




See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



<b>Form 990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>	OMB No 1545-0047
	<b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b> ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>	<b>2015</b> <b>Open to Public Inspection</b>

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
<b>B</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	<b>C</b> Name of organization COMMUNITY HEALTH NETWORK INC		<b>D</b> Employer identification number  35-0983617
	Doing business as		<b>E</b> Telephone number  (317) 621-0395
	Number and street (or P.O. box if mail is not delivered to street address) 7330 SHADELAND STATION SUITE 200	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46256		<b>G</b> Gross receipts \$ 1,175,840,052
<b>F</b> Name and address of principal officer BRYAN A MILLS 7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN 46256		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> 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		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>J</b> Website: ▶ WWW.ECOMMUNITY.COM		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1952	<b>M</b> State of legal domicile IN

Part I Summary				
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities COMMUNITY HEALTH NETWORK, INC ("CHNW") IS A 501(C)(3) CORPORATION SERVING THE HEALTH RELATED NEEDS OF THE CITIZENS OF THE INDIANAPOLIS METROPOLITAN AREA AND CENTRAL INDIANA. CHNW OPERATES THREE GENERAL ACUTE CARE HOSPITALS AND PROVIDES INPATIENT, OUTPATIENT, EMERGENCY AND AMBULATORY HEALTH CARE SERVICES TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. CHNW'S MISSION IS TO: A) PROMOTE THE HEALTH OF THE RESIDENTS OF CENTRAL INDIANA BY PROMOTING, SUPPORTING AND FURTHERING THE CHARITABLE PURPOSES OF COMMUNITY HOSPITAL SOUTH, INC., COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC., COMMUNITY LTC, INC., AND COMMUNITY HOME HEALTH SERVICES, INC. (COLLECTIVELY, THE "SUPPORTED ORGANIZATIONS"), AND THEIR RESPECTIVE SUBSIDIARIES AND AFFILIATES, TO CONSIDER, COORDINATE, AND FACILITATE THE ALIGNMENT OF INITIATIVES WITHIN THE COMMUNITY HEALTH NETWORK ("NETWORK"); B) SERVE AS THE PARENT OF THE NETWORK, AN INTEGRATED DELIVERY SYSTEM, AND EXERCISE COMMON SUPERVISION AND CONTROL OVER THE NETWO			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	14	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	11	
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	<b>5</b>	7,318	
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	559		
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	4,897,657		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	3,560,861		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .		<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .		11,184,189	12,874,097
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .		837,485,287	1,042,479,006
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .		16,120,084	16,046,546
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .		48,582,437	39,715,633
			913,371,997	1,111,115,282
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .			0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .			0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .		359,469,687	419,790,376
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .			0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .		346,971,986	437,576,383
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .		706,441,673	857,366,759
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .		206,930,324	253,748,523
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) . . . . .		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) . . . . .		2,033,853,045	2,362,803,528
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .		936,902,966	1,168,628,132
			1,096,950,079	1,194,175,396

<b>Part II Signature Block</b>	
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	
<b>Sign Here</b>	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>JOSEPH M KESSLER EVP CHIEF FIN OFFR</div> <div>Type or print name and title</div> </div>
	<div>2016-11-01</div> <div>Date</div>
<b>Paid Preparer Use Only</b>	<div> <div>Print/Type preparer's name</div> <div>JAMES A CASKEY CPA CFP</div> </div> <div> <div>Preparer's signature</div> <div>JAMES A CASKEY CPA CFP</div> </div> <div> <div>Date</div> <div>2016-11-15</div> </div> <div> <div>Check <input type="checkbox"/> if self-employed</div> <div>PTIN</div> <div>P00172185</div> </div>
	<div> <div>Firm's name</div> <div>► CASKEY &amp; DAILY PC</div> </div>
	<div> <div>Firm's address</div> <div>► 4745 STATESMEN DRIVE SUITE C</div> <div>INDIANAPOLIS, IN 46250</div> </div>
	<div> <div>Firm's EIN</div> <div>► 35-2032768</div> </div> <div> <div>Phone no</div> <div>(317) 585-2647</div> </div>

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

☒

---

☐ Yes ☒ No

☐ Yes ☒ No




















<b>4a</b>	(Code )	(Expenses \$ 498,455,482	including grants of \$ )	(Revenue \$ 1,075,227,665 )
-----------	---------	--------------------------	--------------------------	-----------------------------

<b>4b</b>	(Code	) (Expenses \$	34,617,057	including grants of \$	) (Revenue \$	1,550,564 )
-----------	-------	----------------	------------	------------------------	---------------	-------------








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

<b>4e</b>	<b>Total program service expenses ▶</b>	<b>533,072,539</b>
-----------	---	--------------------

Part IV Checklist of Required Schedules

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

**Part IV** Checklist of Required Schedules (continued)

<b>21</b>	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>	<b>21</b>		No
<b>22</b>	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>	<b>22</b>		No
<b>23</b>	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> 	<b>23</b>	Yes	
<b>24a</b>	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> 	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>	<b>25a</b>		No
<b>b</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>	<b>25b</b>		No
<b>26</b>	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>	<b>26</b>		No
<b>27</b>	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>	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>		No
<b>c</b>	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>	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		No
<b>32</b>	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>	<b>32</b>		No
<b>33</b>	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> 	<b>33</b>		No
<b>34</b>	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> 	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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> 	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i> 	<b>36</b>		No
<b>37</b>	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> 	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

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

Form **990** (2015)

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?	Yes	
<b>3</b>	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	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?		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body?	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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		No

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**JOSEPH M KESSLER 7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN 46256 (317) 621-0395**

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

[illegible]

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	7,895,920	1,844,340	1,563,099

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 373

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	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> . . . . .	<b>4</b> Yes	
<b>5</b>	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> . . . . .	<b>5</b>	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
MID AMERICA CLINICAL LABS  2560 NORTH SHADELAND AVENUE INDIANAPOLIS, IN 46219	LAB SERVICES	17,953,505
ARAMARK  12483 COLLECTION CENTER DRIVE CHICAGO, IL 60673	CLINICAL ENGNRG	12,288,153
GRANT THORNTON LLP  33562 TREASURY CENTER CHICAGO, IL 606943500	CONSULTING	11,926,473
MEYER AND NAJEM INC  11787 LANTERN ROAD NO 100 FISHERS, IN 46038	CONSTRUCTN MGMT	6,770,192
EPIC SYSTEMS CORPORATION  PO BOX 88314 MILWAUKEE, WI 53288	SOFTWARE MAINT	5,905,038

**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 ► 395

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	3,164,427				
	e	Government grants (contributions)	1e	9,709,670				
	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 . . . . .			12,874,097			
Program Service Revenue	2a	PATIENT SERVICES	Business Code 622110	1,037,942,360	1,037,942,360			
	b	RENT	531120	4,536,646	4,536,646			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			1,042,479,006			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		13,760,120			13,760,120
4		Income from investment of tax-exempt bond proceeds . . . . .						
5		Royalties . . . . .						
6a		(i) Real		(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss) . . . . .						
7a		(i) Securities		(ii) Other				
		62,699,826		4,311,370				
		61,822,458		2,902,312				
		877,368		1,409,058				
d		Net gain or (loss) . . . . .		2,286,426			2,286,426	
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
a								
b		Less direct expenses . . . . .						
c		Net income or (loss) from fundraising events . . . . .						
9a		Gross income from gaming activities See Part IV, line 19 . . . . .						
a								
b		Less direct expenses . . . . .						
c		Net income or (loss) from gaming activities . . . . .						
10a		Gross sales of inventory, less returns and allowances . . . . .						
a								
b		Less cost of goods sold . . . . .						
c	Net income or (loss) from sales of inventory . . . . .							
	Miscellaneous Revenue		Business Code					
11a	EQUITY INVESTMENT INCOME		900003	19,445,281	19,445,281			
b	JMH MANAGEMENT		900099	4,200,000		4,200,000		
c	MANAGED CARE FEES		900099	3,039,118	3,039,118			
d	All other revenue . . . . .			13,031,234	11,814,824	697,657	518,753	
e	Total. Add lines 11a-11d . . . . .			39,715,633				
12	Total revenue. See Instructions . . . . .			1,111,115,282	1,076,778,229	4,897,657	16,565,299	

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.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	4,802,147		4,802,147	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	968,344		968,344	
7	Other salaries and wages.	324,143,315	207,603,304	116,540,011	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	23,633,104	6,367,565	17,265,539	
9	Other employee benefits.	43,733,513	27,516,890	16,216,623	
10	Payroll taxes.	22,509,953	14,849,090	7,660,863	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	3,357,792	11,118	3,346,674	
c	Accounting.	6,466,897	21,412	6,445,485	
d	Lobbying.	57,388		57,388	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	214,538		214,538	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	63,469,948	35,283,952	28,185,996	
12	Advertising and promotion.	7,033,964	3,684,811	3,349,153	
13	Office expenses.	20,905,640	9,719,795	11,185,845	
14	Information technology.	28,561,489	579,770	27,981,719	
15	Royalties.				
16	Occupancy.	36,459,545	22,940,148	13,519,397	
17	Travel.	2,584,558	864,212	1,720,346	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	509,721	226,131	283,590	
20	Interest.	19,912,932		19,912,932	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	46,334,918	13,149,483	33,185,435	
23	Insurance.	4,820,430	90,977	4,729,453	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MEDICAL SUPPLIES	160,770,225	160,770,225		
b	HAF PROGRAM FEES	26,930,330	26,930,330		
c	RECRUITMENT	2,259,808	45,872	2,213,936	
d	CORP SPONS/DEV	2,163,893	43,925	2,119,968	
e	All other expenses	4,762,367	2,373,529	2,388,838	
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	857,366,759	533,072,539	324,294,220	0
26	<b>Joint costs.</b> 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 . . . . .		95,898,731	1	93,059,634	
	2	Savings and temporary cash investments . . . . .			2		
	3	Pledges and grants receivable, net . . . . .			3		
	4	Accounts receivable, net . . . . .		113,839,166	4	150,133,721	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			6		
	7	Notes and loans receivable, net . . . . .		152,511	7	3,396,445	
	8	Inventories for sale or use . . . . .		11,778,728	8	12,378,737	
	9	Prepaid expenses and deferred charges . . . . .		10,423,071	9	177,777,517	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	10a	1,060,154,331			
	b	Less: accumulated depreciation . . . . .	10b	632,195,788	430,170,359	10c	427,958,543
	11	Investments—publicly traded securities . . . . .		448,682,469	11	423,753,121	
	12	Investments—other securities. See Part IV, line 11 . . . . .			12		
	13	Investments—program-related. See Part IV, line 11 . . . . .		457,196,669	13	157,922,330	
	14	Intangible assets . . . . .		46,053,785	14	61,736,556	
	15	Other assets. See Part IV, line 11 . . . . .		419,657,556	15	854,686,924	
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .		2,033,853,045	16	2,362,803,528		
Liabilities	17	Accounts payable and accrued expenses . . . . .		75,857,243	17	138,183,220	
	18	Grants payable . . . . .			18		
	19	Deferred revenue . . . . .			19		
	20	Tax-exempt bond liabilities . . . . .		530,901,082	20	514,796,631	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			22		
	23	Secured mortgages and notes payable to unrelated third parties . . . . .		50,990,441	23	43,438,764	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		279,154,200	25	472,209,517	
	26	Total liabilities. Add lines 17 through 25 . . . . .		936,902,966	26	1,168,628,132	
	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 . . . . .		1,096,950,079	27	1,194,175,396	
28		Temporarily restricted net assets . . . . .			28		
29		Permanently restricted net assets . . . . .			29		
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 . . . . .		1,096,950,079	33	1,194,175,396	
34		Total liabilities and net assets/fund balances . . . . .		2,033,853,045	34	2,362,803,528	

