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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection


A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

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 REID HOSPITAL & HEALTH CARE SERVICES INC		D Employer identification number 35-0892672
	% SARAH GUSTAFSON Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (765) 983-3037
	1100 REID PARKWAY		
	City or town, state or province, country, and ZIP or foreign postal code RICHMOND, IN 473741908		G Gross receipts \$ 388,105,806
F Name and address of principal officer CRAIG KINYON 1100 REID PARKWAY RICHMOND,IN 47374		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
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		H(c) Group exemption number 	
J Website:  WWW.REIDHEALTH.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 1902	M State of legal domicile IN
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Part I



Summary



Activities & Governance	1 Briefly describe the organization's mission or most significant activities OUR MISSION IS TO SERVE PEOPLE BY ENHANCING GENERAL HEALTH, WELL-BEING & QUALITY OF LIFE BY PROVIDING QUALITY HEALTH CARE & EDUCATION THAT WILL MEET CURRENT & FUTURE NEEDS		
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	18	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11	
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2,124	
6 Total number of volunteers (estimate if necessary)	6	300	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,741,719	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-354,682	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	700,804	606,452
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	325,322,390	358,222,175
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,724,171	19,046,026
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,418,948	12,870,384
Expenses		357,166,313	390,745,037
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	197,228	325,817
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	114,376,152	117,718,005
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)  0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	196,477,661	207,259,717
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	311,051,041	325,303,539
19 Revenue less expenses Subtract line 18 from line 12	46,115,272	65,441,498	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	758,215,200	822,655,033
	21 Total liabilities (Part X, line 26)	233,241,254	249,167,659
	22 Net assets or fund balances Subtract line 21 from line 20	524,973,946	573,487,374

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	2015-11-04 Date
		CHRIS KNIGHT CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Aaron Hershberger	Preparer's signature Aaron Hershberger	Date	Check <input type="checkbox"/> if self-employed	PTIN P00961884
	Firm's name  BKD LLP			Firm's EIN 	
	Firm's address  312 WALNUT STREET SUITE 3000 CINCINNATI, OH 45202			Phone no (513) 621-8300	

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

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

WHOLENESS IN BODY, MIND, AND SPIRIT IS BASIC TO FULFILLMENT OF HUMAN POTENTIAL REID HOSPITAL & HEALTH CARE SERVICES ("REID HOSPITAL") AND ITS PEOPLE WORK WITH OTHERS TO ENHANCE WHOLENESS FOR ALL THOSE WE SERVE THIS MISSION IS CARRIED OUT BY SERVING THE PEOPLE OF A MULTI-COUNTY SERVICE AREA IN REFERENCE TO THEIR CURRENT AND FUTURE NEEDS FOR HEALTH CARE SERVICES OUR MAJOR FUNCTIONS ARE TO 1) PROVIDE A BROADLY DEFINED RANGE OF HEALTH CARE SERVICES THAT A) ADDRESS COMMUNITY AND SERVICE AREA NEEDS, B) CAN BE OFFERED IN A HIGH QUALITY MANNER, AND C) PROVIDE COST-EFFECTIVE VALUE, 2) SUPPORT, ALONE OR COLLABORATIVELY, EDUCATIONAL EFFORTS DIRECTED TOWARD A) ENTRY LEVEL PREPARATION OF HEALTH CARE WORKERS, B) LIFE-LONG LEARNING FOR THOSE SERVING IN HEALTH CARE, AND C) ENHANCE HEALTHY LIFESTYLES AND CHOICES IN THE PEOPLE WE SERVE, AND 3) INITIATE, PARTICIPATE, OR COOPERATIVELY SUPPORT COMMUNITY EFFORTS THAT ENHANCE THE GENERAL HEALTH STATUS, WELL-BEING AND TOTAL QUALITY OF LIFE IN O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 300,640,736 including grants of \$ 325,817) (Revenue \$ 358,222,175)

THE MISSION OF REID HOSPITAL IS TO SERVE THE PEOPLE OF A MULTI-COUNTY SERVICE AREA IN REFERENCE TO THEIR CURRENT AND FUTURE NEEDS FOR HEALTH CARE SERVICES IN FURTHERANCE OF THIS MISSION, REID HOSPITAL PROVIDES QUALITY HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, AGE, OR ABILITY TO PAY DURING 2014, REID HOSPITAL ADMITTED APPROXIMATELY 11,500 PATIENTS FOR IN-PATIENT SERVICES REPRESENTING 54,700 PATIENT DAYS, 656 BIRTHS REPRESENTING 1,900 NEWBORN PATIENT DAYS AND PERFORMED APPROXIMATELY 2,084 IN-PATIENT SURGERIES IN ADDITION, REID HOSPITAL RECEIVED OVER 311,000 OUT-PATIENT ENCOUNTERS FOR NON-EMERGENCY DIAGNOSTIC AND TREATMENT SERVICES INCLUDING 10,203 AMBULATORY SURGERIES AND 11,300 HOME HEALTH ENCOUNTERS REID HOSPITAL OFFERS EMERGENCY SERVICES 24 HOURS PER DAY, 365 DAYS EACH YEAR IN 2014, OVER 49,577 PATIENTS WERE TREATED THROUGH EMERGENCY SERVICES IN KEEPING WITH REID HOSPITAL'S COMMITMENT TO SERVE ALL MEMBERS OF OUR MULTI-COUNTY SERVICE AREA, REID HOSPITAL PROVIDES HEALTHCARE TO THE ELDERLY AND DISABLED COVERED UNDER MEDICARE AND MEDICAID PROGRAMS AT OR BELOW COST IN ADDITION, REID HOSPITAL HAS ESTABLISHED A FINANCIAL ASSISTANCE POLICY FOR THE POOR WHO DO NOT HAVE THE MEANS TO PAY FOR SERVICES FOR 2014, THE TOTAL VALUE OF UNCOMPENSATED CARE AT COST FOR THE ELDERLY AND DISABLED WAS \$21.9 MILLION AND FINANCIAL ASSISTANCE FOR THE POOR WAS \$9.3 MILLION TO ENSURE MEMBERS OF OUR SERVICE COMMUNITY HAVE ADEQUATE ACCESS AND RESOURCES AVAILABLE TO MEET THEIR HEALTHCARE NEEDS, REID HOSPITAL HAS UNDERTAKEN A DELIBERATE PHYSICIAN RECRUITMENT PROGRAM CONSISTENT WITH IRS GUIDANCE THIS PROGRAM PROVIDES ASSURANCE THAT OUR SERVICE COMMUNITY HAS ADEQUATE AND QUALIFIED PHYSICIAN RESOURCES COVERING A VARIETY OF SPECIALTY AREAS THE COST OF FUNDING THIS RECRUITMENT EFFORT WAS \$517,306 FOR 2014 IN ADDITION, REID HOSPITAL IS COMMITTED TO INITIATING, PARTICIPATING IN, OR COOPERATIVELY SUPPORTING COMMUNITY EFFORTS THAT ENHANCE THE GENERAL HEALTH STATUS, WELL-BEING AND TOTAL QUALITY OF LIFE IN OUR SERVICE COMMUNITY

4b

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

4c

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

4d

Other program services (Describe in Schedule O)




















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

4e

Total program service expenses ▶ 300,640,736

Form 990 (2014)

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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 III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
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>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
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>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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>	35b		
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>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	244	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2,124	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	18	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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	
SARAH GUSTAFSON 1100 REID PARKWAY RICHMOND, IN 47374 (765) 983-3037		

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

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

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

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

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

[illegible]

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	3,146,317	1,747,379	653,027

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization49

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HD SMITH WHOLESALE DRUG, 3063 FIAT AVENUE SPRINGFIELD, IL 62703	PHARMACY SUPPLIER	22,369,065
SIEMENS MEDICAL SOLUTIONS, 40 LIBERTY BOULEVARD MALVERN, PA 19355	INFORMATION SYSTEMS	7,686,571
SHOOK CONSTRUCTION, 4977 NORTHCUTT PLACE DAYTON, OH 45414	CONSTRUCTION	7,201,146
BIOMET BRACING, 56 EAST BELL DRIVE WARSAW, IN 46581	MEDICAL SUPPLIER	3,179,763
ST JUDE MEDICAL INC, ONE ST JUDE MEDICAL DRIVE ST PAUL, MN 55117	MEDICAL SUPPLIER	2,336,429

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 50

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	606,452			
	e	Government grants (contributions)	1e				
	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		606,452			
Program Service Revenue	2a	Net Patient Care Revenue	Business Code 621990	358,222,175	358,222,175		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		358,222,175			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		21,685,257		21,685,257
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0			
6a		Gross rents	(i) Real 2,826,456	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)	2,826,456	0		
		d	Net rental income or (loss)		2,826,456		2,826,456
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses	-2,633,019	-6,212		
		c	Gain or (loss)	2,633,019	6,212		
		d	Net gain or (loss)		-2,639,231		-2,639,231
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events		0		
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities		0		
10a		Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory		0		
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	621110	9,409,568		2,107,359	7,302,209	
b	Engineering	541900	200,151		200,151		
c	Housekeeping	812900	434,209		434,209		
d	All other revenue						
e	Total. Add lines 11a-11d		10,043,928				
12	Total revenue. See Instructions		390,745,037	358,222,175	2,741,719	29,174,691	

