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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www IRS gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
GOSHEN HOSPITAL ASSOCIATION INC

Doing business as
IU HEALTH GOSHEN HOSPITAL

Number and street (or P O box if mail is not delivered to street address) | Room/suite
200 HIGH PARK AVENUE

City or town, state or province, country, and ZIP or foreign postal code
GOSHEN, IN 46526

D Employer identification number
35-6001540

E Telephone number
(574) 364-2665

G Gross receipts $ 228,300,859

F Name and address of principal officer
AMY FLORIA
200 HIGH PARK AVENUE
GOSHEN,IN 46526

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

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

H(c) Group exemption number ▶

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

J **Website:** ▶ WWW IUHEALTH ORG/GOSHEN

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

L Year of formation 1946

M State of legal domicile IN

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,553
6	Total number of volunteers (estimate if necessary)	6	370
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-38,560
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-38,560

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	972,913	483,910
	9	Program service revenue (Part VIII, line 2g)	214,342,899	215,474,240
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,361,131	4,471,536
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,869,727	7,871,173
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	228,546,670	228,300,859
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	269,870	699,113
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	80,717,595	90,139,382
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	110,933,350	107,134,955
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	191,920,815	197,973,450
	19	Revenue less expenses Subtract line 18 from line 12	36,625,855	30,327,409

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	318,785,001	334,905,201
	21	Total liabilities (Part X, line 26)	53,785,347	49,391,038
	22	Net assets or fund balances Subtract line 21 from line 20	264,999,654	285,514,163

Part II Signature Block

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

Sign Here

Signature of officer | Date 2016-11-15

AMY FLORIA CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SHAWNA M JIMENEZ	SHAWNA M JIMENEZ			P01222873

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

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4200
INDIANAPOLIS, IN 462045108 | Phone no (317) 464-8600

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ **Yes** ☑ **No**

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 163,531,710 including grants of $ 699,113) (Revenue $ 222,249,945)

