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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
GOSHEN HOSPITAL ASSOCIATION INC

Doing Business As
IU HEALTH GOSHEN 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 province, country, and ZIP or foreign postal code
GOSHEN, IN 46526

D Employer identification number
35-6001540

E Telephone number
(574) 535-2665

G Gross receipts $ 216,944,139

F Name and address of principal officer
RANDAL CHRISTOPHEL
200 HIGH PARK AVENUE
GOSHEN,IN 46526

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW IUHEALTH ORG/GOSHEN

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

L Year of formation 1946

M State of legal domicile IN

Part I Summary

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	1,506
6	Total number of volunteers (estimate if necessary)	**6**	369
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-302,364
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-302,364

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	126,834	227,536
9	Program service revenue (Part VIII, line 2g)	219,847,588	204,699,075
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,802,296	5,194,961
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,848,866	6,822,567
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	229,625,584	216,944,139
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	208,000	264,870
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	79,425,542	84,576,236
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	107,837,862	102,004,634
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	187,471,404	186,845,740
19	Revenue less expenses Subtract line 18 from line 12	42,154,180	30,098,399

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	253,624,903	284,452,212
21	Total liabilities (Part X, line 26)	68,217,308	59,029,069
22	Net assets or fund balances Subtract line 21 from line 20	185,407,595	225,423,143

Net Assets or Fund Balances

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: 2014-11-11

AMY FLORIA CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SAMANTHA BOKORI		2014-11-07		P01057347

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 2000
INDIANAPOLIS, IN 462045108 — 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

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

1 Briefly describe the organization's mission

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

4a (Code) (Expenses $ 153,995,254 including grants of $ 264,870) (Revenue $ 209,476,728)

IU HEALTH GOSHEN HOSPITAL 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 DETAIL THE MISSION OF IU HEALTH GOSHEN 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 OTHERS AS YOU WISH TO BE TREATED EXCELLENCE - IN ALL WE DO BUILDING UPON OUR HERITAGE AND VALUES, IU HEALTH GOSHEN 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, IU HEALTH GOSHEN HOSPITAL IS DEDICATED TO MEETING THE SPECIFIC HEALTH CARE NEEDS OF OUR COMMUNITIES AS A COMMUNITY LEADER, THE HOSPITAL IS COMMITTED TO PROVIDING CARE IN AN INNOVATIVE AND DYNAMIC ENVIRONMENT THE HOSPITAL HAS 123 PATIENT BEDS AND OVER 137 PHYSICIANS ON ITS MEDICAL STAFF IN NEARLY 25 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 IU HEALTH GOSHEN 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 2013 IN ADDITION, HEALTHCARE EXCEL (QUALITY IMPROVEMENT ORGANIZATION FOR INDIANA) REPORTED THAT THE HOSPITAL WAS ABOVE OUR PEER GROUP AND OVERALL STATE PERFORMANCE IN 17 OUT OF 19 AREAS OF OUR PUBLICLY REPORTED MEASURES FOR CY 2013 THE AMERICAN NURSES CREDENTIALING CENTER'S (ANCC) MAGNET RECOGNITION PROGRAM FOR EXCELLENCE IN NURSING SERVICES HAS DESIGNATED IU HEALTH GOSHEN 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 IU HEALTH GOSHEN HOSPITAL IS AMONG AN ELITE GROUP OF ONLY 7% 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 ONCOLOGIST, A RADIATION ONCOLOGIST, NATUROPATHIC PRACTITIONERS AND HIGHLY DISTINGUISHED MAGNET DESIGNATED NURSES IU HEALTH GOSHEN 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, IU HEALTH GOSHEN 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, IU HEALTH GOSHEN 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 2013, THE HOSPITAL PROVIDED APPROXIMATELY $250,000 TO 47 ORGANIZATIONS SINCE ITS INCEPTION IN 1998, THE COMMUNITY BENEFIT FUND HAS GIVEN OVER $2 3 MILLION IN GRANT MONEY IU HEALTH GOSHEN 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 2013, THE HOSPITAL EXTENDED CHARITY CARE TO 5,217 ACCOUNTS TOTALING $8 6 MILLION IU HEALTH GOSHEN HOSPITAL ALSO PARTNERS WITH A LOCAL FINANCIAL INSTITUTION TO PROVIDE A FLEXIBLE AND AFFORDABLE FINANCING SOLUTION FOR A PATIENT'S MEDICAL CARE IU HEALTH GOSHEN HOSPITAL RECEIVED THE PLATINUM PERFORMANCE ACHIEVEMENT AWARD BY THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION'S NCDR ACTION REGISTRY (2013) - ONE OF ONLY 256 HOSPITALS NATIONWIDE TO EARN THE DISTINCTION IU HEALTH GOSHEN RECEIVED THE BEACON AWARD FOR EXCELLENCE FROM THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES THIS IS THE SECOND TIME IU HEALTH GOSHEN HAS WON THE AWARD AND IS ONLY ONE OF TWO IN THE STATE TO BE A RECIPIENT IU HEALTH GOSHEN HOSPITAL WAS RECOGNIZED IN 2011 BY THE AMERICAN COLLEGE OF SURGEONS THROUGH THEIR NATIONAL SURGICAL QUALITY IMPROVEMENT PROGRAM AS ONE OF 26 HOSPITALS ACHIEVING EXEMPLARY PERFORMANCE FOR SURGICAL PATIENT CARE IU HEALTH GOSHEN HOSPITAL HAS BEEN NAMED AN ACCREDITED HEART FAILURE INSTITUTE BY THE NATIONAL HEALTHCARE ACCREDITATION COLLOQUIUM THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC) HAS AWARDED THREE-YEAR, FULL ACCREDITATION TO IU HEALTH GOSHEN RETREAT WOMEN'S HEALTH CENTER

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** ▶ 153,995,254

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	128		
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	1,506		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds 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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	10		
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 governing documents since the prior Form 990 was filed?			**4**	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			**5**	No
6	Did the organization have members or stockholders?			**6** Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a** Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b** Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			**8a** Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b** Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**	No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ 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 made these available Check all that apply

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

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

20 State the name, 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)364-2665

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RANDY CHRISTOPHEL PRESIDENT AND CEO	40 00 2 00	X		X				596,505	0	31,823
(2) LINDA BAXLEY CHAIR	1 00 1 00	X		X				0	0	0
(3) MARTHA SUZIE YEAGER DIRECTOR	1 00 0 00	X						0	0	0
(4) DON OGLE DIRECTOR	1 00 0 00	X						0	0	0
(5) RANDY CRIPE TREASURER	1 00 0 00	X		X				0	0	0
(6) KAREN PLETCHER DIRECTOR	1 00 0 00	X						0	0	0
(7) DANIEL NAFZIGER MD VICE CHAIR	1 00 40 00	X		X				0	169,702	12,198
(8) JODY NEER MD DIRECTOR	1 00 40 00	X						0	386,106	28,248
(9) KAREN SMITH DIRECTOR	1 00 0 00	X						0	0	0
(10) SUSAN STIFFNEY DIRECTOR	1 00 0 00	X						0	0	0
(11) DANIEL DIENER DIRECTOR	1 00 0 00	X						0	0	0
(12) VERNITA TODD DIRECTOR	1 00 0 00	X						0	0	0
(13) BRENDA SROF DIRECTOR	1 00 0 00	X						0	0	0
(14) DANIEL BERGER MD DIRECTOR - PARTIAL YEAR	1 00 40 00	X						0	237,554	18,754
(15) AMY FLORIA CFO	40 00 1 00			X				478,030	0	46,498
(16) RANDALL CAMMENGA MD COO	40 00 1 00			X				633,410	0	59,353
(17) LARRY ALLEN MD CMO	32 00 8 00			X				310,126	0	30,476

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ALAN WELDY V/P OF HR	40 00 1 00			X				585,225	0	54,841
(19) MARGARET S FRANGER V/P OF CANCER SERVICES	40 00 1 00				X			226,876	0	39,580
(20) PAM KARSEN V/P OF NURSING	40 00 1 00				X			316,118	0	36,555
(21) POOPALASINGHAM POOVENDRAN MD PHYSICIAN	40 00 0 00					X		590,791	0	34,521
(22) MIN YAN PHYSICIAN	40 00 0 00					X		375,280	0	26,886
(23) MARK PODGORSKI V/P OF OPERATIONS	40 00 0 00					X		347,146	0	40,935
(24) MARIA GARCIA PHYSICIAN	40 00 0 00					X		283,130	0	23,718
(25) LARRY BROOKS V/P OF MARKETING	40 00 1 00					X		369,884	0	44,749
(26) JAMES DAGUE FORMER OFFICER	0 00 0 00						X	700,411	0	0
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								5,812,932	793,362	529,135

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶55

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INDIANA UNIVERSITY HEALTH 2227 RELIABLE PARKWAY CHICAGO IL 606860022	INSURANCE	1,780,422
GERIG SURGICAL ASSOCIATES PC 2006 SOUTH MAIN ST STE A GOSHEN IN 46526	ON CALL SERVICES	951,341
VARIAN MEDICAL SYSTEM 70140 NETWORK PLACE CHICAGO IL 606731701	MEDICAL SUPPLIES	872,105
QUEST DIAGNOSTICS PO BOX 12989 CHICAGO IL 60693	LAB SERVICES	678,252
ADVISORY BOARD CO PO BOX 79461 BALTIMORE MD 212790461	CONSULTING SERVICES	377,490

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶10

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	58,634			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	168,902			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		227,536			
Program Service Revenue			Business Code				
	2a	PATIENT CARE	621110	204,699,075	204,699,075		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		204,699,075			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		5,194,961		-302,364	5,497,325
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	1,067,395				
	b	Less rental expenses	0				
	c	Rental income or (loss)	1,067,395				
	d	Net rental income or (loss) . . . . . ▶		1,067,395			1,067,395
			(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	721000	977,519			977,519
	b	FINANCE CHARGES	561000	289,909	289,909		
	c	OTHER ONCOLOGY REV MIS	621500	193,940	193,940		
	d	All other revenue		4,293,804	4,293,804		
	e	**Total.** Add lines 11a–11d . . . . . ▶		5,755,172			
	12	**Total revenue.** See Instructions . . . . . ▶		216,944,139	209,476,728	-302,364	7,542,239

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	264,870	264,870		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,146,290		3,146,290	
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	58,759,414	40,310,697	18,448,717	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,053,761	2,646,749	1,407,012	
9 Other employee benefits	14,529,262	9,444,020	5,085,242	
10 Payroll taxes	4,087,509	2,656,881	1,430,628	
11 Fees for services (non-employees)				
a Management	1,183,713		1,183,713	
b Legal	154,674		154,674	
c Accounting				
d Lobbying	7,480		7,480	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	16,176	16,176		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	15,998,225	15,998,225		
12 Advertising and promotion	3,149,552	3,149,552		
13 Office expenses	3,134,174	3,134,174		
14 Information technology	1,396,159	1,396,159		
15 Royalties . .				
16 Occupancy	327,580	327,580		
17 Travel	650,685	650,685		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,986,730		1,986,730	
21 Payments to affiliates	11,338,514	11,338,514		
22 Depreciation, depletion, and amortization	10,210,429	10,210,429		
23 Insurance	1,613,969	1,613,969		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DRUGS & MED SUPPLIES	38,176,864	38,176,864	0	0
b REPAIRS & MAINTENANCE	6,232,929	6,232,929	0	0
c EQUIPMENT RENTAL	2,899,766	2,899,766	0	0
d UTILITIES	1,554,090	1,554,090	0	0
e All other expenses	1,972,925	1,972,925		
25 **Total functional expenses.** Add lines 1 through 24e	186,845,740	153,995,254	32,850,486	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		24,428,555	1	15,754,791
	2	Savings and temporary cash investments		12,511,479	2	155,162
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		29,335,784	4	28,692,510
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,292,423	7	1,275,121
	8	Inventories for sale or use		6,005,926	8	5,920,152
	9	Prepaid expenses and deferred charges		4,232,372	9	3,556,776
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 217,916,215			
	b	Less accumulated depreciation	10b 116,755,623	102,548,753	10c	101,160,592
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		71,931,547	12	126,482,320
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,338,064	15	1,454,788
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		253,624,903	16	284,452,212
Liabilities	17	Accounts payable and accrued expenses		22,783,313	17	23,230,561
	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	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		43,481,171	24	34,092,821
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,952,824	25	1,705,687
	26	**Total liabilities.** Add lines 17 through 25		68,217,308	26	59,029,069
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		184,767,777	27	224,756,361
	28	Temporarily restricted net assets		639,818	28	666,782
	29	Permanently restricted net assets			29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		185,407,595	33	225,423,143
	34	Total liabilities and net assets/fund balances		253,624,903	34	284,452,212

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	216,944,139
2	Total expenses (must equal Part IX, column (A), line 25)	2	186,845,740
3	Revenue less expenses Subtract line 2 from line 1	3	30,098,399
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	185,407,595
5	Net unrealized gains (losses) on investments	5	9,505,526
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-490,279
9	Other changes in net assets or fund balances (explain in Schedule O)	9	901,902
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	225,423,143

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	Yes	

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 described in **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 - Non-functionally integrated

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 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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2013 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2012 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
GOSHEN HOSPITAL ASSOCIATION INC	35-6001540

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		7,480
j	Total Add lines 1c through 1i			7,480
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	LOBBYING EXPENSE REPRESENT THE PORTION OF DUES PAID TO THE AMERICAN HOSPITAL ASSOCIATION THAT IS SPECIFICALLY ALLOCABLE TO LOBBYING

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,988,795	3,883,888		6,872,683
b Buildings		97,842,162	33,723,942	64,118,220
c Leasehold improvements	377,004	113,748	187,246	303,506
d Equipment		109,006,410	82,844,435	26,161,975
e Other		3,704,208		3,704,208
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				101,160,592

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BOARD DESIGNATED FUNDS	114,205,680	F
(B) CANCER CENTER INVESTMENT	1,817,403	F
(C) LONG TERM INVESTMENTS	10,459,237	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	126,482,320	

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
ASSET RETIREMENT OBLIGATION	202,335
DEFERRED COMPENSATION	551,417
DEFERRED MALPRACTICE CLAIMS	298,900
INTEREST RATE SWAP	653,035
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,705,687

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation

Part XIII Supplemental Information *(continued)*

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GOSHEN HOSPITAL ASSOCIATION INC

Employer identification number
35-6001540

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		5,217	3,228,586	0	3,228,586	1 730 %
b Medicaid (from Worksheet 3, column a)		6,864	19,977,612	15,805,494	4,172,118	2 230 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		12,081	23,206,198	15,805,494	7,400,704	3 960 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		47,432	990,311	82,679	907,632	0 490 %
f Health professions education (from Worksheet 5)		632	179,654	33,736	145,918	0 080 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		240	303,416		303,416	0 160 %
j **Total.** Other Benefits		48,304	1,473,381	116,415	1,356,966	0 730 %
k **Total.** Add lines 7d and 7j		60,385	24,679,579	15,921,909	8,757,670	4 690 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			7,253		7,253	0 %
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development		18	10,108		10,108	0 010 %
9	Other			18,885		18,885	0 010 %
10	**Total**		18	36,246		36,246	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	9,009,346		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	882,004		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	41,192,914
6	Enter Medicare allowable costs of care relating to payments on line 5	6	43,763,125
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-2,570,211
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group IU HEALTH GOSHEN HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	5	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE LINE 5A DISCLOSURE			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☑ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☑ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
IU HEALTH GOSHEN HOSPITAL	PART V, SECTION B, LINE 3 THE HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH ELKHART COUNTY HEALTHCARE, SOCIAL SERVICE AND PUBLIC HEALTH PROVIDERS WERE SOLICITED FOR THEIR PERSPECTIVES ON THE HEALTH STATUS OF ELKHART COUNTY STEERING COMMITTEE MEMBERS REPRESENTING ORGANIZATIONS DEDICATED TO HEALTH, SOCIAL SERVICE, FAITH, COMMERCE, EDUCATION, AND EMERGENCY MANAGEMENT HELD A SERIES OF MEETINGS TO DEVELOP A SURVEY INSTRUMENT THE RESULTING PRODUCT EVALUATED VARIOUS ASPECTS OF ELKHART COUNTY'S EXISTING HEALTHCARE SYSTEM, INCLUDING QUANTITY AND QUALITY OF SERVICES, HEALTH ISSUES IMPACTING ELKHART COUNTY, AND BARRIERS/CHALLENGES TO CARE FOR ELKHART COUNTY RESIDENTS DATA FROM PROVIDER SURVEYS WERE COLLECTED USING AN ONLINE FORMAT THE RESULTING SAMPLE IN ELKHART COUNTY WAS COMPRISED OF 30% MEDICAL PROVIDERS (I E , PHYSICIANS, PODIATRISTS, NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS), 45% HEALTHCARE PROVIDERS (NONPHYSICIAN RESPONDENTS PROVIDING DIRECT CARE) AND 25% COMMUNITY PROVIDERS (NONMEDICAL PROVIDERS THAT PROVIDE SUPPORT TO RESIDENTS) DATA COLLECTED WERE EXTENSIVELY PROCESSED BY INDIVIDUALS AND GROUPS IN ELKHART COUNTY THIS PROCESS RESULTED IN THE DEVELOPMENT OF A COMPREHENSIVE PICTURE OF THE COMMUNITY AND ITS HEALTH NEEDS AND IN THE PRIORITIZATION OF THESE NEEDS
IU HEALTH GOSHEN HOSPITAL	PART V, SECTION B, LINE 4 THE OTHER HOSPITAL FACILITY WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED ITS CHNA, INCLUDES ELKHART GENERAL HOSPITAL
IU HEALTH GOSHEN HOSPITAL	PART V, SECTION B, LINE 7 THE HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED ACCESS TO DENTAL CARE, VISION CARE, LONG-TERM CARE, AND PRESCRIPTION DRUGS AS NEEDS OF THE COMMUNITY THE HOSPITAL DID NOT TAKE ACTION TO ADDRESS THESE NEEDS AS IT HAS LIMITED FINANCIAL AND OTHER RESOURCES, AND WITH THE COMMUNITY'S INPUT USED ITS RESOURCES TO ADDRESS THE TOP FIVE PRIORITIES
IU HEALTH GOSHEN HOSPITAL	PART V, SECTION B, LINE 12I FAMILY SIZE IS ANOTHER FACTOR IN DETERMINING DISCOUNTS GRANTED TO PATIENTS
IU HEALTH GOSHEN HOSPITAL	PART V, SECTION B, LINE 5A IU HEALTH GOSHEN HOSPITAL'S CHNA WAS MADE AVAILABLE AT THE FOLLOWING URL ON THE HOSPITAL FACILITY'S WEBSITE HTTP //IUHEALTH ORG/GOSHEN/2012-COMMUNITY-HEALTH-NEEDS-ASSESSMENT