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.	325,817	325,817		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	2,567,675	2,346,598	221,077	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	87,797,194	80,237,856	7,559,338	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	5,311,004	4,853,727	457,277	
9	Other employee benefits.	16,474,569	15,056,109	1,418,460	
10	Payroll taxes.	5,567,563	5,088,196	479,367	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	657,380	600,780	56,600	
c	Accounting.	205,122	187,461	17,661	
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	50,973,531	46,584,710	4,388,821	
12	Advertising and promotion.	2,563,876	2,343,126	220,750	
13	Office expenses.	7,025,301	6,420,423	604,878	
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	6,562,148	5,997,147	565,001	
17	Travel.	479,977	438,651	41,326	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	310,326	283,607	26,719	
20	Interest.	7,723,856	7,058,832	665,024	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	25,438,747	23,248,471	2,190,276	
23	Insurance.	2,069,331	1,891,162	178,169	
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	Supplies.	54,400,566	49,716,677	4,683,889	
b	Bad Debts.	38,533,985	38,533,985		
c	Maintenance Contracts.	8,732,610	7,980,732	751,878	
d	Dues, Licenses, and Fees.	1,195,666	1,092,719	102,947	
e	All other expenses.	387,295	353,950	33,345	
25	Total functional expenses. Add lines 1 through 24e.	325,303,539	300,640,736	24,662,803	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		8,762	1	9,035
	2	Savings and temporary cash investments		9,831,907	2	10,628,606
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		183,559,058	4	249,542,885
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		13,713	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		25,482,322	7	24,845,502
	8	Inventories for sale or use		3,189,303	8	7,268,351
	9	Prepaid expenses and deferred charges		3,842,207	9	4,350,791
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a460,207,649			
	b	Less accumulated depreciation	10b218,120,818	242,878,217	10c	242,086,831
	11	Investments—publicly traded securities		135,687,667	11	140,931,395
	12	Investments—other securities See Part IV, line 11		112,823,046	12	100,420,829
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		40,898,998	15	42,570,808
	16	Total assets. Add lines 1 through 15 (must equal line 34)		758,215,200	16	822,655,033
Liabilities	17	Accounts payable and accrued expenses		25,862,488	17	27,832,317
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		173,735,000	20	170,480,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		33,643,766	25	50,855,342
	26	Total liabilities. Add lines 17 through 25		233,241,254	26	249,167,659
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		497,638,823	27	544,740,672
	28	Temporarily restricted net assets		27,169,330	28	28,580,909
	29	Permanently restricted net assets		165,793	29	165,793
	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		524,973,946	33	573,487,374
	34	Total liabilities and net assets/fund balances		758,215,200	34	822,655,033

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	390,745,037
2	Total expenses (must equal Part IX, column (A), line 25)	2	325,303,539
3	Revenue less expenses Subtract line 2 from line 1	3	65,441,498
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	524,973,946
5	Net unrealized gains (losses) on investments	5	-11,033,131
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	-5,894,939
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	573,487,374

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		No
2b	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	Yes	
2c	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	Yes	
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?		No
3b	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		

Additional Data

Software ID:

Software Version:

EIN: 35-0892672

Name: REID HOSPITAL & HEALTH CARE SERVICES INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CRAIG KINYON PRESIDENT & CEO - BOARD MEMBER	37 5 12 5	X		X				646,351	0	70,498
(1) PAUL LINGLE BOARD MEMBER-1ST V CHAIR	2 0 0 0	X						0	0	0
(2) GREG JANZOW BOARD MEMBER	2 0 0 0	X						0	0	0
(3) JOHN FORD BOARD MEMBER-CHAIR	2 0 0 0	X						0	0	0
(4) BRAD BARRETT MD BOARD MEMBER	2 0 48 0	X						0	386,200	40,610
(5) ALAN SPEARS BOARD MEMBER	2 0 0 0	X						0	0	0
(6) KAREN CLARK BOARD MEMBER	2 0 0 0	X						0	0	0
(7) TOM HILKERT BOARD MEMBER	2 0 0 0	X						0	0	0
(8) JOHN MCBRIDE BOARD MEMBER-TREASURER	2 0 0 0	X						0	0	0
(9) EDITH PERKINS BOARD MEMBER	2 0 0 0	X						0	0	0
(10) WILLIAM QUIGG BOARD MEMBER	2 0 0 0	X						0	0	0
(11) ALLAN ROSAR BOARD MEMBER-2ND V CHAIR	2 0 0 0	X						0	0	0
(12) BONITA WASHINGTON-LACY BOARD MEMBER-SECRETARY	2 0 0 0	X						0	0	0
(13) PHILLIP SCOTT DO BOARD MEMBER	2 0 48 0	X						0	258,104	41,444
(14) PATRICK ANDERSON MD BOARD MEMBER	2 0 48 0	X						0	423,569	25,448
(15) ROHIT BAWA MD BOARD MEMBER	2 0 48 0	X						0	679,506	41,747
(16) ALEASIA STEWART BOARD MEMBER	2 0 0 0	X						0	0	0
(17) MARK HARRINGTON BOARD MEMBER	2 0 0 0	X						0	0	0
(18) BRENDA CARTWRIGHT VP CNO	50 0 0 0			X				314,132	0	44,828
(19) SCOTT RAUCH VICE PRESIDENT	50 0 0 0			X				266,882	0	46,128
(20) JENNIFER EHLERS VP CQO	50 0 0 0			X				237,356	0	28,954
(21) ANGIE DICKMAN VICE PRESIDENT	50 0 0 0			X				207,638	0	39,080
(22) RANDALL KIRK VP/FOUNDATION PRESIDENT	50 0 0 0			X				204,015	0	49,717
(23) CHRISTOPHER KNIGHT CFO	50 0 0 0			X				156,950	0	35,445
(24) THOMAS HUTH MD VP MEDICAL AFFAIRS	50 0 0 0			X				350,713	0	55,841

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) BRADLEY HESTER PHARMACY DIRECTOR	50 0 0 0					X		164,918	0	35,219
(1) RODNEY HOLDERMAN PHARMACIST	50 0 0 0					X		167,375	0	18,206
(2) TIMOTHY LOVE INFORMATION SERVICES DIRECTOR	50 0 0 0					X		143,304	0	29,388
(3) LUANNE CHRISTOFARO EXECUTIVE DIRECTOR OF NURSING	50 0 0 0					X		148,692	0	25,822
(4) DEBORAH ECKHOFF DIRECTOR OF CLINICAL INFORMATI	50 0 0 0					X		137,991	0	24,652

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ 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 REID HOSPITAL & HEALTH CARE SERVICES INC	Employer identification number 35-0892672
--	--

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						

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						▶

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 for 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			▶
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			▶
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			▶
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			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIISupport 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 ▶						

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

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> 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 <u>Parent of Supported Organizations</u> 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.			

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)		

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 From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
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 From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

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 the organization REID HOSPITAL & HEALTH CARE SERVICES INC	Employer identification number 35-0892672
--	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		600
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		12,461
j	Total. Add lines 1c through 1i.			13,061
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1I	OTHER LOBBYING ACTIVITIES REID HOSPITAL & HEALTH CARE SERVICES IS A MEMBER OF CERTAIN TRADE ORGANIZATIONS WHICH ENGAGE IN LOBBYING ACTIVITIES. THIS AMOUNT REFLECTS THE PORTION OF THE DUES USED FOR SUCH ACTIVITIES.
SCHEDULE C, PART II-B, LINE 1B	LOBBYING ACTIVITIES BY PAID STAFF DURING THE YEAR, SEVERAL LETTERS WERE WRITTEN TO STATE REPRESENTATIVES EXPLAINING THE IMPACT OF SPECIFIC LEGISLATION TO REID HOSPITAL. THE ESTIMATED AMOUNT EXPENDED BY THE ORGANIZATION WAS \$600. THIS AMOUNT REFLECTS AN ESTIMATE OF LABOR COST FOR THIS ACTIVITY.

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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, 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.

Name of the organization REID HOSPITAL & HEALTH CARE SERVICES INC	Employer identification number 35-0892672
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3Using 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
- 4Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5During 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.

- 1aIs the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- ☐ Yes

☐ No
- bIf "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|---------------------------------|--------|
| | Amount |
| 1cBeginning balance | |
| 1dAdditions during the year | |
| 1eDistributions during the year | |
| 1fEnding balance | |
- 2aDid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
- ☐ Yes

☐ No
- bIf "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	b (c)Two years back	(d)Three years back	(e)Four years back
1aBeginning of year balance	165,793	165,793	159,990	159,990	29,990
bContributions			5,803		130,000
cNet investment earnings, gains, and losses					
dGrants or scholarships					
eOther expenditures for facilities and programs					
fAdministrative expenses					
gEnd of year balance	165,793	165,793	165,793	159,990	159,990

- 2Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- aBoard designated or quasi-endowment

bPermanent endowment 100 000 %

cTemporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3aAre 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

3a(i)

3a(ii)

3b

Yes

No

Yes

Yes

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

4Describe 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 | | 13,405,965 | | 13,405,965 |
| b Buildings | | 130,867,918 | 38,736,980 | 92,130,938 |
| c Leasehold improvements | | 7,070,486 | 3,006,735 | 4,063,751 |
| d Equipment | | 241,854,698 | 153,481,292 | 88,373,406 |
| e Other | | 67,008,582 | 22,895,811 | 44,112,771 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 242,086,831 |
- Schedule D (Form 990) 2014

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.