IU HEALTH GOSHEN HOSPITAL IS A NON-DENOMINATIONAL NOT-FOR-PROFIT ORGANIZATION PROVIDING HEALTH CARE SERVICES FOR THE GENERAL PUBLIC AS WELL AS CHARITY WITHIN THE COMMUNITY SEE SCHEDULE O FOR ADDITIONAL DETAIL THE MISSION OF IU HEALTH GOSHEN HOSPITAL IS TO IMPROVE THE HEALTH OF OUR COMMUNITIES BY PROVIDING INNOVATIVE, OUTSTANDING CARE AND SERVICE, THROUGH EXCEPTIONAL PEOPLE DOING EXCEPTIONAL WORK THE HOSPITAL'S VALUES INCLUDE COMPASSION - AND COMMITMENT TO SERVICE WITH EMPATHY ACCOUNTABILITY - WITH INTEGRITY AND ACTION RESPECT - THROUGH TREATING OTHERS AS YOU WISH TO BE TREATED EXCELLENCE - IN ALL WE DO BUILDING UPON OUR MISSION AND VALUES, IU HEALTH GOSHEN HOSPITAL WILL DELIVER EXCEPTIONAL HEALTHCARE TO THE COMMUNITIES WE SERVE USING AN INTEGRATED MODEL OF CARE AND ACHIEVING EXCELLENCE THROUGH A COMMITMENT TO QUALITY, LEADERSHIP, AND INNOVATION BY 2020, WE WILL ACHIEVE THIS VISION BY FOCUSING ON THE FOLLOWING STRATEGIC PRIORITIES - LEAD THE REGION IN CLINICAL INTEGRATION AND MANAGEMENT OF POPULATION HEALTH - DELIVER HIGH VALUE TO OUR PATIENTS, PROVIDERS, PAYERS AND COLLEAGUES - GOSHEN'S ONCOLOGY AND HEART & VASCULAR SERVICE LINES BECOME THE DESTINATION OF CHOICE IN OUR BROADER REGION - CULTIVATE A CULTURE FOR COLLEAGUES WHERE PERSONAL AND PROFESSIONAL MISSIONS ARE ALIGNED - INSPIRE A SPIRIT OF PARTNERSHIP AND GENEROSITY BY ENGAGING OUR COMMUNITY WITH OPPORTUNITIES THAT MEET REGIONAL HEALTH NEEDS AS A COMMUNITY HOSPITAL, IU HEALTH GOSHEN HOSPITAL IS DEDICATED TO MEETING THE SPECIFIC HEALTH CARE NEEDS OF OUR COMMUNITIES AS A COMMUNITY LEADER, THE HOSPITAL IS COMMITTED TO PROVIDING CARE IN AN INNOVATIVE AND DYNAMIC ENVIRONMENT THE HOSPITAL HAS 123 PATIENT BEDS AND OVER 137 PHYSICIANS ON ITS MEDICAL STAFF IN NEARLY 25 SPECIALTIES THESE PHYSICIANS, TOGETHER WITH OTHER DEDICATED PROFESSIONALS, PROVIDE A WIDE RANGE OF SERVICES INCLUDING THE FOLLOWING ACUTE MEDICAL & SURGICAL, EMERGENCY, HOME HEALTH, RADIOLOGY, LABORATORY, CANCER CARE, BARIATRICS, WOMEN'S HEALTH, PAIN MANAGEMENT, SLEEP STUDIES, REHABILITATION, PATIENT AND COMMUNITY HEALTH EDUCATION AND PROFESSIONAL EDUCATION IU HEALTH GOSHEN HOSPITAL HAS CONSISTENTLY MET NATIONAL QUALITY STANDARDS THE HOSPITAL COMPOSITE SCORES FOR PUBLICLY REPORTED QUALITY MEASURES IN THE AREAS OF ACUTE MYOCARDIAL INFARCTION, PNEUMONIA, HEART FAILURE, SURGICAL CARE IMPROVEMENT PROJECT, AND HOSPITAL OUTPATIENT EXCEED 95% IN 2013 IN ADDITION, HEALTHCARE EXCEL (QUALITY IMPROVEMENT ORGANIZATION FOR INDIANA) REPORTED THAT THE HOSPITAL WAS ABOVE OUR PEER GROUP AND OVERALL STATE PERFORMANCE IN 17 OUT OF 19 AREAS OF OUR PUBLICLY REPORTED MEASURES FOR CY 2013 THE AMERICAN NURSES CREDENTIALING CENTER'S (ANCC) MAGNET RECOGNITION PROGRAM FOR EXCELLENCE IN NURSING SERVICES HAS DESIGNATED IU HEALTH GOSHEN HOSPITAL AS A MAGNET HOSPITAL DESIGNATED HOSPITALS HAVE SUCCESSFULLY CREATED A WORK ENVIRONMENT THAT NURSES FIND BOTH PERSONALLY AND PROFESSIONALLY REWARDING, ADVANCING THE PRACTICE OF NURSING AND IMPROVING PATIENT OUTCOMES