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CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

Department of the Treasury
Internal Revenue ServiceInformation about Form 990 and its instructions is at www.irs.gov/form990**2014**

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning **SEP 1, 2014** and ending **DEC 31, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNION HOSPITAL, INC.		D Employer identification number 35-0876396
	Doing business as SEE SCHEDULE O		E Telephone number 812-238-7000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 140,669,514.
	1606 NORTH SEVENTH STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code TERRE HAUTE, IN 47804		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: WAYNE HUTSON SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.UHMG.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1892
			M State of legal domicile: IN

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE EXIST TO SERVE OUR PATIENTS WITH COMPASSIONATE HEALTH CARE OF THE HIGHEST QUALITY.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2539	
	6 Total number of volunteers (estimate if necessary)	6	256	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	155,107.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	<42,299.>		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	1,031,914.	384,426.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	403,040,851.	136,746,188.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,380,751.	869,724.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,493,752.	1,894,461.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), line 5d)	413,947,268.	139,894,799.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	309,566.	12,595.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	152,555,825.	54,425,233.	
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	262,014,459.	83,765,231.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	414,879,850.	138,203,059.	
	19 Revenue less expenses. Subtract line 18 from line 12	<932,582.>	1,691,740.	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	449,570,555.	446,950,404.
22 Net assets or fund balances. Subtract line 21 from line 20		328,438,244.	322,965,636.	

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 11/12/2015	
	WAYNE HUTSON, CFO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name AMBER KOCHER, CPA	Preparer's signature <i>Amber Kocher, CPA</i>	Date 11/12/15
	Firm's name BLUE & CO., LLC	Firm's EIN 35-1178661	Check if self-employed <input type="checkbox"/> PTIN P01286298
	Firm's address ONE AMERICAN SQUARE, #2200 INDIANAPOLIS, IN 46282	Phone no. 317-633-4705	

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

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

984 # 4

SCANNED DEC 15 2015

Part III Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission:

WE EXIST TO SERVE OUR PATIENTS WITH COMPASSIONATE HEALTH CARE OF THE HIGHEST QUALITY.

- 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 \$ 128,579,522. including grants of \$ 12,595.) (Revenue \$ 137,621,598.)
UNION HOSPITAL (UHI), UNION HOSPITAL CLINTON (UHC), AND OUR NETWORK OF PRIMARY CARE PHYSICIANS JOIN TOGETHER TO PROVIDE COMPREHENSIVE CARE TO RESIDENTS OF WEST CENTRAL INDIANA AND EASTERN ILLINOIS. OUR FACILITIES AT UNION HOSPITAL INCLUDE TWO HOSPITALS AND MORE THAN 40 PRIMARY AND SPECIALTY CARE PHYSICIANS AND MID-LEVEL PROVIDERS. WE ARE THE LARGEST PROVIDER OF NOT-FOR-PROFIT HEALTH CARE SERVICES BETWEEN INDIANAPOLIS AND ST. LOUIS ALONG THE I-70 CORRIDOR, SERVING VIGO, PARKE, VERMILLION, CLAY, SULLIVAN AND GREENE COUNTIES IN INDIANA, AND CLARK AND EDGAR COUNTIES IN ILLINOIS AS OUR PRIMARY SERVICE AREA. OUR SECONDARY SERVICE AREA INCLUDES CRAWFORD COUNTY IN ILLINOIS.

CONTINUE TO SCHEDULE O:

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 **128,579,522.**

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 ☒ **X**

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	20			
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		15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
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	X
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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
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	X

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?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization	X	
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?		X
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?		

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
WAYNE HUTSON, CFO - (812) 238-7000
1606 N. SEVENTH STREET, TERRE HAUTE, IN 47804

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, and 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 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) MOLLY CALLAHAN CHAIR	2.00									
	2.00	X		X				0.	0.	0.
(2) DAN BRADLEY VICE CHAIR	2.00									
	2.00	X		X				0.	0.	0.
(3) MARK FUSON SECRETARY	2.00									
	2.00	X		X				0.	0.	0.
(4) DAN DEBARD TREASURER	2.00									
	2.00	X		X				0.	0.	0.
(5) WILLIAM G. GRIMES ASST. SECRETARY	2.00									
	2.00	X		X				0.	0.	0.
(6) WARD HUBBARD ASST. TREASURER	2.00									
	2.00	X		X				0.	0.	0.
(7) KEN BAKER MEMBER	2.00									
	2.00	X						0.	0.	0.
(8) CURTIS BRIGHTON MEMBER	2.00									
	2.00	X						0.	0.	0.
(9) ROBERT COONS MEMBER	2.00									
	2.00	X						0.	0.	0.
(10) JOHN ETLING MEMBER	2.00									
	2.00	X						0.	0.	0.
(11) GRANT HAMMONS, MD MEMBER	2.00									
	2.00	X						0.	371,211.	0.
(12) JACQUELINE HOLDER, MD MEMBER	2.00									
	2.00	X						0.	240,134.	0.
(13) JANIS INGEBRIGTSEN, MD MEMBER	2.00									
	2.00	X						344,543.	0.	12,195.
(14) JOHN LUKENS MEMBER	2.00									
	2.00	X						0.	0.	0.
(15) MARK LYNCH, MD MEMBER	2.00									
	2.00	X						0.	0.	0.
(16) CINDY MARTIN MEMBER	2.00									
	2.00	X						0.	0.	0.
(17) KRISHNA NAMBURI, MD MEMBER	2.00									
	2.00	X						0.	622,613.	0.

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 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) VENKAT REDDY, MD MEMBER	2.00 2.00	X						393,469.	0.	26,330.
(19) DON SCOTT MEMBER	2.00 2.00	X						0.	0.	0.
(20) SARA SMITH MEMBER	2.00 2.00	X						0.	0.	0.
(21) FREDERICK BAUER PARTIAL BOARD MEMBER TERM END 9.2014	1.00 1.00	X						0.	0.	0.
(22) ROBERT HAERR, MD PARTIAL BOARD MEMBER TERM END 9.2014	1.00 1.00	X						0.	0.	0.
(23) ROBERT MCLAUGHLIN PARTIAL BOARD MEMBER TERM END 9.2014	1.00 1.00	X						0.	0.	0.
(24) DAVID SOUTHWICK, MD PARTIAL BOARD MEMBER TERM END 9.2014	1.00 1.00	X						0.	0.	0.
(25) STEVEN HOLMAN PRESIDENT & CEO	40.00 4.00			X				348,764.	0.	13,324.
(26) WAYNE HUTSON SR VP FINANCE/CFO	40.00 5.00			X				328,600.	0.	21,298.
1b Sub-total								1,415,376.	1,233,958.	73,147.
c Total from continuation sheets to Part VII, Section A								6,629,308.	0.	300,652.
d Total (add lines 1b and 1c)								8,044,684.	1,233,958.	373,799.

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 **128**

- 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** **X**
- 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** **X**
- 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** **X**

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
CARDIOVASCULAR MANAGEMENT, LLC 2723 S 7TH ST, TERRE HAUTE, IN 47802	MEDICAL MANAGEMENT SERVICES	5,380,898.
PROVIDENCE MEDICAL GROUP 2723 S 7TH ST, TERRE HAUTE, IN 47802	MEDICAL SERVICES AND RENT	3,980,356.
UNION HOSPITAL THERAPY 1606 N 7TH ST, TERRE HAUTE, IN 46804	MEDICAL SERVICES	2,468,495.
AMBULATORY SURGERY MANAGEMENT 221 S 6TH ST, TERRE HAUTE, IN 47802	MEDICAL MANAGEMENT SERVICES	2,192,783.
FRESENIUS MEDICAL CARE 920 WINTER STREET, WALTHAM, MA 02451	MEDICAL SERVICES	476,810.

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 **37**

SEE PART VII, SECTION A CONTINUATION SHEETS

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KYM PFRANK	40.00									
VICE PRES./COO - RETIRED 10.2014	2.00			X				322,836.	0.	27,748.
(28) GRANT HAMMONS, MD	40.00									
VICE PRES./COO - STARTED 10.2014	2.00			X				61,475.	0.	45.
(29) JOHN BOLINGER	40.00									
VICE PRESIDENT MED AFFAIRS	0.00			X				322,171.	0.	18,795.
(30) JEANNETTE SPRADLIN	40.00									
VICE PRESIDENT	0.00			X				130,423.	0.	12,597.
(31) RHONDA SMITH	40.00									
VICE PRESIDENT	0.00			X				221,656.	0.	16,194.
(32) SALLY ZUEL	40.00									
VICE PRESIDENT	0.00			X				190,034.	0.	15,191.
(33) PAMELA DEETER	40.00									
VICE PRESIDENT	0.00			X				198,355.	0.	12,693.
(34) TERRI HILL	40.00									
VICE PRESIDENT	0.00			X				177,069.	0.	15,411.
(35) KRISTI WILLIAMS	40.00									
SYSTEM DIRECTOR - PHARMACY	0.00				X			160,977.	0.	27,688.
(36) RAMESH TANK	40.00									
RADIOLOGIST	0.00					X		863,440.	0.	32,597.
(37) VIPUL SHAH	40.00									
RADIOLOGIST	0.00					X		845,078.	0.	31,822.
(38) LINGAN SIDDA	40.00									
RADIOLOGIST	0.00					X		832,453.	0.	25,224.
(39) NABIL MNAYARJI	40.00									
RADIOLOGIST	0.00					X		828,611.	0.	32,597.
(40) RITA RATANI	40.00									
RADIOLOGIST	0.00					X		811,833.	0.	32,050.
(41) DAVID DOERR	0.00									
FORMER PRESIDENT & CEO	0.00						X	322,320.	0.	0.
(42) SCOTT TEFFETELLER	0.00									
FORMER PRESIDENT & CEO	0.00						X	340,577.	0.	0.
Total to Part VII, Section A, line 1c								6,629,308.		300,652

Part VIII Statement of RevenueCheck 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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	51,365.			
	e	Government grants (contributions)	1e	333,061.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		384,426.			
Program Service Revenue	2 a	NET PATIENT REVENUE	Business Code 900099	136,746,188.	136,746,188.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		136,746,188.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		875,410.	875,410.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real 428,300.				
b		Less: rental expenses	769,029.				
c		Rental income or (loss)	<340,729.>				
d		Net rental income or (loss)		<340,729.>		<340,729.>	
7 a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less: cost or other basis and sales expenses		5,686.			
c		Gain or (loss)	<5,686.>				
d		Net gain or (loss)		<5,686.>		<5,686.>	
8 a		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					
9 a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b				
c		Net income or (loss) from gaming activities					
10 a		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			
11 a	CAFETERIA REVENUE	900099	642,670.			642,670.	
b	AP & S PURCHASE SERVICES	900099	257,819.			257,819.	
c	CHILD DEVELOPMENT REVENUE	624410	219,269.		89,957.	129,312.	
d	All other revenue	900099	1,115,432.		65,150.	1,050,282.	
e	Total. Add lines 11a-11d		2,235,190.				
12	Total revenue. See instructions.		139,894,799.	137,621,598.	155,107.	1,733,668.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,595.	12,595.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,462,360.	2,291,472.	170,888.	
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	41,140,970.	37,566,406.	3,574,564.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,001,541.	6,515,634.	485,907.	
9 Other employee benefits	1,206,846.	1,123,091.	83,755.	
10 Payroll taxes	2,613,516.	2,432,138.	181,378.	
11 Fees for services (non-employees):				
a Management	8,000.	7,445.	555.	
b Legal	68,603.	63,842.	4,761.	
c Accounting	800.	744.	56.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,461,075.	1,359,676.	101,399.	
12 Advertising and promotion	110,610.	102,934.	7,676.	
13 Office expenses	4,080,229.	3,797,061.	283,168.	
14 Information technology				
15 Royalties				
16 Occupancy	4,285,431.	3,988,022.	297,409.	
17 Travel	105,201.	97,900.	7,301.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,274,504.	4,908,453.	366,051.	
21 Payments to affiliates	3,495,621.	3,253,025.	242,596.	
22 Depreciation, depletion, and amortization	7,779,912.	7,239,986.	539,926.	
23 Insurance	5,657,516.	5,264,884.	392,632.	
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 PURCHASED SERVICES	24,385,521.	23,379,429.	1,006,092.	
b MEDICAL SUPPLIES	18,041,567.	16,789,482.	1,252,085.	
c HAF FEE	4,801,558.	4,468,330.	333,228.	
d				
e All other expenses	4,209,083.	3,916,973.	292,110.	
25 Total functional expenses. Add lines 1 through 24e	138,203,059.	128,579,522.	9,623,537.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	14,382,764.	1	22,503,001.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	53,971,729.	4	48,929,387.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,278,475.	8	4,194,640.
	9 Prepaid expenses and deferred charges	5,544,062.	9	6,205,614.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 513,487,628.		
	b Less: accumulated depreciation	10b 240,631,202.	10c	272,856,426.
	11 Investments - publicly traded securities	84,651,359.	11	83,070,086.
	12 Investments - other securities. See Part IV, line 11	5,858,039.	12	5,575,475.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	1,461,027.	14	746,695.
	15 Other assets. See Part IV, line 11	2,927,479.	15	2,869,080.
16 Total assets. Add lines 1 through 15 (must equal line 34)	449,570,555.	16	446,950,404.	
Liabilities	17 Accounts payable and accrued expenses	50,064,674.	17	45,581,165.
	18 Grants payable		18	
	19 Deferred revenue	100,474.	19	67,033.
	20 Tax-exempt bond liabilities	250,880,000.	20	248,030,000.
	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	20,847,183.	23	21,755,241.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	6,545,913.	25	7,532,197.
	26 Total liabilities. Add lines 17 through 25	328,438,244.	26	322,965,636.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	116,748,593.	27	119,517,636.
	28 Temporarily restricted net assets	2,825,369.	28	2,894,036.
	29 Permanently restricted net assets	1,558,349.	29	1,573,096.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	121,132,311.	33	123,984,768.
	34 Total liabilities and net assets/fund balances	449,570,555.	34	446,950,404.