**Part XI**   **Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	1,111,115,282
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	857,366,759
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	253,748,523
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	<b>4</b>	1,096,950,079
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-39,818,044
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-116,705,162
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,194,175,396

**Part XII**   **Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	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
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	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	
<b>3a</b>	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?	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:  
Software Version:  
EIN: 35-0983617  
Name: COMMUNITY HEALTH NETWORK 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			
BRYAN A MILLS ..... DIRECTOR/PRE	45 00 ..... 15 00	X		X				1,185,136	0	127,327
HANY HADDAD MD ..... DIRECTOR	2 00 ..... 53 00	X						0	523,272	34,276
KENNETH SHAVER MD ..... DIRECTOR	2 00 ..... 53 00	X						0	274,306	50,392
JASON BECKER ..... DIRECTOR	2 00 ..... 4 00	X						0	0	0
KATHRYN G BETLEY ..... DIRECTOR	2 00 ..... 4 00	X						0	0	0
BRUCE F KING ..... DIRECTOR	2 00 ..... 4 00	X						0	0	0
JEFFREY MOSSLER MD ..... DIRECTOR	2 00 ..... 4 00	X						0	0	0
MICHAEL PETERSON ..... CHAIRMAN	2 00 ..... 4 00	X		X				0	0	0
STEVEN R PLUMP ..... DIRECTOR	2 00 ..... 5 00	X						0	0	0
JAY RICKER ..... DIRECTOR	2 00 ..... 5 00	X						0	0	0

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			
YVONNEE SHAHEEN ..... SECRETARY	2 00 ..... 4 00	X		X				0	0	0
KRISTIN T SHERMAN ..... TREASURER	2 00 ..... 4 00	X		X				0	0	0
CHARLES E STALEY ..... DIRECTOR	2 00 ..... 5 00	X						0	0	0
RUSSELL SWAN JR ..... VICE CHAIRMA	2 00 ..... 4 00	X		X				0	0	0
BRIAN K WILLIAMS ..... DIRECTOR	2 00 ..... 4 00	X						0	0	0
TIMOTHY HOBBS MD ..... EVP CHIEF PH	46 00 ..... 4 00			X				655,467	0	119,949
JASON FAHRLANDER ..... EVP ACUTE CA	50 00 ..... 0 00			X				618,329	0	97,173
KYLE FISHER ..... EVP STRTGY &	15 00 ..... 35 00			X				0	582,840	105,914
JOSEPH M KESSLER ..... EVP CHIEF FI	48 00 ..... 2 00			X				563,487	0	99,951
SCOTT TEFFETELLER ..... PRES EAST RE	50 00 .....			X				468,566	0	89,974

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			
ANTHONY JAVORKA ..... EVP PRES AMB	5 00 ..... 45 00			X				0	463,922	88,039
RONALD THIEME ..... EVP CHF KNOW	50 00 .....			X				460,128	0	67,316
KATHLEEN KRUSIE ..... PRES NORTH R	50 00 .....			X				226,705	0	22,639
FRANK COVINGTON MD ..... MEDICAL DIRE	50 00 .....					X		753,385	0	62,297
DAVID WILLIAMS DO ..... PRES WEST RE	0 00 ..... 50 00					X		584,863	0	83,626
WESLEY WONG MD ..... CHIEF PHY IN	50 00 .....					X		549,593	0	93,543
KAREN ANN LLOYD ..... EVP GENERAL	50 00 .....					X		531,717	0	132,606
ANTHONY LENNEN ..... PRES SOUTH R	0 00 ..... 50 00					X		529,775	0	88,502
HOLLY A MILLARD ..... FORMER INTER	49 00 ..... 1 00						X	388,382	0	73,262
JEFFERY KIRKHAM ..... FORMER KEY E	46 00 ..... 4 00						X	380,387	0	126,313



SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COMMUNITY HEALTH NETWORK INC

Employer identification number  
35-0983617

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 (Form 990 or 990-EZ))

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An 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 (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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2014 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						<input type="checkbox"/>
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> 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 <b>Part VI</b> .	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 <b>Part I</b> 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 <b>Part II</b> 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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div>		
<div>b</div> <div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>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.</div>		
<div>b</div> <div>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.</div>		

**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)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**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](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization COMMUNITY HEALTH NETWORK INC	Employer identification number 35-0983617
--	--

**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-
2				
3				
4				
5				
6				

Part II-A

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

**Part II-B**

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)	(b)
		Yes	No Amount
<b>1</b>	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		
<b>a</b>	Volunteers?		No
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes	
<b>c</b>	Media advertisements?		No
<b>d</b>	Mailings to members, legislators, or the public?		No
<b>e</b>	Publications, or published or broadcast statements?		No
<b>f</b>	Grants to other organizations for lobbying purposes?	Yes	20,321
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	139,883
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
<b>i</b>	Other activities?		No
<b>j</b>	Total. Add lines 1c through 1i.		160,204
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912		
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

**Part III-A**

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

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

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 1	LINE 1F - A PORTION OF THE DUES COMMUNITY HEALTH NETWORK, INC. ("CHNW") PAID TO THE INDIANA HOSPITAL ASSOCIATION IS ATTRIBUTABLE TO LOBBYING. LINE 1G - COMMUNITY HEALTH NETWORK, INC. RETAINS A LOBBYIST TO DISCUSS AND WORK WITH LEGISLATORS ON THE IMPACT OF PROPOSED LEGISLATION AND TO PROACTIVELY SUPPORT LEGISLATION THAT FURTHERS THE MISSION AND GOALS OF THE NETWORK. IN ADDITION, ONE EMPLOYEE OF CHNW ASSISTS WITH LOBBYING ACTIVITIES.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
COMMUNITY HEALTH NETWORK INC

Employer identification number  
35-0983617

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

	(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" on Form 990, Part IV, line 7.

1

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

☐ Preservation of land for public use (e g , recreation or education)  
☐ Protection of natural habitat  
☐ Preservation of open space

☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year  
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

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 on Form 990, Part VIII, line 1  
► \$

(ii)

Assets included in Form 990, Part X  
► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1  
► \$

b

Assets included in Form 990, Part X  
► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" 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
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

3a(i)

3a(ii)

3b

Yes

No

b

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a	Land . . . . .	6,500,115		6,500,115
b	Buildings . . . . .	578,520,264	254,652,082	323,868,182
c	Leasehold improvements . . . . .	22,846,418	10,867,843	11,978,575
d	Equipment . . . . .	444,733,083	359,529,830	85,203,253
e	Other . . . . .	7,554,451	7,146,033	408,418
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) ▶			427,958,543



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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation



SCHEDULE H  
(Form 990)

Department of the  
Treasury  
Internal Revenue  
Service

Hospitals

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

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

OMB No 1545-0047

2015

Open to Public  
Inspection

Name of the organization COMMUNITY HEALTH NETWORK INC	Employer identification number 35-0983617
--	--

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 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 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 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)		4,609	4,341,539		4,341,539	0 500 %
b Medicaid (from Worksheet 3, column a)		88,379	164,741,601	153,703,316	11,038,285	1 290 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		92,988	169,083,140	153,703,316	15,379,824	1 790 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	20	2	17,076,357	508,620	16,567,737	1 930 %
f Health professions education (from Worksheet 5)	10		20,513,533	5,226,934	15,286,599	1 780 %
g Subsidized health services (from Worksheet 6)	2		7,170,413	688,790	6,481,623	0 760 %
h Research (from Worksheet 7)	2		2,097,518	245,897	1,851,621	0 220 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	39		247,995		247,995	0 030 %
j Total. Other Benefits	73	2	47,105,816	6,670,241	40,435,575	4 720 %
k Total. Add lines 7d and 7j	73	92,990	216,188,956	160,373,557	55,815,399	6 510 %

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						
2Economic development	1		66,110		66,110	0.010 %
3Community support						
4Environmental improvements						
5Leadership development and training for community members	2		100,602	46,027	54,575	0.010 %
6Coalition building	1	6	99		99	
7Community health improvement advocacy	5	12	5,625,531	687,928	4,937,603	0.570 %
8Workforce development	1		1,733,528	54,270	1,679,258	0.200 %
9Other						
10Total	10	18	7,525,870	788,225	6,737,645	0.790 %

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? . . . . .

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

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. . . . .

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

117,290,164

312,504,009

Section B. Medicare

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

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

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

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

5186,429,551

6198,353,362

7-11,923,811

Section C. Collection Practices

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

9bIf "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 . . . . .

9aYes

9bYes

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 %
1COMMUNITY IMAGING	PROVIDE MEDICAL IMAGING SERVICES	50.000 %		50.000 %
2EAST CAMPUS SURG CTR	PROVIDE OUTPATIENT SURGERY SERVICES	51.000 %		49.000 %
3HAMILTON SURGERY CTR	PROVIDE OUTPATIENT SURGERY SERVICES	11.000 %		49.000 %
4INDPLS ENDOSCOPY CTR	PROVIDE MEDICAL SERVICES	19.000 %		49.000 %
5NORTHPOINT PEDIATRIC	PROVIDE PHYSICIANS SERVICES	51.000 %		49.000 %
6SOUTH CAMPUS SURG CT	PROVIDE OUTPATIENT SURGERY SERVICES	6.000 %		45.000 %
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?  
**3**

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)

Name of hospital facility or letter of facility reporting group

A

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

123

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> 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? .....	<b>1</b>	No
<b>2</b> 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 .....	<b>2</b>	No
<b>3</b> 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) <b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility <b>b</b> <input type="checkbox"/> Demographics of the community <b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community <b>d</b> <input type="checkbox"/> How data was obtained <b>e</b> <input type="checkbox"/> The significant health needs of the community <b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups <b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs <b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests <b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs <b>j</b> <input type="checkbox"/> Other (describe in Section C)	<b>3</b>	Yes
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
<b>5</b> 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 .....	<b>5</b>	Yes
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	<b>6a</b>	Yes
<b>b</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 .....	<b>6b</b>	Yes
<b>7</b> 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) <b>a</b> <input type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u> <b>b</b> <input type="checkbox"/> Other website (list url) <u>SEE PART V, SECTION C</u> <b>c</b> <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility <b>d</b> <input type="checkbox"/> Other (describe in Section C)	<b>7</b>	Yes
<b>8</b> 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 . . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	<b>10</b>	No
<b>a</b> If "Yes" (list url) _____		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	<b>10b</b>	Yes
<b>11</b> 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		
<b>12a</b> 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)? .....	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

		A	
Name of hospital facility or letter of facility reporting group			
		Yes	No
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 type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input 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? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input type="checkbox"/> The FAP was widely available on a website (list url) ECOMMUNITYCOMSFINANCIALASSISTANCE		
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 type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	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 type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group

		Yes	No	
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19	Yes	
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 19 (check all that apply)			
a	<input type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input 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			
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	21	Yes	
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)			
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 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	23		No
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	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

**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? **67**

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	



**Part VI Supplemental Information**

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 6A - RELATED ORGANIZATION INFORMATION	A COMMUNITY BENEFIT REPORT IS COMPLETED FOR THE COMMUNITY HEALTH NETWORK INCLUDING COMMUNITY HEALTH NETWORK, INC AND OTHER TAX-EXEMPT AFFILIATES OF THE NETWORK

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	A COST TO CHARGE RATIO WAS UTILIZED TO DETERMINE COSTS FOR LINES A THROUGH C IN THE TABLE THE COST TO CHARGE RATIO WAS DERIVED FROM WORKSHEET 2 LINES E THROUGH I OF THE TABLE ARE BASED ON ACTUAL INCURRED EXPENSES PART II COMMUNITY BUILDING ACTIVITIES SEE ATTACHED IRS SCHEDULE H SUPPLEMENTAL INFORMATION REPORT