RESEARCH SHOWS THAT MAGNET HOSPITALS ARE MORE EFFECTIVE AT ATTRACTING AND KEEPING QUALITY NURSES IU HEALTH GOSHEN HOSPITAL IS AMONG AN ELITE GROUP OF ONLY 7% OF HOSPITALS IN THE NATION TO BE RE-DESIGNATED AS A MAGNET FACILITY AND THE ONLY FACILITY IN THE REGION THE GOSHEN CENTER FOR CANCER CARE IS ACCREDITED BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS (COC) RECEIVING CARE AT A COC-APPROVED CENTER FOR CANCER CARE ASSURES THAT PATIENTS WILL HAVE ACCESS TO - QUALITY CARE CLOSE TO HOME - COMPREHENSIVE CARE OFFERING A RANGE OF STATE-OF-THE ART SERVICES AND EQUIPMENT - A MULTIDISCIPLINARY TEAM APPROACH TO COORDINATE THE BEST TREATMENT OPTIONS AVAILABLE TO CANCER PATIENTS - PARTICIPATION IN CANCER CLINICAL TRIALS, EDUCATION AND SUPPORT - LIFELONG PATIENT FOLLOW-UP THROUGH A CANCER REGISTRY THAT COLLECTS DATA ON TYPE AND STAGE OF CANCERS AND TREATMENT RESULTS - ONGOING MONITORING AND IMPROVEMENT IN CARE THE CENTER FOR CANCER CARE IS A LEADER IN INNOVATIVE CANCER TREATMENT WE WERE AMONG THE FIRST TO ADOPT A COMPREHENSIVE, MULTIDISCIPLINARY APPROACH TO CANCER TREATMENT WE OFFER HOLISTIC PROGRAMS FOR STRENGTHENING MINDS AS WELL AS BODIES, PLACE A PREMIUM ON FAMILY INVOLVEMENT AND SPIRITUAL NEEDS, AND ENCOURAGE PATIENTS TO PLAY A DECISION-MAKING ROLE IN TREATMENT SELECTION THE CENTER FOR CANCER CARE HAS SPECIALLY TRAINED SURGICAL ONCOLOGISTS, A BREAST SURGEON, MEDICAL ONCOLOGIST, A RADIATION ONCOLOGIST, NATUROPATHIC PRACTITIONERS AND HIGHLY DISTINGUISHED MAGNET DESIGNATED NURSES IU HEALTH GOSHEN HOSPITAL IMPROVES THE HEALTH AND WELL-BEING OF ITS COMMUNITIES BY PROVIDING COMMUNITY WELLNESS AND EDUCATION PROGRAMS THROUGH LOCAL PARTNERSHIPS, THE HOSPITAL IDENTIFIES HEALTH ISSUES AND CREATES PROGRAMS TO ENSURE OUR COMMUNITY IS THE HEALTHIEST PLACE TO LIVE, WORK AND RAISE A FAMILY THE FIRST OF THESE PROGRAMS COVER CPR, EMS, DIABETES, CHILDBIRTH, FITNESS, NUTRITION, COMMUNITY EDUCATION AND HEALTH SCREENINGS AND ELKHART COUNTY CHILDHOOD OBESITY INITIATIVE THE CPR CLASS IS FOR ANYONE - PROFESSIONALS OR PRIVATE CITIZENS - WHO WANT TO KNOW HOW TO PERFORM LIFE-SAVING CARDIOPULMONARY RESUSCITATION, FIRST AID CLASSES ARE ALSO OFFERED EMS TRAINING IS AVAILABLE FOR PERSONS INTERESTED IN BECOMING EMERGENCY MEDICAL TECHNICIANS OR FIREFIGHTERS THE DIABETES EDUCATION HELPS PEOPLE DELAY THE ONSET AND SLOW THE PROGRESSION OF COMPLICATIONS FROM THIS DISEASE IT INCLUDES SEMINARS, SUPPORT GROUPS, CONSULTATIONS AND SCREENINGS CHILDBIRTH EDUCATION PREPARES EXPECTANT MOTHERS AND THEIR FAMILIES DURING THIS SIGNIFICANT TIME IN THEIR LIFE CLASSES REVIEW MANY ASPECTS OF CHILDBIRTH INCLUDING LABOR REHEARSAL, CESAREAN DELIVERIES, SINGLE-TEEN ISSUES, BREAST FEEDING AND A CLASS JUST FOR SIBLINGS IN ADDITION TO VARIOUS COMMUNITY WELLNESS AND EDUCATION PROGRAMS, IU HEALTH GOSHEN HOSPITAL PROVIDES A FULL-SERVICE RESOURCE FOR COMPREHENSIVE HEALTH INFORMATION AND ASSISTANCE NURSE ON CALL (NOC) IS A FULL-SERVICE, MULTI-LINGUAL HEALTH INFORMATION, REFERRAL AND NURSE TRIAGE