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	USE OF ENDOWMENT FUNDS AT DECEMBER 31, 2014 AND 2013, THE REID HOSPITAL AND HEALTH CARE SERVICES FOUNDATION HAD PERMANENTLY RESTRICTED NET ASSETS OF \$165,793 AND \$165,793, RESPECTIVELY. THE INCOME FROM THIS FUND IS EXPENDABLE TO SUPPORT THE ACUTE REHABILITATION UNIT AND THE SPEECH, OUTPATIENT, AND PHYSICAL THERAPY SERVICES FOR REID HOSPITAL AND HEALTH CARE SERVICES. THESE NET ASSETS HAVE BEEN CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OF DONOR-IMPOSED RESTRICTIONS IN ACCORDANCE WITH ACCOUNTING STANDARDS AND THE PROVISIONS OF THE STATE OF INDIANA ENACTED VERSION OF THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT.
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE: REID HOSPITAL AND REID PHYSICIAN ASSOCIATES HAVE BEEN RECOGNIZED AS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, REID HOSPITAL IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. REID HOSPITAL AND ITS CONTROLLED SUBSIDIARIES FILE TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. WITH A FEW EXCEPTIONS, REID HOSPITAL AND ITS CONTROLLED SUBSIDIARIES ARE NO LONGER SUBJECT TO U.S. FEDERAL EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2011.

[illegible]

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
REID HOSPITAL & HEALTH CARE SERVICES INC

Employer identification number
35-0892672

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			20,605,370		20,605,370	7 190 %
b Medicaid (from Worksheet 3, column a)			30,187,060	15,680,424	14,506,636	5 060 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			50,792,430	15,680,424	35,112,006	12 250 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			781,169	104,021	677,148	0 240 %
f Health professions education (from Worksheet 5)			259,620	49,367	210,253	0 070 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			794,300		794,300	0 280 %
j Total. Other Benefits			1,835,089	153,388	1,681,701	0 590 %
k Total. Add lines 7d and 7j			52,627,519	15,833,812	36,793,707	12 840 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing			9,444		9,444	
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development			19,202		19,202	
9Other						
10Total			28,646		28,646	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1Yes

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

238,533,985

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

31,382,611

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

587,202,565

6Enter Medicare allowable costs of care relating to payments on line 5.

692,035,379

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7-4,832,814

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9aYes

No

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9bYes

No

Part IVManagement Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ROSE LLC	OUTPATIENT SURGICAL SERVICES	55.000 %	6.000 %	45.000 %
2 REID MOB LLC	REAL ESTATE OWNERSHIP	65.000 %	2.000 %	35.000 %
3 REID MSO LLC	MGMT SERVICES	11.000 %	8.000 %	89.000 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

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

1
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

REID HOSPITAL & HEALTH CARE SERVICES

Name of hospital facility or letter of facility reporting group

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

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
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 13		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
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	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) WWW.REIDHEALTH.ORG		
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	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 13		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) WWW.REIDHEALTH.ORG		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" 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)

Name of hospital facility or letter of facility reporting group

REID HOSPITAL & HEALTH CARE SERVICES

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
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 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 discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	<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 checked="" 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?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>X</u>		
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 checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" 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?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<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)

REID HOSPITAL & HEALTH CARE SERVICES

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged 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) 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 18 (check all that apply) a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made	19		No
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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes	
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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input checked="" type="checkbox"/> 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	23		No
		24		No

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.

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

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

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

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

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	BAD DEBT EXPENSE THE AMOUNT REPORTED ON PART III, LINE 2 IS CALCULATED BASED ON TOTAL BAD DEBT EXPENSE BASED ON CHARGES

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 3	BAD DEBT EXPENSE AN ALLOCATION PERCENTAGE WAS CALCULATED USING FY2013 BAD DEBT EXPENSE AND BAD DEBT ATTRIBUTED TO PATIENTS UNDER THE FINANCIAL ASSISTANCE POLICY THIS PERCENTAGE WAS THEN APPLIED TO FY2014 BAD DEBT EXPENSE TO CALCULATE THE AMOUNT REPORTED ON LINE 3

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 4	BAD DEBT EXPENSE REID HOSPITAL ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED OR PROVIDED BY POLICY) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	MEDICARE REID HOSPITAL BELIEVES THAT ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT BECAUSE OUR MISSION IS TO PROMOTE QUALITY HEALTHCARE AND HEALTH EDUCATION IN OUR SERVICE COMMUNITY REGARDLESS OF ONE'S ABILITY TO PAY WE DO NOT LIMIT THE CARE AVAILABLE TO ANY PATIENTS, INCLUDING THOSE COVERED UNDER THE MEDICARE PROGRAM WE ARE RELIEVING A GOVERNMENT BURDEN BY PROVIDING CARE TO MEDICARE PATIENTS BELOW COST TAX-EXEMPT HOSPITALS ARE EXPECTED TO PARTICIPATE IN THE MEDICARE PROGRAM

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 9B	COLLECTION PRACTICES ANY INDICATION OF A PATIENTS INABILITY TO PAY FOR SERVICES IS TREATED AS A REQUEST FOR CHARITY CARE THIS REQUEST CAN BE MADE BY, OR ON BEHALF OF AN INDIVIDUAL SEEKING SERVICE REID HOSPITAL'S COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS PATIENTS ARE SCREENED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE ANY COLLECTION PROCEDURES BEGIN IF AT ANY POINT IN THE COLLECTION PROCESS DOCUMENTATION IS RECEIVED THAT INDICATES THE PATIENT IS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAS NOT APPLIED FOR IT, THE ACCOUNT IS REFERRED BACK TO A COUNSELOR FOR ASSISTANCE AND REVIEW

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT A NEEDS ASSESSMENT IS CONDUCTED EVERY 3 YEARS IN ACCORDANCE WITH STATE AND FEDERAL REQUIREMENTS THE LAST NEEDS ASSESSMENT OF REID HOSPITAL'S SERVICE AREA WAS CONDUCTED IN 2013 THE RESULTS OF THE NEEDS ASSESSMENT ARE POSTED ON REID HOSPITAL'S WEBSITE SO THAT COMMUNITY MEMBERS AND ORGANIZATIONS MAY USE THE INFORMATION AS NEEDED FORMAL AND INFORMAL MEETINGS ARE HELD WITH COMMUNITY STAKEHOLDERS TO SEEK THEIR INPUT ON THE RESULTS PROFESSIONAL RESEARCH CONSULTANTS CONDUCTED THE NEEDS ASSESSMENT AND PROVIDED A COMPARISON TO THE 2010 NEEDS ASSESSMENT RESULTS THE NEXT NEEDS ASSESSMENT WILL BE CONDUCTED IN 2016 AND WILL COMPLY WITH ALL REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS UNDER THE AFFORDABLE CARE ACT AND CORRESPONDING REGULATIONS IN ADDITION, ALL INDEPENDENT AND NON-INDEPENDENT VOTING MEMBERS OF THE BOARD ARE REQUIRED TO RESIDE WITHIN REID HOSPITAL'S SERVICE AREA THE DISTINCTION IS IMPORTANT BECAUSE THEY ARE INVOLVED AND BETTER AWARE OF THE HEALTH NEEDS OF THE COMMUNITY REID HOSPITAL SERVES

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE REID HOSPITAL STAFF INFORMS ALL PATIENTS, AS THEY ARE ADMITTED, OF THE VARIOUS ASSISTANCE PROGRAMS AVAILABLE TO HELP THEM PAY THEIR BILL WE HAVE COMMUNITY EDUCATION INITIATIVES (THAT INCLUDE THE DISTRIBUTION OF FLYERS AND CARDS IN PUBLIC PLACES, INSERTS IN BILLS, AND FLYERS FOR CHURCHES THAT PROMOTE THE PATIENT ADVOCATE PROGRAM) ASKING PEOPLE TO CONTACT A PATIENT ADVOCATE IF THEY, OR A LOVED ONE, DOES NOT HAVE HEALTH COVERAGE REID USES TARGETED ADVERTISEMENTS IN AN EFFORT TO REACH PEOPLE BEFORE THEY ARE IN NEED OF CARE AND TO CONNECT THEM WITH OUR PATIENT ADVOCATES TO HELP DETERMINE ELIGIBILITY FOR INSURANCE COVERAGE WE HAVE CONTRACTED WITH A THIRD PARTY VENDOR THAT SPECIALIZES IN HELPING PEOPLE WITH THE APPLICATION PROCESS FOR VARIOUS PROGRAMS IN ADDITION, WE PROVIDE INFORMATION ABOUT FINANCIAL ASSISTANCE IN OUR MONTHLY STATEMENTS WE CURRENTLY PROMOTE FREE SCREENING SERVICES DIRECTED TO SELF PAY PATIENTS THOSE WHO RESPOND MAKE AN APPOINTMENT WITH OUR PATIENT ADVOCATES AND THEN RECEIVE THEIR FREE WELLNESS LAB TEST