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 4

	Name and address	Type of Facility (describe)
1	IU HEALTH GOSHEN 200 HIGH PARK AVENUE GOSHEN,IN 46526	CLINIC
2	THE RETREAT WOMEN'S HEALTH CENTER 1135 PROFESSIONAL DRIVE GOSHEN,IN 46526	CLINIC
3	INDIANA LAKES MANAGED CARE 2018 SOUTH MAIN STREET GOSHEN,IN 46526	HEALTH CARE MANAGEMENT
4	NEW PARIS MEDICAL CLINIC 2018 SOUTH MAIN STREET GOSHEN,IN 46526	CLINIC
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 6A	GOSHEN HOSPITAL ASSOCIATION, INC REPORTS COMMUNITY BENEFIT INFORMATION AS PART OF THE INDIANA UNIVERSITY HEALTH, INC ANNUAL COMMUNITY BENEFIT REPORT (EIN 35-1955872)
PART I, LINE 7	GOSHEN HOSPITAL ASSOCIATION, INC CALCULATED THE COST OF FINANCIAL ASSISTANCE AND MEANS-TESTED GOVERNMENT PROGRAMS, USING THE COST-TO-CHARGE RATIO DERIVED FROM SCHEDULE H, WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES OTHER BENEFITS AMOUNTS REPORTED ON LINE 7 WERE CALCULATED USING COSTS CHARGED DIRECTLY TO THE INDIVIDUAL PROGRAMS VIA THE FINANCIAL ACCOUNTING SYSTEM AN INDIRECT COST ALLOCATION FACTOR FOR SHARED SERVICES IS ALSO CALCULATED AND INCLUDED IN APPLICABLE PROGRAMS LISTED IN OTHER BENEFITS

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	GOSHEN HOSPITAL ASSOCIATION, INC PROMOTED THE HEALTH OF ITS COMMUNITY BY SUPPORTING VARIOUS LOCAL ORGANIZATIONS THAT ENGAGE IN COMMUNITY BUILDING ACTIVITIES
PART III, LINE 2	GOSHEN HOSPITAL ASSOCATION, INC 'S ANALYSIS AND ASSESSMENT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND RELATED BAD DEBT EXPENSE USES A RECEIPTS "LOOK-BACK" METHOD UTILIZING HISTORICAL PAYMENT DATA ON ACCOUNTS, INCLUDING CONTRACTUAL ADJUSTMENTS FOR PAYER DISCOUNTS, AS WELL AS PATIENT PAYMENTS, SUCH AS CO-PAYS AND DEDUCTIBLES, TO ESTABLISH ANTICIPATED COLLECTABILITY RATES FOR ACCOUNTS RECEIVABLE WITHIN EACH PAYER CATEGORY

Form and Line Reference	Explanation
PART III, LINE 3	GOSHEN HOSPITAL ASSOCATION, INC ESTIMATED THE POSSIBLE AMOUNT OF CHARITY CARE WITHIN BAD DEBT EXPENSE BY REVIEWING ACCOUNTS THAT WERE INTERNALLY CODED AS HAVING BEEN PROVIDED A FINANCIAL ASSISTANCE APPLICATION, BUT THAT WAS NOT COMPLETED BY THE PATIENT OR GUARANTOR, IN WHICH THE ACCOUNT WAS SUBSEQUENTLY WRITTEN OFF TO BAD DEBT
PART III, LINE 4	THE FOLLOWING NARRATIVE ADDRESSES THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WHICH IS INCLUDED IN THE FOOTNOTES IN THE FINANCIAL STATEMENTS FOR IU HEALTH THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS, FOR ALL PAYORS, IS RECOGNIZED WHEN SERVICES ARE PROVIDED BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION BUSINESS AND ECONOMIC CONDITIONS, CHANGES AND TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON ACCOUNTS RECEIVABLE PAYOR COMPOSITION AND AGING, THE SIGNIFICANCE OF INDIVIDUAL PAYORS TO OUTSTANDING ACCOUNTS RECEIVABLE BALANCES, AND HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, AS ADJUSTED FOR COLLECTION INDICATORS THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS AND THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ADDITION, THE INDIANA UNIVERSITY HEALTH SYSTEM FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTION POLICIES OF THE INDIANA UNIVERSITY HEALTH SYSTEM AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET FINANCIAL ASSISTANCE POLICIES OF THE INDIANA UNIVERSITY HEALTH SYSTEM

Form and Line Reference	Explanation
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 THE CFO OF GOSHEN HOSPITAL'S DIRECTORS 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 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 IU HEALTH GOSHEN HOSPITAL ALSO PARTNERS WITH A LOCAL FINANCING INSTITUTION TO PROVIDE A FLEXIBLE AND AFFORDING FINANCING SOLUTION

Form and Line Reference	Explanation
PART VI, LINE 2	AS A COMMUNITY HOSPITAL, IU HEALTH GOSHEN HOSPITAL IS DEDICATED TO MEETING THE SPECIFIC HEALTH CARE NEEDS OF OUR COMMUNITY THE HOSPITAL HAS 123 PATIENT BEDS AND OVER 137 PHYSICIANS ON ITS MEDICAL STAFF IN NEARLY 25 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 ONCOLOGIST, NATUROPATHIC PRACTITIONERS AND HIGHLY DISTINGUISHED MAGNET DESIGNATED NURSES IU HEALTH GOSHEN 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, IU HEALTH GOSHEN 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
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

Form and Line Reference	Explanation
PART VI, LINE 4	IU HEALTH GOSHEN HOSPITAL SERVES THE NORTHERN INDIANA AREA IN ELKHART COUNTY ACCORDING TO THE 2013 CENSUS, THE POPULATION OF ELKHART COUNTY IS 200,563 THE MEDIAN INCOME FOR A HOUSEHOLD IN ELKHART COUNTY BASED ON THE 2013 CENSUS IS $46,712 AND THE MEDIAN INCOME FOR A FAMILY IS $54,193 APPROXIMATELY 12 7% OF FAMILIES AND 16 5% OF THE POPULATION WERE BELOW THE POVERTY LINE, INCLUDING 25 4% OF THOSE UNDER THE AGE 18 AND 8 0% OF THOSE AGE 65 AND OVER THE RACIAL MAKEUP OF THE COUNTY WAS ABOUT 76 3% WHITE, 6 1% AFRICAN AMERICAN, AND 14 9% HISPANIC OR LATINO THE REMAINING 2 7% OF THE POPULATION IS A MAKEUP OF ALL OTHER RACES
PART VI, LINE 5	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

Form and Line Reference	Explanation
PART VI, LINE 6	HOSPITAL MANAGEMENT PROVIDES IU HEALTH WITH THE HOSPITAL'S ANNUAL OPERATING BUDGET AND KEY STRATEGIC OBJECTIVES IN ADDITION, THE HOSPITAL MANAGEMENT PROVIDES IU HEALTH WITH VARIOUS KEY METRICS INVOLVING PATIENT SATISFACTION, PATIENT QUALITY AND COLLEAGUE SATISFACTION IU 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 IU HEALTH TO PROVIDE NECESSARY NURSING EDUCATION AND PHYSICIAN RECRUITMENT TO ASSIST IN MEETING THE HEALTH NEEDS OF THE COMMUNITY
PART VI, LINE 7, REPORTS FILED WITH STATES	IN

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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**

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

OMB No 1545-0047

2013

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. Part II can be duplicated 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 22

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

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. Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
PART I, LINE 2	THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S CONSISTS OF REQUIRING THE COMPLETION OF A FOLLOW-UP REPORT FORM WITH SUBSEQUENT GRANT FUND APPLICATIONS

Additional Data

Software ID:
Software Version:
EIN: 35-6001540
Name: GOSHEN HOSPITAL ASSOCIATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BASHOR CHILDREN'S HOME 62226 COUNTY ROAD 15 GOSHEN,IN 46526	35-0933555	501(C)(3)	10,195				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BIG BROTHERS BIG SISTERS OF ELKHART COUNTY 59029 COUNTY ROAD 13 ELKHART,IN 46517	35-1272588	501(C)(3)	10,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
BOYS & GIRLS CLUB OF GREATER GOSHEN INC 102 WEST LINCOLN SUITE 240 GOSHEN,IN 46526	35-1033735	501(C)(3)	20,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CARE FOUDATION INC 64468 MEADOW RIDGE DRIVE GOSHEN,IN 46526	35-2111562	501(C)(3)	20,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CENTER FOR HEALING AND HOPE 423 E JEFFERSON STREET GOSHEN,IN 46528	02-0560511	501(C)(3)	10,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CHILD AND PARENT SERVICES 100 W HIVELY AVENUE ELKHART,IN 46517	35-0888765	501(C)(3)	5,400				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
CHURCH COMMUNITY SERVICES PO BOX 2346 ELKHART,IN 46515	35-1155054	501(C)(3)	5,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COMMUNITY DENTAL CLINIC INC 7750 W 200 SOUTH TOPEKA,IN 46571	35-2068053	501(C)(3)	5,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
COUNCIL ON AGING OF ELKHART COUNTY INC 230 E JACKSON BLVD ELKHART,IN 46516	51-0178910	501(C)(3)	10,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ELKHART COUNTY CLUBHOUSE 114 S 5TH STREET GOSHEN,IN 46528	27-1151738	501(C)(3)	12,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
FAMILY CHRISTIAN DEVELOPMENT CENTER 151 S LOCKE STREET NAPPANEE,IN 46550	35-1979463	501(C)(3)	5,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
LACASA INC 202 N COTTAGE AVE GOSHEN,IN 46528	35-1554538	501(C)(3)	5,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
LAGRANGE COUNTY COUNCIL ON AGING PO BOX 107 LAGRANGE,IN 46761	23-7455893	501(C)(3)	5,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MAPLE CITY HEALTH CARE CENTER 213 MIDDLEBURY STREET GOSHEN,IN 46528	35-1749398	501(C)(3)	20,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MDC GOLDENROD 1514 COLLEGE AVENUE GOSHEN,IN 46526	31-1205424	501(C)(3)	5,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
MOTHERHOOD AND MORE INC 57596 STATE ROAD 15 GOSHEN,IN 46528	46-3280725	501(C)(3)	5,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
NORTHERN INDIANA HISPANIC HEALTH COALITION 444 N NAPPANEE STREET ELKHART,IN 46514	32-0039221	501(C)(3)	10,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
OAKLAWN PSYCHIATRIC CENTER 330 LAKEVIEW DRIVE GOSHEN,IN 46527	35-1070041	501(C)(3)	10,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
THE HORIZON EDUCATION ALLIANCE 124 E WASHINGTON STREET GOSHEN,IN 46528	46-0803293	501(C)(3)	5,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
THE WINDOW INC 223 S MAIN STREET GOSHEN,IN 46526	35-1427937	501(C)(3)	6,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
UNITED CANCER SERVICES OF ELKHART COUNTY INC 23971 US HIGHWAY 33 ELKHART,IN 46530	35-1091429	501(C)(3)	20,000				OPERATING SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
WHEELCHAIRHELPORG INC 515 EAST STREET ELKHART,IN 46516	01-3683350	501(C)(3)	5,000				OPERATING SUPPORT

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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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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**	Yes	
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 Regulations 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 duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS IU HEALTH GOSHEN HOSPITAL GROSSED UP THE TAXABLE VALUE OF AUTOMOBILES FOR 4 OF THE OFFICERS LISTED IN FORM 990, PART VII AND INCLUDED THE AMOUNT IN THE EMPLOYEES' W-2 AS ADDITIONAL COMPENSATION HEALTH OR SOCIAL CLUB DUES IU HEALTH GOSHEN HOSPITAL PAID FOR COUNTRY CLUB DUES FOR 4 OF THE OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES LISTED IN FORM 990, PART VII ALL REIMBURSEMENTS ARE CONSIDERED TAXABLE INCOME TO THE EMPLOYEES
PART I, LINE 4A	AS PER OUR EMPLOYMENT AGREEMENT, UPON A QUALIFYING TERMINATION DEFINED AS AN INVOLUNTARY SEPARATION FROM SERVICE OTHER THAN FOR CAUSE, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY BASED UPON YEARS OF SERVICE THE TERMS AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS REQUIRE THE EMPLOYEE TO SIGN A RELEASE OF CLAIMS FORM THAT COVERS ALL SITUATIONS SURROUNDING THE EMPLOYEE'S EMPLOYMENT AND SEPARATION FROM IU HEALTH GOSHEN JAMES DAGUE $575,411
PART I, LINE 4B	ELIGIBLE EXECUTIVES PARTICIPATE IN VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F) THE EXACT PURPOSE OF EACH PLAN VARIES, BUT THEY INCLUDE COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID THE FOLLOWING INDIVIDUALS RECEIVED CURRENT YEAR DISTRIBUTIONS OF AMY FLORIA $102,959 ALAN WELDY $138,118 RANDALL CAMMENGA, MD $153,915 MARK PODGORSKI $81,036 LARRY ALLEN, MD $6,349 LARRY BROOKS $102,814

Additional Data

Software ID:
Software Version:
EIN: 35-6001540
Name: GOSHEN HOSPITAL ASSOCIATION INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
RANDY CHRISTOPHEL PRESIDENT AND CEO	(I)	419,461	141,765	35,279	25,315	6,508	628,328	0
	(II)	0	0	0	0	0	0	0
DANIEL NAFZIGER MD VICE CHAIR	(I)	0	0	0	0	0	0	0
	(II)	56,390	108,212	5,100	11,900	298	181,900	0
JODY NEER MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	303,483	53,681	28,942	19,731	8,517	414,354	0
DANIEL BERGER MD DIRECTOR - PARTIAL YEAR	(I)	0	0	0	0	0	0	0
	(II)	162,160	75,394	0	16,419	2,335	256,308	0
AMY FLORIA CFO	(I)	264,300	80,272	133,458	41,704	4,794	524,528	0
	(II)	0	0	0	0	0	0	0
RANDALL CAMMENGA MD COO	(I)	329,590	123,447	180,373	50,742	8,611	692,763	0
	(II)	0	0	0	0	0	0	0
LARRY ALLEN MD CMO	(I)	261,348	35,640	13,138	27,207	3,269	340,602	0
	(II)	0	0	0	0	0	0	0
ALAN WELDY V/P OF HR	(I)	330,460	103,605	151,160	50,833	4,008	640,066	0
	(II)	0	0	0	0	0	0	0
MARGARET S FRANGER V/P OF CANCER SERVICES	(I)	175,666	50,400	810	27,427	12,153	266,456	0
	(II)	0	0	0	0	0	0	0
PAM KARSEN V/P OF NURSING	(I)	233,767	69,989	12,362	34,682	1,873	352,673	0
	(II)	0	0	0	0	0	0	0
POOPALASINGHAM POOVENDRAN MD PHYSICIAN	(I)	567,715	0	23,076	25,315	9,206	625,312	0
	(II)	0	0	0	0	0	0	0
MIN YAN PHYSICIAN	(I)	332,680	25,000	17,600	19,151	7,735	402,166	0
	(II)	0	0	0	0	0	0	0
MARK PODGORSKI V/P OF OPERATIONS	(I)	203,057	61,121	82,968	38,560	2,375	388,081	0
	(II)	0	0	0	0	0	0	0
MARIA GARCIA PHYSICIAN	(I)	283,130	0	0	19,850	3,868	306,848	0
	(II)	0	0	0	0	0	0	0
LARRY BROOKS V/P OF MARKETING	(I)	175,910	64,777	129,197	39,688	5,061	414,633	0
	(II)	0	0	0	0	0	0	0
JAMES DAGUE FORMER OFFICER	(I)	0	125,000	575,411	0	0	700,411	575,411
	(II)	0	0	0	0	0	0	0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
GOSHEN HOSPITAL ASSOCIATION INC