Form 990 (2014)

Part XI Reconciliation 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	139,894,799.
2	Total expenses (must equal Part IX, column (A), line 25)	2	138,203,059.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,691,740.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	121,132,311.
5	Net unrealized gains (losses) on investments	5	1,920,134.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<759,417.>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	123,984,768.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? ... 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? ... 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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? ... If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
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	X
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	

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

UNION HOSPITAL, INC.

Employer identification number

35-0876396

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. 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 <input type="checkbox"/>		
b 33 1/3% support test - 2013. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
 - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
 - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*
 - b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
 - b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
 - c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.*
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI

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).

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

OMB No 1545-0047

2014

**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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization

UNION HOSPITAL, INC.

Employer identification number

35-0876396

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-

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

Schedule C (Form 990 or 990-EZ) 2014

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.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		5,441.
j Total. Add lines 1c through 1i			5,441.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

PERCENTAGE OF INDIANA HOSPITAL ASSOCIATION AND AMERICAN HOSPITAL

ASSOCIATION DUES PAID ATTRIBUTABLE TO LOBBYING EXPENSES AS DEFINED IN

FEDERAL LAW.

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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

UNION HOSPITAL, INC.

Employer identification number

35-0876396

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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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) Revenue 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 Revenue 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:

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	1,558,349.	1,403,823.	976,358.	958,444.	946,496.
b Contributions					
c Net investment earnings, gains, and losses	14,747.	154,526.	427,465.	17,914.	44,026.
d Grants or scholarships					20,970.
e Other expenditures for facilities and programs					
f Administrative expenses					11,108.
g End of year balance	1,573,096.	1,558,349.	1,403,823.	976,358.	958,444.

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 ☒ 100.00 %
 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:

- (i) unrelated organizations
 (ii) related organizations

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

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

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		17,776,471.		17,776,471.
b Buildings		357,464,224.	131,842,954.	225,621,270.
c Leasehold improvements		3,179,332.	2,262,137.	917,195.
d Equipment		128,250,535.	106,526,111.	21,724,424.
e Other		6,817,066.		6,817,066.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ☒ 272,856,426.

Schedule D (Form 990) 2014

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION LIABILITY	4,039,983.
(3) ESTIMATED THIRD PARTY SETTLEMENTS	3,492,214.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,532,197.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" 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.

PART V, LINE 4:

THE CORPORATION'S ENDOWMENT CONSISTS OF INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES WHICH WERE DONOR-RESTRICTED. NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE CORPORATION TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE CORPORATION AND RECOGNIZE A TAX LIABILITY IF THE CORPORATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION

Part XIII Supplemental Information *(continued)*

BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE CORPORATION, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2014 AND 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE CORPORATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. FILINGS ARE CURRENT THROUGH 2013. THE IMPACT OF THE SUBSIDIARIES TAX CONSEQUENCES IS IMMATERIAL TO THESE FINANCIAL STATEMENTS.

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.

► Attach to Form 990.

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

Name of the organization

UNION HOSPITAL, INC.

Employer identification number

35-0876396

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> 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?	<input checked="" type="checkbox"/>	
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:		
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 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:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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)			1006246.	0.	1006246.	.73%
b Medicaid (from Worksheet 3, column a)			26593398.	17930783.	8662615.	6.27%
c Costs of other means-tested government programs (from Worksheet 3, column b)			58551731.	49873152.	8678579.	6.28%
d Total Financial Assistance and Means-Tested Government Programs			86151375.	67803935.	18347440.	13.28%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1614494.	0.	1614494.	1.17%
f Health professions education (from Worksheet 5)			2436097.	904,518.	1531579.	1.11%
g Subsidized health services (from Worksheet 6)			3758303.	1511000.	2247303.	1.63%
h Research (from Worksheet 7)			49,905.	0.	49,905.	.04%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			13,089.	0.	13,089.	.01%
j Total. Other Benefits			7871888.	2415518.	5456370.	3.96%
k Total. Add lines 7d and 7j			94023263.	70219453.	23803810.	17.24%

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

How many hospital facilities did the organization operate during the tax year? **2**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

[illegible]

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C, SUPPLEMENTAL INFO</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE PART V, SECTION C, SUPPLEMENTAL INFO</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group UNION HOSPITAL

Did the hospital facility have in place during the tax year a written financial assistance policy that:

- 13**
- Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?

If "Yes," indicate the eligibility criteria explained in the FAP:

- a** ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150 %
and FPG family income limit for eligibility for discounted care of 250 %
- b** ☒ Income level other than FPG (describe in Section C)
- c** ☒ Asset level
- d** ☒ Medical indigency
- e** ☒ Insurance status
- f** ☒ Underinsurance status
- g** ☐ Residency
- h** ☐ Other (describe in Section C)

- 14**
- Explained the basis for calculating amounts charged to patients?

- 15**
- Explained the method for applying for financial assistance?

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

- a** ☒ Described the information the hospital facility may require an individual to provide as part of his or her application
- b** ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
- c** ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
- d** ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
- e** ☐ Other (describe in Section C)

- 16**
- Included measures to publicize the policy within the community served by the hospital facility?

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

- a** ☐ The FAP was widely available on a website (list url): _____
- b** ☐ The FAP application form was widely available on a website (list url): _____
- c** ☐ A plain language summary of the FAP was widely available on a website (list url): _____
- d** ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e** ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f** ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- g** ☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility
- h** ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i** ☐ Other (describe in Section C)

Billing and Collections

- 17**
- Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?

- 18**
- Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:

- a** ☐ Reporting to credit agency(ies)
- b** ☐ Selling an individual's debt to another party
- c** ☐ Actions that require a legal or judicial process
- d** ☐ Other similar actions (describe in Section C)
- e** ☒ None of these actions or other similar actions were permitted

Part V Facility Information (continued)Name of hospital facility or letter of facility reporting group UNION HOSPITAL

- 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

If "Yes", check all actions in which the hospital facility or a third party engaged:

- a ☐ Reporting to credit agency(ies)
 b ☐ Selling an individual's debt to another party
 c ☐ Actions that require a legal or judicial process
 d ☐ Other similar actions (describe in Section C)

- 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a ☐ 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)
 f ☐ None of these efforts were made

	Yes	No
19		X
a		
b		
c		
d		

Policy Relating to Emergency Medical Care

- 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why:

- a ☐ The hospital facility did not provide care for any emergency medical conditions
 b ☐ The hospital facility's policy was not in writing
 c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
 d ☐ Other (describe in Section C)

	Yes	No
21	X	
a		
b		
c		
d		

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

- 22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a ☐ The hospital facility used 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 Section C)

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
a		
b		
c		
d		
23		X
24		X

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group UNION HOSPITAL CLINTONLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C, SUPPLEMENTAL INFO</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url):		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group UNION HOSPITAL CLINTON

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? ...	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The FAP was widely available on a website (list url): _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url): _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*Name of hospital facility or letter of facility reporting group **UNION HOSPITAL CLINTON**

- 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

	Yes	No
19		X

If "Yes", check all actions in which the hospital facility or a third party engaged:

- a ☐ Reporting to credit agency(ies)
 b ☐ Selling an individual's debt to another party
 c ☐ Actions that require a legal or judicial process
 d ☐ Other similar actions (describe in Section C)

- 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a ☐ 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)
 f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

- 21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
21	X	

If "No," indicate why:

- a ☐ The hospital facility did not provide care for any emergency medical conditions
 b ☐ The hospital facility's policy was not in writing
 c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
 d ☐ Other (describe in Section C)

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

- 22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a ☐ The hospital facility used 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 Section C)

	Yes	No

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

	Yes	No
23		X

If "Yes," explain in Section C.

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

	Yes	No
24		X

If "Yes," explain in Section C.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

UNION HOSPITAL:

PART V, SECTION B, LINE 5: AN ONLINE SURVEY WAS DEVELOPED FOR THE COMMUNITY TO RANK NEEDS BASED ON THE AREA CODE IN WHICH THEY RESIDE. THIS DATA HAS BEEN TAKEN INTO CONSIDERATION AND WILL HELP US PLAN AND IMPLEMENT PROGRAMS FOR COMMUNITY HEALTH IMPROVEMENT. ALSO, PUBLIC INPUT WAS SOUGHT IN VARIOUS STAKEHOLDER MEETINGS THAT TAKE PLACE AT THE HOSPITAL ON A BI-MONTHLY BASIS. THOSE STAKEHOLDER MEETINGS CONSIST OF; COMMUNITY IMPACT COMMITTEE, PATIENT FAMILY ADVISORY, BOARD OF DIRECTORS ADVISORY AND VENDOR ADVISORY. THESE ADVISORY COMMITTEES WERE FORMED TO HELP THE HOSPITAL PERFORM A SWOT ANALYSIS AND GAIN DIFFERENT PERSPECTIVE FROM DIFFERENT INDIVIDUALS THAT THE HOSPITALS COME IN CONTACT WITH ON A DAILY BASIS. THIS ANALYSIS HAS BEEN COMPILED TO HELP WITH OUR STRATEGIC PLANNING PROCESS.

UNION HOSPITAL CLINTON:

PART V, SECTION B, LINE 5: AN ONLINE SURVEY WAS DEVELOPED FOR THE COMMUNITY TO RANK NEEDS BASED ON THE AREA CODE IN WHICH THEY RESIDE. THIS DATA HAS BEEN TAKEN INTO CONSIDERATION AND WILL HELP US PLAN AND IMPLEMENT PROGRAMS FOR COMMUNITY HEALTH IMPROVEMENT. ALSO, PUBLIC INPUT WAS SOUGHT IN VARIOUS STAKEHOLDER MEETINGS THAT TAKE PLACE AT THE HOSPITAL ON A BI-MONTHLY BASIS. THOSE STAKEHOLDER MEETINGS CONSIST OF; COMMUNITY IMPACT COMMITTEE, PATIENT FAMILY ADVISORY, BOARD OF DIRECTORS ADVISORY AND VENDOR ADVISORY. THESE ADVISORY COMMITTEES WERE FORMED TO HELP THE HOSPITAL PERFORM A SWOT ANALYSIS AND GAIN DIFFERENT PERSPECTIVE FROM DIFFERENT INDIVIDUALS THAT THE HOSPITALS COME IN CONTACT WITH ON A DAILY BASIS. THIS ANALYSIS HAS BEEN COMPILED TO HELP WITH OUR STRATEGIC PLANNING PROCESS.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

UNION HOSPITAL:

PART V, SECTION B, LINE 6A: UNION HOSPITAL CLINTON

TERRE HAUTE REGIONAL HOSPITAL

SULLIVAN COUNTY COMMUNITY HOSPITAL

UNION HOSPITAL CLINTON:

PART V, SECTION B, LINE 6A: UNION HOSPITAL CLINTON

TERRE HAUTE REGIONAL HOSPITAL

SULLIVAN COUNTY COMMUNITY HOSPITAL

UNION HOSPITAL:

PART V, SECTION B, LINE 7D: LOCATION OF CHNA:

[HTTP://WWW.MYUNIONHOSPITAL.ORG/UNIONHOSPITAL/HEALTH-NEEDS-ASSESSMENT-CB](http://www.myunionhospital.org/unionhospital/health-needs-assessment-cb)

ADDITIONALLY, CAN ACCESS AT [WWW.MYUNIONHOSPITAL.ORG](http://www.myunionhospital.org) > CLICK ON "COMMUNITY BENEFITS" FROM THE DROP DOWN MENU UNDER "ABOUT US" > CLICK ON "HEALTH NEEDS ASSESSMENT" UNDER THE LINKS BOX ON THE RIGHT

UNION HOSPITAL CLINTON:

PART V, SECTION B, LINE 7D: LOCATION OF CHNA:

[HTTP://WWW.MYUNIONHOSPITAL.ORG/UNIONHOSPITAL/HEALTH-NEEDS-ASSESSMENT-CB](http://www.myunionhospital.org/unionhospital/health-needs-assessment-cb)

ADDITIONALLY, CAN ACCESS AT [WWW.MYUNIONHOSPITAL.ORG](http://www.myunionhospital.org) > CLICK ON "COMMUNITY BENEFITS" FROM THE DROP DOWN MENU UNDER "ABOUT US" > CLICK ON "HEALTH NEEDS ASSESSMENT" UNDER THE LINKS BOX ON THE RIGHT

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

UNION HOSPITAL:

PART V, SECTION B, LINE 22D: ALL PATIENTS ARE BILLED AT THE HOSPITAL'S ESTABLISHED RATES. ONCE AN INDIVIDUALS HAS SUBMITTED AN APPLICATION AND APPROVED FOR FINANCIAL ASSISTANCE A FAP-ELIGIBLE APPLICANT WOULD RECEIVE 100% ASSISTANCE WITH THE HOSPITAL OBLIGATION. INDIVIDUALS WITH LIMITED MEANS WOULD RECEIVE PARTIAL ASSISTANCE AND THOSE ELIGIBLE FOR DISCOUNTED CARE WOULD HAVE CHARGES ADJUSTED BASED ON A SLIDING SCALE DISCOUNT.

UNION HOSPITAL CLINTON:

PART V, SECTION B, LINE 22D: ALL PATIENTS ARE BILLED AT THE HOSPITAL'S ESTABLISHED RATES. ONCE AN INDIVIDUALS HAS SUBMITTED AN APPLICATION AND APPROVED FOR FINANCIAL ASSISTANCE A FAP-ELIGIBLE APPLICANT WOULD RECEIVE 100% ASSISTANCE WITH THE HOSPITAL OBLIGATION. INDIVIDUALS WITH LIMITED MEANS WOULD RECEIVE PARTIAL ASSISTANCE AND THOSE ELIGIBLE FOR DISCOUNTED CARE WOULD HAVE CHARGES ADJUSTED BASED ON A SLIDING SCALE DISCOUNT.

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? 14

Name and address	Type of Facility (describe)
1 CLARA FAIRBANKS CENTER FOR WOMEN 1711 N 6 1/2 ST HUX CANCER CTR 3RD FL TERRE HAUTE, IN 47804	MAMMOGRAPHY CENTER
2 CLAY CITY CENTER FOR FAMILY MEDICINE 315 LANKFORD ST, PO BOX 96 CLAY CITY, IN 47841	FAMILY MEDICINE CENTER
3 IMAGING SERVICES - THOMAS PROF PLAZA 5500 S US HWY 41 TERRE HAUTE, IN 47802	OUTPATIENT THERAPY & IMAGING CENTER
4 PEDIATRIC THERAPY SERVICES 450 8TH AVE TERRE HAUTE, IN 47804	OUTPATIENT THERAPY CENTER
5 PROVIDENCE MEDICAL GROUP CATH LAB 2723 S 7TH ST TERRE HAUTE, IN 47802	OUTPATIENT CATH LAB
6 PROVIDENCE MEDICAL GROUP CHEMO THERAPY 2723 S 7TH ST TERRE HAUTE, IN 47802	CHEMO THERAPY/INFUSION CENTER
7 THERAPY SERVICES (UPA BONE & JOINT) 1725 N 5TH ST TERRE HAUTE, IN 47804	OUTPATIENT THERAPY CENTER
8 THERAPY SERVICES - PROFESSIONAL PLAZA 4001 E WABASH AVENUE TERRE HAUTE, IN 47803	OUTPATIENT THERAPY CENTER
9 THERAPY SERVICES - ST MARY OF THE WOODS ONE SISTER OF PROVIDENCE ST. MARY OF THE WOODS, IN 47876	OUTPATIENT THERAPY CENTER
10 UNION FAMILY MEDICINE EAST 4001 E WABASH AVENUE TERRE HAUTE, IN 47803	FAMILY MEDICINE CENTER

Schedule H (Form 990) 2014

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.

PART I, LINE 3C:**SCHEDULE H PART I LINE 3B****DESCRIPTION OF FAMILY INCOME LIMIT FOR DISCOUNTED CARE**

THE ORGANIZATION PROVIDES PARTIAL ASSISTANCE FOR INCOME LEVELS BETWEEN 150% AND 200% OF FEDERAL POVERTY GUIDELINES, AND OFFERS DISCOUNTED CARE ON A SLIDING SCALE FOR INCOME LEVELS BETWEEN 250% AND 400% OF FEDERAL POVERTY GUIDELINES.

SCHEDULE H PART I LINE 3B**DESCRIPTION OF FAMILY INCOME LIMIT FOR DISCOUNTED CARE**

THE ORGANIZATION PROVIDES PARTIAL ASSISTANCE FOR INCOME LEVELS BETWEEN 150% AND 200% OF FEDERAL POVERTY GUIDELINES, AND OFFERS DISCOUNTED CARE ON A SLIDING SCALE FOR INCOME LEVELS BETWEEN 250% AND 400% OF FEDERAL POVERTY GUIDELINES.

PART II, COMMUNITY BUILDING ACTIVITIES:

TO BETTER MEET THE NEEDS OF OUR COMMUNITIES UNION HOSPITAL PARTICIPATES IN

Part VI Supplemental Information (Continuation)

COMMUNITY BUILDING ACTIVITIES TO IMPROVE THE HEALTH IN THE COMMUNITY.

PROGRAMS HAVE BEEN DEVELOPED TO SPECIFICALLY HELP MEET THE NEEDS AS
DEFINED BY OUR COMMUNITY HEALTH NEEDS ASSESSMENT. MANY OF THE PROGRAMS OR
SERVICES DEVELOPED MEET SEVERAL DEFINED NEEDS AND SOME OF THEM ARE MORE
FOCUSED ON A CENTRAL IDEA.

ACCESS TO HEALTH CARE HAS ALSO BEEN IDENTIFIED AS A NEED IN OUR COMMUNITY.
IN 1993 THE RICHARD G. LUGAR CENTER FOR RURAL HEALTH WAS ESTABLISHED TO
HELP RECRUIT AND EDUCATE PHYSICIANS TO PRACTICE HEALTH CARE IN OUR RURAL
COMMUNITIES. SINCE ITS INCEPTION THE LUGAR CENTER HAS WORKED TO DEVELOP
PROGRAMS AND SERVICES THAT MAKE HEALTHCARE MORE ACCESSIBLE TO THOSE
INDIVIDUALS LIVING IN RURAL COMMUNITIES. THE ESTABLISHMENT OF CLINICS SUCH
AS THE CLAY CITY CENTER FOR FAMILY MEDICINE THAT SERVES AS A MEDICAL HOME
FOR APPROXIMATELY 3,500 AREA RESIDENTS, DELIVERING OVER 8,000 VISITS
ANNUALLY, IN ADDITION TO HOUSE CALLS. IN 2001, THE LUGAR CENTER DEVELOPED
AND IMPLEMENTED A CHRONIC DISEASE MANAGEMENT PROGRAM AT THE CLINIC THAT IS
STILL BEING INTEGRATED INTO CARE PLANS FOR PATIENTS AS APPROPRIATE. THIS
EVIDENCE-BASED PROGRAM INCLUDES FIVE CHRONIC DISEASES-HYPERTENSION,
DIABETES MELLITUS, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, CONGESTIVE HEART
FAILURE, AND ASTHMA. THE LUGAR CENTER IN COORDINATION WITH THE FAMILY
MEDICINE RESIDENCY HAS EXPANDED TRAINING CAPACITY FOR FUTURE RURAL HEALTH
CARE PROVIDERS THROUGH COLLABORATIVE EFFORTS WITH RURAL PARTNERS AROUND
THE WABASH VALLEY. THE RURAL HEALTH INNOVATION COLLABORATIVE IS ANOTHER
PROGRAM THAT HAS BEEN DEVELOPED TO HELP IMPROVE ACCESS TO HEALTHCARE AMONG
OTHER COMMUNITY BUILDING ACTIVITIES. IN 2008 UNION HOSPITAL'S LUGAR CENTER
HELPED LAUNCH A RURAL HEALTH COLLABORATIVE AIMED AT IMPROVING AND
EXPANDING HEALTH CARE IN OUR COMMUNITY. WHAT BEGAN AS AN INFORMAL EXERCISE
IN CREATIVE PROBLEM-SOLVING HAS BECOME THE RHIC. FOUNDING PARTNERS INCLUDE

Part VI Supplemental Information (Continuation)

INDIANA STATE UNIVERSITY (ISU), INDIANA UNIVERSITY SCHOOL OF MEDICINE (IUSM), UNION HOSPITAL AND IT'S RICHARD G. LUGAR CENTER FOR RURAL HEALTH (UH), THE TERRE HAUTE ECONOMIC DEVELOPMENT CORPORATION (THEDC), THE CITY OF TERRE HAUTE (THE CITY), AND IVY TECH COMMUNITY COLLEGE WABASH VALLEY (IVY TECH). THE MISSION OF THE RURAL HEALTH INNOVATION COLLABORATIVE (RHIC) IS TO IMPROVE AND EXPAND EDUCATION AND TRAINING OF HEALTH CARE PROFESSIONALS AND FUTURE HEALTH CARE PROFESSIONALS, ESPECIALLY FOR THOSE COMMITTED TO SERVING RURAL AND UNDERSERVED POPULATIONS. KEY COMPONENTS OF THIS MISSION INCLUDE: TO PROMOTE THE RETENTION OF HEALTH CARE PROFESSIONALS TO SERVE RURAL AND UNDERSERVED POPULATIONS; TO INVITE COMMUNITY REVITALIZATION BY PROMOTING THE ENHANCEMENT OF OPPORTUNITIES FOR EDUCATION, TRAINING, AND EXPERIENCE IN HEALTH-RELATED PROFESSIONS AND FIELDS; TO PROMOTE SOCIAL WELFARE AND TO ENCOURAGE AND COORDINATE COMMUNITY INITIATIVES TO ADDRESS CHALLENGES AFFECTING HEALTH CARE DELIVERY; TO PROMOTE THE EFFICIENT USE OF PUBLIC AND PRIVATE RESOURCES AND COLLABORATE WITH OTHER ENTITIES WITH SIMILAR OR COMPLEMENTARY PURPOSES; TO DESIGN AND IMPLEMENT INNOVATIVE BEST PRACTICES AND STRATEGIES THAT ARE CAPABLE OF REPLICATION IN OTHER AREAS OF THE UNITED STATES; AND TO DISSEMINATE EDUCATIONAL INFORMATION, THEREBY POTENTIALLY OR ACTUALLY BENEFITING THOSE OTHER AREAS.

PART III, LINE 3:

THE HOSPITAL HAS A DETAILED FINANCIAL ASSISTANCE POLICY WHICH STATES THAT TO PARTICIPATE IN CHARITY CARE CANDIDATES MUST COOPERATE FULLY. IN ADDITION THE HOSPITAL EDUCATES PATIENTS WITH LIMITED ABILITY TO PAY REGARDING FINANCIAL ASSISTANCE. FOR THIS REASON THE ORGANIZATION BELIEVES THAT IT ACCURATELY CAPTURES ALL CHARITY CARE DEDUCTIONS PROVIDED ACCORDING TO THE FINANCIAL ASSISTANCE POLICY AND THE AMOUNT OF BAD DEBT EXPENSE

Part VI Supplemental Information (Continuation)

ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS NEGLIGIBLE.