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION REID HOSPITAL SERVES FIVE (5) COUNTIES IN INDIANA (WAYNE, UNION, RANDOLPH, HENRY, AND FAYETTE) AND TWO (2) COUNTIES IN OHIO (PREBLE AND DARKE) SINCE 2005, THE POPULATION GROWTH OF THE SERVICE AREA HAS REMAINED FLAT HOWEVER, SENIOR CITIZENS 65 AND OLDER WILL REPRESENT A LARGER PERCENTAGE OF THE POPULATION ACROSS THE SERVICE AREA ACCORDING TO THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT (NEEDS ASSESSMENT), 34.8% OF INDIVIDUALS WITHIN REID HOSPITAL'S SERVICE AREA EARN LESS THAN 200% OF THE FEDERAL POVERTY LEVEL THE NEEDS ASSESSMENT ALSO INDICATES THAT ACCESS TO HEALTH CARE IS BETTER IN REID HOSPITAL'S SERVICE AREA THAN FOUND NATIONALLY FOR SEVERAL TESTED BARRIERS 1) DIFFICULTY FINDING A PHYSICIAN, 2) APPOINTMENT AVAILABILITY, 3) CONVENIENCE OF OFFICE HOURS, AND 4) TRANSPORTATION WITHIN REID HOSPITAL'S SERVICE AREA, THE NUMBER OF ADULTS AGED 18-64 WITHOUT HEALTH INSURANCE COVERAGE HAS INCREASED SIGNIFICANTLY OVER THE PAST DECADE THE ECONOMY HAS AFFECTED THE LOCAL BUSINESS CLIMATE AND MANY ADULTS HAVE EITHER LOST INSURANCE ALTOGETHER OR HAVE SEEN A DECREASE IN BENEFITS

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 5</p>	<p>PROMOTION OF COMMUNITY HEALTH REID HOSPITAL SERVES AS A CORNERSTONE FOR THE COMMUNITY BY PROVIDING MANY AREAS OF OUTREACH AND COMMUNITY SERVICE EXEMPT EMPLOYEES SERVE ON LOCAL BOARDS SUCH AS THE BOYS & GIRLS CLUB, GIRLS, INC , UNITED WAY, ACHIEVA RESOURCES, THE CHAMBER OF COMMERCE, COMMUNITIES IN SCHOOLS, BIRTH TO FIVE, HEADSTART HEALTH & EDUCATION ADVISORY COUNCIL AND MANY OTHER CIVIC ORGANIZATIONS A COMMUNITY BENEFIT PAYROLL BUDGET IS ESTABLISHED EACH YEAR TO ALLOW HOURLY EMPLOYEES TO SERVE IN THE COMMUNITY (DURING WORKING HOURS) ON PROJECTS SUCH AS HABITAT FOR HUMANITY AS OF 2014, A TOTAL OF 225 AED'S (AUTOMATED EXTERNAL DEFIBRILLATORS) WERE PLACED IN LOCAL SCHOOLS, NOT FOR PROFIT ORGANIZATIONS, FIRE AND POLICE, AND EMS SERVICES, TO SUPPORT THE HEALTH OF THE COMMUNITY REID HOSPITAL ALSO PROVIDES ASSISTANCE TO THESE PUBLIC DEPARTMENTS WITH CERTIFICATION AND RENEWAL OF REQUIRED AMERICAN HEART ASSOCIATION COURSES SUCH AS BLS (BASIC LIFE SUPPORT), ACLS (ADVANCED CARDIAC LIFE SUPPORT), AND PALS (PEDIATRIC ADVANCED LIFE SUPPORT) SUSTAINING A WELL-EDUCATED HEALTH CARE WORK FORCE IS PART OF THE OUTREACH OF REID HOSPITAL MEDICAL GRAND ROUNDS ARE OFFERED WEEKLY AND ARE OPEN TO ALL PHYSICIANS IN THE COMMUNITY EACH YEAR REID HOSPITAL, IVY TECH COMMUNITY COLLEGE AND INDIANA UNIVERSITY-EAST CAMPUS COLLABORATE ON A HEALTH CAREER CAMP WHICH PROVIDES HIGH SCHOOL STUDENTS AN OPPORTUNITY TO PARTICIPATE IN NURSING AND ALLIED HEALTH ACTIVITIES STUDENTS FROM THE 7-COUNTY SERVICE AREA ARE INVITED TO ATTEND THERE ARE SOCIAL DETERMINANTS OF HEALTH AND READING IS ONE OF THOSE ELEMENTS REID HOSPITAL HAS CHOSEN TO SUPPORT EACH YEAR THE THIRD GRADE READING ACADEMY WORKS WITH CHILDREN WHO ARE NOT READING AT GRADE LEVEL AND SPEND THE SUMMER IMPROVING THEIR READING SKILLS REID HOSPITAL HAS SUPPORTED THIS NOT FOR PROFIT ORGANIZATION SINCE IT BEGAN THE GOVERNING BOARD OF REID HOSPITAL AND ESPECIALLY THE COMMUNITY BENEFIT COMMITTEE OF THE BOARD GUIDE THE OUTREACH TO THE COMMUNITY TO MAKE CERTAIN THAT REID HOSPITAL SERVES THE PATIENTS AND THE COMMUNITY WITH EQUAL CARE</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT INDIANA

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	COSTING METHODOLOGY BOTH A COST ACCOUNTING SYSTEM AND COST-TO-CHARGE RATIO ARE USED TO CALCULATE AMOUNTS REPORTED ON PART I, LINE 7 THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS THE COST-TO-CHARGE RATIO IS DERIVED USING WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN F	PERCENT OF TOTAL EXPENSE \$38,533,985 OF BAD DEBT EXPENSE IS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN A (TOTAL FUNCTIONAL EXPENSES), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES NO COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC WERE INCLUDED IN SUBSIDIZED HEALTH SERVICES

Additional Data

Software ID:
Software Version:
EIN: 35-0892672
Name: REID HOSPITAL & HEALTH CARE SERVICES INC

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	CHNA COMMUNITY INPUT A PRECISE AND CAREFULLY EXECUTED METHODOLOGY IS CRITICAL IN ASSERTING THE VALIDITY OF THE RESULTS GATHERED IN A CHNA TO ENSURE THE BEST REPRESENTATION OF THE POPULATION SURVEYED, A TELEPHONE INTERVIEW METHODOLOGY, ONE THAT INCORPORATED BOTH LANDLINE AND CELL PHONE INTERVIEWS, WAS EMPLOYED THE SAMPLE DESIGN USED FOR THIS EFFORT CONSISTED OF A RANDOM SAMPLE OF 750 INDIVIDUALS AGE 18 OR OLDER IN THE REID SERVICE AREA ONCE INTERVIEWS WERE COMPLETED, THESE WERE WEIGHTED IN PROPORTION TO THE ACTUAL POPULATION DISTRIBUTION SO AS TO APPROPRIATELY REPRESENT THE REID SERVICES AREA AS A WHOLE AS PART OF THE CHNA TWO FOCUS GROUPS WERE HELD PARTICIPANTS INCLUDED 21 LOCAL KEY INFORMANTS PHYSICIANS, A PUBLIC HEALTH REPRESENTATIVE, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, BUSINESS LEADERS AND OTHER COMMUNITY LEADERS POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, LINE 11	COMMUNITY HEALTH NEEDS THE FOLLOWING COMMUNITY HEALTH NEEDS, IDENTIFIED IN REID HOSPITAL'S MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT , WERE ADDRESSED IN AN IMPLEMENTATION STRATEGY TO ADDRESS EACH COMMUNITY HEALTH NEED IDENTIFIED AND EXECUTING THE STRATEGY A COMMUNITY BENEFIT SECTION IS INCLUDED WITHIN OPERATIONAL PLANS AND MONITORED BY THE CONTINUUM OF CARE COMMITTEE PROVISIONS ARE BUDGETED EACH YEAR FOR SERVICES THAT ADDRESS THE IDENTIFIED NEEDS THE FOLLOWING COMMUNITY HEALTH NEEDS REPRESENT RECOMMENDED AREAS OF INTERVENTION, BASED ON THE FINDINGS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT (PRESENTED ALPHABETICALLY, RATHER THAN IN ORDER OF IMPORTANCE) ACCESS TO HEALTH SERVICES CANCER CHRONIC DISABLING CONDITIONS CHRONIC KIDNEY DISEASE DEMENTIAS, INCLUDING ALZHEIMER'S DISEASE DIABETES HEART DISEASE & STROKE INJURY & VIOLENCE PREVENTION MATERNAL/INFANT HEALTH & FAMILY PLANNING MENTAL HEALTH & MENTAL DISORDERS NUTRITION, PHYSICAL ACTIVITY & WEIGHT RESPIRATORY DISEASES SUBSTANCE ABUSE THE FOLLOWING COMMUNITY HEALTH NEEDS, IDENTIFIED IN REID HOSPITAL'S MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT, WERE NOT ADDRESSED IN ITS IMPLEMENTATION PLAN INJURY AND VIOLENCE PREVENTION COMPONENTS OF THIS NEED INCLUDED DEATH RELATED TO UNINTENTIONAL INJURY OR MOTOR VEHICLE ACCIDENTS AND PREVALENCE OF FIREARMS IN HOMES THIS NEED IS CURRENTLY BEING ADDRESSED BY OTHER COMMUNITY AGENCIES THROUGH SAFETY AWARENESS CAMPAIGNS IT WAS NOT FELT THAT REID HOSPITAL WOULD BE ABLE TO EFFECTIVELY IMPACT THIS NEED THROUGH HOSPITAL EFFORTS, NOR THAT THE ORGANIZATION HAD THE EXPERTISE TO ADDRESS THE ISSUES FOR THIS REASON, THERE WAS LITTLE CONSIDERATION FOR THIS IDENTIFIED NEED IN THE COMMUNITY BENEFIT PLAN RESPIRATORY DISEASES THIS SPECIFIC NEED WAS RANKED AS THE LOWEST PRIORITY BY THE CONTINUUM OF CARE SUB-COMMITTEE THIS NEED IS COMPRISED OF DEATHS RELATED TO CHRONIC LOWER RESPIRATORY DISEASE AND THE PREVALENCE OF CHRONIC LUNG DISEASE DUE TO THE HIGH IMPACT OF SMOKING ON THIS PROBLEM, IT WAS FELT BEST TO FOCUS EFFORTS ON WELLNESS PROMOTION THROUGH SMOKING CESSATION EDUCATION INCLUDED IN THE COMMUNITY BENEFIT PLAN