Employer identification number
35-6001540

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	
FORM 990, PART VI, SECTION A, LINE 6	IU HEALTH GOSHEN IS THE SOLE MEMBER OF IU HEALTH GOSHEN HOSPITAL
FORM 990, PART VI, SECTION A, LINE 7A	IU HEALTH GOSHEN AS THE SOLE MEMBER OF IU HEALTH GOSHEN HOSPITAL 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 IU HEALTH GOSHEN INCLUDE ANY AMENDMENT OF THE OPERATING AGR EEMENT, DISSOLUTION OF THE ORGANIZATION OR THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASS ETS OF THE ORGANIZATION
FORM 990, PART VI, SECTION B, LINE 11	A FULL COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS AND THE AUDIT COMMITTEE 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 EACH DIS CLOSURE IS REVIEWED BY THE VP-LEGAL ADDITIONALLY WHEN AGENDA ITEMS ARE DISCUSSED AT MEETI NGS 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 BA SED 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	IU HEALTH GOSHEN HOSPITAL WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST
FORM 990, PART XI, LINE 9	TRANSFER OF NET ASSETS TO IU HEALTH GOSHEN FOUNDATION, INC 527,903 EQUITY TRANSFER TO VA RIOUS ENTITIES 52,171 INTEREST RATE SWAPS 321,828

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2013

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NAPPANEE CLINIC LLC 200 HIGH PARK AVE GOSHEN, IN 46526 20-1068334	HEALTHCARE	IN	0	0	GHS
(2) INDIANA LAKES MANAGED CARE ORG LLC 200 HIGH PARK AVE GOSHEN, IN 46526 35-1946663	HEALTHCARE	IN	-32,594	315,798	N/A
(3) INDIANA LAKES ACCOUNTABLE CARE ORGANIZATION 200 HIGH PARK AVE GOSHEN, IN 46526 45-5450141	HEALTHCARE	IN	-111,685	0	N/A
(4) PILR INC 200 HIGH PARK AVE GOSHEN, IN 46526 20-4294750	DEVELOPMENT	IN	0	0	GHS

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

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

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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) IU HEALTH GOSHEN FOUNDATION INC	C	58,634	FMV
(2) GOSHEN HEALTH SYSTEM INC	O	11,569,821	FMV
(3) GOSHEN HEALTH SYSTEM INC	R	11,338,514	FMV
(4) IU HEALTH GOSHEN FOUNDATION INC	R	527,903	FMV
(5) GOSHEN HEALTH SYSTEM INC	S	11,940,806	FMV

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 35-6001540
Name: GOSHEN HOSPITAL ASSOCIATION INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CLARIAN TRANSPLANT INSTITUTE INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 13-4350599	HEALTHCARE	IN	501(C)(3)	9	IUH	Yes	
(1) GOSHEN HEALTH SYSTEM INC 200 HIGH PARK AVE GOSHEN, IN 46526 35-1974765	HEALTHCARE	IN	501(C)(3)	11 III-FI	IUH	Yes	
(2) HEALTHLINC INC 714 S ROGERS ST BLOOMINGTON, IN 47402 26-3571507	HEALTHCARE	IN	501(C)(3)	9	IUHB	Yes	
(3) INDIANA RADIOLOGY PARTNERS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 20-1017034	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
(4) INDIANA UNIVERSITY HEALTH INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1955872	HEALTHCARE	IN	501(C)(3)	3	N/A		No
(5) IU HEALTH ARNETT FOUNDATION INC 2600 GREENBUSH ST LAFAYETTE, IN 47904 35-6079797	FUNDRAISING	IN	501(C)(3)	11 I	IUHA	Yes	
(6) IU HEALTH ARNETT INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-3162145	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
(7) IU HEALTH BALL MEMORIAL HOSPITAL INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-0867958	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
(8) IU HEALTH BALL MEMORIAL PHYSICIANS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1925641	HEALTHCARE	IN	501(C)(3)	9	IUHBMH	Yes	
(9) IU HEALTH BEDFORD INC 2900 W 16TH ST BEDFORD, IN 47421 23-7042323	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
(10) IU HEALTH BLACKFORD HOSPITAL INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 01-0646166	HEALTHCARE	IN	501(C)(3)	3	IUHBMH	Yes	
(11) IU HEALTH BLOOMINGTON INC PO BOX 1149 BLOOMINGTON, IN 47403 35-1720796	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
(12) IU HEALTH BMH FOUNDATION INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 31-1111784	FUNDRAISING	IN	501(C)(3)	11 I	IUHBMH	Yes	
(13) IU HEALTH CARE ASSOCIATES INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1747218	HEALTHCARE	IN	501(C)(3)	9	IUH	Yes	
(14) IU HEALTH LAPORTE HOSPITAL INC PO BOX 250 LAPORTE, IN 46352 35-1125434	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
(15) IU HEALTH LAPORTE PHYSICIANS INC PO BOX 250 LAPORTE, IN 46352 31-1070868	HEALTHCARE	IN	501(C)(3)	3	IUHLH	Yes	
(16) IU HEALTH MORGAN HOSPITAL INC 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151 27-3533027	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
(17) IU HEALTH NORTH HOSPITAL INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1932442	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
(18) IU HEALTH PAOLI HOSP FOUNDATION INC PO BOX 499 PAOLI, IN 47454 31-0992486	FUNDRAISING	IN	501(C)(3)	11 III-O	IUHP	Yes	
(19) IU HEALTH PAOLI INC PO BOX 499 PAOLI, IN 47454 35-2090919	HEALTHCARE	IN	501(C)(3)	3	IUHB	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) IU HEALTH TIPTON HOSPITAL INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-2772226	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
(1) IU HEALTH WEST HOSPITAL INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1814660	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
(2) IU HEALTH WHITE MEMORIAL HOSPITAL INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 27-3532963	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
(3) IU MEDICAL GROUP FOUNDATION INC 340 W 10TH ST NO FS5100 INDIANAPOLIS, IN 46202 20-1093251	FUNDRAISING	IN	501(C)(3)	11 II	N/A		No
(4) METHODIST HEALTH FOUNDATION INC 1800 N CAPITOL AVE INDIANAPOLIS, IN 46202 35-6043086	FUNDRAISING	IN	501(C)(3)	11 I	IUH	Yes	
(5) METHODIST HEALTH GROUP INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-0876390	HEALTHCARE	IN	501(C)(3)	11 III-FI	N/A		No
(6) METHODIST MEDICAL GROUP INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1945384	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
(7) METHODIST OCCUP HEALTH CENTERS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1844176	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
(8) METHODIST RESEARCH INSTITUTE INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-2023710	HEALTHCARE	IN	501(C)(3)	11 I	IUH	Yes	
(9) MH HEALTHCARE INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1766531	HEALTHCARE	IN	501(C)(3)	3	MMG	Yes	
(10) MORGAN CO MEM HOSP FOUNDATION INC 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151 35-2035162	FUNDRAISING	IN	501(C)(3)	11 II	IUHMH	Yes	
(11) MORGAN CO MEM HOSP GUILD INC 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151 31-0886844	FUNDRAISING	IN	501(C)(3)	11 III-FI	IUHMH	Yes	
(12) MORGAN HEALTH SERVICES INC 1949 HOSPITAL DR MARTINSVILLE, IN 46151 35-1968564	HEALTHCARE	IN	501(C)(3)	3	IUHMH	Yes	
(13) WHITE CO MEM HOSP FOUNDATION INC PO BOX 952 MONTICELLO, IN 47960 35-1671806	FUNDRAISING	IN	501(C)(3)	11 III-O	IUHWMH	Yes	
(14) UNIVERSITY FAMILY PHYSICIANS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 23-7427350	HEALTHCARE	IN	501(C)(3)	9	IUHCA	Yes	
(15) REHABILITATION HOSPITAL OF INDIANA INC 4141 SHORE DRIVE INDIANAPOLIS, IN 46254 35-1786005	HEALTHCARE	IN	501(C)(3)	3	MHH	Yes	
(16) RHI FOUNDATION INC 4141 SHORE DRIVE INDIANAPOLIS, IN 46254 35-1932349	FUNDRAISING	IN	501(C)(3)	11 I	RHI	Yes	
(17) IU HEALTH GOSHEN FOUNDATION INC 200 HIGH PARK AVE GOSHEN, IN 46526 46-2565300	FUNDRAISING	IN	501(C)(3)	11 I	GHS	Yes	
(18) LAPORTE HOSPITAL FOUNDATION INC PO BOX 250 LAPORTE, IN 46352 31-0952775	FUNDRAISING	IN	501(C)(3)	11 I	N/A		No
(19) THE CHEER GUILD OF RILEY HOSP FOR CHILDREN 705 RILEY HOSPITAL DR INDIANAPOLIS, IN 46202 35-6018517	FUNDRAISING	IN	501(C)(3)	11 III-FI	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(41) INDIANA HEALTH INFORMATION EXCHANGE INC 846 N SENATE AVE INDIANAPOLIS, IN 46202 36-4550324	HEALTHCARE	IN	501(C)(3)	11 I	N/A		No
(1) GOSHEN HOSPITAL & HEALTH CARE FOUNDATION INC 1926 W LINCOLN AVENUE SUITE A GOSHEN, IN 46526 23-7092692	FUNDRAISING	IN	501(C)(3)	11 III-FI	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BALL OUTPATIENT SURGERY CENTER LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 27-0275794	HEALTHCARE	IN	N/A									
BELTWAY SURGERY CENTERS LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 35-2072586	HEALTHCARE	IN	N/A									
BLOOMINGTON ENDOSCOPY CENTERS LLC PO BOX 1149 BLOOMINGTON, IN 47402 35-2117943	HEALTHCARE	IN	N/A									
BMH OUTPATIENT SURGERY SERVICES LLC 2401 W UNIVERSITY AVE MUNCIE, IN 47303 20-4567998	HEALTHCARE	IN	N/A									
BOSC HOLDINGS LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 45-4147343	HEALTHCARE	IN	N/A									
CARDINAL HEALTH INITIATIVES LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 30-0102702	PURCHASING	IN	N/A									
CHV FUND I LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-2523206	VENTURE CAPITAL	IN	N/A									
CHV FUND MANAGEMENT LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-2523151	VENTURE CAPITAL	IN	N/A									
CLARIAN HEALTH NETWORK LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-2055030	HEALTHCARE	IN	N/A									
EAGLE HIGHLANDS SURGERY CENTER LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 35-2259204	HEALTHCARE	IN	N/A									
EHSC HOLDINGS LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 45-4147879	HEALTHCARE	IN	N/A									
HEALTH VENTURE MANAGEMENT LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 20-5740218	MANAGEMENT	IN	N/A									
IEC HOLDINGS LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 45-4148032	HEALTHCARE	IN	N/A									
INDIANA ENDOSCOPY CENTERS LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 20-8398421	HEALTHCARE	IN	N/A									
BSC HOLDINGS LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 45-2314634	HEALTHCARE	IN	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MID-AMERICA SURGERY CENTER LLC 2401 W UNIVERSITY AVE MUNCIE, IN 47303 35-2002953	HEALTHCARE	IN	N/A									
ROC SURGERY LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 27-1497960	HEALTHCARE	IN	N/A									
ROCS HOLDINGS LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 45-4148369	HEALTHCARE	IN	N/A									
SENATE STREET SURGERY CENTER LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 42-1709357	HEALTHCARE	IN	N/A									
SSSC HOLDINGS LLC 3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 45-4148167	HEALTHCARE	IN	N/A									
CARDINAL HEALTH ALLIANCE LLC 2401 W UNIVERSITY AVE MUNCIE, IN 47303 35-1966281	MANAGED CARE	IN	N/A									

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

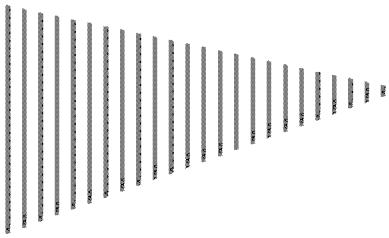
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BMH MEDICAL PAVILION ASSOCIATION INC 2525 W UNIVERSITY AVE MUNCIE, IN 47303 35-1858408	CONDO MANAGEMENT	IN	N/A	C				Yes	
CARDINAL HEALTH VENTURES INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1611424	MANAGEMENT	IN	N/A	C				Yes	
CHV CAPITAL INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-0752507	VENTURE CAPITAL	IN	N/A	C				Yes	
IU HEALTH ACO INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 45-4421020	HEALTHCARE	IN	N/A	C				Yes	
IU HEALTH BOARD DESIGNATED TRUST 400 HOWARD ST SAN FRANCISCO, CA 94105 30-6309021	INVESTMENTS	IN	N/A	T				Yes	
IU HEALTH NTGI S&P500 FUND CF PO BOX 804358 CHICAGO, IL 60680 30-6298263	INVESTMENTS	IN	N/A	T				Yes	
IU HEALTH PLANS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-2127080	HMO	IN	N/A	C				Yes	
IU HEALTH RISK PURCHASING GROUP INC 151 MEETING ST STE 301 CHARLESTON, SC 29401 26-0202446	INSURANCE	IN	N/A	C				Yes	
IU HEALTH RISK RETENTION GROUP INC 151 MEETING ST STE 301 CHARLESTON, SC 29401 20-1107674	INSURANCE	SC	N/A	C				Yes	
IU HEALTH SOUTHERN IN PHYSICIANS INC PO BOX 1149 BLOOMINGTON, IN 47402 35-1913875	HEALTHCARE	IN	N/A	C				Yes	
IUH ASSURANCE LTD 720 W BAY RD PO BOX 69 GRAND CAYMAN CJ 98-0395429	INSURANCE	CJ	N/A	C				Yes	
OCC-HEALTH REVENUE SYSTEMS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 20-3308057	WORK COMP PPO	IN	N/A	C				Yes	
PARKMOR DRUG INC 200 HIGH PARK AVE GOSHEN, IN 46526 35-1394980	PHARMACY SALES	IN	GHS	C	388,976	3,405,383	100 000 %	Yes	
RADIATION ONCOLOGY RESOURCES INC 200 HIGH PARK AVE GOSHEN, IN 46526 26-2008424	HEALTHCARE	IN	GHS	C	-528,771	223,273	100 000 %	Yes	
SCANS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 45-3080392	HEALTHCARE	IN	N/A	C				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
UNIVERSITY HEALTH MANAGEMENT INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 27-2891143	MANAGEMENT	IN	N/A	C				Yes	
UNIVERSITY HEALTH MGMT (CHINA) INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 27-3891311	MANAGEMENT	IN	N/A	C				Yes	
PROTEUO FUND LP PO BOX 31106 89 NEXUS WAY GRAND CAYMAN CJ 98-1075227	INVESTMENTS	CJ	N/A	C				Yes	
INDIANA UNIVERSITY HEALTH PLANS HOLDING COMPANY INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 46-3794815	INSURANCE	IN	N/A	C				Yes	
INDIANA UNIVERSITY HEALTH PLANS NFP INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 46-3803873	INSURANCE	IN	N/A	C				Yes	
UNIVERSITY HEALTH (SHANGHAI) MANAGEMENT CONSULTING CO LTD 88 CENTURY AVE SHANGHAI CH	MANAGEMENT	CH	N/A	C				Yes	
GUGGENHEIM HIGH-YIELD PLUS FUND SPC PO BOX 309 UGLAND HOUSE GRAND CAYMAN CJ	INSURANCE	CJ	N/A	C				Yes	

CONSOLIDATED FINANCIAL STATEMENTS

Indiana University Health, Inc. and subsidiaries
Years Ended December 31, 2013 and 2012
With Report of Independent Auditors



Building a better working world

Indiana University Health, Inc. and subsidiaries

Consolidated Financial Statements

Years Ended December 31, 2013 and 2012

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Report of Independent Auditors

The Board of Directors
Indiana University Health, Inc. and subsidiaries

We have audited the accompanying consolidated financial statements of Indiana University Health, Inc. and subsidiaries, which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements

A member firm of Ernst & Young Global Limited

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Indiana University Health, Inc and subsidiaries at December 31, 2013 and 2012, and the consolidated results of their operations and their cash flows for the years then ended, in conformity with U S generally accepted accounting principles

Ernst & Young LLP

March 27, 2014

Indiana University Health, Inc. and subsidiaries

Consolidated Balance Sheets

(Dollars in Thousands)

	December 31	
	2013	**2012**
Assets		
Current assets		
Cash and cash equivalents	**$ 442,672**	$ 611,630
Patient accounts receivable, less allowance for uncollectible accounts of $270,743 and $250,604 at 2013 and 2012, respectively	**659,402**	617,548
Other receivables	**126,552**	161,947
Prepaid expenses	**39,341**	39,741
Inventories	**75,340**	84,341
Current portion of trustee-held funds	**114**	501
Total current assets	**1,343,421**	1,515,708
Assets limited as to use		
Board-designated investment funds and other investments	**2,524,831**	1,967,308
Donor-restricted investment funds	**94,057**	94,975
Trustee-held funds for construction and debt service, less current portion	**10,242**	13,769
Total assets limited as to use, less current portion	**2,629,130**	2,076,052
Property and equipment		
Cost of property and equipment in service	**5,690,685**	5,573,770
Less accumulated depreciation	**(3,036,691)**	(2,836,763)
	2,653,994	2,737,007
Construction-in-progress	**115,053**	44,467
Total property and equipment, net	**2,769,047**	2,781,474
Other assets		
Equity interest in unconsolidated subsidiaries	**44,578**	57,819
Interest in net assets of foundations	**13,849**	12,898
Unamortized bond issuance costs	**6,659**	7,197
Goodwill, intangibles, and other assets	**244,390**	224,717
Total other assets	**309,476**	302,631
Total assets	**$ 7,051,074**	$ 6,675,865

	December 31	
	2013	**2012**
Liabilities and net assets		
Current liabilities		
Accounts payable and accrued expenses	**$ 466,772**	$ 380,336
Accrued salaries, wages, and related liabilities	**269,641**	278,052
Accrued health claims	**57,684**	55,593
Estimated third-party payor allowances	**90,467**	107,552
Current portion of long-term debt	**116,149**	60,853
Total current liabilities	**1,000,713**	882,386
Noncurrent liabilities		
Long-term debt, less current portion	**1,682,649**	1,824,831
Interest rate swaps	**139,072**	165,923
Accrued pension obligations	**23,992**	154,480
Accrued medical malpractice claims	**61,438**	64,642
Other	**51,785**	53,955
Total noncurrent liabilities	**1,958,936**	2,263,831
Total liabilities	**2,959,649**	3,146,217
Net assets		
Indiana University Health	**3,802,631**	3,257,945
Noncontrolling interest in subsidiaries	**180,680**	168,890
Total unrestricted	**3,983,311**	3,426,835
Temporarily restricted	**41,554**	36,549
Permanently restricted	**66,560**	66,264
Total net assets	**4,091,425**	3,529,648
Total liabilities and net assets	**$ 7,051,074**	$ 6,675,865

See accompanying notes.