TELEPHONE SERVICE AVAILABLE 24 HOURS A DAY, 7 DAYS WEEK NOC IS STAFFED BY SPECIALLY TRAINED, KNOWLEDGEABLE AND EXPERIENCED REGISTERED NURSES THIS FREE SERVICE PROVIDES MEDICAL GUIDANCE WHEN SICK OR INJURED, INFORMATION ON PHYSICIANS IN THE AREA, REFERRALS TO COMMUNITY RESOURCES AND REGISTRATION FOR CLASSES AND EVENTS THE IU HEALTH GOSHEN COMMUNITY BENEFIT FUND IS ONE EXAMPLE OF HOW IU HEALTH GOSHEN RE-INVESTS MONEY INTO THE COMMUNITIES WE SERVE 2016 MARKS THE 18TH ANNIVERSARY OF THE HEALTH SYSTEM'S COMMITMENT ANY NONPROFIT ORGANIZATION WITH A MISSION CONSISTENT WITH THAT OF IU HEALTH GOSHEN AND WORKS TOWARD MEETING THE NEEDS OF THE COMMUNITY ARE ENCOURAGED TO APPLY SINCE ITS INCEPTION IN 1998, THE CHARITABLE GIVING COMMITTEE OF THE BOARD OF DIRECTORS HAS AWARDED MORE THAN $4 25 MILLION IN GRANTS TO COMMUNITY ORGANIZATIONS AND PROJECTS THAT MEET THE HEALTH NEEDS OF OUR COMMUNITY IN 2015, THE COMMUNITY BENEFIT FUND GRANT COMMITTEE AWARDED $300,600 TO MORE THAN 58 DIFFERENT ORGANIZATIONS IN GOSHEN AND SURROUNDING COMMUNITIES ALSO, $19,343 IN MATCHING GIFTS WAS DISTRIBUTED TO THE 2014 GRANT RECIPIENTS ADDITIONALLY, FUNDS WERE DESIGNATED TO HELP CREATE THE NEW SITE FOR MAPLE CITY HEALTH CARE CENTER AS WELL AS TO FUND PILOT PROGRAMS LOCALLY IN TELEHEALTH EVERY YEAR THE BOARD OF DIRECTORS OF IU HEALTH GOSHEN DESIGNATES A PERCENTAGE OF THE PREVIOUS YEAR'S OPERATIONAL BUDGET FOR THE HOSPITAL'S COMMUNITY BENEFIT FUND, THROUGH WHICH GRANTS ARE AWARDED EACH SPRING IU HEALTH GOSHEN HOSPITAL PROVIDES HEALTH CARE SERVICES TO ALL MEMBERS OF THE COMMUNITIES REGARDLESS OF THEIR ABILITY TO PAY THE HOSPITAL OFFERS FINANCIAL ASSISTANCE TO THOSE PATIENTS UNABLE TO PAY ALL OR A PORTION OF THEIR BILL AND WHO ARE UNABLE TO QUALIFY FOR ASSISTANCE THROUGH FEDERAL AND STATE GOVERNMENT ASSISTANCE PROGRAMS PATIENTS ARE ASKED TO COMPLETE A FINANCIAL AID APPLICATION TO DETERMINE THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE THE HOSPITAL PROVIDES THE ASSISTANCE OF A FINANCIAL ADVOCATE TO HELP PATIENTS COMPLETE THIS APPLICATION AND TO INVESTIGATE OTHER FORMS OF AVAILABLE ASSISTANCE INCLUDING ENROLLMENT IN MARKETPLACE PLANS IN 2015, THE HOSPITAL EXTENDED CHARITY CARE TO 7,848 ACCOUNTS TOTALING $8 9 MILLION IU HEALTH GOSHEN HOSPITAL ALSO PARTNERS WITH A LOCAL FINANCIAL INSTITUTION TO PROVIDE A FLEXIBLE AND AFFORDABLE FINANCING SOLUTION FOR A PATIENT'S MEDICAL CARE IU HEALTH GOSHEN RECEIVED THE BEACON AWARD FOR EXCELLENCE FROM THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES THIS IS THE SECOND TIME IU HEALTH GOSHEN HAS WON THE AWARD AND IS ONLY ONE OF TWO IN THE STATE TO BE A RECIPIENT IU HEALTH GOSHEN HOSPITAL HAS BEEN NAMED AN ACCREDITED HEART FAILURE INSTITUTE BY THE NATIONAL HEALTHCARE ACCREDITATION COLLOQUIUM THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC) HAS AWARDED THREE-YEAR, FULL ACCREDITATION TO IU HEALTH GOSHEN RETREAT WOMEN'S HEALTH CENTER PRESS GANEY HAS AWARDED IU HEALTH GOSHEN WITH 7 SUMMIT AWARDS THE FOLLOWING ACHIEVEMENTS W