PART III, LINE 4:

FOOTNOTE TO ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSES CAN BE FOUND ON PAGE 10 THROUGH 14 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS UNDER THE FINANCIAL FOOTNOTE "PATIENT ACCOUNTS RECEIVABLE, ESTIMATED THIRD PARTY SETTLEMENT, AND NET PATIENT SERVICE REVENUE".

PART III, LINE 8:

THE SOURCE USED TO DETERMINE THE AMOUNT OF MEDICARE ALLOWABLE COSTS REPORTED FOR PART III, SECTION B, MEDICARE HAS BEEN PROVIDED FROM THE YEAR ENDED DECEMBER 31, 2014 REPORT: HOSPITAL STATEMENT OF REIMBURSABLE COST.

PART III, LINE 9B:

IF THE PATIENT DOES NOT QUALIFY FOR CHARITY, BUT QUALIFIES FOR LIMITED MEANS ASSISTANCE, A REDUCTION IN CHARGES WILL BE MADE TO THE ACCOUNT AND THE PATIENT WILL BE NOTIFIED VIA MAIL. AT THE PATIENT'S REQUEST, PAYMENT ARRANGEMENTS WILL BE MADE FOR THE REMAINING BALANCE.

PART VI, LINE 2:

AT UNION HOSPITAL, ASSESSING THE NEEDS OF OUR COMMUNITY IS AN ONGOING ACTIVITY. ON FEBRUARY 7, 2012, THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS OFFICIALLY LAUNCHED AND MADE AVAILABLE FOR PUBLIC USE. THE CHNA REPRESENTS A UNIQUE COLLABORATION BETWEEN THE TWO LARGEST HEALTHCARE PROVIDERS IN THE WABASH VALLEY (UNION HOSPITAL AND REGIONAL HOSPITAL), ALONG WITH THE TERRE HAUTE CHAMBER OF COMMERCE (THCC) AND ITS BETTER

Part VI Supplemental Information (Continuation)

HEALTH WABASH VALLEY (BHWV) INITIATIVE. THE SIX COUNTIES ASSESSED INCLUDE CLAY, GREENE, PARKE, SULLIVAN, VERMILLION AND VIGO COUNTIES. HEALTHY COMMUNITY INSTITUTE (HCI) USES DATA FROM SECONDARY SOURCES BY COMPILING THE DATA INTO ONE CHNA REPORT PROVIDING NEARLY 100 INDICATORS MEASURING HEALTH AND WELLNESS, ECONOMIC FACTORS, EDUCATION, PUBLIC SAFETY AND SOCIAL ENVIRONMENT. THIS TOOL CAN BE USED BY MANY DIFFERENT SEGMENTS OF THE COMMUNITY. THE DATA IS AUTOMATICALLY UPDATED BY HCI REPRESENTATIVES AS NEW DATA IS MADE PUBLIC BY OTHER SECONDARY DATA SOURCES. THE CHNA INDICATORS EACH FEATURE A "DASHBOARD" REPRESENTING DATA THAT HAS BEEN COLLECTED FROM ROUGHLY 40 DIFFERENT SOURCES. EACH "DASHBOARD" HAS A NEEDLE POINTING TO ONE OF THREE COLORS REPRESENTING THE GOOD (GREEN), THE CAUTIONARY (YELLOW) AND THE SERIOUS CONDITION (RED) OF A PARTICULAR INDICATOR. SIDE-BY-SIDE COMPARISONS OF THE FIVE COUNTIES FEATURED ON THE WEBSITE, ALONG WITH STATEWIDE AND NATIONWIDE COMPARISONS ARE ALSO AVAILABLE. THE CHNA IS HOUSED ON THE THCC WEBSITE, TERREHAUTECHAMBER.COM AND CAN BE ACCESSED THROUGH BOTH THE TERRE HAUTE REGIONAL HOSPITAL AND UNION HOSPITAL WEBSITES.

THE BHWV IMPLEMENTATION PLAN WAS DEVELOPED BY A SUB-COMMITTEE OF BHWV. MEMBERS OF THIS SUB-COMMITTEE HAVE KNOWLEDGE OF PUBLIC HEALTH AND REPRESENT THE COMMUNITY AS A WHOLE. THIS IMPLEMENTATION PLAN IS INTENDED TO BE A "COMMUNITY PLAN". NO SINGLE ORGANIZATION CAN IMPACT THE HEALTH OF THE COMMUNITY ALONE. IT IS BHWV VISION THAT EACH COMMUNITY INCLUDED IN THE CHNA SHOULD HAVE A SAY NOT ONLY IN WHAT NEEDS THEY WILL FOCUS ON BUT HOW THEY WILL GO ABOUT POSITIVELY IMPACTING THOSE NEEDS. THE EXPECTATION IS THAT MANY OF THE COUNTIES INCLUDED IN THE CHNA WILL HAVE SIMILAR NEEDS AND PROJECTS, PROGRAMS AND EDUCATION WILL BE DEVELOPED FOR IMPLEMENTATION ACROSS THE ENTIRE "REGION". THE IMPLEMENTATION PLAN WENT INTO EFFECT IN MAY 2013 AND WILL BE UPDATED/REVIEWED ON AN ANNUAL BASIS. THE PLAN IS A

Part VI Supplemental Information (Continuation)

THREE YEAR PLAN WITH ANNUAL REVIEW OF EFFECTIVENESS, BENCHMARKS, PROGRAMS AND COMMUNITY HEALTH NEEDS. BHWV ORGANIZATIONS MAY FORMALLY CHOOSE TO ADOPT THE INITIATIVES OUTLINED IN THIS DOCUMENT.

THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA) REQUIRES ALL NOT-FOR-PROFIT HOSPITALS TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT PRIOR TO MARCH 2012 AND ALSO COMPLETE AN IMPLEMENTATION PLAN, SEEKING INPUT FROM THE COMMUNITY AND BOARD APPROVAL OF THE PLAN IS REQUIRED. FAILURE TO COMPLY WITH THE PPACA COULD RESULT IN FORFEITURE OF TAX EXEMPT STATUS OR A \$50,000 FINE UNTIL THE REQUIREMENTS ARE MET. UNION HOSPITAL, SULLIVAN COUNTY COMMUNITY HOSPITAL, GREENE COUNTY GENERAL HOSPITAL AND ST. VINCENT CLAY HOSPITAL ARE ALL PARTNERS IN THE BHWV INITIATIVE THAT HAVE REQUIREMENTS THEY HAVE TO FULFILL TO BE IN COMPLIANCE WITH THE PPACA. TO HELP SUPPLEMENT OUR INVOLVEMENT IN BHWV, UNION HOSPITAL OFFICIALS HAVE FORMED THE UNION HOSPITAL COMMUNITY HEALTH IMPROVEMENT IMPLEMENTATION PLAN WHICH INCORPORATES DATA FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT, INPUT FROM COMMUNITY LEADERS HAVING INTEREST AND KNOWLEDGE IN PUBLIC HEALTH THAT ARE MEMBERS OF BHWV, THE UNION HOSPITAL BOARD OF DIRECTORS AND THE COMMUNITY AS A WHOLE.

ADDITIONALLY, TO HELP SUPPLEMENT OUR FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT, AN ONLINE SURVEY WAS DEVELOPED FOR THE COMMUNITY TO RANK NEEDS BASED ON THE AREA CODE IN WHICH THEY RESIDE. THIS DATA HAS BEEN TAKEN INTO CONSIDERATION AND WILL HELP US PLAN AND IMPLEMENT PROGRAMS FOR COMMUNITY HEALTH IMPROVEMENT. UNION HOSPITAL ALSO SEEKS PUBLIC INPUT IN VARIOUS STAKEHOLDER MEETINGS THAT TAKE PLACE AT THE HOSPITAL ON A BI-MONTHLY BASIS. THOSE STAKEHOLDER MEETINGS CONSIST OF; COMMUNITY IMPACT COMMITTEE, PATIENT FAMILY ADVISORY, BOARD OF DIRECTORS ADVISORY AND VENDOR ADVISORY. THESE ADVISORY COMMITTEES WERE FORMED TO HELP THE HOSPITAL PERFORM A SWOT ANALYSIS AND GAIN DIFFERENT PERSPECTIVE FROM DIFFERENT INDIVIDUALS THAT

Part VI Supplemental Information (Continuation)

THE HOSPITALS COME IN CONTACT WITH ON A DAILY BASIS. THIS ANALYSIS HAS BEEN COMPILED TO HELP WITH OUR STRATEGIC PLANNING PROCESS. UNION EMPLOYS A FULL-TIME POSITION (COMMUNITY BENEFIT SPECIALIST) DEDICATED TO COMMUNITY BENEFIT ACTIVITIES FOR THE ORGANIZATION. THE COMMUNITY BENEFIT SPECIALIST TAKES ON THE LEAD ROLE IN COLLECTING DATA TO ASSIST IN ASSESSING THE NEEDS OF OUR COMMUNITY. THE WEB SITE STATSINDIANA.EDU HAS A WEALTH OF HEALTH, DEMOGRAPHIC AND INCOME DATA PROVIDING UNION WITH AN ASSESSMENT OF ALL INDIANA COUNTIES IN OUR SERVICE AREA. THE U.S. CENSUS BUREAU AND COUNTYHEALTHRANKINGS.ORG PROVIDED US MORE DATA THAT CAN BE DRILLED DOWN TO THE STATE, COUNTY AND CITY LEVELS TO HELP UNION OFFICIALS ACCURATELY ASSESS COMMUNITY HEALTH NEEDS. UNION ALSO WORKS CLOSELY WITH INDIANA STATE UNIVERSITY HEALTH AND HUMAN SERVICES AND THE VIGO COUNTY HEALTH DEPARTMENT. THE HOSPITAL UTILIZES NATIONAL RESEARCH CORPORATION (NRC) TO CONDUCT ITS PATIENT SATISFACTIONS SURVEY PROCESS, THE NRC PRODUCT PROVIDES UNION WITH COMMUNITY HEALTH NEEDS ASSESSMENT AND PROGRAM INDICATORS.

PART VI, LINE 3:

UHI USES A VARIETY OF TOOLS TO EDUCATE PATIENTS ABOUT THEIR ELIGIBILITY FOR FINICAL ASSISTANCE. SIGNS ARE DISPLAYED IN THE ADMITTING AREAS, BROCHURES AND THE FINANCIAL ASSISTANCE POLICY IS ATTAINED ON OUR STATEMENTS. CLAIMAID IS AVAILABLE OF POINT OF SERVICE ONSITE MEDICAID ELIGIBILITY ADVISOR THAT ASSISTS OUR PATIENTS IN QUALIFYING FOR ANY MEDICAID PROGRAMS. ALL OF OUR FINANCIAL COUNSELORS ARE TRAINED AND SCRIPTED TO COMMUNICATE FINICAL ASSISTANCE PROGRAMS AND ASSIST IN SETTING UP MEETINGS FOR THE CLAIMAID STAFF. FINANCIAL COUNSELORS ARE LOCATED IN THE ADMITTING IN BOTH UNION HOSPITAL EAST AND WEST FACILITIES TO ASSIST OUR PATIENTS. THIS INCLUDES STAFF THAT CAN SPEAK SPANISH TO ASSIST IN ANY INTERPRETATION FOR A SPANISH-SPEAKING PATIENT.

Part VI Supplemental Information (Continuation)

PART VI, LINE 4:

THE ORGANIZATION SERVES A SIX COUNTY "REGION" LOCATED IN WABASH VALLEY INCLUDING CLAY, GREEN, PARKE, SULLIVAN, VERMILLION, AND VIGO COUNTIES.

FOLLOWING IS A DESCRIPTION OF THE COMMUNITY BY COUNTY.