Form and Line Reference	Explanation						
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	<p>THE COST TO CHARGE RATIO UTILIZED FOR PURPOSES OF REPORTING BAD DEBT COSTS WAS DERIVED FROM WORKSHEET 2 AND IS BASED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS. PART III, LINE 3 - BAD DEBT EXPENSE, PATIENTS ELIGIBLE FOR ASSISTANCE. THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY WAS CALCULATED UTILIZING THE HISTORICAL LEVEL OF PATIENTS THAT WERE DETERMINED AS ELIGIBLE FOR FINANCIAL ASSISTANCE BASED ON A PRESUMPTIVE ELIGIBILITY PROCESS AND APPLYING THIS RATIO TO THE REPORTED BAD DEBT EXPENSE ON THE FINANCIAL STATEMENTS. PART III, LINE 4 - BAD DEBT EXPENSE EXPLANATION. THE AUDITED FINANCIAL STATEMENTS CONTAIN THE FOLLOWING TEXT WITHIN THE FOOTNOTES TO DESCRIBE BAD DEBT EXPENSE: THE NETWORK'S PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND CONTRACTUAL ADJUSTMENTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE NETWORK ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS AND PROVISION FOR BAD DEBTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD PARTY COVERAGE, THE NETWORK ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, INCLUDING PATIENT DEDUCTIBLES AND CO-INSURANCE, THE NETWORK RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES 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) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS ADJUSTED THROUGH THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. CERTAIN ACCOUNTS THAT ARE SENT TO COLLECTION COMPANIES REMAIN AS ACCOUNTS RECEIVABLE ON THE BALANCE SHEET. THESE ACCOUNTS ARE NOT WRITTEN OFF UNLESS RETURNED FROM THE COLLECTION COMPANY. HOWEVER, THEY ARE FULLY RESERVED WITHIN THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE NETWORK RECOGNIZES PATIENT SERVICE REVENUE ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY PAYOR COVERAGE ON THE BASIS OF CONTRACTUAL RATES FOR THE SERVICES RENDERED. FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE NETWORK RECOGNIZES REVENUE ON THE BASIS OF ITS STANDARD RATES FOR SERVICES PROVIDED OR ON THE BASIS OF DISCOUNTED RATES IF IN ACCORDANCE WITH POLICY. ON THE BASIS OF HISTORICAL EXPERIENCE, A PORTION OF THE NETWORK'S UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED. THUS, THE NETWORK RECORDS A PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED. PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS RECOGNIZED IN THE PERIOD FROM THESE MAJOR PAYOR SOURCES, IS AS FOLLOWS FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, RESPECTIVELY:</p> <table border="0"> <tr> <td>THIRD PARTY PAYORS SELF-PAY TOTAL</td> <td></td> </tr> <tr> <td>ALL PAYORS 2015 PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS)</td> <td>1,985,324 118,573 2,103,897</td> </tr> <tr> <td>2014 PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS)</td> <td>1,846,217 142,537 1,988,754</td> </tr> </table> <p>THE NETWORK MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES. THE NETWORK PROVIDES 100% CHARITY CARE TO PATIENTS WHOSE INCOME LEVEL IS BELOW 200% OF THE FEDERAL POVERTY LEVEL. PATIENTS WITH INCOME LEVELS RANGING FROM 200% - 300% OF THE CURRENT YEAR'S FEDERAL POVERTY LEVEL WILL QUALIFY FOR PARTIAL ASSISTANCE DETERMINED BY A SLIDING SCALE. THE NETWORK USES COST AS THE MEASUREMENT BASIS FOR CHARITY CARE DISCLOSURE PURPOSES WITH THE COST BEING IDENTIFIED AS THE DIRECT AND INDIRECT COSTS OF PROVIDING THE CHARITY CARE. CHARITY CARE AT COST WAS 10,566,000 AND 15,657,000 FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, RESPECTIVELY. CHARITY CARE COST WAS ESTIMATED ON THE APPLICATION OF THE ASSOCIATED COST-TO-CHARGE RATIOS. THE DECREASE IN CHARITY CARE IS THE RESULT OF MORE PATIENTS BEING COVERED UNDER HEALTH EXCHANGE PROGRAMS MANDATED BY THE AFFORDABLE HEALTH CARE ACT AND THE HEALTHY INDIANA PLAN. 20 BEGINNING JUNE 2012, THE STATE OF INDIANA OFFERED VOLUNTARY PARTICIPATION IN THE STATE OF INDIANA'S HOSPITAL ASSESSMENT FEE ("HAF") PROGRAM. THE STATE OF INDIANA IMPLEMENTED THIS PROGRAM TO UTILIZE SUPPLEMENTAL REIMBURSEMENT PROGRAMS FOR THE PURPOSE OF PROVIDING REIMBURSEMENT TO PROVIDERS TO OFFSET A PORTION OF THE COST OF PROVIDING CARE TO MEDICAID AND INDIGENT PATIENTS. THIS PROGRAM IS DESIGNED WITH INPUT FROM CENTERS FOR MEDICARE AND MEDICAID SERVICES AND IS FUNDED WITH A COMBINATION OF STATE AND FEDERAL RESOURCES, INCLUDING FEES OR TAXES LEVIED ON THE PROVIDERS. THE NETWORK RECOGNIZES REVENUES AND RELATED FEES ASSOCIATED WITH THE HAF PROGRAM IN THE PERIOD IN WHICH</p>	THIRD PARTY PAYORS SELF-PAY TOTAL		ALL PAYORS 2015 PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS)	1,985,324 118,573 2,103,897	2014 PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS)	1,846,217 142,537 1,988,754
THIRD PARTY PAYORS SELF-PAY TOTAL							
ALL PAYORS 2015 PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS)	1,985,324 118,573 2,103,897						
2014 PATIENT SERVICE REVENUE (NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS)	1,846,217 142,537 1,988,754						

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	<p>AMOUNTS ARE ESTIMABLE AND COLLECTION OR PAYMENT IS REASONABLY ASSURED REIMBURSEMENT UNDER THE PROGRAM IS REFLECTED WITHIN NET PATIENT SERVICE REVENUE AND THE FEES PAID FOR PARTICIPATION IN THE HAF PROGRAM ARE RECORDED IN SUPPLIES AND OTHER EXPENSES WITHIN THE CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS THE FEES AND REIMBURSEMENTS ARE SETTLED MONTHLY REVENUE RECOGNIZED RELATED TO THE HAF PROGRAM WAS 71,953,000 AND 85,581,000 FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, RESPECTIVELY EXPENSE FOR FEES RELATED TO THE HAF PROGRAM WAS 41,044,000 AND 48,683,000 FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, RESPECTIVELY THE HAF PROGRAM RUNS ON AN ANNUAL CYCLE FROM JULY 1 TO JUNE 30 AND IS EFFECTIVE UNTIL JUNE 30, 2017 THE CONSOLIDATED BALANCE SHEET AT DECEMBER 31, 2015 INCLUDES LESS THAN ONE MONTH OF HAF ACTIVITY, OR 4,202,000 AND 7,658,000 IN ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS RECEIVABLE AND PAYABLE, RESPECTIVELY, RELATED TO THE HAF PROGRAM ADJUSTMENTS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS ARE MADE AFTER THE NETWORK HAS ANALYZED HISTORICAL CASH COLLECTIONS AND CONSIDERED THE IMPACT OF ANY KNOWN MATERIAL EVENTS UNCOLLECTIBLE ACCOUNTS ARE WRITTEN-OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AFTER EXHAUSTING COLLECTION EFFORTS ANY SUBSEQUENT RECOVERIES ARE RECORDED AGAINST THE PROVISION FOR BAD DEBTS</p>

Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE EXPLANATION	PER THE 990 INSTRUCTIONS, THE MEDICARE COST REPORT WAS UTILIZED TO DETERMINE THE MEDICARE SHORTFALL HOWEVER, THE MEDICARE COST REPORT IS NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH MEDICARE PROGRAMS SUCH AS PHYSICIAN SERVICES AND SERVICES BILLED VIA FREE STANDING CLINICS FURTHER, THE MEDICARE COST REPORT EXCLUDES REVENUES AND COSTS OF MEDICARE PART C AND D THE MEDICARE SHORTFALL ATTRIBUTED TO THOSE AREAS NOT INCLUDED ON THE MEDICARE COST REPORT IS 24,223,904 AS SUCH, THE TOTAL MEDICARE SHORTFALL FOR ALL MEDICARE PROGRAMS IS 36,217,599 MEDICARE SHORTFALLS SHOULD BE CONSIDERED AS COMMUNITY BENEFIT BECAUSE MEDICARE REPRESENTS 40 53% OF THE OVERALL PAYER MIX FOR COMMUNITY HEALTH NETWORK, INC

Form and Line Reference	Explanation
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	SEE ATTACHED FINANCIAL ASSISTANCE POLICY

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	PART VI, ITEMS 2 THROUGH 5 ARE DISCUSSED WITHIN THE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT FOR A COPY OF THIS REPORT, PLEASE CONTACT HOLLY MILLARD AT (317) 355-5860 PART VI, ITEM 6 - AFFILIATED HEALTH CARE SYSTEM COMMUNITY HEALTH NETWORK, INC ("CHNW") IS PART OF AN AFFILIATED HEALTH CARE SYSTEM SEE THE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT FOR HOW CHNW IS INVOLVED IN PROMOTING THE HEALTH OF THE COMMUNITY IT SERVES PART VI, ITEM 7 - STATE FILING OF COMMUNITY BENEFIT REPORT INDIANA

**Schedule H (Form 990) 2015**



Additional Data

Software ID:  
Software Version:  
EIN: 35-0983617  
Name: COMMUNITY HEALTH NETWORK INC

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

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?  
3

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	COMMUNITY HOSPITAL NORTH 7150 CLEARVISTA DRIVE INDIANAPOLIS,IN 46256 WWW.ECOMMUNITY.COM 15-011437-1	X	X		X			X			A
2	INDIANA HEART HOSPITAL LLC 8075 N SHADELAND AVENUE SUITE 33 INDIANAPOLIS,IN 46250 WWW.ECOMMUNITY.COM 15-03312-1	X	X		X			X			A
3	COMMUNITY HOSPITAL EAST 1500 NORTH RITTER AVENUE INDIANAPOLIS,IN 46219 WWW.ECOMMUNITY.COM 15-005068-1	X	X		X			X			A

**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
GROUP A, FACILITY 1, COMMUNITY HOSPITAL NORTH - PART V, LINE 5	SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT FOR PERSONS CONSULTED AND HOW INPUT FROM THESE PERSONS WAS TAKEN INTO ACCOUNT

**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
GROUP A, FACILITY 1, COMMUNITY HOSPITAL NORTH - PART V, LINE 6A	THE CHNA FOR COMMUNITY HOSPITAL NORTH WAS A JOINT PROCESS AMONG ALL OF THE COMMUNITY HEALTH NETWORK HOSPITALS WHICH INCLUDES COMMUNITY HEALTH NETWORK, INC (NORTH, EAST, & INDIANA HEART HOSPITAL, LLC), COMMUNITY HOSPITAL SOUTH, INC , COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC , COMMUNITY HOWARD REGIONAL HEALTH, INC , AND INDIANAPOLIS OSTEOPATHIC HOSPITAL, INC IN ADDITION, THE HOSPITAL COLLABORATED WITH FRANCISCAN ST FRANCIS HEALTH, IU HEALTH UNIVERSITY HOSPITAL, AND ST VINCENT HOSPITAL