Indiana University Health, Inc. and subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

(Dollars in Thousands)

	Year Ended December 31	
	2013	**2012**
Revenues.		
Patient service revenue (net of contractuals and discounts)	**$ 5,228,038**	$ 5,449,405
Provision for uncollectible accounts	**(343,136)**	(284,883)
Net patient service revenue	**4,884,902**	5,164,522
Member premium revenue	**156,564**	150,646
Other revenue	**205,416**	263,108
Total operating revenues	**5,246,882**	5,578,276
Expenses		
Salaries, wages, and benefits	**2,635,648**	2,596,349
Supplies, drugs, purchased services, and other	**1,750,948**	1,773,395
Hospital assessment fee	**82,442**	179,834
Health claims to providers	**94,446**	96,132
Depreciation and amortization	**248,825**	266,941
Interest	**61,019**	64,358
Total operating expenses	**4,873,328**	4,977,009
Operating income before educational and research support	**373,554**	601,267
Educational and research support to Indiana University	**(50,000)**	(52,610)
Total operating income	**323,554**	548,657
Nonoperating income.		
Investment income, net	**191,083**	147,902
Gains on interest rate swaps, net	**11,379**	17,054
Inherent contribution of acquired entities	**–**	3,062
Gain on sales and acquisitions and other	**14,815**	2,200
Total nonoperating income	**217,277**	170,218
Consolidated excess of revenues over expenses	**540,831**	718,875
Less amounts attributable to noncontrolling interest in subsidiaries	**92,846**	67,377
Excess of revenues over expenses attributable to Indiana University Health and subsidiaries	**447,985**	651,498

Indiana University Health, Inc. and subsidiaries

Consolidated Statements of Operations and Changes in Net Assets (continued)

(Dollars in Thousands)

	December 31, 2013			December 31, 2012		
	Total	Controlling	Noncontrolling	Total	Controlling	Noncontrolling
Unrestricted net assets						
Excess of revenues over expenses	$ 540,831	$ 447,985	$ 92,846	$ 718,875	$ 651,498	$ 67,377
Change in pension obligations	86,055	86,055	–	(28,226)	(28,226)	–
Contributions for capital expenditures	8,142	8,142	–	14,690	14,690	–
Distributions to noncontrolling interests	(82,838)	–	(82,838)	(56,663)	–	(56,663)
Issuance of noncontrolling interests related to acquisition	–	–	–	13,556	–	13,556
Contributions from noncontrolling interests	–	–	–	2,940	–	2,940
Fair value of initial noncontrolling interests in acquired entities	–	–	–	3,601	–	3,601
Other	4,286	2,504	1,782	(47)	502	(549)
	556,476	544,686	11,790	668,726	638,464	30,262
Temporarily restricted net assets						
Change in beneficial interest in net assets of foundations	642	642	–	568	568	–
Contributions	4,341	4,341	–	11,275	11,275	–
Investment return	3,252	3,252	–	2,921	2,921	–
Net assets released from restrictions	(3,230)	(3,230)	–	(13,220)	(13,220)	–
	5,005	5,005	–	1,544	1,544	–
Permanently restricted net assets						
Change in beneficial interest in net assets of foundations	52	52	–	68	68	–
Contributions and other	244	244	–	354	354	–
Investment return	–	–	–	(347)	(347)	–
	296	296	–	75	75	–
Increase in net assets before contributions of net assets of acquired organizations	561,777	549,987	11,790	670,345	640,083	30,262
Contributions of net assets of acquired organizations at April 1, 2012						
Temporarily restricted net assets of RHI	–	–	–	244	244	–
Increase in net assets	561,777	549,987	11,790	670,589	640,327	30,262
Net assets at beginning of year	3,529,648	3,360,758	168,890	2,859,059	2,720,431	138,628
Net assets at end of year	$ 4,091,425	$ 3,910,745	$ 180,680	$ 3,529,648	$ 3,360,758	$ 168,890

See accompanying notes

Indiana University Health, Inc. and subsidiaries

Consolidated Statements of Cash Flows

(Dollars in Thousands)

	Year Ended December 31	
	2013	**2012**
Operating activities		
Increase in net assets	**$ 561,777**	$ 670,345
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Change in fair value of interest rate swaps	**(26,851)**	(32,294)
Change in pension liability	**(86,055)**	28,226
Income in unconsolidated subsidiaries	**(1,145)**	(3,603)
Provision for uncollected patient accounts	**343,136**	284,883
Issuance of noncontrolling interests and step up to fair value related to acquisitions	**–**	(17,157)
Contributions from noncontrolling interests	**–**	(2,940)
Inherent contribution of acquired entities	**–**	(3,062)
Gain on consolidation of acquired entities	**–**	(2,200)
Gain on sale of clinics	**(12,734)**	–
Impairment of unconsolidated subsidiaries	**10,134**	–
Depreciation and amortization	**248,825**	266,941
Amortization of deferred gain on sale of medical office buildings	**(2,216)**	(2,279)
Restricted contributions and investment return	**(8,531)**	(14,839)
Distributions to noncontrolling interests	**82,838**	56,663
Trading securities	**(552,691)**	(388,975)
Net changes in operating assets and liabilities		
Patient accounts receivable	**(384,990)**	(325,917)
Other assets	**26,635**	(52,772)
Accounts payable and accrued liabilities and other liabilities	**40,936**	18,219
Salaries, wages, and related liabilities	**(8,411)**	51,797
Estimated third-party payor allowances	**(17,085)**	20,407
Net cash provided by operating activities	**213,572**	551,443

Indiana University Health, Inc. and subsidiaries

Consolidated Statements of Cash Flows (continued)
(Dollars in Thousands)

	Year Ended December 31	
	2013	**2012**
Investing activities		
Acquisition of subsidiaries, net of cash received	**$ –**	$ 5,509
Proceeds from sale of clinics	**13,050**	–
Purchase of property and equipment, net of disposals	**(245,792)**	(218,107)
Net cash used in investing activities	**(232,742)**	(212,598)
Financing activities		
Increase in restricted net assets	**8,531**	14,839
Repayments on long-term debt	**(78,484)**	(66,696)
Proceeds from issuance of long-term debt	**3,003**	–
Repayments on notes payable under line of credit, net of proceeds	–	(24,721)
Contributions from noncontrolling interests	–	2,940
Distributions to noncontrolling interests	**(82,838)**	(56,663)
Net cash used in financing activities	**(149,788)**	(130,301)
(Decrease) increase in cash and cash equivalents	**(168,958)**	208,544
Cash and cash equivalents at beginning of year	**611,630**	403,086
Cash and cash equivalents at end of year	**$ 442,672**	$ 611,630

See accompanying notes.

Indiana University Health, Inc. and subsidiaries

Notes to Consolidated Financial Statements
(Thousands of Dollars)

December 31, 2013 and 2012

Mission Statement

The mission of Indiana University Health is to improve the health of our patients and community through innovation and excellence in care, education, research, and service

Indiana University Health will preserve, strengthen, and build upon these values
*A patient's **total care**, including mind, body, and spirit*
*Excellence in **education** for health care providers*
*Quality of care and **respect** for life*
***Charity**, equality and justice in health care*
*Leadership in health promotion and **wellness***
*Excellence in **research***
*An internal community of **trust** and respect*

1. Organization and Nature of Operations

History and Organization

Indiana University Health, Inc (Indiana University Health) and subsidiaries operate as a health care delivery system, which includes an academic health center affiliated with Indiana University, providing health care services throughout the state of Indiana Health care services provided by Indiana University Health and its subsidiaries (hereinafter referred to as the Indiana University Health System) include acute, nonacute, tertiary, and quaternary care services on an inpatient, outpatient, and emergency basis, medical education and research, medical management services, health care diagnostic and treatment services for individuals and families in physician clinics and physician-group practices, and personal and home health care.

Indiana University Health was formed as an Indiana nonprofit corporation through a consolidation, as of January 1, 1997, under the terms of a Definitive Health Care Resources Consolidation Agreement, as amended (the Consolidation Agreement), and certain other related agreements by and between the Trustees of Indiana University and Methodist Health Group, Inc (successor to Methodist Hospital) The facilities and operations of Indiana University Health University Hospital (University Hospital), Riley Hospital for Children of Indiana University Health (Riley Hospital), and Indiana University Health Methodist Hospital (Methodist Hospital) (collectively, the Downtown Hospitals of the Academic Health Center) were merged and consolidated to form a single corporate entity, which was then licensed as a single acute care

1. Organization and Nature of Operations (continued)

hospital and operates as an academic health center. Members of the Board of Directors (the Board) of Indiana University Health are selected by its two classes of members the Methodist Class (members of which are members of Methodist Health Group, Inc) and the University Class (members of which are the individuals who are the Trustees of Indiana University)

The Consolidation Agreement requires that the salaries and related employee benefit costs be funded for medical doctor interns and residents of the Indiana University School of Medicine (the School of Medicine) The Board annually reviews and determines the level of support to the School of Medicine for these programs and the number of internships and residencies to be supported The Consolidation Agreement also provides for additional support to the School of Medicine to recognize, as a result of the consolidation, the enhanced and increased level of services being provided, including services to the medically indigent through medical education and research Annually (or more often), an appointed committee consisting of representatives of Indiana University Health, Methodist Health Group, Inc., and Indiana University determines the amount of such additional support to be provided to the School of Medicine

Nature of Operations

The Indiana University Health System operates as an integrated health care delivery system comprising nonprofit and for-profit entities, with coordinated activities and policies designed to meet the mission of the Indiana University Health System. The principal operating activities of the Indiana University Health System are conducted at owned facilities or majority-owned or controlled subsidiaries and consist of the following

Downtown Hospitals of the Academic Health Center (Hospital Campuses) – Consist of three acute, tertiary, and quaternary care, and diagnostic facilities, licensed as a single hospital, which constitutes the principal hospital activities of the academic health center and whose operations are located in the downtown area of Indianapolis, Indiana. These three hospitals, Methodist Hospital, University Hospital, and Riley Hospital, are located on or near the campus of Indiana University-Purdue University in Indianapolis and the School of Medicine

1. Organization and Nature of Operations (continued)

Central Indiana Facilities (Indiana University Health West Hospital (West), Indiana University Health North Hospital (North), Indiana University Health Tipton Hospital (Tipton), Indiana University Health Saxony Hospital (Saxony), and Rehabilitation Hospital of Indiana (RHI)) – Consist of three acute care hospitals, a critical access hospital, and an acute care rehabilitation hospital located in the western and northern suburban areas of metropolitan Indianapolis, Indiana Saxony operates as a division of the academic health center

Statewide Facilities – Consist of acute care hospitals and health care systems located in Bedford, Bloomington, Goshen, Hartford City, Knox, Lafayette, LaPorte, Martinsville, Monticello, Muncie, and Paoli, Indiana Principal hospital subsidiaries include Indiana University Health Bedford Hospital (Bedford), Indiana University Health Arnett Hospital (Arnett), Indiana University Health LaPorte Hospital and subsidiaries (LaPorte) including Indiana University Health Starke (Starke), Indiana University Health Goshen and subsidiaries (Goshen), Indiana University Health Ball Memorial Hospital and subsidiaries (Ball Memorial) including Indiana University Health Blackford (Blackford), Indiana University Health Bloomington Hospital and subsidiaries (Bloomington) including Indiana University Health Paoli (Paoli), Indiana University Health Morgan Hospital (Morgan), and Indiana University Health White Memorial Hospital (White)

Physician Operations – Consist of physician offices and physician-group practices and clinics Principal subsidiaries or divisions include Indiana University Health Arnett Physicians, Indiana University Health Ball Memorial Physicians, Indiana University Health Southern Indiana Physicians, Indiana University Health LaPorte Physicians, Indiana University Health Goshen Physicians, Indiana University Health Radiology Partners, Inc , and Indiana University Health Transplant Institute Additionally, physician operations include Indiana University Health Physicians (IUHP), a nonprofit organization with locations primarily in Indianapolis, Indiana

Ambulatory Care – Consists of personal and home health care services, outpatient oncology services, and outpatient surgery centers, which are located throughout the state of Indiana Principal subsidiaries or divisions include Indiana University Health Home Care, Central Indiana Cancer Centers, and seven surgery centers

1. Organization and Nature of Operations (continued)

Medical Risk – Consists of the medical management of health care services of members whose health care coverage is provided by the managed care networks of the Indiana University Health System

Foundations – Indiana University Health is the sole corporate member of Methodist Health Foundation, Inc (Methodist Health Foundation), which aids and supports Methodist Hospital and other programs and areas of Indiana University Health Ball Memorial is the sole corporate member of Indiana University Ball Memorial Hospital Foundation (BMH Foundation), which aids in carrying out the mission of Ball Memorial Morgan is the sole corporate member of Indiana University Health Morgan Hospital Foundation (Morgan Foundation), which aids and supports Morgan Arnett is the sole corporate member of Indiana University Health Arnett Hospital Foundation (Arnett Foundation), which aids and supports Arnett RHI is the sole corporate member of Rehabilitation Hospital of Indiana Foundation (RHI Foundation), which aids and supports RHI Goshen is the sole corporate member of Indiana University Health Goshen Foundation (Goshen Foundation), which aids and supports Goshen

2. Community Benefit and Charity Care

The Indiana University Health System provides health care services and other financial support through various programs that are designed, among other matters, to enhance the health of the community, improve the health of low-income patients, and foster medical education and research through its affiliation with the School of Medicine In addition, the Indiana University Health System provides services intended to benefit the poor and underserved, including those persons who cannot afford health insurance because of inadequate resources or those who are uninsured or underinsured Health care services to patients under government programs, such as Medicare and Medicaid, are also considered part of the Indiana University Health System's benefit provided to the community since a substantial portion of such services are reimbursed at amounts less than cost.