CLAY COUNTY - THE TOTAL POPULATION OF CLAY COUNTY IS 26,562, WHICH RANKS CLAY COUNTY AS 59TH IN INDIANA. THE LARGEST CITY IN CLAY COUNTY - CLAY COUNTY IS BRAZIL, WITH A POPULATION OF 8,114. THE COUNTY IS 357.50 SQUARE MILES, WHICH MAKES THE POPULATION PER SQUARE MILE 74.30. THERE ARE 1,623 PRESCHOOL CHILDREN AGES 0 TO 4, 4,507 SCHOOL CHILDREN AGES 5 TO 17, 2,151 COLLEGE AGES 18 TO 24, 6,424 YOUNG ADULTS AGES 25 TO 44, 7,437 OLDER ADULTS AGES 45 TO 64, AND 4,420 SENIORS AGES 65 AND OLDER. THE MEDIAN AGE OF PEOPLE IN CLAY COUNTY IS 40.9 YEARS OLD. IN CLAY COUNTY THERE ARE 26,959 WHITES, 356 HISPANICS, 157 BLACKS, 108 ASIANS, 7 AMERICAN INDIAN AND ALASKA NATIVE, 10 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 258 WITH TWO OR MORE RACIAL GROUPS. THE MEDIAN HOUSEHOLD INCOME IN 2013 WAS \$47,030, WHICH RANKED 44TH IN THE STATE. THE POVERTY RATE IS 15.0%, WHICH RANKS 35TH IN THE STATE. THE POVERTY RATE AMONG CHILDREN UNDER 18 YEARS OLD IS 22.7%, WHICH RANKS 33RD IN THE STATE. IN 2013, THERE WAS AN AVERAGE OF 46 FAMILIES ON WELFARE EACH MONTH, WHICH IS 47TH IN THE STATE. THERE WERE 4,049 PEOPLE HAD FOOD STAMPS IN 2013, WHICH RANKS 50ND IN THE STATE. THERE WERE 2,288 CHILDREN ON FREE AND REDUCED FEE LUNCHES IN 2013, WHICH RANKS 53RD IN THE STATE. IN CLAY COUNTY, 11,626 PEOPLE ARE EMPLOYED, WHICH RANKS 63ND IN THE STATE AND 856 PEOPLE ARE UNEMPLOYED, WHICH RANKS 54TH IN THE STATE.

GREENE COUNTY - THE POPULATION IN GREENE COUNTY IS 32,726, WHICH RANKS THEM AS 52ND IN INDIANA. THE LARGEST CITY IN GREENE COUNTY IS LINTON,

Part VI Supplemental Information (Continuation)

WITH A POPULATION OF 5,331. THE COUNTY IS 542.50 SQUARE MILES, WHICH MAKES THE POPULATION PER SQUARE MILE 60.32. THERE ARE 1,772 PRESCHOOL CHILDREN AGES 0 TO 4; 5,625 SCHOOL CHILDREN AGES 5 TO 17; 2,518 COLLEGE AGES 18 TO 24; 7,470 YOUNG ADULTS AGES 25 TO 44; 9,453 OLDER ADULTS AGES 45 TO 64; AND, 5,888 SENIORS AGES 65 AND OLDER. THE MEDIAN AGE IN GREENE COUNTY IS 42.7 YEARS OLD. IN GREENE COUNTY THERE ARE 32,045 WHITES, 426 HISPANICS, 102 BLACKS, 115 ASIANS, 123 AMERICAN INDIAN OR ALASKA NATIVE, 9 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 332 WITH TWO OR MORE RACIAL GROUPS. THE MEDIAN HOUSEHOLD INCOME IN 2013 WAS \$43,786, WHICH IS RANKED 66TH IN THE STATE. THE POVERTY RATE IS 13.7%, WHICH RANKS 47TH IN INDIANA. THE POVERTY RATE AMONG CHILDREN UNDER 18 YEARS OLD IS 20.8%, WHICH RANKS 39TH IN THE STATE. IN 2013 THERE WAS AN AVERAGE OF 47 FAMILIES ON WELFARE EACH MONTH, WHICH IS 46TH IN THE STATE. THERE WERE 4,796 PEOPLE RECEIVING FOOD STAMPS IN 2013, WHICH RANKS 38TH IN THE STATE. THERE WERE 2,595 CHILDREN ON FREE AND REDUCED FEE LUNCHESES IN 2013; THIS IS 43RD IN THE STATE. IN GREENE COUNTY 13,788 PEOPLE ARE EMPLOYED, WHICH RANKS 56TH IN THE STATE. 1,100 PEOPLE ARE UNEMPLOYED, WHICH RANKS 35TH IN INDIANA.

SULLIVAN COUNTY - SULLIVAN COUNTY HAS A POPULATION JUST OVER 21,050, WHICH RANKS SULLIVAN 69TH IN INDIANA. THE LARGEST CITY IS SULLIVAN, WITH A POPULATION OF 4,171. THE COUNTY IS 447.10 SQUARE MILES, WHICH MAKES THE POPULATION PER SQUARE MILE 47.08. THERE ARE 1,079 PRESCHOOL CHILDREN AGES 0 TO 4; 3,188 SCHOOL CHILDREN AGES 5 TO 17; 1,828 COLLEGE AGES 18 TO 24; 5,743 YOUNG ADULTS AGES 25 TO 44; 5,779 OLDER ADULTS AGES 45 TO 64; AND, 3,433 SENIORS AGES 65 AND OLDER. THE MEDIAN AGE OF PEOPLE IN SULLIVAN COUNTY IS 40.6 YEARS OLD. IN SULLIVAN COUNTY THERE ARE 19,687 WHITES, 371 HISPANICS, 992 BLACKS, 53 ASIANS, 67 AMERICAN INDIAN AND ALASKA NATIVE, 1 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 250 WITH TWO OR MORE RACIAL

Part VI Supplemental Information (Continuation)

GROUPS. THE MEDIAN HOUSEHOLD INCOME IN 2013 WAS \$41,978, WHICH RANKED 75TH IN THE STATE. THE POVERTY RATE IS 18.30%, WHICH RANKS 14TH IN THE STATE. THE POVERTY RATE AMONG CHILDREN UNDER 18 YEARS OLD IS 23.8%, WHICH RANKS 29TH IN THE STATE. IN 2013, THERE WAS AN AVERAGE OF 31 FAMILIES ON WELFARE EACH MONTH, WHICH IS 60TH IN THE STATE. THERE WERE 3,060 PEOPLE RECEIVING FOOD STAMPS IN 2013, WHICH RANKS 66TH IN THE STATE. THERE WERE 1,613 CHILDREN ON FREE AND REDUCED FEE LUNCHES IN 2013, WHICH RANKS 67TH IN THE STATE. IN SULLIVAN COUNTY 8,045 PEOPLE ARE EMPLOYED, WHICH RANKS 75TH IN THE STATE. 642 PEOPLE ARE UNEMPLOYED, WHICH RANKS 70TH IN THE STATE.

PARKE/VERMILLION COUNTY - THE POPULATION IN PARKE COUNTY IS 17,233, WHICH RANKS 76TH IN THE STATE OF INDIANA. THE LARGEST CITY IS ROCKVILLE WITH A POPULATION OF 2,596 PEOPLE. PARKE COUNTY HAS 444.70 SQUARE MILES WITH 38.75 PEOPLE PER SQUARE MILE. THERE ARE 1,042 PRESCHOOL AGES 0 TO 4; 2,675 SCHOOL CHILDREN AGES 5 TO 17; 1,432 COLLEGE AGES 18 TO 24; 4,254 YOUNG ADULTS AGES 25 TO 44; 4,875 OLDER ADULTS AGES 45 TO 64; AND, 2,955 SENIORS AGES 65 AND OLDER. THE MEDIAN AGE IN PARKE COUNTY IS 41.4 YEARS OLD. THERE ARE 16,527 WHITES, 447 BLACKS, 230 HISPANICS, 73 AMERICAN INDIAN OR ALASKA NATIVE, 42 ASIAN, 4 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 140 PEOPLE WITH TWO OR MORE RACIAL GROUPS. THE MEDIAN HOUSEHOLD INCOME IN PARKE COUNTY IS \$41,964, WHICH RANKS 76TH IN THE STATE. THE POVERTY RATE IS 17.2%, WHICH RANKS 19TH IN THE STATE, AND THE POVERTY RATE AMONG CHILDREN UNDER 18 YEARS OLD IS 28.5%, WHICH RANKS 10TH IN THE STATE. IN 2013, AN AVERAGE OF 35 FAMILIES EACH MONTH WAS ON WELFARE. THIS RANKS AS 56TH IN THE STATE OF INDIANA. THERE WERE 2,237 PEOPLE ON FOOD STAMPS IN 2013, WHICH IS 74TH IN THE STATE. THERE WERE 1,299 CHILDREN ON FREE AND REDUCED FEE LUNCHES IN 2013, WHICH IS 74TH IN

Part VI Supplemental Information (Continuation)

THE STATE OF INDIANA. THERE ARE 6,465 EMPLOYED PEOPLE IN PARKE COUNTY, WHICH RANKS 81ST IN THE STATE. THERE ARE 486 UNEMPLOYED PEOPLE, WHO RANKS 81ST IN THE STATE.

THE POPULATION IN VERMILLION COUNTY IS 15,693, WHICH RANKS 79TH IN THE STATE. THE LARGEST CITY IN VERMILLION COUNTY IS CLINTON WITH A POPULATION OF 4,812 PEOPLE. VERMILLION COUNTY HAS 256.90 SQUARE MILES AND A POPULATION PER SQUARE MILE OF 61.09. THERE ARE 837 PRESCHOOL AGES 0 TO 4; 2,647 SCHOOL CHILDREN AGES 5 TO 17; 1,161 COLLEGE AGES 18 TO 24; 3,630 YOUNG ADULTS AGES 25 TO 44; 4,500 OLDER ADULTS AGES 45 TO 64; AND, 2,918 SENIORS AGES 65 AND OLDER. THE MEDIAN AGE IN VERMILLION COUNTY IS 43.2 YEARS OLD. IN VERMILLION COUNTY THERE ARE 15,397 WHITES, 170 HISPANICS, 61 BLACKS, 44 AMERICAN INDIAN OR ALASKA NATIVE, 37 ASIANS, 6 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 148 WITH TWO OR MORE RACIAL GROUPS. THE MEDIAN HOUSEHOLD INCOME IN 2013 IS \$40,813, WHICH RANKS 83RD IN INDIANA. THE POVERTY RATE IN 2013 WAS 13.9%, WHICH RANKS 42ND IN THE STATE. THE POVERTY RATE AMONG CHILDREN FEWER THAN 18 IS 20.3%, WHICH RANKS 42ND IN INDIANA. IN 2013, THE AVERAGE NUMBER OF FAMILIES ON WELFARE EACH MONTH WAS 36, THIS IS 55TH IN THE STATE. THERE WERE 2,408 PEOPLE ON FOOD STAMPS IN 2013, WHICH RANKS 69TH IN INDIANA. THERE WERE 1,273 CHILDREN ON FREE AND REDUCED FEE LUNCHES IN 2013. IN VERMILLION COUNTY, THERE ARE 6,642 PEOPLE EMPLOYED, WHICH RANKS 80TH IN THE STATE OF INDIANA AND THERE ARE 635 PEOPLE UNEMPLOYED, WHO RANKS 71ST IN THE STATE.

VIGO COUNTY - THE TOTAL POPULATION OF VIGO COUNTY WAS 108,175 FOR 2014. VIGO COUNTY IS RANKED 17TH IN THE STATE OF INDIANA ACCORDING TO POPULATION. THERE ARE 6,340 PRESCHOOL AGES 0 TO 4; 16,092 SCHOOL AGE CHILDREN AGES 5 TO 17; 16,864 COLLEGE AGE ADULTS AGES 18 TO 24; 26,347

Part VI Supplemental Information (Continuation)

YOUNG ADULTS AGES 25 TO 44; 26,794 OLDER ADULTS AGES 45 TO 64; AND 15,738 SENIORS AGES 65 AND OVER. THE MEDIAN AGE FOR VIGO COUNTY IS 35.9 YEARS OLD. THE LARGEST CITY IN VIGO COUNTY IS TERRE HAUTE, WHICH HAS A POPULATION OF 60,956 PEOPLE. THE COUNTY'S POPULATION MAJORITY IS WHITE WITH 95,378 PEOPLE. THERE ARE 7,795 BLACKS, 2,130 ASIANS, 2,776 HISPANICS, 405 AMERICAN INDIAN OR ALASKA NATIVE, 45 NATIVE HAWAIIAN AND OTHER PACIFIC ISLAND, AND 2,422 PEOPLE WITH TWO OR MORE RACIAL GROUPS. THE AVERAGE HOUSEHOLD INCOME FOR VIGO COUNTY IS \$39,014, WHICH RANKS 89TH IN THE STATE OF INDIANA. THE POVERTY RATE IS 23.9%, WHICH IS 2ND IN INDIANA AND THE POVERTY RATE AMONG CHILDREN UNDER 18 YEARS OLD IS 29.7%, WHICH IS 6TH IN INDIANA. IN 2013, THERE WERE 18,596 PEOPLE WHO RECEIVED FOOD STAMPS, WHICH IS 10TH IN THE STATE OF INDIANA. THERE WERE 8,451 CHILDREN ON FREE AND REDUCED FEE LUNCHEES IN VIGO COUNTY, WHICH IS 14TH IN INDIANA. IN 2013, THERE WAS AN AVERAGE OF 217 FAMILIES ON WELFARE EACH MONTH, WHICH IS 11TH IN THE STATE OF INDIANA. THERE ARE 45,461 PEOPLE EMPLOYED IN VIGO COUNTY, WHICH RANKS 16TH IN THE STATE AND 3,845 PEOPLE UNEMPLOYED, WHICH RANKS 12TH IN THE STATE.