**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
GROUP A, FACILITY 1, COMMUNITY HOSPITAL NORTH - PART V, LINE 6B	HEALTHY COMMUNITIES INSTITUTE

**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
GROUP A, FACILITY 1, COMMUNITY HOSPITAL NORTH - PART V, LINE 7D	HTTP //WEBAPP ECOMMUNITY COM/ABOUTUS/ GROUP A, FACILITY 1, COMMUNITY HOSPITAL NORTH - PART V, LINE 7B WWW COMMUNITYANDERSON COM/ABOUTUS/COMMUNITYNEEDSASSESSMENT ASP GROUP A, FACILITY 1, COMMUNITY HOSPITAL NORTH - PART V, LINE 10A THE IMPLEMENTATION STRATEGY IS IN THE CHNA REPORT FOUND AT WWW ECOMMUNITY COM/ABOUTUS/CARE ASPX

**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
GROUP A, FACILITY 1, COMMUNITY HOSPITAL NORTH - PART V, LINE 11	SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT FOR HOW THE HOSPITAL IS ADDRESSING THE SIGNIFICANT COMMUNITY HEALTH NEEDS

**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
GROUP A, FACILITY 1, COMMUNITY HOSPITAL NORTH - PART V, LINE 16I	THE POLICY IS REFERENCED ON THE BILL

**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
GROUP A, FACILITY 1, COMMUNITY HOSPITAL NORTH - PART V, LINE 22D	THE AMOUNT GENERALLY BILLED ("AGB") TO INSURED PATIENTS FOR EMERGENT OR MEDICALLY NECESSARY CARE IS CALCULATED BY REVIEWING TWELVE MONTH CLOSED CLAIM REIMBURSEMENT RATES FOR MEDICARE AND COMMERCIAL INSURANCE AGB IS UPDATED ANNUALLY PATIENTS WHO ARE UNINSURED AND DO NOT MEET THE INCOME REQUIREMENTS WILL RECEIVE A DISCOUNT OF 60% ON GROSS CHARGES FOR FACILITY SERVICES, BASED ON AGB AND A DISCOUNT OF 25% ON GROSS CHARGES FOR PROFESSIONAL SERVICES FOR MEDICALLY NECESSARY AND EMERGENCY CARE SERVICES THEY RECEIVE



**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
GROUP A, FACILITY 2, INDIANA HEART HOSPITAL, LLC - PART V, LINE 5	SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT FOR PERSONS CONSULTED AND HOW INPUT FROM THESE PERSONS WAS TAKEN INTO ACCOUNT

**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
GROUP A, FACILITY 2, INDIANA HEART HOSPITAL, LLC - PART V, LINE 6A	THE CHNA FOR INDIANA HEART HOSPITAL, LLC WAS A JOINT PROCESS AMONG ALL OF THE COMMUNITY HEALTH NETWORK HOSPITALS WHICH INCLUDES COMMUNITY HEALTH NETWORK, INC (NORTH, EAST, & INDIANA HEART HOSPITAL, LLC), COMMUNITY HOSPITAL SOUTH, INC , COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC , COMMUNITY HOWARD REGIONAL HEALTH, INC , AND INDIANAPOLIS OSTEOPATHIC HOSPITAL, INC IN ADDITION, THE HOSPITAL COLLABORATED WITH FRANCISCAN ST FRANCIS HEALTH, IU HEALTH UNIVERSITY HOSPITAL, AND ST VINCENT HOSPITAL

**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
GROUP A, FACILITY 2, INDIANA HEART HOSPITAL, LLC - PART V, LINE 6B	HEALTHY COMMUNITIES INSTITUTE

**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
GROUP A, FACILITY 2, INDIANA HEART HOSPITAL, LLC - PART V, LINE 7D	HTTP //WEBAPP ECOMMUNITY COM/ABOUTUS/FACILITY 2, INDIANA HEART HOSPITAL, LLC - PART V, LINE 7B WWW COMMUNITYANDERSON COM/ABOUTUS/COMMUNITYNEEDSASSESSMENT ASP FACILITY 2, INDIANA HEART HOSPITAL, LLC - PART V, LINE 10A THE IMPLEMENTATION STRATEGY IS IN THE CHNA REPORT FOUND AT WWW ECOMMUNITY COM/ABOUTUS/CARE ASPX

**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
GROUP A, FACILITY 2, INDIANA HEART HOSPITAL, LLC - PART V, LINE 11	SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT FOR HOW THE HOSPITAL IS ADDRESSING THE SIGNIFICANT COMMUNITY HEALTH NEEDS

**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
GROUP A, FACILITY 2, INDIANA HEART HOSPITAL, LLC - PART V, LINE 16I	THE POLICY IS REFERENCED ON THE BILL

**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
GROUP A, FACILITY 2, INDIANA HEART HOSPITAL, LLC - PART V, LINE 22D	THE AMOUNT GENERALLY BILLED ("AGB") TO INSURED PATIENTS FOR EMERGENT OR MEDICALLY NECESSARY CARE IS CALCULATED BY REVIEWING TWELVE MONTH CLOSED CLAIM REIMBURSEMENT RATES FOR MEDICARE AND COMMERCIAL INSURANCE AGB IS UPDATED ANNUALLY PATIENTS WHO ARE UNINSURED AND DO NOT MEET THE INCOME REQUIREMENTS WILL RECEIVE A DISCOUNT OF 60% ON GROSS CHARGES FOR FACILITY SERVICES, BASED ON AGB AND A DISCOUNT OF 25% ON GROSS CHARGES FOR PROFESSIONAL SERVICES FOR MEDICALLY NECESSARY AND EMERGENCY CARE SERVICES THEY RECEIVE

**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
GROUP A, FACILITY 3, COMMUNITY HOSPITAL EAST - PART V, LINE 5	SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT FOR PERSONS CONSULTED AND HOW INPUT FROM THESE PERSONS WAS TAKEN INTO ACCOUNT



**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
GROUP A, FACILITY 3, COMMUNITY HOSPITAL EAST - PART V, LINE 6A	THE CHNA FOR COMMUNITY HOSPITAL EAST WAS A JOINT PROCESS AMONG ALL OF THE COMMUNITY HEALTH NETWORK HOSPITALS WHICH INCLUDES COMMUNITY HEALTH NETWORK, INC (NORTH, EAST, & INDIANA HEARTH HOSPITAL, LLC), COMMUNITY HOSPITAL SOUTH, INC , COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC , COMMUNITY HOWARD REGIONAL HEALTH, INC , AND INDIANAPOLIS OSTEOPATHIC HOSPITAL, INC IN ADDITION, THE HOSPITAL COLLABORATED WITH FRANCISCAN ST FRANCIS HEALTH, IU HEALTH UNIVERSITY HOSPITAL, AND ST VINCENT HOSPITAL

**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
GROUP A, FACILITY 3, COMMUNITY HOSPITAL EAST - PART V, LINE 6B	HEALTHY COMMUNITIES INSTITUTE

**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
GROUP A, FACILITY 3, COMMUNITY HOSPITAL EAST - PART V, LINE 7D	HTTP //WEBAPP ECOMMUNITY COM/ABOUTUS/ GROUP A, FACILITY 3, COMMUNITY HOSPITAL EAST - PART V, LINE 7B WWW COMMUNITYANDERSON COM/ABOUTUS/COMMUNITYNEEDSASSESSMENT ASP GROUP A, FACILITY 3, COMMUNITY HOSPITAL EAST - PART V, LINE 10A THE IMPLEMENTATION STRATEGY IS IN THE CHNA REPORT FOUND AT WWW ECOMMUNITY COM/ABOUTUS/CARE ASPX

**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
GROUP A, FACILITY 3, COMMUNITY HOSPITAL EAST - PART V, LINE 11	SEE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT FOR HOW THE HOSPITAL IS ADDRESSING THE SIGNIFICANT COMMUNITY HEALTH NEEDS

**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
GROUP A, FACILITY 3, COMMUNITY HOSPITAL EAST - PART V, LINE 16I	THE POLICY IS REFERENCED ON THE BILL

**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
GROUP A, FACILITY 3, COMMUNITY HOSPITAL EAST - PART V, LINE 22D	THE AMOUNT GENERALLY BILLED ("AGB") TO INSURED PATIENTS FOR EMERGENT OR MEDICALLY NECESSARY CARE IS CALCULATED BY REVIEWING TWELVE MONTH CLOSED CLAIM REIMBURSEMENT RATES FOR MEDICARE AND COMMERCIAL INSURANCE AGB IS UPDATED ANNUALLY PATIENTS WHO ARE UNINSURED AND DO NOT MEET THE INCOME REQUIREMENTS WILL RECEIVE A DISCOUNT OF 60% ON GROSS CHARGES FOR FACILITY SERVICES, BASED ON AGB AND A DISCOUNT OF 25% ON GROSS CHARGES FOR PROFESSIONAL SERVICES FOR MEDICALLY NECESSARY AND EMERGENCY CARE SERVICES THEY RECEIVE

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 COMMUNITY REGIONAL CANCER CENTER 1400 N RITTER AVENUE 340 INDIANAPOLIS,IN 46219	HEALTH CARE
1 COMMUNITY IMAGING CENTER NORTH 8181 CLEARVISTA PKWY INDIANAPOLIS,IN 46256	HEALTH CARE
2 COMMUNITY BREAST CARE 8040 CLEARVISTA PKWY 290 INDIANAPOLIS,IN 46256	HEALTH CARE
3 SLEEP WAKE DISORDERS 7250 CLEARVISTA DRIVE 350 INDIANAPOLIS,IN 46256	HEALTH CARE
4 COMMUNITY IMAGING CTR NOBLESVILLE 9669 E 146TH STREET 140 NOBLESVILLE,IN 46060	DIAGNOSTIC CENTER
5 CHE SLEEP WAKE DISORDERS 1400 N RITTER AVENUE 481 INDIANAPOLIS,IN 46219	HEALTH CARE
6 REHAB & SPORTS MEDICINE 2040 N SHADELAND AVENUE INDIANAPOLIS,IN 46219	REHABILITATION
7 MATERNAL FETAL MEDICINE 7120 E CLEARVISTA DRIVE 5900 INDIANAPOLIS,IN 46256	HEALTH CARE
8 COMMUNITY NEUROSURGERY 1400 N RITTER AVENUE 231 INDIANAPOLIS,IN 46219	HEALTH CARE
9 HRC OP THERAPY 8501 E 56TH STREET 140 INDIANAPOLIS,IN 46216	HEALTH CARE
10 REHAB & SPORTS MEDICINE 6922 HILLSDALE COURT INDIANAPOLIS,IN 46250	REHABILITATION
11 FAMILY PRACTICE CENTER 10122 E 10TH STREET 100 INDIANAPOLIS,IN 46229	HEALTH CARE
12 GALLAHUE ADDICTIONS 2040 N SHADELAND AVENUE SUITE 200 INDIANAPOLIS,IN 46219	HEALTH CARE
13 GMHC LAWRENCE OP 6950 HILLSDALE COURT INDIANAPOLIS,IN 46250	HEALTH CARE
14 WARREN OP OFFICE 2040 N SHADELAND AVENUE SUITE 200 INDIANAPOLIS,IN 46219	HEALTH CARE