The Indiana University Health System's financial assistance policies are designed to provide care to patients regardless of their ability to pay, and all uninsured patients are eligible for discounts from established charges Patients who meet certain criteria (generally based on up to 400% of federal poverty income guidelines, other patients who are victims of certain catastrophic events,

2. Community Benefit and Charity Care (continued)

or those who meet criteria to be part of the Indiana University Health System's medical education and research programs) are provided care without charge or at amounts less than established rates

Patient service revenue is reported at estimated net realizable amounts for services rendered The Indiana University Health System recognizes patient service revenue associated with patients who have third-party payor coverage on the basis of contractual rates for the services rendered For uninsured patients who do not qualify for charity care, revenue is recognized on the basis of discounted rates in accordance with the uninsured discount policy

The amount of charity care provided is determined based on the qualifying criteria, as defined in the financial assistance policies, through approved applications completed by patients and their families or beneficiaries, or based on analysis of patients without third-party insurance coverage who did not apply for charity and whose income was equal to or less than 200% of federal poverty income guidelines. No payment for services is anticipated for those patients whose charity care applications have been approved, as well as for those other patient accounts whose income is equal to or less than 200% of federal poverty income guidelines and meet certain other criteria The cost to provide charity care using the consolidated cost to charge ratio was $170,937 and $204,420 for 2013 and 2012, respectively

In addition, the Indiana University Health System provides a significant amount of uncompensated care to other uninsured and underinsured patients, which is included in the provision for uncollected patient accounts

Enacted March 23, 2010, the Patient Protection and Affordable Care Act (the Affordable Care Act) required, among other things, that hospital organizations establish a financial assistance policy and a policy relating to emergency medical care The hospital organizations of the Indiana University Health System have adopted a financial assistance policy that conforms with the Affordable Care Act and includes financial assistance eligibility criteria, the basis for calculating amounts charged to patients, the method for applying for financial assistance, billing and collections policies with regard to actions that may be taken in the case of nonpayment, as well as measures to widely publicize the policy within the communities served Additionally, the Indiana University Health System's hospital organizations have adopted policies requiring the organizations to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under their financial assistance policy These hospital

2. Community Benefit and Charity Care (continued)

organizations have also adopted policies to limit the amount charged for emergency or other medically necessary care that is provided to individuals eligible for assistance under the organizations' financial assistance policy to not more than the amounts generally billed to individuals who have insurance covering such care

Reimbursements are received by the Indiana University Health System for Medicare and Medicaid beneficiaries in accordance with reimbursement agreements and related regulatory rules and regulations. Also, the Indiana University Health System receives certain additional Medicaid Disproportionate Share (DSH) payments and payments under the Medicaid Assessment Fee program from the state of Indiana (see Note 3). These reimbursements and payments are less than the cost of providing the related services

The Indiana University Health System also provides education for health care providers, including support to the School of Medicine, counseling centers and chaplaincy programs that support patients' medical, spiritual, and emotional needs, programs to enhance quality of and respect for life, including neighborhood revitalization, community health clinics, and school-based health programs, charity, equality, and justice programs, including education programs available to independent health providers, and obesity prevention programs such as Garden on the Go and Indy Urban Acres, other medical research, and support to the Children's Values Fund, and fosters an internal community of trust, respect, and empowerment

Through the statewide facility-by-facility community health needs assessments Indiana University Health conducted, the following community health needs were identified and selected as priority areas in which Indiana University Health will focus on community benefit efforts. access to affordable health care, behavioral health, obesity prevention, and Pre-K education The costs of providing these programs and services are included in expenses in the accompanying consolidated statements of operations and changes in net assets

3. Summary of Significant Accounting Policies

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of Indiana University Health and all majority-owned or controlled subsidiaries All significant intercompany balances and transactions have been eliminated in consolidation

3. Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of consolidated financial statements in conformity with U S generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes Actual results could differ from those estimates

Fair Values of Financial Instruments

Financial instruments include cash and cash equivalents, patient, other accounts receivable, assets limited as to use, accounts payable and accrued expenses, estimated third-party payor allowances, notes payable to banks, long-term debt, derivative financial instruments (i e , fixed payor and basis swaps), and certain other current assets and liabilities

The fair values for cash and cash equivalents, patient, other accounts receivable, accounts payable and accrued expenses, estimated third-party payor allowances, and certain other current assets and liabilities approximate the carrying amounts reported in the consolidated balance sheets and, in the opinion of management, represent highly liquid assets or short-term obligations The fair values for assets limited as to use, long-term debt, and derivative financial instruments are described in Notes 5, 7, 8, and 9

Derivative Financial Instruments

The Indiana University Health System has entered into certain interest rate swap transactions (fixed-pay swaps and basis swaps) As of and for the years ended December 31, 2013 and 2012, the Indiana University Health System's fixed-pay swap and basis swap agreements did not qualify for hedge accounting Therefore, the changes in fair value of these interest rate swaps during these years are reported with nonoperating income in the consolidated statements of operations and changes in net assets.

Patient Service Revenue

Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others at the time services are rendered Certain revenue is subject to estimated retroactive revenue adjustments under reimbursement agreements with third-party payors due to

3. Summary of Significant Accounting Policies (continued)

future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period that the related services are rendered, and such amounts are adjusted in future periods as adjustments become known

For the year ended December 31, 2013, the percentage of patient service revenue (net of contractuals and discounts) derived under Medicare, Medicaid, and managed care programs approximated 24%, 6%, and 58%, respectively (23%, 7%, and 55%, respectively, in 2012) A managed care provider represented 29% and 26% of net patient service revenue in 2013 and 2012, respectively Provision has been made, by a charge to contractual allowances as an offset to patient service revenue, for the differences between gross charges for patient services and estimated reimbursement from these government and insurance programs

Indiana University Health is a Medicaid DSH provider under Indiana law (IC 12-15-16(1-3)) and, as such, is eligible to receive state DSH payments. The amount of these additional state DSH funds is dependent on regulatory approval by agencies of the federal and state governments and is determined by the level, extent, and cost of uncompensated care (as defined) and various other factors For the years ended December 31, 2013 and 2012, state DSH payments have been made by the state of Indiana, and amounts were recorded as revenue based on data acceptable to the state of Indiana, less any amounts management believes may be subject to adjustment State DSH payments by the state of Indiana are based on the fiscal year of the state, which ends June 30 of each year State DSH reimbursement is recognized as revenue after eligibility is determined by the state and payments are probable and reasonably estimable. The 2012 through 2013 state DSH payments of $63,261 recognized by Indiana University Health and certain subsidiaries during 2013 were recorded in net patient service revenue in the accompanying consolidated statements of operations and changes in net assets for the year ended December 31, 2013 The 2010 through 2012 state DSH payments of $110,334 recognized by Indiana University Health and certain subsidiaries during 2012 were recorded in net patient service revenue in the accompanying consolidated statements of operations and changes in net assets for the year ended December 31, 2012

During 2012, the Indiana General Assembly approved a hospital assessment fee program (Medicaid Assessment Fee) Under this program, the Office of Medicaid Policy and Planning (OMPP) collects a fee from eligible hospitals The fee is used in part to increase reimbursement to eligible hospitals for services provided in both fee-for-service and managed care programs,

3. Summary of Significant Accounting Policies (continued)

and as the state share of DSH payments. The program was effective retroactively from July 1, 2011 and continued through June 30, 2013 During the year ended December 31, 2013, increased reimbursement related to the Medicaid Assessment Fee program totaled $176,184, of which $9,622 related to 2012 During the year ended December 31, 2012, increased reimbursement related to the Medicaid Assessment Fee program totaled $474,235, of which $161,802 related to 2011 During the year ended December 31, 2013, an assessment fee was recognized of $82,442, of which $11,574 related to 2012 During the year ended December 31, 2012, an assessment fee was recognized of $179,834, of which $59,936 related to 2011. This fee was recorded within the hospital assessment fee on the consolidated statements of operations and changes in net assets

The Indiana General Assembly approved the extension of the Medicaid Assessment Fee program for another four years As of December 31, 2013, this extension was awaiting approval from the Centers for Medicare and Medicaid Services Because the approval had not been obtained as of December 31, 2013, no Medicaid Assessment Fee program revenue or assessment fee expense has been recorded for Medicaid claims with a service date of July 1, 2013 and after Subsequently, on March 21, 2014, the Centers for Medicare and Medicaid Services approved the extension of the program for another four years This approval reinstated the program retroactively to July 1, 2013 The Indiana University Health System will record the increased revenue and assessment fee expense related to claims occurring after July 1, 2013 in the first quarter of 2014, and such increased revenue is expected to be material, as it was during the first six months of 2013

Laws and regulations governing Medicare, Medicaid, and other governmental programs are extremely complex, subject to interpretation, and sometimes provide for retroactive adjustments As a result, there is a reasonable possibility that recorded estimated settlements could change by a material amount in the near term The Indiana University Health System believes it is in compliance with applicable laws and regulations governing Medicare, Medicaid, and other governmental programs and that adequate provisions have been recorded for any adjustments that may result from final settlements However, any adjustments to the currently estimated settlements are recorded in future periods

3. Summary of Significant Accounting Policies (continued)

During 2012, the Indiana University Health System received a settlement from the United States Department of Health & Human Services and Centers for Medicare & Medicaid Services related to underpayments for Medicare services dating back several years in the amount of $22,570 The settlement was recorded within net patient service revenue in the accompanying consolidated statements of operations and changes in net assets

Patient service revenue, net of contractual allowances and discounts and before the provision for bad debts, recognized in the year from major payor sources is as follows.

	Year Ended December 31	
	2013	**2012**
Third-party payors	**$ 5,041,753**	$ 5,294,741
Self-pay patients	**186,285**	154,664
Total payors	**$ 5,228,038**	$ 5,449,405

Member Premium Revenue and Health Claims

The Indiana University Health System has agreements to provide medical services to subscribing participants or members that generally provide for predefined payments (on a per member or per month basis) regardless of services actually performed The cost to provide health care services under these agreements, and for self-insured health benefits to employees, is accrued in the period in which the health care services are provided to a member or covered employee based, in part, on estimates, including an accrual for medical services provided but not yet reported Expenses to providers are reported as health claims to providers in the accompanying consolidated statements of operations and changes in net assets The accrual for medical services provided but not yet reported is reflected as accrued health claims in the accompanying consolidated balance sheets.

3. Summary of Significant Accounting Policies (continued)

Meaningful Use Revenue

The American Recovery and Reinvestment Act of 2009 established incentive payments under Medicare and Medicaid programs for certain eligible professionals, hospitals, and critical access hospitals (Providers) Providers can receive incentive payments by adopting, implementing, and upgrading electronic health records (EHR) technology Providers can also receive incentive payments for demonstrating meaningful use of EHR technology Upon satisfaction of the meaningful use criteria, using a grant accounting model, the Indiana University Health System recognized $22,215 and $24,133 of these incentive payments within other revenue in the accompanying consolidated statements of operations and changes in net assets for the years ended December 31, 2013 and 2012, respectively If specified meaningful use criteria are met in future periods, the Indiana University Health System may qualify for additional incentive payments

Cash Equivalents

Investments in highly liquid instruments with an original maturity of three months or less when purchased, excluding assets limited as to use, are considered by management to be cash equivalents

The Indiana University Health System routinely invests in money market funds, including both treasury and agency money market funds and prime money market funds that are considered by management to be cash equivalents Such instruments, as well as bank deposits, are potentially subject to concentrations of credit risk In order to mitigate such risk, the Indiana University Health System generally places its cash and cash equivalents with institutions of high credit quality and/or positions them such that they are insured by the Federal Deposit Insurance Corporation

Accounts Receivable and Allowance for Uncollectible Accounts

The Indiana University Health System does not require collateral or other security for the delivery of health care services from its patients, substantially all of whom are residents of the state of Indiana However, assignment of benefit payments payable under patients' health insurance programs and plans (e g , Medicare, Medicaid, health maintenance organizations, and commercial insurance policies) is routinely obtained, consistent with industry practice

3. Summary of Significant Accounting Policies (continued)

The provision for uncollected patient accounts, for all payors, is recognized when services are provided based upon management's assessment of historical and expected net collections, taking into consideration business and economic conditions, changes and trends in health care coverage, and other collection indicators Periodically, management assesses the adequacy of the allowance for uncollectible accounts based upon accounts receivable payor composition and aging, the significance of individual payors to outstanding accounts receivable balances, and historical write-off experience by payor category, as adjusted for collection indicators The results of this review are then used to make any modifications to the provision for uncollected patient accounts and the allowance for uncollectible accounts In addition, the Indiana University Health System follows established guidelines for placing certain past due patient balances with collection agencies Patient accounts that are uncollected, including those placed with collection agencies, are initially charged against the allowance for uncollectible accounts in accordance with collection policies of the Indiana University Health System and, in certain cases, are reclassified to charity care if deemed to otherwise meet financial assistance policies of the Indiana University Health System

The composition of net patient accounts receivable is summarized as follows as of December 31.

	2013	**2012**
Managed care	**54%**	51%
Medicare	**21**	21
Medicaid	**5**	7
Other third-party payors	**11**	12
Patients	**9**	9
	100%	100%

A managed care payor represented 23% and 24% of net patient accounts receivables at December 31, 2013 and 2012, respectively.

3. Summary of Significant Accounting Policies (continued)

The allowance for uncollectible accounts for self-pay patients, including self-pay discounts and charity care, was 86% of self-pay accounts receivable as of December 31, 2013 and 2012 Overall, the net of self-pay discounts and write-offs has not changed significantly for the years ended December 31, 2013 and 2012 The Indiana University Health System has not experienced significant changes in write-off trends and has not changed its financial assistance policy during the year ended December 31, 2013

Inventories

Inventories consist primarily of drugs and supplies, are stated at the lower of cost or market, and are generally valued using the average cost method

Assets Limited as to Use

Assets limited as to use include the following. (i) cash and cash equivalents and designated investment assets, including those funds held by the consolidated foundations, set aside by the Board for future capital improvements and for other purposes, over which the Board retains control and may, in certain circumstances, use for other purposes, (ii) donor-restricted investment assets, the use of which has been specified by the donor, (iii) assets held by trustees under bond or trust indenture agreements for construction and debt service, and (iv) cash and equivalents and designated investment assets set aside for near-term capital improvements and other purposes, over which management retains control and may use for other purposes and which are classified as other investments Substantially all assets limited as to use are invested and managed by professional investment managers and are held in custody by financial institutions These funds are classified as trading securities Accordingly, changes in unrealized gains and losses in the fair value of investments are included in nonoperating income within investment income in the accompanying consolidated statements of operations and changes in net assets The Indiana University Health System is a limited partner in certain funds that employ hedged investment strategies. These investments are accounted for using the equity method of accounting, based on the fund's financial information

Property and Equipment

Property and equipment are stated at cost and are depreciated using the straight-line method over the estimated useful lives of the assets Included in property and equipment are costs for software developed for internal use.

3. Summary of Significant Accounting Policies (continued)

Property and equipment under capital lease obligations are amortized on the straight-line method over the lease term or the estimated useful life of the equipment, whichever period is shorter Such amortization is included with depreciation in the accompanying consolidated statements of operations and changes in net assets Interest cost incurred on borrowed funds during the period of construction and other interest costs related to tax-exempt bonds are capitalized as a component of the cost of constructing the assets In addition, interest earnings on unexpended borrowed funds related to tax-exempt financings offset capitalized tax-exempt interest Repair and maintenance costs are expensed when incurred.

The Indiana University Health System evaluates when events or changes in circumstances have occurred that would indicate that the remaining estimated useful life of long-lived assets warrant revision or that the remaining balance of such assets may not be recoverable The carrying amount of a long-lived asset is not recoverable if it exceeds the sum of the undiscounted cash flows expected to result from the use and eventual disposition of the asset or asset group If undiscounted cash flows are insufficient to recover the carrying value of the long-lived asset, such asset is written down to its fair value if its carrying value exceeds fair value

Equity Interest in Unconsolidated Subsidiaries

Indiana University Health or its subsidiaries have also entered into certain limited liability company agreements with third parties that provide health care-related services Where applicable, these arrangements are accounted for using the equity method of accounting. Indiana University Health's largest equity interest venture is a 50% membership interest in MDWise, Inc , which holds an HMO license and manages a network of health care providers serving Indiana Medicaid patients throughout the state of Indiana The balance of this equity interest was $17,574 and $18,181 as of December 31, 2013 and 2012, respectively Overall, equity interest in unconsolidated subsidiaries was $44,578 and $57,819 as of December 31, 2013 and 2012, respectively The Indiana University Health System has recorded its equity in the income of its unconsolidated subsidiaries within other operating revenue, totaling $1,145 and $3,603 for the years ended December 31, 2013 and 2012, respectively

3. Summary of Significant Accounting Policies (continued)

During 2013, Indiana University Health determined that the value of its investments in certain equity method investments was other-than-temporarily impaired and the investments were reduced to their estimated fair value, which is nominal, through the recording of $3,028 and $7,106 impairment changes included in other operating revenue and nonoperating income, respectively, in the accompanying consolidated statements of operations and changes in net assets

Unamortized Bond Issuance Costs and Bond Discount or Premium

Costs incurred in connection with the issuance of long-term debt and bond discounts or premiums are amortized or accreted using the effective interest rate method Amortization and accretion are included in interest expense in the accompanying consolidated statements of operations and changes in net assets (see Note 7)

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received Conditional promises to give, including indications of an intention to give, are reported at fair value at the date the gift is received If the gifts are received with donor stipulations that limit the use of the donated assets, the gifts are reported as either temporarily or permanently restricted. Donor-restricted contributions for which restrictions are met in the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements

Noncontrolling Interest in Subsidiaries

The Indiana University Health System attributed income of $92,846 and $67,377 for the years ended December 31, 2013 and 2012, respectively, to the noncontrolling interests based on the ownership percentage of the noncontrolling interests in certain of the Indiana University Health System's consolidated subsidiaries These amounts are reflected in unrestricted net assets in the consolidated balance sheets.