PART VI, LINE 5:

UNION HOSPITAL, ALONG WITH TERRE HAUTE REGIONAL HOSPITAL ARE FOUNDING MEMBERS OF THE TERRE HAUTE CHAMBER OF COMMERCE BETTER HEALTH WABASH VALLEY INITIATIVE (BHWV). THE ORIGINAL COMMITMENT WAS TO ASSIST IN THE PURCHASE OF THE COMMUNITY HEALTH NEEDS ASSESSMENT DATA AND TO MAKE THAT DATA WIDELY AVAILABLE TO THE PUBLIC. BETTER HEALTH WABASH VALLEY NOW HAS ADDITIONAL SUPPORTING MEMBERS INCLUDING SULLIVAN COUNTY COMMUNITY HOSPITAL, HAMILTON CENTER AND UNITED WAY OF THE WABASH VALLEY. THESE ORGANIZATIONS HAVE MADE A FINANCIAL CONTRIBUTION TO BETTER HEALTH WABASH VALLEY. ALL MONIES CONTRIBUTED TO BETTER HEALTH WABASH VALLEY GO THROUGH THE TERRE HAUTE

Part VI Supplemental Information (Continuation)

CHAMBER OF COMMERCE FOUNDATION WHICH IS A 501(C)(3) ORGANIZATION. BETTER HEALTH WABASH VALLEY'S MISSION IS TO IMPROVE THE OVERALL HEALTH OF THE COMMUNITY WHILE MAKING THE WABASH VALLEY A HEALTHIER COMMUNITY TO LIVE, WORK AND PLAY. BETTER HEALTH WABASH VALLEY IS REPRESENTED BY SEVERAL DIFFERENT ORGANIZATIONS IN THE COMMUNITY INCLUDING, HEALTHCARE AND MENTAL HEALTH ORGANIZATIONS, SCHOOL CORPORATIONS, UNIVERSITIES, NOT-FOR-PROFITS AND BUSINESSES. UNION HOSPITAL WILL REMAIN HEAVILY INVOLVED AND COMMITTED TO THE BETTER HEALTH WABASH VALLEY INITIATIVE OVER THE NEXT SEVERAL YEARS. AS EMPLOYERS IN THE WABASH VALLEY LOOK FOR WAYS TO KEEP HEALTH INSURANCE CLAIMS AT A MINIMUM WE WILL WORK WITH THEM ON EMPLOYEE WELLNESS STRATEGIES, ADDITIONALLY WE WILL ASSIST IN PROGRAM DEVELOPMENT THAT COULD BE IMPLEMENTED ON AN ORGANIZATIONAL LEVEL AT LITTLE TO NO COST TO THE EMPLOYER. AN EXAMPLE OF THIS MIGHT BE PROVIDING MATERIALS OR ONLINE RESOURCES FOR A WALKING PROGRAM. BETTER HEALTH WABASH VALLEY AND ITS MEMBERS HAVE DECIDED TO FOCUS ON CARDIOVASCULAR DISEASE, OBESITY AND CHILDHOOD OBESITY AS TOP ISSUES THAT THEY WILL FOCUS ON OVER THE NEXT THREE YEARS.

PART VI, LINE 6:

THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM TO PROVIDE VISION AND STRATEGIC DIRECTION IN THE FORMATION OF A REGIONAL HEALTH CARE SYSTEM TO EXPAND AND IMPROVE THE DELIVERY OF HEALTH CARE SERVICES IN ORDER TO MEET THE HEALTH CARE NEEDS OF RESIDENTS IN THE SYSTEM'S SERVICE AREA.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:
IN

**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" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

UNION HOSPITAL, INC.

Employer identification number

35-0876396

Part I Questions Regarding Compensation

1a Check the appropriate 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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?
- b** Any related organization?

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?
- b** Any related organization?

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2	X	
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2014

35-0876396

UNION HOSPITAL, INC.

Schedule J (Form 990) 2014

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 in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GRANT HAMMONS, MD MEMBER	(i) 0. (ii) 371,211.	0.	0.	0.	0.	0.	0.
(2) JACQUELINE HOLDER, MD MEMBER	(i) 0. (ii) 240,134. (iii) 219,828.	0.	0.	0.	0.	371,211.	0.
(3) JANIS INGEBRIGTSEN, MD MEMBER	(i) 240,134. (ii) 219,828.	0.	0.	0.	0.	240,134.	0.
(4) KRISHNA NAMBURI, MD MEMBER	(i) 0. (ii) 622,613.	124,715.	0.	0.	0.	356,738.	0.
(5) VENKAT REDDY, MD MEMBER	(i) 0. (ii) 272,630.	0.	0.	0.	0.	0.	0.
(6) STEVEN HOLMAN PRESIDENT & CEO	(i) 298,146. (ii) 0.	0.	50,618.	0.	0.	362,088.	0.
(7) WAYNE HUTSON SR VP FINANCE/CFO	(i) 294,040. (ii) 0.	0.	34,560.	12,059.	0.	349,898.	0.
(8) KYM PFRANK VICE PRES./COO - RETIRED 10.2014	(i) 231,639. (ii) 0.	0.	91,197.	12,059.	0.	350,584.	0.
(9) JOHN BOLINGER VICE PRESIDENT MED AFFAIRS	(i) 344,474. (ii) 0.	0.	<22,303.>	12,059.	0.	340,966.	0.
(10) RHONDA SMITH VICE PRESIDENT	(i) 205,280. (ii) 0.	0.	16,376.	10,516.	0.	237,850.	0.
(11) SALLY ZUEL VICE PRESIDENT	(i) 171,587. (ii) 0.	0.	18,447.	8,455.	0.	205,225.	0.
(12) PAMELA DEETER VICE PRESIDENT	(i) 173,064. (ii) 0.	0.	25,291.	4,915.	0.	211,048.	0.
(13) TERRI HILL VICE PRESIDENT	(i) 172,624. (ii) 0.	0.	4,445.	8,493.	0.	192,480.	0.
(14) KRISTI WILLIAMS SYSTEM DIRECTOR - PHARMACY	(i) 150,816. (ii) 0.	0.	10,161.	8,197.	0.	188,665.	0.
(15) RAMESH TANK RADIOLOGIST	(i) 414,569. (ii) 0.	0.	448,871.	12,059.	0.	896,037.	0.
(16) VIPUL SHAH RADIOLOGIST	(i) 419,529. (ii) 0.	0.	425,549.	12,059.	0.	876,900.	0.
	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2014

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

[illegible]

Part III Supplemental Information

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

PART I, LINE 4A:

SEVERANCE PAYMENTS WERE MADE TO THE TWO FORMER PRESIDENT/CEO DURING FISCAL YEAR 2014 THAT WILL BE INCLUDED IN THE 12/31/2014 FORM W-2 AND REPORTED ON THE 12/31/2014 TAX YEAR RETURN.

PART I, LINE 7:

THE ORGANIZATION PROVIDES NON-FIXED PAYMENTS TO SEVERAL INDIVIDUALS LISTED ON FORM 990, PART VII, SECTION A, LINE 1A. THESE NON-FIXED PAYMENTS ARE BASED ON THE ORGANIZATION'S ABILITY TO PAY AND ARE NOT CONSTRUED AS A CONTRACT BETWEEN UNION AND ITS EXECUTIVES. THE EXECUTIVE BONUS PLAN IS A MIXTURE OF OBJECTIVES, STANDARDS AND SUBJECTIVE STANDARDS THAT BOTH THE POLICY AND THE IMPLEMENTATION OF THE POLICY BY THE PERSONNEL COMMITTEE AND THE BOARD OF DIRECTORS APPROVES AND AWARDS DEPENDING ON UNION'S ABILITY TO PAY. THERE IS NO AUTOMATIC RIGHT TO A BONUS OR A SPECIFIC BONUS AMOUNT EVEN IF ALL CRITERIA ARE MET.

THE PERFORMANCE MEASURE PLAN IS LINKED TO THE UNION STRATEGIC AND FISCAL-YEAR BUSINESS PLANNING PROCESS. THE PLAN IS INTENDED TO FOCUS PARTICIPANTS' ATTENTION ON MISSION-CRITICAL GOALS AND KEY STRATEGIC

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.

PRIORITIES. THE PLAN IS ALSO INTENDED TO ENHANCE THE PERFORMANCE OF UNION EXECUTIVES AND THE ORGANIZATION. PRIOR TO THE START OF THE FISCAL YEAR AND AS PART OF THE BUSINESS PLANNING PROCESS, THE UNION PRESIDENT AND CEO WILL FINALIZE A LIST OF GOALS, WEIGHTS AND MEASURES TO BE USED TO ASSESS PERFORMANCE DURING THE FISCAL YEAR. THE LIST IS PRESENTED TO AND DISCUSSED WITH THE COMMITTEE. THE COMMITTEE REVIEWS AND APPROVES THE BONUS PLAN GOALS, WEIGHTS, AND MEASURES. ORGANIZATION GOALS WILL BE ASSIGNED TO EACH PARTICIPANT HOSPITAL-WIDE. IN ADDITION TO HOSPITAL-WIDE GOALS INDIVIDUAL AND/OR FUNCTIONAL/DEPARTMENT GOALS MAY OR MAY NOT BE INCLUDED.

AFTER THE CONCLUSION OF EACH FISCAL YEAR, THE PRESIDENT AND CEO WILL PREPARE AN ANNUAL BONUS PLAN REPORT FOR THE COMMITTEE. THE REPORT CONTAINS: AN APPRAISAL OF UNION AND HOSPITAL/OPERATING UNIT PERFORMANCE DURING THE RECENTLY-COMPLETED FISCAL YEAR; AND THE PRESIDENT AND CEO'S RECOMMENDED PAYOUT FOR EACH PLAN PARTICIPANT. THE BONUS RECOMMENDATIONS FOR ALL SR. MANAGEMENT ARE RECEIVED AND REVIEWED FIRST BY THE PERSONNEL COMMITTEE WHO THEN MAKE DECISIONS AND SUBMITS TO THE BOARD TO VOTE. THE COMMITTEE WILL DETERMINE AND SUBMIT THE PAYOUT FOR THE PRESIDENT AND CEO TO THE BOARD OF DIRECTORS WHO, ABSENT THE PRESIDENT AND CEO, WILL VOTE ON

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.

APPROVAL.

AWARD DETERMINATIONS ARE CALCULATED AS PERCENTAGES OF PARTICIPANT'S SALARIES PAID FOR TIME WORKED DURING THE FISCAL YEAR. PAYOUT FOR THE PRESIDENT IS 0% TO 30%; CFO AND COO ARE 0% TO 25%; AND OTHER EXECUTIVES ARE 0% TO 20%. THE EXECUTIVE BONUS PLAN PAYOUTS ARE TO BE PAID WHEN DETERMINED BY THE PERSONNEL COMMITTEE, SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS.

PART II, COLUMN (B)(III)

THE HOSPITAL PROVIDES SPLIT DOLLAR LIFE INSURANCE POLICIES TO CERTAIN OFFICERS, DIRECTORS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES. FOR THE TAX YEAR 2012 THE FOLLOWING PAYMENTS WERE MADE TO PARTICIPATE IN THE POLICY AND ARE RECORDED AS NEGATIVE AMOUNT IN THE OTHER

REPORTABLE COMPENSATION COLUMN (III):

(2) WAYNE HUTSON \$85,000

(4) JOHN BOLINGER \$35,000

(6) SALLY ZUEL \$22,500

(8) TERRI HILL \$26,250

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.