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)
<b>16</b> MEDCHECK CASTLETON 8177 CLEARVISTA PKWY INDIANAPOLIS,IN 46256	HEALTH CARE
<b>1</b> REHAB & SPORTS MEDICINE 13121 OLIO ROAD 140 FISHERS,IN 46037	REHABILITATION
<b>2</b> GALLAHUE MENTAL HEALTH SERVICES 145 GREEN MEADOWS DRIVE GREENFIELD,IN 46140	HEALTH CARE
<b>3</b> GALLAHUE MENTAL HEALTH SERVICES 2040 N SHADELAND AVENUE SUITE 250 INDIANAPOLIS,IN 46219	HEALTH CARE
<b>4</b> COMMUNITY IMAGING CENTER 11911 N MERIDIAN STREET 175 CARMEL,IN 46032	DIAGNOSTIC CENTER
<b>5</b> GALLAHUE MENTAL HEALTH SERVICES 7 E HENDRICKS STREET SHELBYVILLE,IN 46176	HEALTH CARE
<b>6</b> GALLAHUE MENTAL HEALTH SERVICES 2201 HILLCREST DRIVE ANDERSON,IN 46012	HEALTH CARE
<b>7</b> COMMUNITY SPINE CENTER 7120 E CLEARVISTA DRIVE 1500 INDIANAPOLIS,IN 46256	HEALTH CARE
<b>8</b> COMMUNITY GENERAL SURGEONS 1400 N RITTER AVENUE 330 INDIANAPOLIS,IN 46219	HEALTH CARE
<b>9</b> SLEEP WAKE DISORDERS 11911 N MERIDIAN STREET 140 CARMEL,IN 46032	HEALTH CARE
<b>10</b> MEDCHECK CARMEL 1911 N MERIDIAN STREET 150 CARMEL,IN 46032	HEALTH CARE
<b>11</b> MEDCHECK GREENWOOD 1664 W SMITH VALLEY ROAD SUITE B GREENWOOD,IN 46142	HEALTH CARE
<b>12</b> MEDCHECK EAST 1703 N POST ROAD INDIANAPOLIS,IN 46219	HEALTH CARE
<b>13</b> ORTHOPEDIC SURGEONS OF CENTRAL IN 1400 N RITTER AVENUE 510 INDIANAPOLIS,IN 46219	HEALTH CARE
<b>14</b> COMM OCCUPATIONAL HEALTH CENTER 1709 N POST ROAD INDIANAPOLIS,IN 46219	HEALTH CARE



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)
<b>31</b> DAY THERAPY 6950 HILLSDALE COURT INDIANAPOLIS,IN 46250	HEALTH CARE
<b>1</b> COMMUNITY BARIATRICS SURGEONS 7250 CLEARVISTA SUITE 355 INDIANAPOLIS,IN 46256	HEALTH CARE
<b>2</b> FORGE AHEAD CLUBHOUSE 1640 N RITTER AVENUE INDIANAPOLIS,IN 46201	HEALTH CARE
<b>3</b> OUTPATIENT WORK COMP REHAB 1911 N MERIDIAN STREET 170 CARMEL,IN 46032	HEALTH CARE
<b>4</b> WORK COMP REHAB 1713 N POST ROAD INDIANAPOLIS,IN 46219	REHABILITATION
<b>5</b> WORK COMP REHAB 6922 HILLSDALE COURT INDIANAPOLIS,IN 46250	REHABILITATION
<b>6</b> HRC NEUROPSYCH SERVICES 7250 CLEARVISTA DRIVE 327 INDIANAPOLIS,IN 46256	HEALTH CARE
<b>7</b> HRC NEUROPSYCHOLOGY 8501 E 56TH STREET 140 INDIANAPOLIS,IN 46216	HEALTH CARE
<b>8</b> MEDCHECK ANDERSON 1030 S SCATTERFIELD ROAD ANDERSON,IN 46012	HEALTH CARE
<b>9</b> OCCUPATIONAL HEALTH 8177 CLEARVISTA PKWY INDIANAPOLIS,IN 46256	HEALTH CARE
<b>10</b> SHELBYVILLE GROUP HOME 18 E MECHANIC STREET SHELBYVILLE,IN 46176	HEALTH CARE
<b>11</b> NORTH RIVER CROSS ORTHOPEDICS 18051 RIVER ROAD NOBLESVILLE,IN 46062	HEALTH CARE
<b>12</b> COMMUNITY SLEEP SPECIALISTS 7250 CLEARVISTA DRIVE 330 INDIANAPOLIS,IN 46256	HEALTH CARE
<b>13</b> GREENFIELD OCCUPATIONAL HEALTH 124 W MUSKEGAN DRIVE GREENFIELD,IN 46140	HEALTH CARE
<b>14</b> WOMEN'S & CHILDREN'S CARE CENTER 2040 N SHADELAND AVENUE SUITE 300 INDIANAPOLIS,IN 46219	HEALTH CARE

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)
<b>46</b> OLIO ROAD IMAGING CENTER 13121 OLIO ROAD 110 FISHERS,IN 46037	DIAGNOSTIC CENTER
<b>1</b> REHAB & SPORTS MEDICINE 10122 E 10TH STREET 225 INDIANAPOLIS,IN 46229	REHABILITATION
<b>2</b> YOUTH DAY PROGRAM 6950 HILLSDALE COURT INDIANAPOLIS,IN 46250	HEALTH CARE
<b>3</b> COMM REPRODUCTIVE ENDOCRINOLOGY 7250 CLEARVISTA DRIVE SUITE 365 INDIANAPOLIS,IN 46256	HEALTH CARE
<b>4</b> ASSISTED FERTILITY 8040 CLEARVISTA PKWY 510 INDIANAPOLIS,IN 46256	HEALTH CARE
<b>5</b> OCCUPATIONAL HEALTH 1030 S SCATTERFIELD ROAD ANDERSON,IN 46012	HEALTH CARE
<b>6</b> REHAB & SPORTS MEDICINE 11911 N MERIDIAN STREET 170 CARMEL,IN 46032	REHABILITATION
<b>7</b> REHAB & SPORTS MEDICINE 740 W GREEN MEADOWS DRIVE 120 GREENFIELD,IN 46140	REHABILITATION
<b>8</b> COMMUNITY IMAGING CENTER 740 W GREEN MEADOWS DRIVE 120 GREENFIELD,IN 46140	DIAGNOSTIC CENTER
<b>9</b> EVENING THERAPY 6950 HILLSDALE COURT INDIANAPOLIS,IN 46250	HEALTH CARE
<b>10</b> COMMUNITY SLEEP SPECIALISTS 1400 N RITTER AVENUE SUITE 410 INDIANAPOLIS,IN 46219	HEALTH CARE
<b>11</b> MEDCHECK EXPRESS FISHERS 8300 E 96TH STREET FISHERS,IN 46038	HEALTH CARE
<b>12</b> MEDCHECK EXPRESS NOBLESVILLE 16865 CLOVER ROAD NOBLESVILLE,IN 46060	HEALTH CARE
<b>13</b> CHN BARIATRIC SERVICES 7250 CLEARVISTA DRIVE 355 INDIANAPOLIS,IN 46256	HEALTH CARE
<b>14</b> MEDCHECK EXPRESS INDIANAPOLIS 10617 E WASHINGTON STREET INDIANAPOLIS,IN 46229	HEALTH CARE

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)
<b>61</b> LIFECHECK 7250 CLEARVISTA DRIVE 227 INDIANAPOLIS,IN 46256	HEALTH CARE
<b>1</b> BEHAVIORAL MEDICINE 6950 HILLSDALE COURT INDIANAPOLIS,IN 46250	HEALTH CARE
<b>2</b> GMHC OUTPATIENT ADDICTION TREATMENT 145 GREEN MEADOWS DRIVE GREENFIELD,IN 46140	HEALTH CARE
<b>3</b> MEDCHECK NOBLESVILLE 9669 E 146TH STREET 100 NOBLESVILLE,IN 46060	HEALTH CARE
<b>4</b> HOOK REHAB SILP HOME 9716 E 16TH STREET INDIANAPOLIS,IN 46229	REHABILITATION
<b>5</b> BREAST HEALTH NAVIGATORS 1550 E COUNTY LINE ROAD 325 INDIANAPOLIS,IN 46227	HEALTH CARE
<b>6</b> GMHC HANCOCK INTENSIVE ADDICTION TR 145 GREEN MEADOWS DRIVE GREENFIELD,IN 46140	HEALTH CARE

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
COMMUNITY HEALTH NETWORK INC

Employer identification number  
35-0983617

Part I Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
<b>2</b> 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?		
<b>3</b> 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><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment?		No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization?	Yes	
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No
<b>7</b> For persons listed on 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	Yes	
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
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 III	<p>PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN BRYAN A. MILLS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. DURING 2015, MR. MILLS DID NOT RECEIVE A PAYMENT FROM SUCH PLAN. PART I, LINE 5A - COMPENSATION CONTINGENT UPON REVENUES OF ORGANIZATION DR. FRANK COVINGTON WAS ELIGIBLE TO PARTICIPATE IN CHNW'S INCENTIVE COMPENSATION PLAN. CHNW DEVELOPED ITS COMPENSATION PLAN IN CONJUNCTION WITH AN INDEPENDENT COMPENSATION CONSULTANT. IN ADDITION, THE PLAN WAS APPROVED BY THE NETWORK EXECUTIVE COMPENSATION COMMITTEE, COMPOSED OF INDEPENDENT OUTSIDE DIRECTORS. IN ADOPTING ITS INCENTIVE BASED COMPENSATION PLAN, CHNW (TOGETHER WITH ITS INDEPENDENT COMPENSATION CONSULTANT, ITS EXTERNAL LEGAL COUNSEL, AND THE NETWORK EXECUTIVE COMPENSATION COMMITTEE) CONSIDERED AND APPLIED THE PROVISIONS OF CODE SECTION 4958 AND THE CORRESPONDING TREASURY REGULATIONS TO ENSURE THAT ITS COMPENSATION DECISIONS REFLECT ARMS LENGTH, FAIR MARKET TERMS. PART I, LINE 7 - NON-FIXED PAYMENTS PROVIDED COMMUNITY HEALTH NETWORK, INC., PARTICIPATES IN THE NETWORK'S SENIOR LEADERSHIP INCENTIVE PROGRAM. CERTAIN INDIVIDUALS OF THE LEADERSHIP TEAM PARTICIPATE IN THIS PROGRAM. THE PROGRAM WAS ADOPTED BY THE EXECUTIVE COMPENSATION COMMITTEE, AND IS INTENDED TO INFLUENCE OUTSTANDING PERFORMANCE BY THE SENIOR LEADERS, AS MEASURED AGAINST BOTH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE. THE PROGRAM IS REVIEWED ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE, WHICH IS COMPOSED ENTIRELY OF INDEPENDENT COMMUNITY MEMBERS. THE INCENTIVE COMPENSATION THAT IS AWARDED IS INCLUDED IN TOTAL COMPENSATION TO THE EXECUTIVE. THE TOTAL COMPENSATION (INCLUDING ANY PAYMENTS UNDER THE PROGRAM) IS SUBJECT TO THE REVIEW AND APPROVAL OF THE EXECUTIVE COMPENSATION COMMITTEE AND INDEPENDENT COMPENSATION CONSULTANT, IN CONSIDERATION OF CODE SECTION 4958 (AND THE CORRESPONDING TREASURY REGULATIONS) TO ENSURE THAT IT REFLECTS ARMS LENGTH, FAIR MARKET TERMS.</p>