3. Summary of Significant Accounting Policies (continued)

Temporarily and Permanently Restricted Net Assets

Temporarily and permanently restricted net assets are those assets whose use has been limited by donors to a specific time period or purpose These net assets are generally restricted for medical education and research programs, medical supplies and equipment, and patient care services

Interests in net assets of unconsolidated foundations are included in other assets in the accompanying consolidated balance sheets. The underlying assets of these interests in foundations consist primarily of cash and cash equivalents, money market and mutual funds, and marketable equity and debt securities (see Note 14)

Business Combinations

The Indiana University Health System allocates the purchase price of an acquisition to the various components of the acquisition based upon the fair value of each component, which may be derived from various observable or unobservable inputs and assumptions Also, the Indiana University Health System may utilize third-party valuation specialists These components typically include buildings, land, and equipment and may also include intangibles related to noncompete agreements or other specifically identified intangible assets The excess of the fair value of assets acquired over liabilities assumed and the fair value of any noncontrolling interest is recorded as an inherent contribution within the performance indicator Goodwill is recorded to the extent that liabilities assumed and noncontrolling interests exceed the fair value of assets acquired

Goodwill and Intangible Assets

In connection with business combinations, the Indiana University Health System has recorded goodwill and definite-lived intangible assets on the accompanying consolidated balance sheets

3. Summary of Significant Accounting Policies (continued)

The Indiana University Health System evaluates goodwill for impairment annually, or more frequently if events or changes in circumstances suggest that the carrying value of an asset may not be recoverable The goodwill impairment analysis, performed at the reporting unit level, generally includes estimating the fair value and comparing that to the carrying value If fair value of a reporting unit exceeds its carrying amount, goodwill of the reporting unit is not considered to be impaired These valuation methods require the Indiana University Health System to make estimates and assumptions regarding future operating results, cash flows, changes in working capital, capital expenditures, profitability, and the cost of capital.

The Indiana University Health System also reviews if events or changes in circumstances suggest impairment may have occurred related to the carrying value of the definite-lived intangible assets, which are amortized over periods of 5 to 35 years It has been determined that there was no impairment to goodwill or definite-lived intangible assets during 2013 and 2012 Intangible assets included in other assets on the accompanying consolidated balance sheets as of December 31, 2013 and 2012, were $182,339 and $184,145, respectively, which include goodwill of $166,559 and $166,801, respectively

Operating and Performance Indicators

The activities of the Indiana University Health System are primarily related to providing health care services, and accordingly, expense information by functional classification is not used as a basis for measuring performance. Furthermore, since substantially all resources are derived from providing health care services, similar to that if provided by a business enterprise, the following indicators are considered important in evaluating how well management has discharged its stewardship responsibilities

Operating Indicator (Operating Income) – Includes all unrestricted revenue, gains, donor contributions to offset operating expenses, other support, equity income or loss of unconsolidated health care subsidiaries, and expenses directly related to the recurring and ongoing health care operations during the reporting period. The operating indicator excludes investment income or losses on assets limited as to use (including changes in unrealized gains and losses on investments), changes in the fair value of fixed-pay and basis swaps, gain or loss on the extinguishment of debt, inherent contribution of acquired entities, noncontrolling interest, and gains and losses deemed by management not to be directly related to providing health care services

3. Summary of Significant Accounting Policies (continued)

Performance Indicator (Excess of Revenues Over Expenses) – Includes operating income and nonoperating income (losses) The performance indicator excludes certain changes in pension obligations and contributions for capital expenditures, distributions, and net assets released from restricted funds

Income Taxes

The Internal Revenue Service (IRS) has determined that Indiana University Health and certain of its affiliated entities are tax-exempt organizations as defined in Section 501(c)(3) of the Internal Revenue Code

Certain subsidiaries of Indiana University Health are taxable entities The tax expense and liabilities of these subsidiaries are not material to the consolidated financial statements

Subsequent Events

For the consolidated financial statements as of and for the year ended December 31, 2013, management has evaluated subsequent events through March 27, 2014, the date that these consolidated financial statements were issued

4. Significant Transactions

On October 1, 2013, Indiana University Health System announced a workforce reduction, including an early retirement program As of December 31, 2013, Indiana University Health System had paid $6,295 in severance costs related to this reduction As of December 31, 2013, $9,065 estimated self-insured unemployment costs, unpaid severance costs, and estimated benefit costs related to the retirees were accrued within accrued salaries, wages, and related liabilities

4. Significant Transactions (continued)

Indiana University Health Occupational Services

Effective July 1, 2013, Indiana University Health Occupational Services, a wholly owned subsidiary of Indiana University Health, sold the operations and related fixed assets of eight freestanding clinics located in Fishers, Indianapolis, Lebanon, and Muncie, Indiana, to U S Healthworks of Indiana, Inc for a purchase price of $14,500, of which $13,050 was received in July The remaining amount to be received is recorded within other receivables and is expected to be collected by December 2014. The gain related to this sale was $12,734 and is recorded within other nonoperating income Prior to this sale, on June 27, 2013, Indiana University Health, acting as Obligated Agent for Indiana University Health Obligated Group, effectuated the removal of Indiana University Health Occupational Services as an Obligated Group Affiliate under the Master Trust Indenture (as such terms are defined in the Master Trust Indenture) See Note 7 for further discussion on Indiana University Health Obligated Group

Rehabilitation Hospital of Indiana

Effective April 9, 2012, the bylaws of RHI were amended to provide Indiana University Health with a 51% voting interest in participatory matters, so that Indiana University Health became the controlling member in RHI Purchase accounting was applied to this transaction as Indiana University Health obtained control of the entity, which was previously accounted for under the equity method As such, the assets, liabilities, and noncontrolling interests of RHI were recorded at fair value. Indiana University Health recorded the value of working capital and assets limited to use of $14,613, property and equipment and other assets of $13,713, and ownership interests of $7,593 Long-term debt and other liabilities of $20,733 were assumed

Indiana University Health remeasured its previous equity method investment upon the change in control, which resulted in a gain of $2,200 recorded within other nonoperating income in the accompanying consolidated statements of operations and changes in net assets, representing the fair value of Indiana University Health's equity interest in RHI in excess of its previous carrying value The financial position of RHI was consolidated with Indiana University Health effective with the amendment, and the financial results of RHI were consolidated beginning on that date The purchase price allocation was finalized during 2013 and there were no material changes from the preliminary allocations recorded in 2012

5. Assets Limited as to Use

Board-designated and donor-restricted investment funds are invested in accordance with Board-approved policies Trustee-held funds are generally invested in cash equivalents (including money market funds) and U S government and agency obligations, as defined by the debt agreements

The estimated fair value of the assets limited as to use is determined using market information and other appropriate valuation methodologies The methods and assumptions used to estimate the fair value of assets limited as to use are as follows. (i) cash and cash equivalents. the carrying amounts reported in the consolidated balance sheets approximate fair value, (ii) marketable securities. the fair values are based on quoted market prices or, if quoted market prices are not available, quoted market prices of comparable instruments and other observable inputs, and (iii) other investments, including alternative investments (such as hedge funds and private equity investments) accounted for using the equity method of accounting based upon the net asset values as determined by third-party administrators of each fund in consultation with and approval of the fund investment managers.

The Indiana University Health System is a limited partner in funds that employ hedged investment strategies and funds that employ investment strategies that require long holding periods to create value, both of which are designed to reduce overall portfolio volatility In the case of hedged strategies, redemptions generally may be made quarterly with written notice ranging from 30 to 90 days, however, some funds employ lock-up periods that restrict redemptions or charge a redemption fee during the lock-up period Lock-up periods range from one to three years with redemption charges of up to 5% of net asset value for redemptions made on or before the anniversary date of the initial investment or additional contribution Upon complete redemption, many of the funds have "hold-back" provisions that allow the fund to retain up to 10% of the assets until the fund completes its audited financial statements for the

5. Assets Limited as to Use (continued)

redemption period. These investments are accounted for using the equity method of accounting, based on the fund's financial information In the case of long holding period strategies, capital is returned as monetization events occur which may be infrequent in nature Generally, capital is committed to a partnership for a period of five to ten years with the ability of the general partner to extend the life of the fund one to three additional years During the first three to five years of a fund life, the general partner, in order to facilitate its funding of investments, will call capital from the limited partners up to the amount of its commitment As of December 31, 2013, there was $25,259 of unfunded commitments relating to alternative investments, which is expected to be paid over the next four years There were no material unfunded commitments as of December 31, 2012

Alternative investments include certain other risks that may not exist with other investments that are more widely traded These include reliance on the skill of the fund managers, who often employ complex strategies utilizing various financial instruments, including futures contracts, foreign currency contracts, structured notes, and interest rate, total return, and credit default swaps Additionally, alternative investments may provide limited information on a fund's underlying assets and have restrictive liquidity provisions Management believes that the Indiana University Health System, in consultation with its investment consultants, has the capacity to analyze and interpret the risks associated with alternative investments and, with this understanding, has determined that these investments represent a prudent approach for use in its portfolio management

The largest fund allocation to any fund manager, which is an alternative fund of funds investment, is $161,109 at December 31, 2013, and there are no investments in any individual fund greater than 15 5% of that fund's net assets Changes in the value of these funds are included in nonoperating income and losses in the accompanying consolidated statements of operations and changes in net assets

5. Assets Limited as to Use (continued)

The composition of assets limited as to use is set forth below.

	December 31	
	2013	**2012**
Board-designated investments and trustee-held funds.		
Cash and cash equivalents	**$ 62,424**	$ 58,634
Marketable securities		
U S government and agency obligations	**138,649**	111,826
U S corporate obligations	**340,379**	354,825
U S equity securities	**438,318**	351,908
Non-U S securities	**451,671**	272,789
Total marketable securities	**1,369,017**	1,091,348
Other Board-designated investments		
Alternative investments:		
Hedged strategy (fund of funds)	**439,343**	423,480
Hedged strategy (direct)	**275,979**	118,168
Long holding period strategy	**44,641**	–
Real estate investment trusts and other	**8,486**	7,799
Total other Board-designated investments	**768,449**	549,447
Total Board-designated investments and trustee-held funds	**2,199,890**	1,699,429
Other investments.		
Cash and cash equivalents	**2,071**	8,539
U S government and agency obligations	**163,894**	184,216
U S corporate obligations	**219,698**	162,252
Non-U S securities	**43,691**	22,117
Total other investments	**429,354**	377,124
Total assets limited to use	**2,629,244**	2,076,553
Less current portion	**(114)**	(501)
Total assets limited to use, less current portion	**$ 2,629,130**	$ 2,076,052

5. Assets Limited as to Use (continued)

Assets limited as to use include funds held by the foundations whose fair values as of December 31, 2013, aggregated $200,610, of which $106,554 is considered Board-designated investment funds and $94,057 is considered donor-restricted investment funds

The composition and presentation of investment income recognized in the accompanying consolidated statements of operations and changes in net assets are as follows

	Year Ended December 31	
	2013	**2012**
Investment income.		
Interest and dividend income	**$ 35,352**	$ 31,649
Investment management and administration fees	**(6,101)**	(3,063)
Realized gains on sales of investments, net	**89,002**	35,086
Unrealized gains on investments	**63,199**	62,358
Equity gains of hedged strategy funds	**9,631**	21,872
	$ 191,083	$ 147,902

6. Property and Equipment

The cost of property and equipment in service is summarized as follows.

	December 31	
	2013	**2012**
Land and improvements	**$ 264,622**	$ 260,329
Buildings and improvements	**3,234,771**	3,241,646
Equipment (including software developed for internal use of $234,604 in 2013 and $221,309 in 2012)	**2,191,292**	2,071,795
	$ 5,690,685	$ 5,573,770

6. Property and Equipment (continued)

Useful lives of each category of assets are based on the estimated useful time frame that the particular assets are expected to be in service, generally in accordance with guidelines established by the American Hospital Association Assets are depreciated on a straight-line basis beginning in the month when placed in service, with asset lives ranging as follows 20-30 years for land improvements, 15-40 years for buildings and improvements, and 3-10 years for equipment, including software developed for internal use

Construction-in-progress for assets currently under development is anticipated to extend through 2014 and includes commitments for the construction, refurbishment, and replacement of facilities and equipment A summary of the construction-in-progress is as follows.

	December 31	
	2013	**2012**
Software developed for internal use	**$ 79**	$ 13,772
Riley Simon Family Tower	**70,941**	13,294
Other facilities and equipment	**44,033**	17,401
	$ 115,053	$ 44,467

Firm commitments for construction-in-progress totaled $36,737 at December 31, 2013.

Certain buildings, medical and computer equipment, and software are accounted for as capital leases expiring in various years through 2021 and are included in property and equipment Amortization of assets under capital leases is included in depreciation expense

6. Property and Equipment (continued)

The following is a summary of property held under capital leases.

	December 31	
	2013	**2012**
Software	**$ 1,985**	$ 1,985
Computer and office equipment	**13,686**	11,485
Medical equipment	**23,565**	28,542
Buildings	**112,877**	119,258
	152,113	161,270
Less accumulated amortization	**(33,172)**	(26,940)
	$ 118,941	$ 134,330

Interest rates are imputed based on the lower of the incremental borrowing rate at the inception of each lease or the lessor's implicit rate of return

7. Debt

Obligated Groups

The Indiana University Health System operates under three separate Master Trust Indentures (MTIs) Each indenture provides for the issuance of long-term debt under various obligated group structures The obligated groups and their respective members consist of the specific separate entities so named in the indenture and are described as follows (1) the Indiana University Health Obligated Group, which includes the Downtown Hospitals of the Academic Health Center, LaPorte, and Saxony (a division of Indiana University Health) as members, (2) the Ball Memorial Obligated Group, including Ball Memorial and Blackford as members, and (3) the Rehabilitation Hospital of Indiana Obligated Group, which includes RHI as the sole member A fourth obligated group, the Bloomington Obligated Group, existed as of December 31, 2012, but made full payment and satisfaction of all its obligations during 2013 Each obligated group is required to meet certain covenants, and its members are jointly and severally liable for the obligations under their respective MTIs Each is subject to financial performance covenants that, among other compliance requirements, require the maintenance of

7. Debt (continued)

debt service ratios and limit its ability to encumber certain of its respective assets. As of December 31, 2013, the Indiana University Health System was in compliance with all financial covenants

Issuance and Extinguishment of Debt

Indiana University Health Obligated Group

On June 29, 2012, a direct bank loan (which was used to redeem Series 2003F bonds) was amended to defer the maturity date to June 30, 2014, with an interest rate based on one-month London Interbank Offered Rate (LIBOR) This agreement requires nominal principal payments during the term with all remaining principal due at maturity As of December 31, 2013, the amount outstanding for this loan was $40,000, which amount is classified under current portion of long-term debt on the December 31, 2013 consolidated balance sheet

The Indiana University Health Obligated Group has executed direct-pay letter-of-credit agreements in support of all of its publicly remarketed variable-rate bond series, which require the credit provider to purchase bonds in the event the bonds are not remarketed. In addition, it has executed direct purchase agreements, whereby the credit provider purchases bonds for a predetermined period of time, after which the agreement must be extended or the bonds must be remarketed or reissued In each of these two instances, the bonds have a longer nominal maturity than the agreement, but the existence and terms of these agreements allow for the long-term classification of the associated variable-rate bond series None of these agreements expire during 2014

Ball Memorial Obligated Group

On April 1, 2013, the Ball Memorial Obligated Group redeemed at par ($5,495) all of the outstanding Hospital Authority of Delaware County Hospital Revenue Refunding Bonds, Series 1997 These bonds carried a fixed interest rate of 5 00%

Other Debt

The Stonehenge Community Development VII, LLC, Fixed Rate, Unsecured New Market Tax Credit Notes A and B were called by the lender for a one-time payment of $18,700 during the

7. Debt (continued)

180 day period beginning February 15, 2014. Accordingly, $18,700 of the $25,000 obligation is classified under current portion of long-term debt on the December 31, 2013, consolidated balance sheet The remaining $6,300 is classified as long-term

Long-term debt as of December 31, 2013 and 2012, consists of the following

	2013	2012
Indiana University Health Obligated Group		
Indiana Finance Authority		
Fixed Rate, Tax-Exempt Hospital Revenue Refunding Bonds, Series 2011N Serial and Term Bonds, payable in varying principal installments through 2038, with interest rates ranging from 3 00% to 5 13% at December 31, 2013	**$ 184,215**	$ 197,960
Variable-Rate Demand Notes, Tax-Exempt Revenue Refunding Bonds, Series 2011A, B, C, D, E, H, I, L, and M, payable in varying installments through 2036, with variable interest rates ranging between 0 03% and 0 84% at December 31, 2013	**449,820**	457,320
Variable-Rate Demand Notes, Taxable Hospital Revenue Bonds, Series 2011J and K, payable in varying principal installments through 2033, with an interest rate of 0 08% at December 31, 2013	**159,605**	163,245
Indiana Health and Educational Facility Financing Authority,		
Fixed Rate, Tax-Exempt Hospital Revenue Bonds, Series 2006A and 2006B Serial and Term Bonds, payable in varying principal installments through 2040, with interest rates ranging from 4 75% to 5 25% at December 31, 2013	**666,500**	672,285
Variable-Rate Commercial Bank Loan, expiring in 2014 with nominal principal installments through 2038, with an interest rate of 0.67% at December 31, 2013	**40,000**	40,900
Fixed Rate Commercial Bank Loan, payable in varying principal installments through 2016, with an interest rate of 4 75% at December 31, 2013	**17,439**	26,526