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 163,531,710

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	152			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,553			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

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

Section A. Governing Body and Management

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ IN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶DIRECTOR OF FINANCE 200 HIGH PARK AVE GOSHEN, IN 46526 (574) 364-2665

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

		(D)	(E)	(F)
1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	5,793,849	554,980	687,115

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 ▶ 33

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GERIG SURGICAL ASSOCIATES PC 2006 SOUTH MAIN ST GOSHEN, IN 46526	ON CALL SERVICES	1,077,049
PERA MEDIA STRATEGIES 10512 REDMOND RD AUSTIN, TX 78739	MARKETING CONSULTING/ADVERTISING	1,060,382
ADVISORY BOARD PO BOX 79461 BALTIMORE, MD 212790461	CONSULTING SERVICES	957,134
VARIAN MEDICAL SYSTEMS 70140 NETWORK PLACE CHICAGO, IL 606731701	MEDICAL SOFTWARE/EQUIPMENT	852,049
ERNST & YOUNG PNC BANK 3712 SOLUTIONS CENTER CHICAGO, IL 606773007	AUDITING SERVICES	559,322

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 ▶ 13

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**	483,910				
	e Government grants (contributions) **1e**					
	f All other contributions, gifts, grants, and similar amounts not included above **1f**					
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . ▶		483,910			
Program Service Revenue		Business Code				
	2a PATIENT CARE	622110	215,474,240	215,474,240		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		215,474,240			

		(i) Real	(ii) Personal	(A)	(B)	(C)	(D)
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . ▶			4,471,536		-38,560	4,510,096
	4 Income from investment of tax-exempt bond proceeds . . ▶						
	5 Royalties . . . . ▶						
	6a Gross rents	215,297					
	b Less rental expenses	0					
	c Rental income or (loss)	215,297					
	d Net rental income or (loss) . . . . ▶			215,297			215,297
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) . . . . ▶						
	8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . **a**						
	b Less direct expenses . . . **b**						
	c Net income or (loss) from fundraising events . . ▶						
	9a Gross income from gaming activities See Part IV, line 19 . . . **a**						
	b Less direct expenses . . . **b**						
	c Net income or (loss) from gaming activities . . . ▶						
	10a Gross sales of inventory, less returns and allowances . **a**						
	b Less cost of goods sold . . **b**						
	c Net income or (loss) from sales of inventory . . ▶						
	Miscellaneous Revenue	Business Code					
	11a FOOD SERVICE REVENUE	722514		880,171			880,171
	b FINANCE CHARGES	561000		257,622	257,622		
	c OTHER ONCOLOGY REV MIS	621500		187,985	187,985		
	d All other revenue			6,330,098	6,330,098		
	e **Total.** Add lines 11a–11d . . . . . . ▶			7,655,876			
	12 **Total revenue.** See Instructions . . . . . . ▶			228,300,859	222,249,945	-38,560	5,605,564

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	699,113	699,113		
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	4,683,177		4,683,177	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	60,700,797	42,499,584	18,201,213	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,791,457	2,464,447	1,327,010	
9 Other employee benefits	16,656,254	10,826,566	5,829,688	
10 Payroll taxes	4,307,697	2,800,004	1,507,693	
11 Fees for services (non-employees)				
a Management	1,550,282		1,550,282	
b Legal	121,705		121,705	
c Accounting				
d Lobbying	5,577		5,577	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,966,344	1,966,344		
12 Advertising and promotion	3,012,505	3,012,505		
13 Office expenses	4,008,740	4,008,740		
14 Information technology	1,732,832	1,732,832		
15 Royalties . .				
16 Occupancy	396,555	396,555		
17 Travel	473,971	473,971		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,215,395		1,215,395	
21 Payments to affiliates	14,161,089	14,161,089		
22 Depreciation, depletion, and amortization	10,510,368	10,510,368		
23 Insurance	1,814,754	1,814,754		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DRUGS & MED SUPPLIES	39,237,986	39,237,986	0	0
b REPAIRS & MAINTENANCE	6,784,923	6,784,923	0	0
c HOSPITAL ASSESSMENT FEE	3,915,231	3,915,231	0	0
d UTILITIES	1,681,213	1,681,213	0	0
e All other expenses	14,545,485	14,545,485		
25 **Total functional expenses.** Add lines 1 through 24e	197,973,450	163,531,710	34,441,740	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		13,010,170	1	14,701,061
	2	Savings and temporary cash investments		104,939	2	105,033
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		27,404,884	4	28,697,333
	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		2,349,390	7	
	8	Inventories for sale or use		4,829,951	8	5,144,095
	9	Prepaid expenses and deferred charges		3,082,000	9	4,234,630
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 236,243,435			
	b	Less accumulated depreciation	10b 129,361,222	103,386,767	10c	106,882,213
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		163,184,513	12	174,017,852
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,432,387	15	1,122,984
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		318,785,001	16	334,905,201
Liabilities	17	Accounts payable and accrued expenses		19,754,005	17	17,057,640
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		32,709,995	24	31,267,109
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,321,347	25	1,066,289
	26	**Total liabilities.** Add lines 17 through 25		53,785,347	26	49,391,038
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		263,946,742	27	284,714,852
	28	Temporarily restricted net assets		1,052,912	28	799,311
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		264,999,654	33	285,514,163
	34	Total liabilities and net assets/fund balances		318,785,001	34	334,905,201