Additional Data

Software ID:  
Software Version:  
EIN: 35-0983617  
Name: COMMUNITY HEALTH NETWORK 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1BRYAN A MILLS DIRECTOR/PRES & CEO	(i)	901,429	263,340	20,367	100,308	27,019	1,312,463	263,340
	(ii)	-----	-----	-----	-----	-	-	-----
1HANY HADDAD MD DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	504,201	-----	19,071	15,900	-	-	-----
2KENNETH SHAVER MD DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	194,445	8,983	70,878	32,916	-	-	8,983
3TIMOTHY HOBBS MD EVP CHIEF PHYSICIAN	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	530,600	104,500	20,367	100,150	19,799	775,416	104,500
4JASON FAHRLANDER EVP ACUTE CARE SRV	(i)	450,769	165,300	2,260	70,246	26,927	715,502	165,300
	(ii)	-----	-----	-----	-----	-	-	-----
5KYLE FISHER EVP STRTGY & INNOVTN	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	419,253	161,500	2,087	79,750	-	-	161,500
6JOSEPH M KESSLER EVP CHIEF FIN OFFR	(i)	490,846	70,274	2,367	72,000	27,951	663,438	70,274
	(ii)	-----	-----	-----	-----	-	-	-----
7SCOTT TEFFETELLER PRES EAST REGION	(i)	390,600	76,000	1,966	63,350	26,624	558,540	76,000
	(ii)	-----	-----	-----	-----	-	-	-----
8ANTHONY JAVORKA EVP PRES AMBULATORY	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	357,235	104,878	1,809	59,765	-	-	104,878
9RONALD THIEME EVP CHF KNOWLDG/INFO	(i)	342,336	116,124	1,668	41,015	26,301	527,444	-----
	(ii)	-----	-----	-----	-----	-	-	-----
10KATHLEEN KRUSIE PRES NORTH REGION	(i)	141,499	85,000	206	17,758	4,881	249,344	-----
	(ii)	-----	-----	-----	-----	-	-	-----
11FRANK COVINGTON MD MEDICAL DIRECTOR	(i)	468,091	70,110	215,184	51,022	11,275	815,682	70,110
	(ii)	-----	-----	-----	-----	-	-	-----
12DAVID WILLIAMS DO PRES WEST REGION	(i)	403,505	161,500	19,858	66,150	17,476	668,489	161,500
	(ii)	-----	-----	-----	-----	-	-	-----
13WESLEY WONG MD CHIEF PHY INTEGRTN	(i)	425,303	122,550	1,740	73,590	19,953	643,136	122,550
	(ii)	-----	-----	-----	-----	-	-	-----
14KAREN ANN LLOYD EVP GENERAL COUNSEL	(i)	385,037	144,400	2,280	116,847	15,759	664,323	-----
	(ii)	-----	-----	-----	-----	-	-	-----
15ANTHONY LENNEN PRES SOUTH REGION	(i)	391,365	118,275	20,135	71,670	16,832	618,277	118,275
	(ii)	-----	-----	-----	-----	-	-	-----
16HOLLY A MILLARD FORMER INTERIM CFO	(i)	277,774	109,019	1,589	56,923	16,339	461,644	109,019
	(ii)	-----	-----	-----	-----	-	-	-----
17JEFFERY KIRKHAM FORMER KEY EMPLOYEE	(i)	293,408	85,500	1,479	100,012	26,301	506,700	85,500
	(ii)	-----	-----	-----	-----	-	-	-----

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493320039336

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
COMMUNITY HEALTH NETWORK INC

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number  
35-0983617

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 INDIANA FINANCE AUTHORITY	35-1602316	45471AAM4	06-30-2009	100,000,000	SOUTH HOSP EXPANSION		X		X		X
B INDIANA FINANCE AUTHORITY	35-1602316	45471AKA9	11-27-2012	404,346,943	SEE PART VI		X		X		X
C INDIANA FINANCE AUTHORITY	35-1602316		11-27-2012	74,250,000	SEE PART VI		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired . . . . .	64,420,000		16,150,000		5,005,000					
2	Amount of bonds legally defeased . . . . .										
3	Total proceeds of issue . . . . .	100,013,940		404,722,600		74,250,000					
4	Gross proceeds in reserve funds . . . . .										
5	Capitalized interest from proceeds . . . . .										
6	Proceeds in refunding escrows . . . . .										
7	Issuance costs from proceeds . . . . .	842,000		4,254,900		270,000					
8	Credit enhancement from proceeds . . . . .	499,875									
9	Working capital expenditures from proceeds . . . . .										
10	Capital expenditures from proceeds . . . . .	98,672,065		63,063,065							
11	Other spent proceeds . . . . .			250,092,043		73,980,000					
12	Other unspent proceeds . . . . .			87,312,592							
13	Year of substantial completion . . . . .	2010									
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue? . . . . .		X	X		X					
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X	X			X				
16	Has the final allocation of proceeds been made? . . . . .	X			X	X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		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		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		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		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		X			
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		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?	X		X		X			
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 . . . . .▶	0 590 %		0 570 %		0 780 %			
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 . . . . .	0 590 %		0 570 %		0 780 %			
7	Does the bond issue meet the private security or payment test? . . . .	X		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		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?. . . . .								
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		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		X		
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X	X			X		
b	Exception to rebate? . . . . .	X			X	X			
c	No rebate due? . . . . .		X		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	X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

Part IV Arbitrage (Continued)

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

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

Return Reference	Explanation
SCHEDULE K - PURPOSE OF ISSUE DESCRIPTION	INDIANA FINANCE AUTHORITY PART I, LINE B, COLUMN (F) ADVANCE REFUND THE INDIANA HEALTH FACILITY FINANCING AUTHORITY HOSPITAL REVENUE BONDS, SERIES 2005A (COMMUNITY HEALTH NETWORK PROJECT) ISSUED ON MAY 4, 2005, CURRENTLY REFUND THE HOSPITAL AUTHORITY OF MADISON COUNTY HOSPITAL REVENUE REFUNDING BONDS, SERIES 1988A (COMMUNITY HOSPITAL OF ANDERSON PROJECT) ISSUED ON APRIL 21, 1988, CURRENTLY REFUND THE INDIANA HEALTH FACILITY FINANCING AUTHORITY HOSPITAL REVENUE BONDS, SERIES 1992 (COMMUNITY HOSPITALS PROJECT) ISSUED ON JANUARY 14, 1992, CURRENTLY REFUND THE INDIANA HEALTH FACILITY FINANCING AUTHORITY HOSPITAL REVENUE BONDS, SERIES 1993 (COMMUNITY HOSPITAL OF ANDERSON PROJECT) ISSUED ON JUNE 16, 1993, CURRENTLY REFUND THE INDIANA HEALTH FACILITY FINANCING AUTHORITY HOSPITAL REVENUE REFUNDING AND IMPROVEMENT BONDS, SERIES 1995 (COMMUNITY HOSPITALS PROJECT) ISSUED ON JANUARY 4, 1996, CURRENTLY REFUND THE INDIANA HEALTH FACILITY FINANCING AUTHORITY ADJUSTABLE RATE HOSPITAL REVENUE BONDS, SERIES 1997A (COMMUNITY HOSPITALS PROJECT) ISSUED ON AUGUST 7, 1997, CURRENTLY REFUND THE INDIANA HEALTH FACILITY FINANCING AUTHORITY ADJUSTABLE RATE HOSPITAL REVENUE BONDS, SERIES 1997B (COMMUNITY HOSPITALS PROJECT) ISSUED ON AUGUST 7, 1997, CURRENTLY REFUND THE INDIANA HEALTH FACILITY FINANCING AUTHORITY ADJUSTABLE RATE HOSPITAL REVENUE BONDS, SERIES 2005C (COMMUNITY HEALTH NETWORK PROJECT) ON MAY 4, 2005 AND CONSTRUCTION OF A CANCER CENTER AT SOUTH AND NORTH, RENOVATION OF THE EMERGENCY DEPARTMENT AT EAST AND THE CONSTRUCTION OF TWO HYBRID OPERATING SUITES AT COMMUNITY HEART AND VASCULAR HOSPITAL INDIANA FINANCE AUTHORITY PART I, LINE C, COLUMN (F) CURRENT REFUNDING OF THE INDIANA HEALTH FACILITY FINANCING AUTHORITY ADJUSTABLE RATE HOSPITAL REVENUE BONDS, SERIES 2005B (COMMUNITY HEALTH NETWORK PROJECT) ISSUED ON MAY 4, 2005 AND CURRENT REFUNDING OF THE INDIANA FINANCE AUTHORITY ADJUSTABLE RATE HOSPITAL REVENUE BONDS, SERIES 2009B (COMMUNITY HEALTH NETWORK PROJECT) ISSUED ON JUNE 30, 2009

Return Reference	Explanation
SCHEDULE K - ADDITIONAL INFORMATION	INDIANA FINANCE AUTHORITY PART II, LINE 3, COLUMN A - DIFFERENCES IN ISSUE PRICE EXPLANATION ISSUE PRICE 100,000,000 INTEREST EARNED 13,940
	INDIANA FINANCE AUTHORITY PART II, LINE 3, COLUMN B - DIFFERENCES IN ISSUE PRICE EXPLANATION ISSUE PRICE 404,346,943 INTEREST EARNED 375,658 THE HIGHER AMOUNT OF INVESTMENT EARNINGS ACCOUNTED FOR IN PRIOR YEARS WAS DUE TO THE FACT THAT ESCROW EARNINGS WERE INCLUDED THE ESCROW TERMINATED ON MAY 1, 2015 AND THEREFORE, ESCROW EARNINGS ARE NO LONGER INCLUDED PART III, LINE 7 COLUMNS A, B, AND C - THE BONDS ARE NOT PRIVATE ACTIVITY BONDS BECAUSE THEY DO NOT MEET THE PRIVATE BUSINESS USE TEST PART IV, LINE 2C COLUMN A - DATE REBATE COMPUTATION PERFORMED THE 2009A BONDS AND THE 2009B BONDS MET THE 18 MONTH SPENDING EXCEPTION AS OF 12/30/10 PART IV, LINE 2C COLUMN C - DATE REBATE COMPUTATION PERFORMED THE 2012B BONDS MET THE 6 MONTH SPENDING EXCEPTION AS OF 12/31/12

**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](http://www.irs.gov/form990).

**2015**

**Open to Public  
Inspection**

Name of the organization  
COMMUNITY HEALTH NETWORK INC

**Employer identification number**

35-0983617

**Return  
Reference**

**Explanation**

FORM 990 -  
ORGANIZATION'S  
MISSION

COMMUNITY HEALTH NETWORK, INC ("CHNW") IS A 501(C)(3) CORPORATION SERVING THE HEALTH RELATED NEEDS OF THE CITIZENS OF THE INDIANAPOLIS METROPOLITAN AREA AND CENTRAL INDIANA CHNW OPERATES THREE GENERAL ACUTE CARE HOSPITALS AND PROVIDES INPATIENT, OUTPATIENT, EMERGENCY AND AMBULATORY HEALTH CARE SERVICES TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY CHNW'S MISSION IS TO A) PROMOTE THE HEALTH OF THE RESIDENTS OF CENTRAL INDIANA BY PROMOTING, SUPPORTING AND FURTHERING THE CHARITABLE PURPOSES OF COMMUNITY HOSPITAL SOUTH, INC, COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC, COMMUNITY LTC, INC, AND COMMUNITY HOME HEALTH SERVICES, INC (COLLECTIVELY, THE "SUPPORTED ORGANIZATIONS"), AND THEIR RESPECTIVE SUBSIDIARIES AND AFFILIATES, TO CONSIDER, COORDINATE, AND FACILITATE THE ALIGNMENT OF INITIATIVES WITHIN THE COMMUNITY HEALTH NETWORK ("NETWORK") B) SERVE AS THE PARENT OF THE NETWORK, AN INTEGRATED DELIVERY SYSTEM, AND EXERCISE COMMON SUPERVISION AND CONTROL OVER THE NETWORK BY INTEGRATING, COORDINATING, AND MANAGING THE DELIVERY OF CAPITAL, RESOURCES, AND SERVICES THROUGHOUT THE NETWORK IN FURTHERANCE OF ITS ROLE AS THE PARENT, THE CORPORATION WILL BE RESPONSIBLE FOR CARRYING OUT A NUMBER OF SIGNIFICANT MANAGEMENT, GOVERNANCE, AND OPERATIONAL FUNCTIONS ON BEHALF OF THE ENTIRE NETWORK, THE SUPPORTED ORGANIZATIONS, AND THEIR RESPECTIVE SUBSIDIARIES AND AFFILIATES