(12) **LINGAN SIDDA** \$13,693

(13) **NABIL MNAYARJI** \$24,496

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).**SCHEDULE K, PART I, BOND ISSUES:****(A) ISSUER NAME:**

HOSPITAL AUTHORITY OF VIGO COUNTY (REVENUE BONDS, SERIES 2007)

(A) ISSUER NAME:

HOSPITAL AUTHORITY OF VIGO COUNTY (REVENUE BONDS, SERIES 2011)

(F) DESCRIPTION OF PURPOSE:

CAPITAL ASSET RENOVATION/CONSTRUCTION, REFUNDING OF BONDS

SERIES 2011 BONDS PURPOSE DETAIL

THE PROCEEDS FROM THE SALE OF THE SERIES 2011 BONDS, TOGETHER WITH CERTAIN OTHER MONIES, WILL BE USED TO (I) FINANCE THE COST OF CONSTRUCTING, ACQUIRING, EQUIPPING OR RENOVATING CERTAIN CAPITAL ASSETS OF THE CORPORATION, (II) REFUND THE INDIANA HEALTH FACILITY FINANCING AUTHORITY VARIABLE RATE DEMAND REVENUE BONDS, SERIES 2002 AND THE INDIANA HEALTH AND EDUCATIONAL FACILITY FINANCING AUTHORITY VARIABLE RATE DEMAND REVENUE BONDS, SERIES 2006A, (III) FUND A DEBT SERVICE RESERVE FUND FOR THE SERIES 2011 BONDS, AND (IV) PAY A PORTION OF THE COST OF ISSUANCE OF THE SERIES 2011 BONDS.

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open To Public Inspection

Name of the organization

UNION HOSPITAL, INC.

Employer identification number

35-0876396

Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
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Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

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

► \$

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

▶ \$

Part II Loans to and/or From Interested Persons.

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

[illegible]

Total		\$		
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Part III Grants or Assistance Benefiting Interested Persons.	
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Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
FORREST SHERER, INC	SEE PART V BELOW	602,960.	SEE PART V		X
AP&S CLINIC NORTH SIDE	SEE PART V BELOW	707,578.	SEE PART V		X
BUNCH NURSERIES, INC	SEE PART V BELOW	24,048.	SEE PART V		X

Part V Supplemental Information

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

PART IV

(A) NAME OF PERSON: FORREST SHERER, INC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: JOHN

LUKENS IS THE UNION HOSPITAL BOARD CHAIRMAN AND PRESIDENT OF FOREST
SHERER, INC.

(D) DESCRIPTION OF TRANSACTION: THE HOSPITAL PURCHASES INSURANCE FROM
THE INDEPENDENT INSURANCE AGENCY ON AN ARMS LENGTH BASIS.

(A) NAME OF PERSON: AP&S CLINIC NORTHSIDE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: JACQUELINE
HOLDER IS A UNION HOSPITAL BOARD MEMBER AND MEDICAL DOCTOR FOR AP&S
CLINIC NORTHSIDE

(D) DESCRIPTION OF TRANSACTION: THE HOSPITAL HAS A CONTRACTUAL
ARRANGEMENT FOR SERVICES WHICH ARE PROVIDED ON AN ARMS LENGTH BASIS.

(A) NAME OF PERSON: BUNCH NURSERIES, INC.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: ENTITY IS
MORE THAN 35% OWNED BY HUSBAND OF CINDY MARTIN, UNION BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: ENTITY PROVIDED SERVICES TO THE
HOSPITAL.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

UNION HOSPITAL, INC.

Employer identification number
35-0876396

FORM 990, PART I, DOING BUSINESS AS:

CARDIAC REHAB GROUP OF UNION HOSPITAL

CLARA FAIRBANKS CENTER FOR WOMEN

CLAY CITY CENTER FOR FAMILY MEDICINE

HEARTLAND MIDWIVES

HUX CANCER CENTER

RICHARD G. LUGAR CENTER FOR RURAL HEALTH

UH REGISTERED DIETITIAN GROUP

UNION CENTER FOR JOINT REPLACEMENT

UNION CENTER FOR SPORTS MEDICINE

UNION HOSPITAL CLINTON

UNION HOSPITAL CLINTON WESTERN INDIANA RURAL MEDICINE

UNION HOSPITAL CVT/NEURO GROUP

UNION HOSPITAL FAMILY MEDICINE CENTER

UNION HOSPITAL HEALTH GROUP

UNION HOSPITAL HUX HEART CENTER

UNION HOSPITAL MEDICAL GROUP

UNION HOSPITAL NEUROSCIENCE

UNION HOSPITAL TERRE HAUTE

UNION HOSPITALISTS GROUP

WABASH VALLEY SURGERY CENTER

WEST CENTRAL COMMUNITY HOSPITAL

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

Name of the organization	UNION HOSPITAL, INC.	Employer identification number	35-0876396
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	CLAY	GREENE	SULLIVAN	PARKE	VERMILLION	VIGO
POPULATION	26,562	32,726	21,050	17,233	15,693	108,291
RANK IN IND.	59TH	52ND	69TH	76TH	79TH	17TH
SQ MILES	357.50	542.5	447.10	444.70	256.9	403.30
POP/SQ MILE	74.30	60.43	47.08	38.75	61.09	268.51
LARGEST CITY	BRAZIL	LINTON	SULLIVAN	ROCKVILLE	CLINTON	TERRE HAUTE
POPULATION	8,114	5,373	4,171	2,596	4,812	60,956
MEDIAN AGE	40.9	42.7	40.6	40.6	43.2	35.9
POVERTY RATE	15.8%	14.0%	17.9%	13.3%	11.8%	20.0%
UNEMPLMNT RATE	5.0	6.0	6.0	5.7	6.9	6.1
AVG HOUSEHOLD						
INCOME	47,030	43,980	43,510	43,870	42,524	40,692
CHILDREN LIVING						
BELOW POVERTY	22.2%	16.5%	25.0%	20.2%	23.1%	28.4%

UNION HOSPITAL HAS BEEN SERVING COMMUNITIES IN WEST CENTRAL INDIANA AND EAST CENTRAL ILLINOIS FOR THE PAST 120 YEARS. UNION HOSPITAL SERVES 275,000 PEOPLE IN BOTH URBAN AND RURAL AREAS; CLAY, GREENE, SULLIVAN, PARKE, VERMILLION AND VIGO COUNTIES IN INDIANA ALONG WITH CLARK AND CRAWFORD COUNTIES IN ILLINOIS MAKE UP OUR PRIMARY SERVICE AREA AS IT RELATES TO COMMUNITY BENEFIT. THE MAJORITY OF FAMILIES IN OUR SERVICE AREA FALL SIGNIFICANTLY BELOW THE NATIONAL AND STATE MEDIAN HOUSEHOLD INCOME. AS THE LARGEST NOT-FOR-PROFIT HEALTHCARE PROVIDER BETWEEN ST. LOUIS AND INDIANAPOLIS, WE ARE PROUD TO BE THE SAFETY NET HOSPITAL FOR OUR COMMUNITY PROVIDING OVER \$75 MILLION IN TOTAL COMMUNITY BENEFITS, THAT INCLUDE \$33 MILLION IN CHARITY CARE TO OUR COMMUNITY.

THE PEOPLE WHO MAKE UP UHI ARE DEVOTED TO HELPING OTHERS. WHETHER THEY

Name of the organization

UNION HOSPITAL, INC.

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PROVIDE CARE TO PATIENTS IN OUR HOSPITALS AND CLINICS, VOLUNTEER FOR COMMUNITY SERVICE ORGANIZATIONS AND CAUSES, OR ORGANIZE BAKE SALES FOR FELLOW EMPLOYEES IN NEED, OUR EMPLOYEES EXEMPLIFY A SPIRIT OF CARING. THAT SPIRIT OF CARING IS HARDWIRED THROUGHOUT THE ORGANIZATION FROM OUR VOLUNTEER BOARD OF DIRECTORS TO OUR LEADERSHIP TEAM TO OUR STAFF, PHYSICIANS AND VOLUNTEERS. ALL AROUND THE COMMUNITIES WE SERVE, YOU WILL FIND OUR CARING PEOPLE SERVING AS LEADERS IN CHURCHES, SCHOOLS AND COMMUNITY ORGANIZATIONS. THAT WEB OF INVOLVEMENT PROVIDES A RICH CONNECTION TO THE NEEDS OF OUR COMMUNITY AND GUIDES OUR ACTIVITIES TO IMPROVE THE QUALITY OF LIFE FOR ALL THAT WE SERVE. OUR COMMUNITIES ARE BOTH URBAN AND RURAL BUT SHARE A COMMON TRAIT: HOUSEHOLD INCOMES THAT FALL FAR BELOW THE STATE AND NATIONAL AVERAGES. ACCESS TO CARE IS A CHALLENGE FOR THOSE LIVING IN URBAN POVERTY AND THOSE WHO LIVE IN THE RURAL COUNTRYSIDE. THE SERVICES AND PROGRAMS OUTLINED IN THIS COMMUNITY BENEFIT REPORT WERE DESIGNED TO MEET THE NEEDS OF THE POOR AND UNINSURED AND TO IMPROVE ACCESS TO HEALTH CARE IN OUR RURAL COMMUNITIES. THE RICHARD G. LUGAR CENTER FOR RURAL HEALTH IS AN INNOVATION CENTER DESIGNED TO GIVE PROVIDERS THE TOOLS AND TRAINING TO SUCCESSFULLY ESTABLISH MEDICAL PRACTICE IN RURAL AREAS. THE CLAY CITY CENTER FOR FAMILY MEDICINE IS A MODEL TRAINING SITE FOR FAMILY MEDICINE RESIDENTS AND A VITAL RURAL HEALTH CLINIC SERVING THE PEOPLE OF CLAY COUNTY, INDIANA. A MULTI-DISCIPLINARY TEAM APPROACH PROVIDES A HIGH LEVEL OF SERVICE TO THIS AREA AND HAS RESULTED IN IMPRESSIVE HEALTH IMPROVEMENTS FOR ITS PEOPLE. UHI ALSO PROVIDES PRE-NATAL CARE FOR INDIGENT POPULATIONS BY OFFERING THE FOLLOWING SERVICES ON A SLIDING PAY SCALE: PRENATAL CARE, SUPPORT AND DELIVERY ARE PROVIDED THROUGH A TEAM OF PHYSICIANS, NURSES, SOCIAL WORKERS, AND SUBSTANCE ABUSE COUNSELORS TO WOMEN. OUR SPIRIT OF CARING MAKES US NATURAL PARTNERS

Name of the organization

UNION HOSPITAL, INC.

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WITH PROVIDENCE SELF SUFFICIENCY MINISTRIES' ST. ANN CLINIC, A FREE
PRIMARY CARE CLINIC SERVING THE CITY OF TERRE HAUTE'S POOREST
POPULATION. UNION HOSPITAL AFFILIATED PHYSICIANS, NURSES AND OTHERS
PROVIDE THOUSANDS OF VOLUNTEER HOURS EACH YEAR TO STAFF THE CLINIC.
UPON SEEING THE GROWING NEED FOR CARE, UHI HAS PROVIDED FUNDING FOR A
FULL-TIME NURSE PRACTITIONER TO SEE PATIENTS AT THE CLINIC. THE CLINIC
HAS BEEN SUCCESSFUL IN HELPING PATIENTS WITH CHRONIC DISEASE
MANAGEMENT. WE KNOW THAT MANY WOMEN WILL FOREGO BREAST HEALTH SCREENING
TO PUT THE NEEDS OF THEIR FAMILIES FIRST. MANY MORE WOMEN ARE CONCERNED
THAT IF A PROBLEM IS FOUND IT WILL PUT TERRIBLE FINANCIAL BURDENS ON
THEIR FAMILIES. PARTNERSHIPS WITH THE STATE OF INDIANA AND THE SUSAN G.
KOMEN FOUNDATION HAVE ALLOWED THE CLARA FAIRBANKS CENTER FOR WOMEN TO
PROVIDE SCREENING AND DIAGNOSIS AS WELL AS FOLLOW-UP CARE TO AREA WOMEN
IN NEED, PROVIDING PEACE OF MIND AND DETECTING BREAST CANCERS EARLY. A
WOMAN RECENTLY SERVED EXCLAIMED, "YOU SAVED MY LIFE AND MY HOUSE!"
ENCOURAGING ACTIVE, HEALTHY LIFESTYLES AND PROVIDING ROLE MODELS IS THE
GOAL BEHIND THE PERFECT PARTNERS PROGRAM, A PARTNERSHIP BETWEEN UNION
AND BENJAMIN FRANKLIN ELEMENTARY SCHOOL. THIS LOW-COST, HIGH-IMPACT
PROGRAM SERVES THE AREA'S POOREST INNER-CITY SCHOOL WITH FITNESS AND
NUTRITION PROGRAMS, HEALTH FAIRS AND CAREER DAYS.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS OF THE ORGANIZATION WERE UPDATED TO CHANGE THE NUMBER AND
CLASSIFICATION OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 6:

UNION HOSPITAL HAS ONE MEMBER, UNION HEALTH SYSTEM, INC., AN INDIANA
NONPROFIT, TAX EXEMPT CORPORATION.

