 11		THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS IN OCTOBER FOR REVIEW AND QUESTIONS BEFORE THE RETURN IS FILED WITH THE IRS
Form 990, Part VI, Section B, line 12c		EACH BOARD MEMBER COMPLETES AN ANNUAL DISCLOSURE OF KNOWN OR POTENTIAL CONFLICTS THE DISCLOSURES ARE REVIEWED BY THE VP-LEGAL ADDITIONALLY, WHEN AGENDA ITEMS ARE DISCUSSED AT MEETINGS, IT IS ASKED IF THERE ARE ANY KNOWN OR POTENTIAL CONFLICTS OF INTEREST, AND CONFLICTED PARTIES MUST RECUSE THEMSELVES
Form 990, Part VI, Section B, line 15		An independent committee approves the compensation which is determined to be reasonable based upon independent comparability data provided by an independent consultant Approval of amounts are documented in the minutes
Form 990, Part VI, Section C, line 19		GOSHEN HOSPITAL ASSOCIATION, INC WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2a-d		THE FINANCIAL STATEMENTS OF GOSHEN HOSPITAL ASSOCIATION, INC WERE AUDITED ON A CONSOLIDATED BASIS THE AUDIT COMMITTEE HAS BEEN DELEGATED AUTHORITY TO OVERSEE THE AUDIT OF THE FINANCIAL STATEMENTS

SCHEDULE R, PART V, LINE 2 GOSHEN HOSPITAL ASSOCIATION, INC USES THE FOLLOWING METHODS TO DETERMINE THE VALUE OF RELATED ORGANIZATION TRANSACTIONS -FAIR MARKET VALUE FOR SERVICES AND CASH -BOOK VALUE FOR OTHER ASSETS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Goshen Hospital Association Inc

Employer identification number
35-6001540

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

(a) Name, address, and EIN 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
NAPPANEE CLINIC LLC 200 HIGH PARK AVENUE GOSHEN, IN 46526 20-1068334	HEALTH CARE	IN			GOSHEN HEALTH SYSTEM INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Goshen Health System Inc 200 High Park Avenue Goshen, IN 46526 35-1974765	Health care	IN	501(C)(3)	11	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
INDIANA LAKES MANAGED CARE ORGANIZATION LLC 200 HIGH PARK AVENUE GOSHEN, IN46526 35-1946663	HEALTH CARE	IN	GOSHEN HEALTH SYSTEM INC	RELATED	-80,502	314,083		No			No
NEW PARIS LLC 2018 SOUTH MAIN STREET GOSHEN, ID46526 35-2075244	hEALTH CARE	IN	GOSHEN HEALTH SYSTEM INC	reLATED	11,606	191,041		No			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
PARKMOR DRUG INC 200 HIGH PARK AVENUE GOSHEN, IN46526 35-1394980	HEALTH CARE	IN	GOSHEN HEALTH SYSTEM INC	C	242,340	2,320,087	100 000 %
PARKPLAZA DRUG INC 200 HIGH PARK AVENUE GOSHEN, IN46526 35-1837804	HEALTH CARE	IN	GOSHEN HEALTH SYSTEM INC	C			100 000 %
CONTINUING CARE PHARMACY INC 200 HIGH PARK AVENUE GOSHEN, IN46526 35-1980157	HEALTH CARE	IN	GOSHEN HEALTH SYSTEM INC	C			100 000 %
Radiation Oncology Resources INC 200 HIGH PARK AVENUE GOSHEN, IN46526 26-2008424	HEALTH CARE	IN	gOSHEN HEALTH SYSTEM INC	C	-283,673	799,587	100 000 %

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r		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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	GOSHEN HEALTH SYSTEM INC	Q	5,350,732
(2)	GOSHEN HEALTH SYSTEM INC	N	9,561,573
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Software ID:
Software Version:
EIN: 35-6001540
Name: Goshen Hospital Association Inc

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Linda Baxley SECRETARY/TREASURER	1 00	X						0	0	0
Jesse Berger Director	1 00	X						0	0	0
Rao Betina MD Director	1 00	X						0	0	0
Derald Bontrager VICE CHAIRMAN	1 00	X						0	0	0
Edward Boyts md Director	1 00	X						0	212,918	6,643
Daniel Bruetman md director	1 00	X						0	453,466	9,768
Randy Cripe Director	1 00	X						0	0	0
Rob Cripe Director	1 00	X						0	0	0
Kevin Deary Past Board Chairman	1 00	X						0	0	0
Christopher Graff Director	1 00	X						0	0	0
David Koronkiewicz MD Director	1 00	X						0	0	0
Don Ogle Director	1 00	X						0	0	0
Jackie Park Director	1 00	X						0	0	0
Karen Pletcher Director	1 00	X						0	0	0
Martha Suzie Yeager CHAIRMAN	1 00	X						0	0	0
James Dague PRES AND CEO	40 00			X				630,846	0	4,932
Amy Floria CFO	40 00			X				235,572	0	8,154
Randy Christophel EVP & COO	40 00			X				395,424	0	7,174
Alan Weldy KEY EMPLOYEE	40 00				X			292,981	0	3,013
Poopalasingham Poovendra Physician	40 00					X		514,117	0	30,885
Maria Garcia Physician	40 00					X		270,339	0	23,282
Min Yan Physician	40 00					X		306,676	0	19,761
RANDALL CAMMENGA Physician	40 00					X		325,837	0	26,074
JOSEPH GAGLIARDI Senior Vice President	40 00					X		302,721	0	2,474

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
drugs and medical suppl	31,651,887	31,651,887	0	0
bad debt	16,781,340	16,781,340	0	0
repairs & maintenance	4,098,698	4,098,698	0	0
dues & subscriptions	281,720	281,720	0	0
drugs and medical suppl	0			