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 22D	DETERMINATION OF AMOUNT TO CHARGE FAP-ELIGIBLE INDIVIDUALS ALL PATIENTS ARE CHARGED THE SAME AMOUNT FOR EACH SERVICE REGARDLESS OF THEIR INSURANCE STATUS REID HOSPITAL MAKES NO DISTINCTION IN PRICING AT THE CHARGE LEVEL WHETHER A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, HAS MEDICARE, OR IS COVERED UNDER A COMMERCIAL PLAN ONCE THE TOTAL CHARGES HAVE BEEN DETERMINED, A FAP-ELIGIBLE PATIENT IS SCREENED FOR COVERAGE BASED ON INCOME AND HOUSEHOLD SIZE USING IRS GUIDELINES FOR DETERMINING WHETHER A HOUSEHOLD MEMBER CAN BE CONSIDERED A DEPENDENT INCOME AND HOUSEHOLD SIZE RELATIVE TO TOTAL CHARGES OWED DETERMINES THE AMOUNT THE FAP-ELIGIBLE PATIENT WILL OWE, UP TO A 100% WRITE OFF OF THE BILL

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
REID HOSPITAL & HEALTH CARE SERVICES INC

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

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
35-0892672

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

17

3

Enter total number of other organizations listed in the line 1 table

1

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	ORGANIZATION PROCEDURES FOR MONITORING THE COMMUNITY BENEFIT GRANT PROGRAM OF REID HOSPITAL DEMONSTRATES THE COMMITMENT OF THE ORGANIZATION TO COMMUNITY SERVICE THROUGH FUNDING ORGANIZATIONS WITHIN THE REID SERVICE AREA WHICH FUNCTION TO MEET AN IDENTIFIED HEALTH NEED OR NEEDS AND/OR REDUCE A GOVERNMENT BURDEN THROUGH THEIR EFFORTS OR PROGRAMS GRANT APPLICATIONS ARE ACCEPTED ELECTRONICALLY VIA WEB APPLICATION ON A QUARTERLY BASIS UPON SUBMISSION OF A GRANT BY A COMMUNITY ORGANIZATION, A REPRESENTATIVE FROM REID'S COMMUNITY BENEFIT DEPARTMENT MAY CONDUCT A SITE VISIT TO GAIN FURTHER KNOWLEDGE OF THE ORGANIZATION AND PROGRAM TO BE FUNDED ALL GRANT APPLICATIONS ARE REVIEWED AND SCORED BY THE COMMUNITY BENEFIT DEPARTMENT MEMBERS SCORING FACTORS INCLUDE THE ABILITY OF THE ORGANIZATION OR PROGRAM TO - IMPROVE COMMUNITY HEALTH - ADVANCE HEALTH KNOWLEDGE THROUGH EDUCATION - ADVANCE HEALTH KNOWLEDGE THROUGH RESEARCH - RELIEVE A GOVERNMENT BURDEN - FOCUS ON ONE OF THE TOP PRIORITIZED HEALTH NEEDS BASED ON THE COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDING - IMPROVING ACCESS TO CARE - IMPACTING PHYSICAL ACTIVITY, NUTRITION, AND/OR WELLNESS - IMPACTING MENTAL HEALTH AND OR SUBSTANCE ABUSE - FOCUS ON ANOTHER IDENTIFIED HEALTH NEED THE SCORES ARE THEN DISCUSSED AND AVERAGED FOR AN OVERALL SCORE OF THE GRANT REQUEST THESE REQUESTS AND SCORE SHEETS ARE THEN REVIEWED BY THE COMMUNITY BENEFIT COMMITTEE FOR APPROVAL AND MODIFICATIONS TO THE AWARDED AMOUNTS ARE DETERMINED FOR AWARDS EXCEEDING \$15,000, THE GRANT REQUEST MUST BE SUBMITTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL ORGANIZATIONS THAT ARE AWARDED GRANT FUNDS ARE REQUIRED TO SUBMIT QUARTERLY REPORTS DETAILING - THE PROJECT FUNDED - THE NUMBER OF PEOPLE AND TARGET POPULATION SERVED - HOW THE FUNDS WERE UTILIZED - OUTCOMES OF THE ORGANIZATION/PROGRAM TO DATE ATTEMPTS WILL BE MADE BY THE COMMUNITY BENEFIT TEAM MEMBERS TO CONTACT ORGANIZATIONS WHO FAIL TO SUBMIT REPORTS IN AN EFFORT TO RESOLVE THE DEFICIENCY FAILURE TO SUBMIT QUARTERLY REPORTS BY AN ORGANIZATION MAY JEOPARDIZE THE OPPORTUNITY FOR FUTURE COMMUNITY BENEFIT GRANT FUNDING TO THAT ORGANIZATION LIKEWISE, ORGANIZATIONS WHO FAIL TO DEMONSTRATE POSITIVE COMMUNITY IMPACT MAY FORFEIT FURTHER FUNDING OPPORTUNITY

Additional Data

Software ID:
Software Version:
EIN: 35-0892672
Name: REID HOSPITAL & HEALTH CARE SERVICES INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S JUSTICE AND ADVOCACY CNTR INCPO BOX 2195 RICHMOND,IN 47375	16-1637581	501(C)3	10,000				PROGRAMMING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF WAYNE CNTY INC33 S 7TH STREET RICHMOND,IN 47374	35-2132872	501(C)3	18,750				SCHOOL COORDINATORS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR OPPORTUNITIES SERVICES INC401 S 4TH STREET RICHMOND,IN 47374	31-0918573	501(C)3	20,000				PROGRAMMING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA WOMEN IN NEED FOUNDATION INC6507 CARROLTON AVE INDIANAPOLIS,IN 46220	90-2057735	501(C)3	7,500				WOMEN'S SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF WAYNE COUNTY IN INC 1717 S L STREET RICHMOND,IN 47374	35-1065715	501(C)3	50,000				PROGRAMMING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRTH-TO-FIVE INCPO BOX 1815 RICHMOND,IN 47375	35-1843800	501(C)3	11,250				PARENT EDUCATORS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE CRISIS PREGNANCY CNTR OF CONNERSVILLE 220 W 9TH STREET CONNERSVILLE, IN 47331	35-2029028	501(C)3	5,625				PROGRAMMING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERSTONE OF INDIANA INC501 S 7TH STREET RICHMOND,IN 47374	35-1147323	501(C)3	6,000				PROGRAMMING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH BUILDERS PROMOTIONS INCORPORATED1306 CENTRAL AVE CONNERSVILLE,IN 47331	32-0230913	501(C)3	14,500				PROGRAMMING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNRISE INC2670 MINNEMAN ROAD RICHMOND,IN 47374	31-0979407	501(C)3	5,700				PROGRAMMING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF RICHMOND PARKS & RECREATION50 N 5TH STREET RICHMOND,IN 47374	35-6001174	CITY GOV'T	10,000				PROGRAMMING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOME IS THE FOUNDATION1751 N BARRON STREET EATON, OH 45320	42-1580792	501(C)3	10,000				PROGRAMMING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVA RESOURCES CORPORATION INCPO BOX 1252 RICHMOND,IN 47375	35-1005528	501(C)3	48,500				PROGRAMMING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHMOND FIRE DEPARTMENT101 S 5TH STREET RICHMOND,IN 47374	35-6001174	CITY GOV'T	10,000				EQUIPMENT PURCHASE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIONS CLUB OF RICHMOND INC3464 BOSTON TWP RD RICHMOND,IN 47374	35-6028140		7,500				PROGRAMMING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF RANDOLPH CNTY INC 213 S MAIN STREET WINCHESTER, IN 47394	35-1903148	501(C)3	7,500				PROGRAMMING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHOLE FAMILY COMMUNITY INITIATIVE INCORP322 SUMMIT AVE CONNERSVILLE,IN 47331	20-4798593	501(C)3	46,800				PROGRAMMING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN ARMS MINISTRIES INC401 E MAIN STREET RICHMOND,IN 47374	30-0583053	501(C)3	5,625				PROGRAMMING

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ 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
REID HOSPITAL & HEALTH CARE SERVICES INC

Employer identification number
35-0892672

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>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</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4b	Yes
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7	No
<div><div>8</div><div>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</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

Part II

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

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

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

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

Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN OFFICERS OF REID HOSPITAL PARTICIPATE IN A 457F NONQUALIFIED RETIREMENT PLAN