7. Debt (continued)

	2013	2012
Ball Memorial Obligated Group		
Hospital Authority of Delaware County, Indiana		
Fixed Rate, Tax-Exempt Revenue Refunding Bonds, Series 2009A, 2006, and 1997 Serial and Term Bonds, payable in varying principal installments through 2040, with interest rates ranging from 5 00% to 5 63% at December 31, 2013	**$ 83,800**	$ 91,840
Bloomington Obligated Group		
Hospital Authority of Monroe County, Indiana		
Variable-Rate, Tax-Exempt Equipment Financing Agreements, repaid in 2013	**–**	5,526
Rehabilitation Hospital of Indiana Obligated Group		
Indiana Finance Authority,		
Variable-Rate Demand Notes, Tax-Exempt Hospital Revenue Bonds, Series 2011A, payable in varying principal installments through 2031, with an interest rate of 0 05% at December 31, 2013	**15,550**	16,070
Variable-Rate, Subordinated Promissory Note, principal payable in full at maturity in 2017, with an interest rate of 0 01% at December 31, 2013	**1,500**	1,500
Other Debt		
Bloomington, Variable-Rate, Taxable Revenue Bonds, Series 2008 Private Placement Bonds, payable in quarterly installments through 2019, variable interest rate of 0 72% at December 31, 2013	**2,299**	2,736
Stonehenge Community Development VII, LLC, Fixed Rate, Unsecured New Market Tax Credit Notes A and B, due in 2014 at an interest rate of 3 29%	**25,000**	25,000
Mortgage obligations (interest rates ranging from 1 42% to 6 00%)	**6,101**	9,497
Capital lease obligations	**108,484**	125,861
Other	**24,024**	33,789
Total long-term debt	**1,784,337**	1,870,055
Unamortized premium, net of unamortized discount	**14,461**	15,629
Less current portion	**(116,149)**	(60,853)
Long-term debt, less current portion	**$ 1,682,649**	$ 1,824,831

7. Debt (continued)

The scheduled maturities and mandatory redemptions of long-term debt, assuming remarketing of variable-rate bonds, are as follows

	Indiana University Health Obligated Group	Ball Memorial Obligated Group	RHI Obligated Group	Other	Total
Year ending December 31					
2014	$ 81,168	$ 2,675	$ 570	$ 31,736	$ 116,149
2015	41,101	2,810	615	9,203	53,729
2016	40,010	2,950	650	7,447	51,057
2017	41,800	3,110	2,195	4,952	52,057
2018	43,595	5,160	740	4,984	54,479
Thereafter	1,269,905	67,095	12,280	107,586	1,456,866
	$ 1,517,579	$ 83,800	$ 17,050	$ 165,908	$ 1,784,337

The estimated valuation of the revenue bonds is obtained from a third-party pricing service and is derived by utilizing well-priced, liquid bonds with similar characteristics such as currency, market type, industry, and credit rating Pricing data for these reference bonds incorporates simple averages of indicative and executable price quotes obtained from various contributors, including brokers and other market makers, over a specified time window These prices are used to construct a fair value curve, which in turn is used to discount the future cash flows of the revenue bonds Based on the inputs used in determining the estimated fair value of these securities, this liability would be classified as Level 2 in the fair value hierarchy described in Note 9

The estimated fair value of the revenue bonds at December 31, 2013 and 2012, amounted to $1,581,630 (which includes Ball Memorial – $86,591 and RHI – $15,550) and $1,669,299 (which includes Ball Memorial – $98,736 and RHI – $16,070), respectively The carrying value of the revenue bonds at December 31, 2013 and 2012, amounted to $1,559,490 and $1,598,720, respectively The recorded value of all debt obligations not traded in the secondary credit markets approximated fair value at December 31, 2013 and 2012

7. Debt (continued)

During 2012, Indiana University Health renewed its $86,000 secured line of credit, which is secured under the terms of its Obligated Group MTI, bears interest on a variable rate based on LIBOR, and matures June 30, 2015 As of December 31, 2013 and 2012, the Indiana University Health System maintained several lines of credit totaling $91,000 There was no balance drawn on the lines of credit as of December 31, 2013 or December 31, 2012

Total interest paid on long-term debt for the years ended December 31, 2013 and 2012, aggregated $81,882 and $81,342, respectively. Total interest capitalized during the years ended December 31, 2013 and 2012, amounted to $4,773 and $3,862, respectively

8. Derivative Financial Instruments

Long-term interest rate swap arrangements have been entered into with the primary objective being to mitigate interest rate risk The following fixed-pay swaps, stated at current notional amounts, remain in place as of December 31, 2013.

Notional Amount	Effective Date	Maturity Date	Rate Received	Rate Paid
$ 52,000	11/15/2005	2/16/2021	62 30% LIBOR plus 0 24%	3 19%
60,195	6/23/2011	3/01/2036	62 30% LIBOR plus 0 24%	2 68
70,425	11/15/2005	2/15/2030	62.30% LIBOR plus 0.24%	3.35
70,725	6/20/2011	2/15/2030	62 30% LIBOR plus 0 24%	3 35
59,675	6/26/2003	3/01/2033	LIBOR	4 92
99,438	6/16/2011	3/01/2033	LIBOR	4 92
39,775	6/26/2003	3/01/2033	LIBOR	4 92
9,900	1/27/2006	11/02/2020	Securities Industry and Financial Markets Association Municipal Swap Index (SIFMA)	3 98
1,968	6/01/2004	6/01/2024	LIBOR plus 1 50%	7 05
1,406	6/01/2006	6/01/2026	LIBOR plus 1 25%	7 15
161	10/01/1999	10/01/2019	Prime minus 1 86%	7 72

8. Derivative Financial Instruments (continued)

After giving effect to the above derivative transactions, the Indiana University Health System's variable-rate debt was approximately 11 4% and 11 1% of total debt outstanding as of December 31, 2013 and 2012, respectively.

In addition, long-term basis swap arrangements were entered into for the purpose of managing the effect of interest rates on cash flows and were in place as of December 31, 2013, as follows

Notional Amount	Effective Date	Maturity Date	Swap Type	Rate Received	Rate Paid
$ 140,446	3/10/2021	2/15/2033	Forward Starting	75 00% three-month LIBOR minus 0 05%	SIFMA
175,407	1/04/2008	2/15/2033	Basis	75.00% one-month LIBOR	SIFMA
175,407	2/15/2009	2/15/2021	Basis	72 00% three-month LIBOR minus 0 13%	SIFMA
309,200	3/10/2021	1/07/2033	Forward Starting	75 00% three-month LIBOR minus 0 04%	SIFMA
309,200	3/07/2009	3/07/2021	Basis	72 00% three-month LIBOR minus 0 12%	SIFMA
309,200	6/07/2011	1/07/2033	Basis	75.00% one-month LIBOR	SIFMA
250,000	3/01/2009	9/30/2038	Basis	77 00% three-month LIBOR minus 0 11%	SIFMA
250,000	3/01/2009	9/30/2038	Basis	77 00% three-month LIBOR minus 0 11%	SIFMA

Guidance on fair value accounting stipulates that a credit valuation adjustment (CVA) should be applied to the mark-to-market valuation position of interest rate swaps to more closely capture the fair value of such instruments Collateral arrangements reduce the credit exposure and are considered in determining the CVA As of December 31, 2013, the fair value of interest rate swaps was a liability of $139,072, which is net of CVA of $23,830 As of December 31, 2012, the fair value of interest rate swaps was a liability of $165,923, which is net of CVA of $33,378 The fair values of the swaps have been included with noncurrent liabilities in the accompanying consolidated balance sheets.

8. Derivative Financial Instruments (continued)

As of December 31, 2013, interest rate swaps had a total notional amount of $1,934,883, including $465,668 of fixed-pay swaps and $1,469,215 of basis swaps Under agreements executed with counterparties, Indiana University Health is obligated to fund collateral amounts when the aggregate market value of swaps with a given counterparty exceeds a threshold set forth in the related agreement The aggregate fair value of all derivative instruments, consisting of fixed-pay and basis swaps, with credit-risk-related contingent features that are in a liability position on December 31, 2013 and 2012, was $146,194 and $169,006, respectively No collateral was posted as of December 31, 2013 and 2012.

The Indiana University Health System recorded the following gains (losses), within nonoperating income and losses, in the accompanying consolidated statements of operations and changes in net assets related to these derivative financial instruments

	Year Ended December 31	
	2013	**2012**
Gains (losses) on interest rate swaps, net		
Unrealized gains on interest rate swaps	**$ 26,851**	$ 32,294
Realized losses on interest rate swaps	**(15,472)**	(15,240)
	$ 11,379	$ 17,054

9. Fair Value Measurements

The accounting guidance for the application of fair value provides, among other matters, for the following defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and establishes a framework for measuring fair value, establishes a three-level hierarchy for fair value measurements based upon the observability of inputs to the valuation of an asset or liability as of the measurement date, requires consideration of nonperformance risk when valuing liabilities, and expands disclosures about instruments measured at fair value The three-level hierarchy is based upon the nature of valuation techniques and whether such techniques are based upon observable or unobservable inputs, as defined

9. Fair Value Measurements (continued)

Observable inputs are intended to reflect market data obtained from independent sources, while unobservable inputs may reflect market assumptions made by management or measurements made by financial specialists generally associated with the financial asset or liability These two types of inputs create the following fair value hierarchy

- Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities as of the reporting date

- Level 2 – Pricing inputs other than quoted prices included in Level 1 that are either directly observable or that can be derived or supported from observable data as of the reporting date

- Level 3 – Pricing inputs include those that are significant to the fair value of the financial asset or financial liability and are not observable from objective sources In evaluating the significance of inputs, the Indiana University Health System generally classifies assets or liabilities as Level 3 when their fair value is determined using unobservable inputs that, individually or when aggregated with other unobservable inputs, represent more than 10% of the fair value of the assets or liabilities These inputs may be used with internally developed methodologies that result in management's best estimate of fair value

The following tables set forth by level within the fair value hierarchy the Indiana University Health System's financial assets and liabilities that were accounted for at fair value on a recurring basis as of December 31, 2013 and 2012 The financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement The assessment of the significance of a particular input to the fair value measurement requires judgment, could be subject to change or variation, and may affect the valuation of fair value assets and liabilities and their classification within the fair value hierarchy levels

9. Fair Value Measurements (continued)

	Level 1	Level 2	Level 3	Total
December 31, 2013				
Assets				
Cash and cash equivalents	**$ 395,635**	**$ –**	**$ –**	**$ 395,635**
Trading securities				
U S government and agency obligations	**274,950**	**27,593**	**–**	**302,543**
U S corporate obligations	**152,682**	**407,395**	**–**	**560,077**
U S equity securities	**433,279**	**5,039**	**–**	**438,318**
Non-U S securities	**126,776**	**368,586**	**–**	**495,362**
Real estate investment trusts and other	**5,589**	**2,897**	**–**	**8,486**
Beneficial interests in charitable remainder and perpetual trusts	**–**	**10,107**	**–**	**10,107**
Total assets measured at fair value on a recurring basis	**$ 1,388,911**	**$ 821,617**	**$ –**	**$ 2,210,528**
Liabilities				
Interest rate swaps	**$ –**	**$ –**	**$ 139,072**	**$ 139,072**
Total liabilities measured at fair value on a recurring basis	**$ –**	**$ –**	**$ 139,072**	**$ 139,072**
December 31, 2012				
Assets				
Cash and cash equivalents	$ 543,923	$ –	$ –	$ 543,923
Trading securities				
U S government and agency obligations	252,632	43,410	–	296,042
U S corporate obligations	161,651	355,426	–	517,077
U S equity securities	346,610	5,298	–	351,908
Non-U S securities	89,116	205,790	–	294,906
Real estate investment trusts and other	3,264	4,535	–	7,799
Beneficial interests in charitable remainder and perpetual trusts	–	9,192	–	9,192
Total assets measured at fair value on a recurring basis	$ 1,397,196	$ 623,651	$ –	$ 2,020,847
Liabilities				
Interest rate swaps	$ –	$ –	$ 165,923	$ 165,923
Total liabilities measured at fair value on a recurring basis	$ –	$ –	$ 165,923	$ 165,923

9. Fair Value Measurements (continued)

The fair value of cash and cash equivalents, which consist mainly of funds invested in money market funds, is based on quoted market prices and classified as Level 1 The fair value of Level 1 trading securities is based on quoted market prices from an active exchange The fair value of Level 2 trading securities is based on third-party market quotes in an inactive market or similar securities in an active market and other observable inputs The fair value of interest rate swaps is based upon forward interest rate curves, as adjusted for CVA (see Note 8).

Cash and cash equivalents not held in money market funds aggregated $111,532 and $134,880 as of December 31, 2013 and 2012, respectively, and are not included in the tables The Indiana University Health System's $759,963 and $541,648 of alternative investments as of December 31, 2013 and 2012, respectively, are not included in the tables because they are accounted for using the equity method of accounting (see Note 5) The beneficial interests in charitable remainder and perpetual trusts are shown within other long-term assets on the accompanying consolidated balance sheets.

The following table is a rollforward of the amounts included in the consolidated balance sheets for financial instruments classified within Level 3 of the valuation hierarchy defined above.

	Financial Liabilities for Derivative Financial Instruments
Fair value at January 1, 2013	$ 165,923
Unrealized gains	(26,851)
Fair value at December 31, 2013	$ 139,072

Due to the significance of the CVA relative to the fair value of the swaps, whose inputs are not observable from objective sources, interest rate swaps are classified as Level 3 instruments The Indiana University Health System engages a third party to assist in valuing the CVA The CVA adjusts the fair value of each swap based on the credit risk of the party holding the swap in a liability position at that point in time This credit risk is measured by taking the spread between

9. Fair Value Measurements (continued)

the AAA-rated Municipal General Obligation (Muni GO) curve and the AA-rated Municipal Healthcare curve (or the AA+ rated Muni GO curve for the swaps insured by Assured Guaranty Municipal Corporation) and adjusting that spread to a taxable basis using the relevant SIFMA/LIBOR ratio A credit risk adjusted mark-to-market is then calculated by adding the relevant taxable spread to the LIBOR swap curve and revaluing the swap using the adjusted curve

The value of the CVA may vary depending upon the following factors.

- whether the Indiana University Health System is required to post collateral under the swap agreements,

- to the extent that the credit rating of the Indiana University Health System increases or decreases, in which case the CVA would decrease or increase, respectively (assuming the swaps are in a liability position), or

- to the extent that the spread between the swap curves discussed above expands or compresses

Generally, swaps are transferred between Level 2 and Level 3 when the CVA exceeds 10% of the gross valuation of the swap Transfers are generally recorded at the end of the reporting period. There were no material transfers between Level 1 and Level 2.

10. Commitments and Contingencies

The Indiana University Health System is from time to time subject to various legal proceedings and claims arising in the ordinary course of business The Indiana University Health System's management does not expect that the outcome in any of its currently ongoing legal proceedings or the outcome of any other claims, individually or collectively, will have a material adverse effect on the Indiana University Health System's financial condition, results of operations, or cash flow

10. Commitments and Contingencies (continued)

Leases

Buildings and medical and office equipment are leased under noncancelable operating and capital leases Future minimum lease payments as of December 31, 2013, are as follows:

	Operating Leases	Capital Leases
Year ending December 31.		
2014	$ 49,349	$ 15,326
2015	38,991	13,047
2016	32,942	9,893
2017	26,743	8,382
2018	19,971	8,218
Thereafter	59,297	180,230
Total minimum lease payments	$ 227,293	235,096
Less amount representing interest		126,612
Present value of net minimum lease payments		$ 108,484

Rent and lease expense, included in supplies, drugs, purchased services, and other expenses in the accompanying consolidated statements of operations and changes in net assets, amounted to $74,376 and $89,478 for the years ended December 31, 2013 and 2012, respectively

11. Medical Malpractice

The Indiana University Health System's medical malpractice coverage is provided through a program of commercial insurance The program of medical malpractice coverage considers limitations in claims and damages prescribed by the Indiana Medical Malpractice Act (the Act), which limits the amount of individual claims to $1,250 and annual aggregate claims to $7,500, of which up to $1,000 would be paid by the State of Indiana Patient Compensation Fund (the Fund) and $250 by the Indiana University Health System for each occurrence of malpractice The Act also requires that health care providers meet certain requirements, including making funding payments to the Fund and maintaining certain insurance levels The Indiana University Health System has met these requirements and is a qualified provider under the Act, retaining risk of $250 per occurrence and $7,500 in the annual aggregate

11. Medical Malpractice (continued)

The Indiana University Health System's medical malpractice program includes coverage offered by the captive insurance companies Commercial insurance carriers also provide reinsurance for certain excess general liability coverage of the captive insurance companies on a claims-made basis (aggregating $100,000)

Contributions for coverage provided by the captive insurance companies are expensed as incurred, and loss reserves are established for incurred but not yet reported claims Laws in the jurisdictions in which the captive insurance companies are domiciled require, among other matters, that certain capital and funding requirements be met The actuarially determined amount of accrued medical malpractice claims is included in noncurrent liabilities in the accompanying consolidated balance sheets.