Part XI **Reconcilliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	228,300,859
2	Total expenses (must equal Part IX, column (A), line 25)	2	197,973,450
3	Revenue less expenses Subtract line 2 from line 1	3	30,327,409
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	264,999,654
5	Net unrealized gains (losses) on investments	5	-8,515,630
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-730,651
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-566,619
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	285,514,163

Part XII **Financial Statements and Reporting**

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
GEORGE KIM MD DIRECTOR	1 00 0 00	X						0	0	0
MARTHA SUZIE YEAGER DIRECTOR	1 00 0 00	X						0	0	0
VERNITA TODD DIRECTOR	1 00 0 00	X						0	0	0
RANDY CRIPE TREASURER	1 00 0 00	X		X				0	0	0
BRENDA SROF DIRECTOR	1 00 0 00	X						0	0	0
KAREN SMITH DIRECTOR	1 00 0 00	X						0	0	0
KAREN PLETCHER DIRECTOR	1 00 0 00	X						0	0	0
LINDA BAXLEY CHAIR	1 00 0 00	X		X				0	0	0
SUSAN STIFFNEY RN DIRECTOR	1 00 0 00	X						0	0	0
JODY NEER MD DIRECTOR	1 00 40 00	X						0	402,256	31,732

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
DANIEL NAFZIGER MD VICE CHAIR	1 00 40 00	X		X				0	152,724	13,461
RANDAL CHRISTOPHEL PRESIDENT AND CEO	40 00 2 00	X		X				733,020	0	123,565
MARGARET S FRANGER VP OF CANCER SERVICES	40 00 1 00			X				292,140	0	47,260
RICK TARSKE VP OF GOSHEN PHYSICIANS	40 00 1 00			X				186,008	0	30,345
ALAN WELDY VP OF HR AND COMPLIANCE	40 00 1 00			X				456,271	0	54,704
VLADIMIR RADIVOJEVIC VP OF SURGICAL SERVICES	40 00 1 00			X				211,480	0	37,128
MARK PODGORSKI VP OF HOSPITAL OPERATIONS	40 00 1 00			X				276,565	0	43,373
PAM KARSEN VP OF NURSING	40 00 1 00			X				328,138	0	23,538
STEVE GARBODEN VP PLANNING AND MANAGED CARE	40 00 1 00			X				256,680	0	30,005
AMY FLORIA CFO	40 00 1 00			X				409,953	0	49,311

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
RANDALL CAMMENGA MD COO	40 00 1 00			X				620,599	0	17,174
LARRY ALLEN MD CMO	40 00 1 00			X				377,752	0	51,381
JOHN LOWDEN SENIOR MEDICAL PHYSICIST	40 00 0 00					X		207,864	0	22,136
VICTORIA OWENS ASSOCIATE PATHOLOGIST	40 00 0 00					X		242,105	0	24,924
XI ZEE WANG ASSOCIATE PATHOLOGIST	40 00 0 00					X		284,474	0	26,706
MIN YAN CHIEF PATHOLOGIST	40 00 0 00					X		387,244	0	27,092
POOPALASINGHAM POOVENDRAN MD PHYSICIAN	40 00 0 00					X		523,556	0	33,280

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GOSHEN HOSPITAL ASSOCIATION INC

Employer identification number
35-6001540

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (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 331/3% 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 331/3% 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F

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** . . . . ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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 **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	**1**		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	**2**		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	**3a**		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination*	**3b**		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use*	**3c**		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	**4a**		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	**4b**		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	**5a**		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	**5b**		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	**5c**		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	**6**		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	**8**		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	**9a**		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	**9b**		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	**9c**		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	**10b**		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	**11c**		

Part IV **Supporting Organizations** (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

		Yes	No
2 Activities Test **Answer (a) and (b) below.**			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3 Parent of Supported Organizations **Answer (a) and (b) below.**			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

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

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

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

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

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

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

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

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

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	Employer identification number
GOSHEN HOSPITAL ASSOCIATION INC	35-6001540

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

	(a)	(b)
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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		5,577
j	Total Add lines 1c through 1i			5,577
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GOSHEN HOSPITAL ASSOCIATION INC

Employer identification number
35-6001540

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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? ☐ Yes ☐ No

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

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

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 **d** ☐ Loan or exchange programs

b ☐ Scholarly research **e** ☐ Other

c ☐ Preservation for future generations

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**

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	**1c**	
d	Additions during the year	**1d**	
e	Distributions during the year	**1e**	
f	Ending balance	**1f**	