Additional Data

Software ID:
Software Version:
EIN: 35-0892672
Name: REID HOSPITAL & HEALTH CARE SERVICES INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CRAIG KINYON, PRESIDENT & CEO - BOARD MEMBER	(i) (ii)	515,043 0	2,812 0	128,496 0	37,430 0	33,068 0	716,849 0	
1 BRAD BARRETT MD, BOARD MEMBER	(i) (ii)	0 314,267	0 48,353	0 23,580	0 11,180	0 29,430	0 426,810	
2 PHILLIP SCOTT DO, BOARD MEMBER	(i) (ii)	0 220,970	0 33,252	0 3,882	0 11,098	0 30,346	0 299,548	
3 PATRICK ANDERSON MD, BOARD MEMBER	(i) (ii)	0 359,635	0 45,590	0 18,344	0 11,180	0 14,268	0 449,017	
4 ROHIT BAWA MD, BOARD MEMBER	(i) (ii)	0 588,170	0 51,785	0 39,551	0 11,180	0 30,567	0 721,253	
5 BRENDA CARTWRIGHT, VP CNO	(i) (ii)	216,387 0	1,594 0	96,151 0	23,030 0	21,798 0	358,960 0	
6 SCOTT RAUCH, VICE PRESIDENT	(i) (ii)	174,384 0	2,109 0	90,389 0	21,046 0	25,082 0	313,010 0	
7 JENNIFER EHLERS, VP CQO	(i) (ii)	171,279 0	2,078 0	63,999 0	19,349 0	9,605 0	266,310 0	
8 ANGIE DICKMAN, VICE PRESIDENT	(i) (ii)	167,833 0	1,465 0	38,340 0	18,451 0	20,629 0	246,718 0	
9 RANDALL KIRK, VP/FOUNDATION PRESIDENT	(i) (ii)	158,809 0	1,708 0	43,498 0	17,041 0	32,676 0	253,732 0	
10 CHRISTOPHER KNIGHT, CFO	(i) (ii)	156,340 0	0 0	610 0	20,028 0	15,417 0	192,395 0	
11 THOMAS HUTH MD, VP MEDICAL AFFAIRS	(i) (ii)	300,613 0	1,516 0	48,584 0	27,263 0	28,578 0	406,554 0	
12 BRADLEY HESTER, PHARMACY DIRECTOR	(i) (ii)	150,962 0	2,005 0	11,951 0	7,091 0	28,128 0	200,137 0	
13 RODNEY HOLDERMAN, PHARMACIST	(i) (ii)	147,391 0	15,336 0	4,648 0	7,197 0	11,009 0	185,581 0	
14 TIMOTHY LOVE, INFORMATION SERVICES DIRECTOR	(i) (ii)	127,994 0	2,015 0	13,295 0	6,162 0	23,226 0	172,692 0	
15 LUANNE CHRISTOFARO, EXECUTIVE DIRECTOR OF NURSING	(i) (ii)	146,170 0	1,972 0	550 0	6,394 0	19,428 0	174,514 0	
16 DEBORAH ECKHOFF, DIRECTOR OF CLINICAL INFORMATI	(i) (ii)	122,931 0	1,964 0	13,096 0	5,934 0	18,718 0	162,643 0	

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
REID HOSPITAL & HEALTH CARE SERVICES INC

Employer identification number
35-0892672

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A HOSPITAL AUTHORITY OF RICHMOND	35-1867077	764791AB5	03-31-2009	95,969,373	REFUND 05 B/C BONDS ISSUED 04/20/0		X		X		X
B HOSPITAL AUTHORITY OF RICHMOND	35-1867077		12-17-2012	80,130,000	REFUND 2005A BONDS ISSUED 4/20/05		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	5,695,000		3,805,000					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	96,019,648		80,130,000					
4	Gross proceeds in reserve funds	8,206,923		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		0					
7	Issuance costs from proceeds	1,616,360		0					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		0					
11	Other spent proceeds	86,150,000		80,130,000					
12	Other unspent proceeds	0		0					
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 220 %		0 183 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 914 %		0 763 %					
6	Total of lines 4 and 5	1 134 %		0 946 %					
7	Does the bond issue meet the private security or payment test?	X		X					
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X					
b	Exception to rebate?		X		X				
c	No rebate due?	X			X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
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	0		0					
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).

Return Reference	Explanation
SCHEDULE K, PART II, LINE 4, COLUMN A	AMOUNT INCLUDES EARNING ON BOND PROCEEDS OF \$47,829

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C, COLUMN A	REBATE COMPUTATION WAS COMPLETED 04/14/2014

Return Reference	Explanation
SCHEDULE K, PART III, LINE 7, COLUMN A	THE BONDS ARE NOT PRIVATE ACTIVITY BONDS BECAUSE THEY DO NOT MEET THE PRIVATE BUSINESS USE TEST

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990.</div> <div>▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.</div>		OMB No 1545-0047	
			2014	
			Open to Public Inspection	

Department of the Treasury Internal Revenue Service	Name of the organization REID HOSPITAL & HEALTH CARE SERVICES INC	Employer identification number 35-0892672
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Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No

Part II Proceeds												
					A		B		C		D	
1	Amount of bonds retired											
2	Amount of bonds legally defeased											
3	Total proceeds of issue											
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds											
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds											
11	Other spent proceeds											
12	Other unspent proceeds											
13	Year of substantial completion											
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?											
15	Were the bonds issued as part of an advance refunding issue?											
16	Has the final allocation of proceeds been made?											
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?											

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

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?								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
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?								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
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?								

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?								
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	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?								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
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)?								
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?								
7	Has the organization established written procedures to monitor the requirements of section 148?								

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?								

Part VI

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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, 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 REID HOSPITAL & HEALTH CARE SERVICES INC	Employer identification number 35-0892672
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2	Enter the amount of tax incurred by 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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total	▶ \$	0			
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	TRANSACTIONS WITH INTERESTED PERSONS PAUL LINGLE, WHO IS A BOARD MEMBER OF REID HOSPITAL, IS A REAL ESTATE BROKER AND REPRESENTS REID HOSPITAL IN ALL OF ITS REAL ESTATE TRANSACTIONS THIS BUSINESS RELATIONSHIP HAS BEEN APPROVED BY THE BOARD OF DIRECTORS MR LINGLE IS EXCUSED FROM ANY BOARD BUSINESS THAT COULD RESULT IN A CONFLICT OF INTEREST THE COMPENSATION PAID TO MR LINGLE IS BASED ON FAIR MARKET VALUE AND CONSISTENT WITH THE INDUSTRY TOTAL FEES OF \$232,293 WERE PAID FOR CONSULTING SERVICES, BROKERAGE FEES RECEIVED BY LINGLE REAL ESTATE FOR PROPERTY PURCHASED BY REID HOSPITAL, LEASE PAYMENTS FOR PROPERTY LEASED TO REID HOSPITAL, AND PROPERTY MANAGEMENT SERVICES BY LINGLE MANAGEMENT CO WILLIAM CARTWRIGHT, HUSBAND OF BRENDA CARTWRIGHT, WHO IS AN OFFICER OF REID HOSPITAL, IS EMPLOYED BY REID HOSPITAL HE EARNED \$22,040 IN COMPENSATION DURING CALENDAR YEAR 2014 JON COOL, SON-IN-LAW OF BRENDA CARTWRIGHT, WHO IS AN OFFICER OF REID HOSPITAL, IS EMPLOYED BY REID HOSPITAL HE EARNED \$49,049 IN COMPENSATION DURING CALENDAR YEAR 2014 AMANDA BRINKER, DAUGHTER OF SCOTT RAUCH, WHO IS AN OFFICER OF REID HOSPITAL, IS EMPLOYED BY REID HOSPITAL SHE EARNED \$51,465 IN COMPENSATION DURING CALENDAR YEAR 2014 CYNTHIA MENDENHALL, SISTER-IN-LAW OF ANGIE DICKMAN, WHO IS AN OFFICER OF REID HOSPITAL, IS EMPLOYED BY REID HOSPITAL SHE EARNED \$52,301 IN COMPENSATION DURING CALENDAR YEAR 2014 JACLYN SMITH, DAUGHTER OF CRAIG KINYON, WHO IS AN OFFICER OF REID HOSPITAL, IS EMPLOYED BY REID HOSPITAL SHE EARNED \$22,310 IN COMPENSATION DURING CALENDAR YEAR 2014 JACKIE SCOTT, WIFE OF PHILLIP SCOTT, D O , WHO IS A BOARD MEMBER OF REID HOSPITAL, IS EMPLOYED BY REID PHYSICIAN ASSOCIATES SHE EARNED \$46,339 IN COMPENSATION DURING CALENDAR YEAR 2014 SCOTT HOFFER, SON-IN-LAW OF JON FORD, WHO IS A BOARD MEMBER OF REID HOSPITAL, IS EMPLOYED BY REID HOSPITAL HE EARNED \$56,926 IN COMPENSATION DURING CALENDAR YEAR 2014 CLAUDIA ANDERSON, WIFE OF PATRICK ANDERSON, MD, WHO IS A BOARD MEMBER OF REID HOSPITAL, IS EMPLOYED BY REID HOSPITAL SHE EARNED \$56,201 IN COMPENSATION DURING CALENDAR YEAR 2014 MARY BARRETT, WIFE OF BRAD BARRETT, M D , WHO IS A BOARD MEMBER OF REID HOSPITAL, IS EMPLOYED BY REID PHYSICIAN ASSOCIATES SHE EARNED \$20,715 IN COMPENSATION DURING CALENDAR YEAR 2014