Name of the organization

UNION HOSPITAL, INC.

Employer identification number
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FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION'S MEMBER MAY APPOINT THE HOSPITAL BOARD DIRECTORS WITH THE
RECOMMENDATION OF THE HOSPITAL'S BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

GOVERNING BODY DECISIONS SUBJECT TO APPROVAL BY THE MEMBER INCLUDE:

1. MISSION AND VISION STATEMENT CHANGES;
2. CHANGES TO THE GOVERNING DOCUMENT;
3. APPROVAL AND REMOVAL OF BOARD DIRECTORS;
4. INCURRING DEBT;
5. APPROVAL, SALE, TRANSFER OR SUBSTANTIAL CHANGE IN USE OF ALL OR
SUBSTANTIALLY ALL OF THE ASSETS;
6. FORMATION OF A SUBSIDIARY;
7. TRANSFER OR ENCUMBRANCE OF THE ASSETS;
8. APPROVAL OF ANNUAL OPERATING BUDGET, CAPITAL PLAN, STRATEGIC PLAN,
AND BUSINESS PLAN;
9. APPOINTMENT OF THE CEO;
10. TRANSACTIONS OVER \$250,000; AND
11. APPROVAL OF ANY MANAGEMENT AGREEMENTS.

FORM 990, PART VI, SECTION B, LINE 11:

THE PROCESS OF REVIEWING THE FORM 990 ENTAILS A DETAILED REVIEW OF THE FORM
990 BY THE ORGANIZATION'S MANAGEMENT. THE GOVERNING BODY REVIEWS AND
APPROVES THE FORM 990 AND THE FINAL FORM 990 INCLUDING REQUESTED SCHEDULES,
AS ULTIMATELY FILED WITH THE IRS, ARE PROVIDED TO EACH VOTING MEMBER OF THE
ORGANIZATION'S GOVERNING BODY.

Name of the organization

UNION HOSPITAL, INC.

Employer identification number

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FORM 990, PART VI, SECTION B, LINE 12C:

THE WRITTEN CONFLICT OF INTEREST POLICY IS REGULARLY AND CONSISTENTLY MONITORED AND COMPLIANCE ENFORCED BY THE CORPORATE COMPLIANCE OFFICER. THE SCOPE OF THIS POLICY INCLUDES DIRECTORS, OFFICERS, MANAGEMENT, AND EMPLOYEES. THE POLICY IS IN PLACE TO AVOID PERSONAL INTERESTS THAT CONFLICT, OR MAY APPEAR TO CONFLICT, WITH THE BEST INTERESTS OF UNION AND ITS AFFILIATES AND THE COMMUNITIES THEY SERVE. THE COVERED PERSONS ARE TO REFRAIN FROM PERSONAL INTERESTS, DIRECT OR INDIRECT WITH ANY THIRD PARTIES. IT IS THE RESPONSIBILITY OF OFFICERS, MANAGEMENT, AND EMPLOYEES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES AND ACT ACCORDINGLY. A SELF-DISCLOSURE FROM COVERED PERSONS TO THE CORPORATE COMPLIANCE OFFICER IS REQUIRED ON ANY POTENTIAL CONFLICTS OF INTEREST. THE COVERED PERSONS ARE TO REFRAIN FROM PARTICIPATING IN ANY DELIBERATION OR DECISIONS ON SUCH TRANSACTIONS. THE CONFLICTS DISCLOSED ARE REVIEWED AND RESOLVED BY THE CORPORATE COMPLIANCE OFFICER.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION UNDER THE BY-LAWS OF UNION HOSPITAL INCLUDES A BOARD OF DIRECTORS PERSONNEL COMMITTEE WHOSE RESPONSIBILITIES INCLUDE IN CHARGE OF DOING THE APPROPRIATE REVIEW OF COMPENSATION FOR THE SR. MANAGEMENT TEAM, INCLUDING THE CEO. THEY GATHER INFORMATION AND FOLLOW THE STEPS SET FORTH BELOW AND IN TURN SUBMIT TO THE FULL BOARD OF DIRECTORS THE RECOMMENDATIONS IN TERMS OF COMPENSATION AND BENEFITS FOR THE CEO AND SR. MANAGEMENT. THE PERSONNEL COMMITTEE CONSISTS OF INDIVIDUALS WHO ARE DISINTERESTED. THE CEO IS EXCUSED FROM THE MEETING WHEN HIS COMPENSATION/BENEFITS ARE REVIEWED BOTH AT THE PERSONNEL COMMITTEE LEVEL AND THE BOARD LEVEL.

Name of the organization

UNION HOSPITAL, INC.

Employer identification number

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NOTE: DURING THE CURRENT FISCAL YEAR, SALARY INCREASES WERE NOT GIVEN TO THE SR. MANAGEMENT TEAM INCLUDING THE CEO, AND THUS, AN ANALYSIS OF COMPENSATION WAS NOT COMPLETED. IN FUTURE PERIODS, THIS PROCEDURE WILL RESUME AS STATED IN THIS POLICY.

THE STEPS INCLUDE:

1. THE PERSONNEL COMMITTEE RETAINS AN OUTSIDE INDEPENDENT CONSULTANT TO (1) PROVIDE THE COMMITTEE WITH INFORMATION, AND (2) TO REVIEW THE ACTIONS AND COMPENSATION/BENEFITS TO BE SURE THAT THERE IS NOT EXCESSIVE COMPENSATION. THE CONSULTANT THAT HAS BEEN USED THE PAST THREE (3) YEARS IS SULLIVAN COTTER & ASSOCIATES, INC.

UNDER THE PROCESS, SULLIVAN COTTER FIRST IS PROVIDED WITH THE NAMES AND JOB DESCRIPTIONS FOR THE SR. MANAGEMENT TEAM THAT IS BEING EVALUATED. THE INDEPENDENT ADVISOR THEN SUBMITS TO THE PERSONNEL COMMITTEE COMPARABLE INFORMATION, SPECIFICALLY:

> FIVE COMMERCIALLY AVAILABLE EXECUTIVE HEALTH CARE COMPENSATION SURVEYS PREPARED BY INDEPENDENT FIRMS, WERE REFERENCED TO OBTAIN MARKET DATA FOR THIS REVIEW

- INTEGRATED HEALTHCARE STRATEGIES: 2009 HEALTHCARE EXECUTIVE COMPENSATION SURVEY
- INDIANA HOSPITAL & HEALTH ASSOCIATION: 2009 COMPENSATION SURVEY REPORT
- SULLIVAN, COTTER, AND ASSOCIATES: 2009 SURVEY OF MANAGER AND EXECUTIVE COMPENSATION IN HOSPITALS AND HEALTH SYSTEMS
- WATSON WYATT DATA SERVICES: 2009/2010 HOSPITAL AND HEALTHCARE

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MANAGEMENT COMPENSATION REPORT

- MERCER HUMAN RESOURCE CONSULTING: 2009 INTEGRATED HEALTH NETWORKS

COMPENSATION SURVEY

> MARKET DATA REFLECTING FUNCTIONALLY-COMPARABLE POSITIONS WERE OBTAINED
FOR ALL SEVEN EXECUTIVE POSITIONS

> DATA WERE ABSTRACTED FOR COMPARABLY-SIZED ORGANIZATIONS AS MEASURED BY
NET REVENUE

> THE DATA REPORTED REPRESENTED THE 50TH, 75TH, AND 90TH PERCENTILES OF
BASE SALARY AND TOTAL CASH COMPENSATION (BASE SALARY PLUS
ACTUAL ANNUAL INCENTIVE - ABBREVIATED TCC)

> REGIONAL MARKET DATA WERE ALSO COLLECTED FROM THE PUBLISHED COMPENSATION
SURVEYS AS WELL AS A SPECIAL CUT OF THE FOLLOWING INDIANA HOSPITALS FROM
SULLIVAN COTTER'S 2009 SURVEY OF MANAGER AND EXECUTIVE COMPENSATION IN
HOSPITALS AND HEALTH SYSTEMS

- BALL MEMORIAL HOSPITAL - REID HOSPITAL & HEALTH CARE SERVICES
- BLOOMINGTON HOSPITAL - RILEY HOSPITAL FOR CHILDREN
- ELKHART GENERAL HOSPITAL - SAINT JOHN'S HEALTH SYSTEM
- GOOD SAMARITAN HOSPITAL - SAINT JOSEPH REGIONAL MEDICAL CENTER
- MEMORIAL HOSPITAL OF SOUTH BEND - SAINT MARY'S MEDICAL CENTER
- METHODIST HOSPITALS - TERRE HAUTE REGIONAL HOSPITAL
- PARKVIEW HOSPITAL

> THAT DATA WAS ALSO REPORTED WITH NATIONAL AVERAGE, REGIONAL AVERAGE AND

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INDIANA AVERAGE.

2. THE PERSONNEL COMMITTEE OF UNION HOSPITAL'S BOARD OF DIRECTORS TAKES THE DATA PROVIDED BY THE INDEPENDENT CONSULTANTS AND FOLLOWING A REVIEW OF THE PERFORMANCE OF EACH INDIVIDUAL SUBMITS TO THE FULL BOARD FOR APPROVAL RECOMMENDATIONS IN TERMS OF SALARIES, BENEFITS, AND BONUSES. FINAL APPROVAL IS BY THE BOARD OF DIRECTORS. THE CEO DOES NOT TAKE PART IN THE DISCUSSION OR ACTION ON HIS SALARY, BENEFITS AND BONUS.

3. MINUTES OF THE PERSONNEL COMMITTEE AND THE BOARD MEETINGS ARE CONTEMPORANEOUSLY KEPT AND MAINTAIN WITH THE CORPORATE MINUTE BOOKS.

4. FOLLOWING THE ACTION OF THE BOARD OF DIRECTORS THE NEW PROPOSED SALARIES, BENEFITS AND BONUSES ARE SENT TO THE INDEPENDENT CONSULTANT (SULLIVAN COTTER) WHO SUBMITS BACK TO THE PERSONNEL COMMITTEE THEIR OPINION IN TERMS OF THE COMPENSATION BEING REASONABLE IN RELATION TO THE MARKET DATA AND MARKET PRACTICES. THIS REPORT IS ALSO RECEIVED AND REVIEWED BY THE BOARD PERSONNEL COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION DOES NOT MAKE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED CHANGE IN COH INVESMENT	211,444.
UNREALIZED CHANGE IN UAPC INVESTMENT	-2,627,265.
CHANGE IN PERMANETLY RESTRICTED NET ASSETS	14,747.

OTHER CHANGE IN RECEIVABLE FROM UNION HOSPITAL FOUNDATION,

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INC 68,667.

CHANGE IN PENSION LIABILITY 1,572,990.

TOTAL TO FORM 990, PART XI, LINE 9 -759,417.

PART XII, LINE 2C, OVERSIGHT OF AUDIT:

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE
AUDIT OF THE FINANCIAL STATEMENTS AND NO PROCESSES HAVE CHANGED FROM
PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

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OMB No. 1545-0047

2014

Open to Public
Inspection

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
I.P.A.C.S., INC - 35-1720998 1606 N. SEVENTH ST TERRE HAUTE, IN 47804	COLLECTION AGENCY	INDIANA	425,684.	1,008,917.	UNION HOSPITAL

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	No
UNION HEALTH SYSTEMS - 27-0581133 1606 N. SEVENTH ST. TERRE HAUTE, IN 47804	MANAGEMENT ORGANIZATION	INDIANA	501(C)(3)	LINE 11B, II N/A			X
CENTER FOR OCCUPATIONAL HEALTH - 35-2118417 4001 WABASH AVE TERRE HAUTE, IN 47803	OCCUPATIONAL HEALTH SERVICES	INDIANA	501(C)(3)	LINE 7	UNION HOSPITAL	X	
UNION HOSPITAL HEALTH SERVICES, INC. - 35-1642805, 1606 N. SEVENTH ST., TERRE HAUTE, IN 47804	HEALTH SERVICES	INDIANA	501(C)(3)	LINE 9	UNION HOSPITAL	X	
UNION HOSPITAL FOUNDATION - 35-1642823 1659 N. SEVENTH ST. TERRE HAUTE, IN 47804	FUNDRAISING	INDIANA	501(C)(3)	LINE 11C, III-FI			X

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

Schedule R (Form 990) 2014

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

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

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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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