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

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

Part V **Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	**(b)** Prior year	**(c)** Two years back	**(d)** Three years back	**(e)** Four years back
1a	Beginning of year balance					
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

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

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

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

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land	2,988,795	3,884,037		6,872,832
b Buildings		99,626,893	39,906,898	59,719,995
c Leasehold improvements	377,005	113,748	222,334	268,419
d Equipment		117,574,089	89,231,990	28,342,099
e Other		11,678,868		11,678,868
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				106,882,213

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BOARD DESIGNATED FUNDS	168,669,726	F
(B) CANCER CENTER INVESTMENT	1,858,055	F
(C) LONG TERM INVESTMENTS	3,490,071	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	174,017,852	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
ASSET RETIREMENT OBLIGATION	121,103
DEFERRED COMPENSATION	469,869
DEFERRED MALPRACTICE	223,379
INTEREST RATE SWAP	251,938
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,066,289

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation

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

Return Reference	Explanation

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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GOSHEN HOSPITAL ASSOCIATION INC

Employer identification number
35-6001540

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		7,848	4,089,295		4,089,295	2 070 %
b Medicaid (from Worksheet 3, column a)		7,791	24,781,951	24,053,003	728,948	0 370 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		15,639	28,871,246	24,053,003	4,818,243	2 440 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		33,051	834,978	66,692	768,286	0 390 %
f Health professions education (from Worksheet 5)		379	689,102	4,547	684,555	0 350 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		32	848,206		848,206	0 430 %
j **Total.** Other Benefits		33,462	2,372,286	71,239	2,301,047	1 170 %
k **Total.** Add lines 7d and 7j		49,101	31,243,532	24,124,242	7,119,290	3 610 %

Part II Community 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
1	Physical improvements and housing						
2	Economic development			20,000		20,000	0 010 %
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			510,923		510,923	0 260 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other			35,795		35,795	0 020 %
10	**Total**			566,718		566,718	0 290 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	7,955,604		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	1,131,889		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	38,319,512		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	47,991,711		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-9,672,199		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used ☐ Cost accounting system ☐ Cost to charge ratio ☐ Other				

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 Name, address, primary website address, and state license number (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 IU HEALTH GOSHEN HOSPITAL

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

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) HTTPS //GOSHENHEALTH COM/PROMO-PAGES/COMMUNITY-NEEDS			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) HTTPS //GOSHENHEALTH COM/PROMO-PAGES/COMMUNITY-NEEDS			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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)

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

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☐ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	☐ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

			Yes	No
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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

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

			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?	19		No

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

a ☐ Reporting to credit agency(ies)

b ☐ Selling an individual's debt to another party

c ☐ Actions that require a legal or judicial process

d ☐ Other similar actions (describe in Section C)

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

a ☐ Notified individuals of the financial assistance policy on admission

b ☐ Notified individuals of the financial assistance policy prior to discharge

c ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills

d ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

e ☐ Other (describe in Section C)

f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

			Yes	No
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?	21	Yes	

If "No," indicate why

a ☐ The hospital facility did not provide care for any emergency medical conditions

b ☐ The hospital facility's policy was not in writing

c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)

d ☐ Other (describe in Section C)

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

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

a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged

b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged

c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged

d ☐ Other (describe in Section C)

			Yes	No
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		No

If "Yes," explain in Section C

			Yes	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?	24		No

If "Yes," explain in Section C

Part V **Facility Information** *(continued)*

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

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? 5

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 6A	GOSHEN HOSPITAL ASSOCIATION, INC REPORTS COMMUNITY BENEFIT INFORMATION AS PART OF THE INDIANA UNIVERSITY HEALTH, INC ANNUAL COMMUNITY BENEFIT REPORT (EIN 35-1955872)

Form and Line Reference	Explanation
PART I, LINE 7	GOSHEN HOSPITAL ASSOCIATION, INC CALCULATED THE COST OF FINANCIAL ASSISTANCE AND MEANS-TESTED GOVERNMENT PROGRAMS, USING THE COST-TO-CHARGE RATIO DERIVED FROM SCHEDULE H, WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES OTHER BENEFITS AMOUNTS REPORTED ON LINE 7 WERE CALCULATED USING COSTS CHARGED DIRECTLY TO THE INDIVIDUAL PROGRAMS VIA THE FINANCIAL ACCOUNTING SYSTEM AN INDIRECT COST ALLOCATION FACTOR FOR SHARED SERVICES IS ALSO CALCULATED AND INCLUDED IN APPLICABLE PROGRAMS LISTED IN OTHER BENEFITS