12. Retirement Plans

Defined-Contribution Plans

Retirement benefits are provided to substantially all employees of the Indiana University Health System, primarily through defined-contribution plans Contributions, which are included in benefits expense, to the defined-contribution plans are based on compensation of qualified employees and amounted to $89,279 in 2013 and $89,833 in 2012 (net of forfeitures of $3,202 and $2,547 in 2013 and 2012, respectively)

Defined-Benefit Plans

Defined-benefit pension plans sponsored by Indiana University Health, LaPorte, Ball Memorial, and Bloomington have been curtailed, with benefits generally frozen or limited, or no new participants are allowed The defined-benefit pension plans applicable to Indiana University Health were principally limited to current and former employees who elected not to participate in the defined-contribution plan established at the time of Indiana University Health's formation and current and former executives who participated in a supplemental employee retirement plan of Indiana University Health

Pension benefits are based on years of service and compensation of employees (as defined) and are actuarially determined Where applicable, the funding policy is to annually contribute the contribution required to comply with applicable legislation and IRS regulations

12. Retirement Plans (continued)

Adjustments to pension liabilities to reflect funded status are charged or credited to unrestricted net assets A decrease to the pension liability of $130,488 has been recorded in 2013 due to contributions of $61,863 and higher discount rates assumed for net periodic pension costs and benefit obligation

The following table sets forth the funded status of the defined-benefit pension plans and amounts recognized in the consolidated financial statements as of and for the years ended December 31, 2013 and 2012. The discount rates used vary with each plan based on plan characteristics such as the average age of participants

	2013	2012
Changes in benefit obligation of the plans		
Benefit obligation at beginning of year	**$ 498,114**	$ 438,884
Benefit obligation as of January 1, 2012, IUHP	**–**	8,691
Benefit obligation at the beginning of the year, as adjusted	**498,114**	447,575
Service cost and other	**1,872**	2,191
Interest cost	**19,991**	21,601
Actuarial (loss) gain	**(46,819)**	51,738
Benefits paid	**(26,405)**	(24,991)
Benefit obligation at end of year	**$ 446,753**	$ 498,114
Changes in assets of the plans		
Fair value of assets at beginning of year	**$ 343,634**	$ 299,882
Actual return on assets	**43,669**	30,992
Employer contributions	**61,862**	37,751
Benefits paid	**(26,405)**	(24,991)
Fair value of assets at end of year	**$ 422,760**	$ 343,634
Funded deficiency at December 31	**$ (23,993)**	$ (154,480)
Items not yet recognized as a component of net periodic pension cost		
Net actuarial loss	**$ 79,847**	$ 166,217
Prior service cost	**–**	(314)
	$ 79,847	$ 165,903

12. Retirement Plans (continued)

	2013	2012
Components of net pension benefit cost		
Service cost	**$ 1,957**	$ 2,191
Interest cost	**19,991**	21,601
Expected return on assets	**(23,512)**	(22,927)
Amortization of unrecognized prior service cost	**(314)**	(283)
Amortization of unrecognized net loss	**19,327**	14,837
Amortization of transition obligation	**–**	80
Termination benefit and settlement (income) expense	**(85)**	886
Net periodic pension cost	**$ 17,364**	$ 16,385
Weighted-average actuarial assumptions to determine benefit cost.		
Discount rate for net periodic pension cost	**4.04%**	4 90%
Discount rate for benefit obligations	**4.91**	4.10
Expected rate of return on plan assets	**6.47**	6.83
Rate of compensation increase	**2.00**	2.50
Accumulated benefit obligation	**$ 437,638**	$ 488,188
Fair value of assets at end of year	**422,760**	343,634
Accumulated benefit obligation exceeding fair value of plan assets	**$ 14,878**	$ 144,554
Expected future benefit payments		
2014		$ 23,058
2015		24,445
2016		26,104
2017		27,580
2018		29,289
2019–2023		153,761

12. Retirement Plans (continued)

Accumulated adjustments to unrestricted net assets at December 31, 2013, include amounts related to net actuarial loss and prior service costs that have not yet been recognized in net pension benefit cost Expected amortization of amounts in unrestricted net assets is expected to increase net periodic pension costs by $4,613 during the year ending December 31, 2014 Contributions are expected to aggregate $581 to the defined-benefit pension plans during 2014

The principal long-term determinant of a plan's investment return is its asset allocation The plans' allocations are weighted toward growth-oriented assets versus duration-oriented investments The expected long-term rate of return assumption is based on the mix of assets in the plans, the long-term earnings expected to be associated with each asset class, and any additional return expected through active management These assumptions are periodically benchmarked against peer plans

The weighted-average asset allocations of the plans at December 31, by asset category, are as follows:

	2013	2012
Asset category		
U S corporate obligations	**30%**	18%
U S equity securities	**25**	29
Non-U S securities	**22**	20
Hedged strategy (fund of funds)	**20**	20
Cash and cash equivalents	**3**	3
U S government and agency obligations	–	9
Real estate investment trusts and other	–	1
	100%	100%

The allocation strategy for the plans is currently composed of approximately 60% to 70% of growth-oriented investments and 30% to 40% of duration-oriented investments The largest component of these growth-oriented assets is public equity securities that are diversified and invested in U S and international companies

12. Retirement Plans (continued)

The following tables present the plans' financial instruments as of December 31, 2013 and 2012, measured at fair value on a recurring basis within the fair value hierarchy as disclosed in Note 9

	Level 1	Level 2	Level 3	Total
December 31, 2013				
Assets				
Cash and cash equivalents	**$ 14,440**	**$ –**	**$ –**	**$ 14,440**
U S corporate obligations	**126,810**	**7**	**–**	**126,817**
U S equity securities	**106,894**	**–**	**–**	**106,894**
Non-U S securities	**42,553**	**48,813**	**–**	**91,366**
Hedged strategy (fund of funds)	**–**	**83,243**	**–**	**83,243**
Total assets measured at fair value on a recurring basis	**$ 290,697**	**$ 132,063**	**$ –**	**$ 422,760**
December 31, 2012				
Assets				
Cash and cash equivalents	$ 12,375	$ –	$ –	$ 12,375
U S government and agency obligations	18,364	12,709	–	31,073
U.S. corporate obligations	33,415	29,881	–	63,296
U S equity securities	97,806	686	–	98,492
Non-U S securities	50,885	18,424	–	69,309
Hedged strategy (fund of funds)	–	67,192	–	67,192
Real estate investment trusts and other	1,897	–	–	1,897
Total assets measured at fair value on a recurring basis	$ 214,742	$ 128,892	$ –	$ 343,634

The fair value of cash equivalents, which consist mainly of funds invested in money market funds, is based on quoted market prices and classified as Level 1 The fair value of Level 1 investments is based on quoted market prices from an active exchange The fair value of Level 2 investments is based on third-party quotes in an inactive market or similar securities in an active market and other observable inputs

12. Retirement Plans (continued)

The plans invest in alternative investments for which the net asset value per share represents the fair value of the investment held Risks and redemption restrictions for these investments are similar to the alternative investments described in Note 5

13. Endowments

Endowment funds of Methodist Health Foundation and BMH Foundation consist of donor-restricted endowment funds held for various specific purposes. As required by GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions

The Board of Directors of both foundations have interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the foundations classify as permanently restricted net assets the following (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the foundations in a manner consistent with the standard of prudence prescribed by UPMIFA In accordance with UPMIFA, the foundations consider the various factors in making a determination to appropriate or accumulate donor-restricted endowment funds, such as the duration and preservation of the fund, the purposes of the foundations and the donor-restricted endowment fund, general economic conditions, the possible effect of inflation and deflation, the expected total return from income and the appreciation of investments, other resources of the organization, and the investment policies of the foundations

13. Endowments (continued)

Changes in and composition of donor-restricted endowment net assets for both foundations for the years ended December 31, 2013 and 2012, were as follows

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at January 1, 2012	$ 9,288	$ 44,679	$ 53,967
Investment return	5,031	227	5,258
Appropriation of endowment assets for expenditures	(3,379)	–	(3,379)
Endowment net assets at December 31, 2012	10,940	44,906	55,846
Investment return	**5,477**	**244**	**5,721**
Appropriation of endowment assets for expenditures	**(1,782)**	–	**(1,782)**
Endowment net assets at December 31, 2013	**$ 14,635**	**$ 45,150**	**$ 59,785**

In 2012, Methodist Health Foundation and BMH Foundation transferred a total of $600 from temporarily and permanently restricted net assets back to unrestricted net assets as a result of a 2011 transfer from unrestricted net assets to maintain donor-restricted endowment funds at the level required by the donor stipulations or law In 2013, Methodist Health Foundation and BMH Foundation transferred $362 from unrestricted net assets to temporarily restricted net assets to maintain donor-restricted endowment funds at the level required by the donor stipulations or law

Methodist Health Foundation and BMH Foundation have adopted separate investment and spending policies for endowment assets. Policies for both foundations attempt to preserve capital, maximize the return within reasonable and prudent levels of risk, and provide a return to the restricted funds Endowment assets are invested in a manner that is intended to produce results that exceed the initial recorded value of the investment and yield a targeted long-term rate while assuming a moderate level of investment risk Distributions are made for the purposes of supporting various Indiana University Health and Ball Memorial program services Each foundation has set a threshold for the amount available to distribute each year

14. Related-Party Transactions

Indiana University School of Medicine

The Consolidation Agreement requires that Indiana University Health fund salaries and related employee benefit costs for medical doctor interns and residents of the School of Medicine who provide services at the Indiana University Health System's facilities These costs totaled $43,862 and $41,307 in 2013 and 2012, respectively, and have been reported with salaries, wages, and benefits expense in the accompanying consolidated statements of operations and changes in net assets.

The Consolidation Agreement also provides for additional support to the School of Medicine to recognize, as a result of the consolidation, the enhanced and increased level of services being provided, including services to the medically indigent through medical education and research During 2013 and 2012, Indiana University Health expensed $50,000 and $52,610, respectively, related to educational and research support provided to the School of Medicine As of December 31, 2013, $40,000 of this support was recorded within accounts payable and accrued expenses in accompanying consolidated balance sheets and paid to the School of Medicine during the first quarter of 2014 The School of Medicine rents space at Indiana University Health's Fairbanks Hall, an educational and resource center, under a 34-year lease agreement with Indiana University Health In 2008, the School of Medicine prepaid the rent, totaling $4,887 under the agreement, and the income is being recognized over the term of the lease.

The Indiana University Health System purchases certain services from the School of Medicine. These expenses, principally for medical care case management services, utilities, laboratory services, and other services, totaled $18,872 and $19,030 for the years ended December 31, 2013 and 2012, respectively, and have been reported with supplies, drugs, purchased services, and other expenses in the accompanying consolidated statements of operations and changes in net assets

In 2012, Indiana University Health committed to support ratably for a five-year period ending December 31, 2016, certain basic, clinical, and translational research programs of the School of Medicine The total commitment aggregates $75,000, subject to Board approval annually, and will be used to reimburse expenses incurred by the School of Medicine For the years ended December 31, 2013 and 2012, the Indiana University Health System expensed $15,000 under this agreement within supplies, drugs, purchased services, and other expenses in the accompanying consolidated statements of operations and changes in net assets, of which $22,138

14. Related-Party Transactions (continued)

and $13,981 was accrued within accounts payable and accrued expenses at December 31, 2013 and 2012, respectively Additionally, in 2012, the Board approved research grants in the amount of $5,000, which was expensed through purchased services in the accompanying consolidated statement of operations and changes in net assets

During 2012, IUHP received a grant from Indiana University Medical Group Foundation in the amount of $45,000 to be used toward physician recruitment and transition for the purpose of expanding access to care to Medicaid and other underserved patient populations. As the grant restrictions were met as of December 31, 2012, the $45,000 was recorded as other operating revenue in the accompanying consolidated statement of operations and changes in net assets in 2012

Other Foundations

Bloomington Hospital Foundation, Tipton County Foundation, Indiana University Health White Memorial Hospital Foundation, and White County Community Foundation are tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code, these foundations hold funds solely on behalf of Bloomington, Tipton, and White, respectively

The financial statements of these foundations are not included in the consolidated financial statements The interests in net assets of these other foundations, which totaled $13,579 and $12,898 at December 31, 2013 and 2012, respectively, are included with other assets and net assets in the accompanying consolidated balance sheets and principally represent donor-restricted funds These foundations also hold other net assets that are subject to the direction of their respective Boards of Directors Other changes in the net assets of these foundations are generally reflected within temporarily and permanently restricted net assets

15. Health Care Legislation and Regulation

The health care industry is subject to numerous laws and regulations of federal, state, and local governments These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, participation requirements, reimbursement for patient services, Medicare and Medicaid fraud and abuse, and security, privacy, and standards of health information Government activity has continued with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and noncompliance with regulations

15. Health Care Legislation and Regulation (continued)

by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, significant repayments for patient services previously billed, and disruptions or delays in processing administrative transactions, including the adjudication of claims and payment

In the opinion of management, there are no known regulatory inquiries that are expected to have a material adverse effect on the consolidated financial statements of the Indiana University Health System, however, compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time

The Affordable Care Act and the Health Care and Education Reconciliation Act legislation, among other matters, is designed to expand access to coverage to substantively all citizens by 2019 through a combination of public program expansion and private industry health insurance Changes to existing Medicare and Medicaid coverage and payments are also expected to occur as a result of this legislation Implementing regulations are generally required for these legislative acts, which are to be adopted over a period of years, and accordingly, the specific impact of future regulations is not determinable

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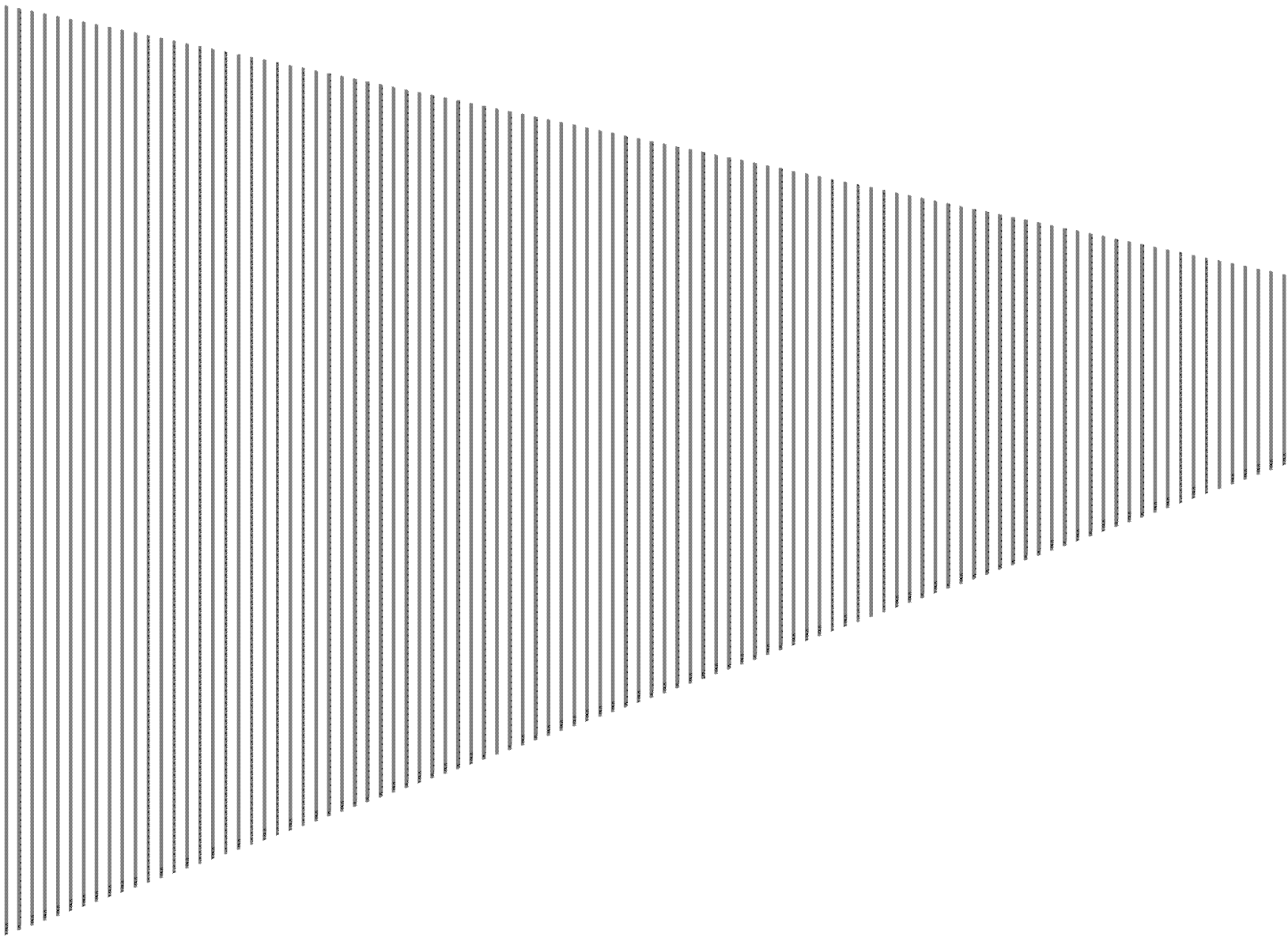
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