Additional Data

Software ID:
Software Version:
EIN: 35-0892672
Name: REID HOSPITAL & HEALTH CARE SERVICES INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(1) PAUL LINGLE	BOARD MEMBER	232,293	CONSULTING & BROKERAGE FEES		No
(2) WILLIAM CARTWRIGHT	FAMILY OF OFFICER	22,040	EMPLOYED FAMILY MEMBER		No
(3) JON COOL	FAMILY OF OFFICER	49,049	EMPLOYED FAMILY MEMBER		No
(4) AMANDA BRINKER	FAMILY OF OFFICER	51,465	EMPLOYED FAMILY MEMBER		No
(5) CYNTHIA MENDENHALL	FAMILY OF OFFICER	52,301	EMPLOYED FAMILY MEMBER		No
(6) JACLYN SMITH	FAMILY OF OFFICER	22,310	EMPLOYED FAMILY MEMBER		No
(7) JACKIE SCOTT	FAMILY OF BOARD MEMBER	46,339	EMPLOYED FAMILY MEMBER		No
(8) SCOTT HOFFER	FAMILY OF BOARD MEMBER	56,926	EMPLOYED FAMILY MEMBER		No
(9) CLAUDIA ANDERSON	FAMILY OF BOARD MEMBER	56,201	EMPLOYED FAMILY MEMBER		No
(10) MARY BARRETT	FAMILY OF BOARD MEMBER	20,715	EMPLOYED FAMILY MEMBER		

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 REID HOSPITAL & HEALTH CARE SERVICES INC	Employer identification number 35-0892672
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	
FORM 990, PART VI, SECTION B, LINE 11B	POLICIES THIS FORM 990 WAS PREPARED AND REVIEWED BY AN OUTSIDE ACCOUNTING FIRM AND OUTSIDE LEGAL COUNSEL BEFORE BEING PRESENTED TO MANAGEMENT FOR REVIEW FOLLOWING MANAGEMENT'S REVIEW, THE FORM 990 WAS PRESENTED TO THE BOARD FOR FINAL REVIEW AND APPROVAL
FORM 990, PART VI, SECTION B, LINE 12C	POLICIES EVERY YEAR ALL KEY EMPLOYEES, OFFICERS, AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST RELATING TO REID HOSPITAL AND ITS SUBSIDIARIES THIS INFORMATION IS REVIEWED BY THE ORGANIZATION'S ADMINSTRATIVE STAFF AND INTERNAL AUDITOR DURING THE YEAR, EACH KEY EMPLOYEE AND OFFICER IS REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST ISSUE WHEN IT OCCURS THE BOARD OF DIRECTORS IS ASKED IF THERE ARE ANY CONFLICT OF INTEREST ISSUES BEFORE EACH AND EVERY BOARD MEETING
FORM 990, PART VI, SECTION B, LINE 15A	<p>POLICIES THE MISSION OF REID HOSPITAL IS TO SERVE THE PEOPLE OF A MULTI-COUNTY SERVICE AREA IN REFERENCE TO THEIR CURRENT AND FUTURE NEEDS FOR HEALTH CARE SERVICES THE GOVERNING BOARD IS VESTED WITH THE ULTIMATE RESPONSIBILITY AND AUTHORITY FOR THE SUCCESSFUL FULFILLMENT OF THIS MISSION THE GOVERNING BOARD OF REID HOSPITAL EXERCISES A FIDUCIARY RESPONSIBILITY ON BEHALF OF THE SERVICE AREA AND PEOPLE WE SERVE WHILE REID HOSPITAL IS A PRIVATE, NON-PROFIT ORGANIZATION, THE BOARD IS COMMITTED TO A CONCEPT OF GOVERNANCE THAT SEES ITSELF AS HAVING A PUBLIC MISSION AND OUTLOOK REID HOSPITAL'S GOVERNING BOARD MAINTAINS AN ONGOING COMMITMENT TO QUALITY AND EXCELLENCE IT IS THE BELIEF OF THE BOARD THAT THE PEOPLE WE SERVE DESERVE NOTHING LESS TO COMMIT TO A LESSER STANDARD OR TO BE ACCEPTING OF LESSER PERFORMANCE WOULD BE AN ULTIMATE BREACH OF OUR REASON FOR EXISTENCE THE COMMITMENT TO QUALITY AND EXCELLENCE STEMS FROM A REALIZATION OF THE STEWARDSHIP INVOLVED IN GOVERNING AND PRESERVING A VITAL HEALTH CARE RESOURCE FOR THE PEOPLE OF A SIX-COUNTY AREA IN EAST CENTRAL INDIANA AND WESTERN OHIO THIS STEWARDSHIP AND SENSE OF RESPONSIBILITY EXTENDS TO A REALIZATION THAT REID HOSPITAL IS THE LARGEST EMPLOYER IN WAYNE COUNTY THIS BOARD'S ULTIMATE AUTHORITY AND RESPONSIBILITY INCLUDES ALL ASPECTS OF THE OPERATION QUALITY OF SERVICES RENDERED, QUALITY OF ITS MEDICAL STAFF, QUALITY OF ITS LEADERSHIP AND OTHER FINANCIAL, LEGAL, ETHICAL, AND OPERATIONAL CONSIDERATIONS AS A SERVICE TEAM PROVIDING HUMAN SERVICES, REID HOSPITAL'S PEOPLE (GOVERNING AND FOUNDATION BOARDS, MEDICAL STAFF, EMPLOYEES AND VOLUNTEERS) REPRESENT THE SINGLE MOST IMPORTANT ASSET POSSESSED BY THE ORGANIZATION MORE THAN ANY OTHER FACTOR (BUILDINGS, EQUIPMENT, TECHNOLOGY, ETC), THE QUALITY OF REID HOSPITAL'S HUMAN RESOURCES DETERMINES THE QUALITY OF SERVICES ULTIMATELY PROVIDED TO ITS PATIENTS AND FAMILIES THIS COMMITMENT TO QUALITY AND THE STEWARDSHIP OF HUMAN RESOURCES SERVICES ARE THE FOUNDATION FOR REID HOSPITAL'S EMPLOYEE RELATIONS POSTURE THIS APPLIES TO ALL ASPECTS OF EMPLOYEE RELATIONS AT ALL LEVELS A COMPENSATION PHILOSOPHY THAT ATTRACTS AND RETAINS QUALIFIED, HIGH QUALITY AND COMMITTED EMPLOYEES AT ALL LEVELS IS IN THE BEST INTEREST OF REID HOSPITAL AND THOSE WE SERVE THE CHIEF EXECUTIVE OFFICER (PRESIDENT AND CEO), SELECTED AND APPOINTED BY THE GOVERNING BOARD, IS CHARGED WITH THE RESPONSIBILITY OF DEVELOPING AND ADMINISTERING A COMPENSATION PLAN THAT REFLECTS THE PREVIOUSLY STATED PHILOSOPHY AND MISSION THE CEO IS ACCOUNTABLE TO THE GOVERNING BOARD IN THIS REGARD, JUST AS HE/SHE IS ACCOUNTABLE IN ALL OTHER AREAS THE FOLLOWING PHILOSOPHY AND GUIDELINES AFFIRM THE BOARD'S COMMITMENT IN REFERENCE TO DEVELOPING A REASONABLE AND APPROPRIATE COMPENSATION PACKAGE FOR THE CEO AND EXECUTIVE STAFF EXECUTIVE COMPENSATION PHILOSOPHY, GUIDELINES, AND PRACTICES AN EFFECTIVE EXECUTIVE COMPENSATION PROGRAM ADDRESSES A NUMBER OF GOALS THESE GOALS INCLUDE</p> <p>1) THE ABILITY TO ATTRACT AN INDIVIDUAL WHO IS HIGHLY QUALIFIED BY REASON OF PROFESSIONAL EDUCATION, PAST EXPERIENCE, AND PERSONAL CHARACTERISTICS, 2) APPROPRIATE RECOGNITION OF PERFORMANCE (POSITIVE OR NEGATIVE), 3) MAINTENANCE OF MOTIVATION FOR FURTHER PERFORMANCE AT A LEVEL OF EXCELLENCE, 4) RETENTION (WHEN DESIRED) OF LEADERSHIP EXPERTISE, AND 5) FAIRNESS IT IS IMPORTANT TO NOTE THAT THE ISSUE OF FAIRNESS RELATES TO THE COMMUNITY, THE ORGANIZATION AND TO THE INDIVIDUAL THAT IS, THE GOAL OF THE BOARD WILL NOT BE TO MINIMIZE COST PER SE CONVERSELY, THE EXPECTATIONS OF THE CEO SHOULD NOT BE TO MAXIMIZE INCOME AS A SINGLE OBJECTIVE THE GOAL OF BOTH PARTIES WILL BE TO ACHIEVE A COMPENSATION PACKAGE THAT IS FAIR TO THE COMMUNITY, FAIR TO THE ORGANIZATION, AND FAIR TO THE INDIVIDUAL THE EXECUTIVE COMMITTEE OF THE GOVERNING BOARD, COMPRISED JON FORD, BILL QUIGG, TOM HOLKERT, PAUL LINGLE, EDITH PERKINS, JOHN MCBRIDE, GREG JANZOW AND BONITA WASHINGTON-LACEY, IS THE DESIGNATED COMPENSATION COMMITTEE AND HAS THE RESPONSIBILITY TO SET AND APPROVE CHANGES IN THE CEO'S COMPENSATION PACKAGE THE COMPENSATION PACKAGE IS REVIEWED ANNUALLY AND ADJUSTED (IF WARRANTED) BASED ON REVIEW, ASSESSMENT AND EVALUATION OF ALL OF THE FOLLOWING FACTORS</p> <p>1) AN ANNUAL PERFORMANCE REVIEW, CONDUCTED BY THE EXECUTIVE COMMITTEE WITH INPUT INVITED FROM THE FULL GOVERNING BOARD PRIOR TO THE REVIEW, WHICH IS SUMMARIZED IN WRITTEN FORM AND SHARED WITH THE ENTIRE BOARD VIA MINUTES OF THE EXECUTIVE COMMITTEE, 2) THE GENERAL INCREASE (EXCLUDING MERIT) APPROVED BY THE GENERAL BOARD FOR HOURLY EMPLOYEES, 3) COMPARISON OF COMPENSATION LEVELS AT HOSPITALS OF SIMILAR SIZE AND COMPLEXITY (USING TOTAL REVENUE, NUMBER OF EMPLOYEES AND/OR BED SIZE AS THE BASIS FOR THE SIMILARITY WHENEVER POSSIBLE), WITH THE GENERAL GOAL OF REMAINING WITHIN THE UPPER PORTION OF THE THIRD QUARTILE (50TH TO 75TH PERCENTILE) OF THESE HOSPITALS, ALTHOUGH OCCASSIONAL VARIATIONS ABOVE AND BELOW THIS RANGE WILL OCCUR, AND 4) COMPARISON, IF AVAILABLE, OF THE MOST RELEVANT PERCENTAGE INCREASES AT OTHER HOSPITALS OF SIMILAR SIZE AND COMPLEXITY (AS DEFINED ABOVE) THE COMPARISON MENTIONED IN ITEMS #3 AND #4 SHALL UTILIZE DATA OBTAINED FROM COMPENSATION SURVEYS SEEN AS LEGITIMATE, STATISTICALLY VALID, AND GENERALLY ACCEPTED THE SPECIFIC COMPARATIVE SURVEYS USED IN ANY GIVEN YEAR WILL BE OUTLINED IN THE COMMITTEE MINUTES OR EXHIBITS EXAMPLES OF THIS TYPE OF BONA FIDE SURVEY INCLUDE 1) THE ANNUAL INDIANA HOSPITAL & HEALTH ASSOCIATION SURVEY, 2) WILLIAM MERCER, INC HEALTH NETWORK SURVEY, 3) SULLIVAN COTTER & ASSOCIATES SURVEY, 4) THE ANNUAL MANAGEMENT SCIENCE ASSOCIATION SURVEY, 5) CLARK CONSULTING, AND 6) WATSON WYATT AFTER REVIEW AND EVALUATION OF THE FOUR FACTORS MENTIONED ABOVE, THE EXECUTIVE COMMITTEE SHALL ENACT WHATEVER ADJUSTMENTS ARE DEEMED APPROPRIATE THESE DISCUSSIONS, CONCLUSIONS, AND ACTIONS WILL BE FULLY DOCUMENTED IN THE MINUTES OF THE EXECUTIVE COMMITTEE ALSO DOCUMENTED, WILL BE A RECORD OF THOSE PRESENT FOR THE EVALUATION REVIEW DISCUSSION, AS WELL AS THOSE PRESENT FOR RESULTING COMMITTEE ACTIONS RELATING TO COMPENSATION THROUGH THE PROCEDURES DESCRIBED ABOVE, REID HOSPITAL ENSURES THAT COMPENSATION FOR ITS CEO AND OTHER EXECUTIVE STAFF IS APPROVED IN ADVANCE BY AN AUTHORIZED BODY ENTIRELY COMPOSED OF INDIVIDUALS WITHOUT A CONFLICT OF INTEREST, THAT THIS AUTHORIZED BODY OBTAINS AND RELIES UPON APPROPRIATE DATA AS TO COMPARABILITY, AND THAT THE AUTHORIZED BODY ADEQUATELY AND TIMELY DOCUMENTS THE BASIS FOR ITS DETERMINATION BY THUS TAKING THE STEPS NECESSARY FOR THESE COMPENSATION DECISIONS TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS, REID HOSPITAL ENDEAVORS TO SATISFY THE STANDARDS ADVOCATED BY THE INTERNAL REVENUE SERVICE FOR APPROVING EXECUTIVE COMPENSATION</p>
FORM 990, PART VI, SECTION B, LINE 15B	<p>POLICIES THE CHIEF EXECUTIVE OFFICER (PRESIDENT AND CEO), SELECTED AND APPOINTED BY THE GOVERNING BOARD, IS CHARGED WITH THE RESPONSIBILITY OF DEVELOPING AND ADMINISTERING A COMPENSATION PLAN THAT REFLECTS THE PHILOSOPHY AND MISSION OF THE ORGANIZATION THE CEO IS ACCOUNTABLE TO THE GOVERNING BOARD IN THIS REGARD JUST AS HE/SHE IS ACCOUNTABLE IN ALL OTHER AREAS THE COMPENSATION IS SHARED WITH THE EXECUTIVE COMMITTEE FOR AWARENESS, CONSULTATION, AND DIALOGUE</p>
FORM 990, PART VI, SECTION B, LINE 16B	<p>JOINT VENTURE POLICY ALTHOUGH REID HOSPITAL DOES NOT CURRENTLY HAVE A WRITTEN JOINT VENTURE POLICY, THE HOSPITAL DOES CAREFULLY EVALUATE EACH PROPOSED JOINT VENTURE TO ENSURE THAT THE ARRANGEMENT IS CONSISTENT WITH THE HOSPITAL'S FEDERAL TAX EXEMPT STATUS AND COMPLIES WITH ALL OTHER APPLICABLE LAW APPROPRIATE PROVISIONS TO SAFEGUARD REID HOSPITAL'S FEDERAL TAX EXEMPT STATUS ARE INCLUDED IN ALL JOINT VENTURE AGREEMENTS, AND THE HOSPITAL MONITORS EXISTING JOINT VENTURE ARRANGEMENTS TO ENSURE COMPLIANCE</p>
FORM 990, PART VI, SECTION C, LINE 19	<p>DISCLOSURE THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC AS AN ATTACHMENT TO FORM 990 AT WWW GUIDESTAR ORG OR UPON REQUEST THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST</p>
FORM 990, PART XI, LINE 9	<p>OTHER CHANGES IN FUND BALANCE CHANGE IN PENSION (\$7,862,822) TRANSFER FROM AFFILIATES (\$50,000) CHANGE IN FOUNDATION VALUE \$2,017,883</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
REID HOSPITAL & HEALTH CARE SERVICES INC