Return Reference	Explanation
FORM 990	FORM 990, PART I, LINE 4 - INDEPENDENT VOTING MEMBERS THE BOARD OF DIRECTORS FOR CHNW IS ALSO THE BOARD OF DIRECTORS FOR THE FOLLOWING ORGANIZATIONS COMMUNITY HOME HEALTH SERVICES, INC , COMMUNITY HOSPITAL SOUTH, INC , HEALTH INSTITUTE OF INDIANA, INC , AND INDIANAPOLIS OSTEOPATHIC HOSPITAL, INC WITH REGARD TO EXECUTIVE COMPENSATION, CHNW REVIEWS AND APPROVES EXECUTIVE COMPENSATION THROUGH THE DELIBERATIONS OF THE NETWORK EXECUTIVE COMPENSATION COMMITTEE COMPOSED OF INDEPENDENT OUTSIDE DIRECTORS LIKEWISE, CHNW REVIEWS AND MANAGES CONFLICT OF INTEREST TRANSACTIONS THROUGH THE DELIBERATIONS OF A NETWORK AUDIT COMMITTEE COMPOSED OF INDEPENDENT OUTSIDE DIRECTORS FORM 990, PART I, LINE 5 - NUMBER OF EMPLOYEES AS OF JANUARY 1, 2012, CHNW BECAME THE EMPLOYER FOR VARIOUS RELATED ENTITIES THE TOTAL EMPLOYEES REPORTED ON FORM W-3, TRANSMITTAL OF WAGE AND TAX STATEMENTS FILED FOR 2015 WAS 14,784

Return Reference	Explanation
FORM 990, PART V	FORM 990, PART V, LINE 1A - NUMBER REPORTED IN BOX 3 OF FORM 1096 CHNW FILES 1099 FOR VARIOUS RELATED ENTITIES THE TOTAL NUMBER REPORTED ON FORM 1096, TRANSMITTAL OF U S INFORMATION RETURNS FILED FOR 2015 WAS 377

Return Reference	Explanation
FORM 990, PART VI	FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS THE FOLLOWING DIRECTORS/OFFICERS SERVED AS A DIRECTOR OR OFFICER OF COMMUNITY PHYSICIANS OF INDIANA, INC ("CPI") TIMOTHY HOBBS, M D ANTHONY JAVORKA BRYAN A MILLS STEVEN R PLUMP AND ANTHONY JAVORKA, HANY HADDAD, M D , AND KENNETH SHAVER, M D RECEIVED COMPENSATION FROM CPI THE FOLLOWING DIRECTORS/OFFICERS SERVED AS DIRECTORS OF VISIONARY ENTERPRISES, INC ("VEI"), A TAXABLE AFFILIATE OF CHNW KYLE FISHER BRUCE F KING BRYAN A MILLS AND KYLE FISHER RECEIVED COMPENSATION FROM VEI

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	CHNW HAS DELEGATED AUTHORITY FOR THE REVIEW OF CHNW'S FORM 990 TO TWO COMMITTEES COMPOSED OF INDEPENDENT OUTSIDE DIRECTORS A) THE NETWORK EXECUTIVE COMPENSATION COMMITTEE REVIEWED THE COMPENSATION ASPECTS OF CHNW'S FORM 990, AND B) THE NETWORK FINANCE COMMITTEE REVIEWED THE REMAINDER OF THE FORM 990 IN ADDITION, CHNW'S OUTSIDE ACCOUNTING FIRM AND LAW FIRM REVIEWED THE FORM 990 PRIOR TO FILING CHNW UTILIZED THIS PROCESS TO ENSURE THAT ITS FORM 990 RECEIVED SUBSTANTIVE REVIEW BY DIRECTORS AND PROFESSIONALS WITH SPECIFIC KNOWLEDGE OF CHNW'S ACTIVITIES AND EXTENSIVE FINANCIAL, ACCOUNTING, AND TAX EXPERTISE



Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	<p>CHNW HAS DELEGATED AUTHORITY FOR AUDIT AND COMPLIANCE TO THE AUDIT COMMITTEE, WHICH IS COMPOSED OF INDEPENDENT DIRECTORS. THE CONFLICT OF INTEREST POLICY REQUIRES DIRECTORS, OFFICERS, AND KEY EMPLOYEES TO SUBMIT AN ANNUAL CONFLICT OF INTEREST DISCLOSURE. THE ANNUAL DISCLOSURE REQUIRES DIRECTORS, OFFICERS, AND KEY EMPLOYEES TO DISCLOSE, IN WRITING, ANY KNOWN FINANCIAL INTEREST THAT THE INDIVIDUAL (TOGETHER WITH FAMILY MEMBERS) HAS IN ANY BUSINESS ENTITY THAT TRANSACTS BUSINESS WITH CHNW. IN ADDITION, DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO IMMEDIATELY DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST THAT ARISES MID-YEAR IN RELATION TO A PROPOSED TRANSACTION. THE CONFLICT OF INTEREST POLICY REQUIRES THAT ANY INDIVIDUAL WITH A CONFLICT BE RECUSED FROM THE DECISION MAKING PROCESS, THAT INDEPENDENT DIRECTORS OR COMMITTEE MEMBERS DETERMINE THAT THE PROPOSED TRANSACTION IS IN THE BEST INTEREST OF CHNW, AND THE TRANSACTION MUST BE APPROVED BY A VOTE OF INDEPENDENT DIRECTORS OR COMMITTEE MEMBERS WITHOUT THE PARTICIPATION OF ANY INTERESTED INDIVIDUAL. THE ANNUAL CONFLICT DISCLOSURE STATEMENTS ARE SUBMITTED TO, AND REVIEWED BY, CHNW'S AUDIT COMMITTEE, COMPOSED OF INDEPENDENT DIRECTORS. IN ADDITION, THE EXECUTIVE STAFF AND GENERAL COUNSEL OF THE NETWORK ARE RESPONSIBLE FOR MONITORING ANY POSSIBLE CONFLICT TRANSACTIONS THAT ARISE AND MANAGING THEM TO ENSURE THAT ALL TRANSACTIONS REPRESENT ARMS LENGTH, FAIR MARKET VALUE TERMS FOR THE BENEFIT OF CHNW.</p>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	<p>CHNW HAS ADOPTED AN EXECUTIVE COMPENSATION AND INTERMEDIATE SANCTIONS POLICY. THE PURPOSE OF THE POLICY IS TO ENSURE THAT CHNW'S COMPENSATION ARRANGEMENTS WITH RELATED PARTIES ARE EVALUATED AND ENTERED AT ARMS LENGTH AND THAT ANY COMPENSATION THAT IS PAID TO A RELATED PARTY IS REASONABLE AND REFLECTS FAIR MARKET VALUE. THIS POLICY ENCOURAGES THE APPLICATION OF THE REBUTTABLE PRESUMPTION STANDARD OF CODE SECTION 4958 AND THE RELATED TREASURY REGULATIONS BY:</p> <ul style="list-style-type: none"> <li>A) EXCLUDING ANY INTERESTED PARTY FROM THE DECISION MAKING PROCESS,</li> <li>B) REQUIRING DISINTERESTED BOARD OR COMMITTEE MEMBERS TO OBTAIN AND RELY UPON COMPARABILITY DATA WHEN SETTING THE PROPOSED COMPENSATION TERMS,</li> <li>C) REQUIRING APPROVAL OF THE TRANSACTION IN ADVANCE BY DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS, AND</li> <li>D) REQUIRING CONTEMPORANEOUS DOCUMENTATION (I.E. MINUTES) REFLECTING THE DECISION AND THE PROCESS BY WHICH IT WAS MADE.</li> </ul> <p>CHNW ALSO DELEGATED AUTHORITY REGARDING CHNW'S EXECUTIVE COMPENSATION TO:</p> <ul style="list-style-type: none"> <li>A) THE NETWORK EXECUTIVE COMPENSATION COMMITTEE, COMPOSED OF INDEPENDENT OUTSIDE DIRECTORS, WHICH IS RESPONSIBLE FOR APPLYING THE TERMS AND PROCESS OF THE EXECUTIVE COMPENSATION AND INTERMEDIATE SANCTIONS POLICY AS OUTLINED ABOVE, AND</li> <li>B) THE NETWORK VICE PRESIDENT OF HUMAN RESOURCES WHO IS RESPONSIBLE FOR OBTAINING COMPARATIVE SALARY MARKET DATA FOR THE CHIEF EXECUTIVE OFFICER, OFFICERS, AND KEY EMPLOYEES, PERIODICALLY ENGAGING AN INDEPENDENT COMPENSATION CONSULTANT TO ESTABLISH REASONABLE COMPENSATION, AND PROVIDING STAFF SUPPORT TO THE NETWORK EXECUTIVE COMPENSATION COMMITTEE.</li> </ul> <p>DURING 2015, THE NETWORK EXECUTIVE COMPENSATION COMMITTEE FOLLOWED THIS PROCESS FOR ALL SENIOR EXECUTIVE LEADERS.</p>

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	SALARIES WERE COMPARED AGAINST COMPARATIVE SALARY MARKET DATA FOR ALL POSITIONS REPRESENTING MANAGERS, CHIEF EXECUTIVE OFFICERS, CHIEF FINANCIAL OFFICERS, AND HUMAN RESOURCES REPRESENTATIVES FOR ALL NETWORK ENTITIES

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	<p>A) THE ARTICLES OF INCORPORATION AND CERTIFICATE OF EXISTENCE ARE ON FILE WITH THE INDIANA SECRETARY OF STATE AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE INDIANA SECRETARY OF STATE OR FREE OF CHARGE ON THE SECRETARY OF STATE'S WEBSITE. B) CHNW HAS ADOPTED THE NETWORK CONFLICT OF INTEREST POLICY. WHILE THIS POLICY IS NOT AVAILABLE TO THE PUBLIC, THE NETWORK'S DEFINITION OF CONFLICT OF INTEREST AND HOW TO REPORT SUCH AN INCIDENT IS DESCRIBED IN THE NETWORK RESPONSIBILITY AND COMPLIANCE PROGRAM ("NRCP") MANUAL WHICH IS POSTED ON THE NETWORK'S WEBSITE, ECOMMUNITY.COM. THIS MANUAL IS AVAILABLE FOR THE PUBLIC TO REVIEW. C) CHNW DOES NOT HAVE INDIVIDUALLY AUDITED FINANCIAL STATEMENTS. ITS FINANCIAL RESULTS ARE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF CHNW AND AFFILIATES. AS SUCH, THERE ARE NO INDIVIDUAL FINANCIAL STATEMENTS TO POST. CHNW DOES FILE THE 990 TAX RETURN ON AN ANNUAL BASIS WHICH IS AVAILABLE UPON REQUEST AND/OR AVAILABLE ON A DELAYED BASIS ON GUIDESTAR.ORG. D) COMMUNITY HEALTH NETWORK, INC. AND AFFILIATES PROVIDE ANY DOCUMENT OPEN TO PUBLIC INSPECTION UPON REQUEST.</p>