Employer identification number
35-0892672

Part I Identification of Disregarded Entities

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) REID ANESTHESIALLC 1100 RIED PARKWAY RICHMOND, IN 47374	ANESTHESIA	IN	6,257,527	991,634	NA

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
(1) REID HOSP & HEALTH CARE SRVC FDN INC 1100 REID PARKWAY RICHMOND, IN 47374 23-7440530	SUPPORT	IN	501(C)3	11	NA		No
(2) REID PHYSICIAN ASSOCIATES INC 1100 REID PARKWAY RICHMOND, IN 47374 26-3086555	OPERATIONS	IN	501(C)3	9	REID HOSP		No

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) REIDANC 1000 Summit Dr Unit 300 MILFORD, OH 45150 31-1454747	HOME CARE SRV	OH	NA	RELATED		146,044		No			No	50 000 %
(2) ROSE LLC 1100 REID PARKWAY RICHMOND, IN 47374 20-2844915	SURGERY CENTER	IN	REID HOSP	RELATED	2,549,224	2,249,197		No			No	55 000 %
(3) REID MOB LLC 1100 REID PARKWAY RICHMOND, IN 47374 20-2191433	REAL ESTATE	IN	REID HOSP	RELATED	290,589	-281,300		No			No	65 217 %
(4) REID MSO LLC 1100 REID PARKWAY RICHMOND, IN 47374 20-2191363	MGMT SERVICES	IN	REID HOSP	RELATED	36,380	-1,249		No			No	10 417 %
(5) NETTLE CREEK 4829 Indiana 1 HAGERSTOWN, IN 47346 35-2036323	PHY PRACTICE	IN	NA	RELATED	604	-6,079		No			No	49 000 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

No

No

Yes

Yes

No

No

No

No

Yes

Yes

No

Yes

No

Yes

No

Yes

No

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 35-0892672

Name: REID HOSPITAL & HEALTH CARE SERVICES INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
REID HOSPITAL & HEALTH CARE SRVCS FDN	C	606,452	ACTUAL VALUE
REID MOB LLC	D	1,700,858	ACTUAL VALUE
REID MOB LLC	J	178,162	ACTUAL VALUE
REID MOB LLC	K	3,895,612	ACTUAL VALUE
REID OUTPATIENT SURGERY & ENDOSCOPY	M	16,425,733	ACTUAL VALUE
REID OUTPATIENT SURGERY & ENDOSCOPY	O	5,253,776	ACTUAL VALUE
REID HOSPITAL & HEALTH CARE SRVS FDN	Q	116,876	ALLOCATION