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INCREASE IN ISC EAST EQUITY INVESTMENT 293,353 INCREASE IN UNDERFUNDED REPLACEMENT PLAN 2,682,381 DECREASE TO ADJUST INVESTMENTS -108,321,775 DECREASE TO CORRECT ISC EAST -347,546 DECREASE IN UNDERFUNDED PENSION -11,011,575 TOTAL -116,705,162

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
COMMUNITY HEALTH NETWORK INC

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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public  
Inspection

Employer identification number

35-0983617

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

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

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

(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
See Additional Data Table							

Part IIIPart III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHN ASSURANCE COMPANY LTD  PO BOX 1051GT GRAND CAYMAN, GRAND CAYMAN CJ 98-0418913	INSURANCE	CJ	NA	C CORP		15,485,284	100 000 %	Yes	
(2) MIDWEST RACQUETBALL INC  3500 S LAFOUNTAIN STREET KOKOMO, IN 46902 35-1396016	HEALTH	IN	N/A					Yes	
(3) PILLARS COMMUNITY HOUSING INC  3500 S LAFOUNTAIN STREET KOKOMO, IN 46902 16-1652666	HOUSING	IN	N/A					Yes	
(4) VISIONARY ENTERPRISES INC  6626 EAST 75TH STREET INDIANAPOLIS, IN 46250 35-1538433	MGMT SRVS	IN	N/A					Yes	
(5) VEI MICHIGAN INC  940 N MAIN STREET ANN HARBOR, MI 48104 30-0097377	MGMT SRVS	IN	N/A					Yes	
(6) WESTVIEW DELIVERY SYSTEM INC  3630 GUION ROAD INDIANAPOLIS, IN 46222 35-1910292	MGMT SRVS	IN	N/A					Yes	

**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

<b>1</b> 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?		<b>Yes</b>	<b>No</b>
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	<b>Yes</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	<b>Yes</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	<b>Yes</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		<b>No</b>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		<b>No</b>
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		<b>No</b>
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		<b>No</b>
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		<b>No</b>
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		<b>No</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		<b>No</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	<b>Yes</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		<b>No</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	<b>Yes</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		<b>No</b>
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>		<b>No</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	<b>Yes</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	<b>Yes</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	<b>Yes</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	<b>Yes</b>	

**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			



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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:  
Software Version:  
EIN: 35-0983617  
Name: COMMUNITY HEALTH NETWORK INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
COMMUNITY HEALTH NETWORK FOUNDATION 7240 SHADELAND STATION SUITE 125 INDIANAPOLIS, IN 46256 51-0181688	SUPPORT	IN	501C3	11B	CHNW	Yes	
COMMUNITY HLTH SERVICES OF INDIANA 7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN 46256 45-4817436	HLTH CARE	IN	501C3	3	CHNW	Yes	
COMMUNITY HOME HEALTH SERVICES INC 9894 EAST 121ST STREET FISHERS, IN 46037 35-0953467	HLTH CARE	IN	501C3	9	CHNW	Yes	
COMM HOSP OF ANDERSON & MADISON CTY 1515 NORTH MADISON AVENUE ANDERSON, IN 46011 35-1069822	HOSPITAL	IN	501C3	3	CHNW	Yes	
COMMUNITY HOSP ANDERSON FDN INC 1515 NORTH MADISON AVENUE ANDERSON, IN 46011 86-1053152	SUPPORT	IN	501C3	11A	CHA	Yes	
COMMUNITY HOSPITAL SOUTH INC 1402 E COUNTY LINE ROAD SOUTH INDIANAPOLIS, IN 46227 35-1088640	HOSPITAL	IN	501C3	3	CHNW	Yes	
COMMUNITY HOWARD REGIONAL HEALTH 3500 S LAFOUNTAIN STREET KOKOMO, IN 46902 35-1865344	HOSPITAL	IN	501C3	3	CHNW	Yes	
COMM HOWARD REGIONAL HEALTH FDN PO BOX 9011 KOKOMO, IN 46904 23-7309596	SUPPORT	IN	501C3	7	NA		No
COMMUNITY LTC INC 1031 MONTICELLO DRIVE ANDERSON, IN 46011 35-1877441	HLTH CARE	IN	501C3	9	CHA	Yes	
COMMUNITY PHYSICIANS OF IN INC 7240 SHADELAND STATION SUITE 300 INDIANAPOLIS, IN 46256 20-5392766	PHY SRV	IN	501C3	9	CHNW	Yes	
HEALTH INSTITUTE OF INDIANA INC 3660 GUION ROAD INDIANAPOLIS, IN 46222 35-2022402	FITNESS	IN	501C3	9	CHNW	Yes	
INDIANA HEALTH INFO EXCHANGE INC 846 N SENATE AVENUE INDIANAPOLIS, IN 46202 36-4550324	INFO	IN	501C3	11A	N/A		No
INDIANAPOLIS OSTEOPATHIC HOSP INC 3630 GUION ROAD INDIANAPOLIS, IN 46222 35-1094734	HOSPITAL	IN	501C3	3	CHNW	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate 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	
BROWNSBURG OFFICE CENTER 2 LLP  321 E NORTHFIELD BROWNSBURG, IN 46112 35-1929859	LEASING	IN	N/A					No			No	
CHNJMH VENTURES LLC  7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN 46256 46-2356266	DIAG/REHAB	IN	CHNW	RELATED	-2,508	1,954,933		No			No	51 000 %
COMMUNITY ENDOSCOPY CENTER LLC  1601 N MADISON AVENUE SUITE 300 ANDERSON, IN 46011 61-1464136	HLTH CARE	IN	N/A					No			No	
COMM HEALTH NETWORK REHAB HOSP LLC  7343 CLEARVISTA DRIVE INDIANAPOLIS, IN 46256 45-3414249	REHAB	IN	CHNW	RELATED	3,437,921	9,140,487		No		Yes		51 000 %
EAST CAMPUS SURGERY CENTER LLC  7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN 46256 35-2028517	SURGERY	IN	CHNW	RELATED	5,383,228	6,782,126		No			No	51 000 %
HAMILTON SURGERY CENTER LLC  7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN 46256 35-2061413	SURGERY	IN	NA	RELATED	684,611	2,113,135		No			No	11 000 %
HOWARD COMMUNITY SURGERY CTR LLC  3500 S LAFOUNTAIN STREET KOKOMO, IN 46904 35-2118748	SURGERY	IN	N/A					No			No	
HOWARD REGIONAL SPECIALTY CARE LLC  680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 37-1501021	REHAB	IN	N/A					No			No	
INDIANAPOLIS ENDOSCOPY CENTER LLC  7353 E 21ST STREET INDIANAPOLIS, IN 46219 35-2010874	HLTH CARE	IN	NA	RELATED	2,617,012	8,064,067		No			No	18 880 %
MICHIGAN SURGERY INVESTMENT LLC  7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN 46256 32-0147008	SURG CTRS	IN	VEI	UNRELATED	-142,422	725,896		No			No	40 000 %
NORTH CAMPUS OFFICE ASSOCIATES LP  7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN 46256 35-1808625	RNTL PROP	IN	N/A					No			No	
NORTH CAMPUS SURGERY CENTER LLC  7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN 46256 35-2147088	SURGERY	IN	VEI	RELATED	8,039,545	7,973,684		No			No	49 000 %
NORTHPOINT PEDIATRICS LLC  8101 CLEARVISTA PARKWAY SUITE 185 INDIANAPOLIS, IN 46256 35-1960566	HLTH CARE	IN	CHNW	RELATED	150,601	330,413		No			No	51 000 %
NORTHWEST SURGERY CENTER LLC  7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN 46256 20-8754071	SURGERY	IN	N/A					No			No	
PILLARS HOUSING LP  3500 S LAFOUNTAIN STREET KOKOMO, IN 46902 16-1652671	HOUSING	IN	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PRIMARIA HEALTH LLC  7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN 46256 47-4728937	HLTH CARE	IN	N/A	RELATED	245,027	243,950		No			No	50 000 %
SOUTH CAMPUS SURGERY CENTER LLC  1550 EAST COUNTY LINE ROAD INDIANAPOLIS, IN 46227 35-2038072	SURGERY	IN	NA	RELATED	1,620,195	3,821,546		No			No	8 600 %

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
(1)	COMMUNITY HEALTH NETWORK FOUNDATION	C	3,164,427	BOOK VALUE
(1)	COMMUNITY HEALTH NETWORK FOUNDATION	K	360,164	BOOK VALUE
(2)	COMMUNITY HEALTH NETWORK FOUNDATION	S	2,857,413	BOOK VALUE
(3)	COMM HEALTH NETWORK REHAB HOSP LLC K-1 DISTRIBUTION	S	3,245,406	BOOK VALUE
(4)	COMMUNITY HOME HEALTH SERVICES INC	Q	766,221	BOOK VALUE
(5)	COMMUNITY HOME HEALTH SERVICES INC	S	12,679,867	BOOK VALUE
(6)	COMM HOSP OF ANDERSON & MADISON CTY	A	354,878	BOOK VALUE
(7)	COMM HOSP OF ANDERSON & MADISON CTY	Q	134,740	BOOK VALUE
(8)	COMM HOSP OF ANDERSON & MADISON CTY	S	2,120,188	BOOK VALUE
(9)	COMMUNITY HOSPITAL SOUTH INC	S	283,061,185	BOOK VALUE
(10)	COMMUNITY HOWARD REGIONAL HLTH INC	R	10,686,217	BOOK VALUE
(11)	COMMUNITY PHYSICIANS OF IN INC	S	377,117,134	BOOK VALUE
(12)	CHN ASSURANCE COMPANY LTD	P	4,245,000	BOOK VALUE
(13)	CHN ASSURANCE COMPANY LTD	R	561,919	BOOK VALUE
(14)	EAST CAMPUS SURGERY CENTER LLC	R	131,297	BOOK VALUE
(15)	EAST CAMPUS SURGERY CENTER LLC K-1 DISTRIBUTION	S	5,710,923	BOOK VALUE
(16)	HAMILTON SURGERY CENTER LLC K-1 DISTRIBUTION	S	616,990	BOOK VALUE
(17)	HEALTH INSTITUTE OF INDIANA INC	S	1,219,097	BOOK VALUE
(18)	INDIANA HEALTH INFO EXCHANGE INC	M	658,009	BOOK VALUE
(19)	INDIANAPOLIS ENDOSCOPY CENTER LLP K-1 DISTRIBUTION	S	2,458,540	BOOK VALUE
(20)	INDIANAPOLIS OSTEOPATHIC HOSPITAL	R	759,468	BOOK VALUE
(21)	MICHIGAN SURGERY INVESTMENT LLC	A	261,538	BOOK VALUE
(22)	NORTH CAMPUS OFFICE ASSOCIATES LP	K	72,226	BOOK VALUE
(23)	NORTH CAMPUS SURGERY CENTER LLC K-1 DISTRIBUTION	S	6,860,000	BOOK VALUE
(24)	SOUTH CAMPUS SURGERY CENTER LLC K-1 CAPITAL CONTRIBUTION	B	1,582,046	BOOK VALUE

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

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(26)</b>	SOUTH CAMPUS SURGERY CENTER LLC K-1 DISTRIBUTION	S	1,985,055	BOOK VALUE
<b>(1)</b>	VISIONARY ENTERPRISES INC	A	5,248,728	BOOK VALUE
<b>(2)</b>	VISIONARY ENTERPRISES INC	K	1,112,817	BOOK VALUE
<b>(3)</b>	VISIONARY ENTERPRISES INC	P	40,692,016	BOOK VALUE
<b>(4)</b>	VISIONARY ENTERPRISES INC	Q	61,968,675	BOOK VALUE
<b>(5)</b>	VISIONARY ENTERPRISES INC	S	111,461,900	BOOK VALUE