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	GOSHEN HOSPITAL ASSOCIATION, INC PROMOTED THE HEALTH OF ITS COMMUNITY BY SUPPORTING VARIOUS LOCAL ORGANIZATIONS THAT ENGAGE IN COMMUNITY BUILDING ACTIVITIES

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

Form and Line Reference	Explanation
PART III, LINE 3	GOSHEN HOSPITAL ASSOCIATION, INC ESTIMATED THE POSSIBLE AMOUNT OF CHARITY CARE WITHIN BAD DEBT EXPENSE BY REVIEWING ACCOUNTS THAT WERE INTERNALLY CODED AS HAVING BEEN PROVIDED A FINANCIAL ASSISTANCE APPLICATION, BUT THAT WAS NOT COMPLETED BY THE PATIENT OR GUARANTOR, IN WHICH THE ACCOUNT WAS SUBSEQUENTLY WRITTEN OFF TO BAD DEBT

Form and Line Reference	Explanation
PART III, LINE 4	THE FOLLOWING NARRATIVE ADDRESSES THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WHICH IS INCLUDED IN THE FOOTNOTES IN THE FINANCIAL STATEMENTS FOR IU HEALTH GOSHEN THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS, FOR ALL PAYORS, IS RECOGNIZED WHEN SERVICES ARE PROVIDED BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION BUSINESS AND ECONOMIC CONDITIONS, CHANGES AND TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON ACCOUNTS RECEIVABLE PAYOR COMPOSITION AND AGING, THE SIGNIFICANCE OF INDIVIDUAL PAYORS TO OUTSTANDING ACCOUNTS RECEIVABLE BALANCES, AND HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, AS ADJUSTED FOR COLLECTION INDICATORS THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR UNCOLLECTED PATIENT ACCOUNTS AND THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ADDITION, INDIANA UNIVERSITY HEALTH GOSHEN FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES PATIENT ACCOUNTS THAT ARE UNCOLLECTED, INCLUDING THOSE PLACED WITH COLLECTION AGENCIES, ARE INITIALLY CHARGED AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN ACCORDANCE WITH COLLECTION POLICIES OF INDIANA UNIVERSITY HEALTH GOSHEN AND, IN CERTAIN CASES, ARE RECLASSIFIED TO CHARITY CARE IF DEEMED TO OTHERWISE MEET FINANCIAL ASSISTANCE POLICIES OF INDIANA UNIVERSITY HEALTH GOSHEN

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

Form and Line Reference	Explanation
PART III, LINE 9B	FINANCIAL ASSISTANCE IS GRANTED TO THOSE PATIENTS UNABLE TO PAY ALL OR A PORTION OF THEIR BILL AND WHO ARE UNABLE TO QUALIFY FOR ASSISTANCE THROUGH FEDERAL AND STATE GOVERNMENT ASSISTANCE PROGRAMS IF AFTER INSURANCE REIMBURSEMENT ADDITIONAL ASSISTANCE IS NEEDED, ALL PATIENTS MAY OBTAIN FINANCIAL ASSISTANCE IF THE INCOME CRITERIA ARE MET ALL FINANCIAL ASSISTANCE APPLICATIONS ARE BASED ON POLICY GUIDELINES UNINSURED PATIENTS ARE REQUIRED TO PROVIDE DOCUMENTATION AND AN APPLICATION WHEN APPROVED, THE ADJUSTMENT IS APPLIED TO THE PATIENT'S ACCOUNT FOR PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE OF FINANCIAL ASSISTANCE, PAYMENT PLANS AND LUMP SUM SETTLEMENTS ARE AVAILABLE IU HEALTH GOSHEN HOSPITAL ALSO PARTNERS WITH A LOCAL FINANCING INSTITUTION TO PROVIDE A FLEXIBLE AND AFFORDING FINANCING SOLUTION

Form and Line Reference	Explanation
PART VI, LINE 2	AS A COMMUNITY HOSPITAL, IU HEALTH GOSHEN HOSPITAL IS DEDICATED TO MEETING THE SPECIFIC HEALTH CARE NEEDS OF OUR COMMUNITY THE HOSPITAL HAS 123 PATIENT BEDS AND OVER 137 PHYSICIANS ON ITS MEDICAL STAFF IN NEARLY 25 SPECIALTIES THESE PHYSICIANS, TOGETHER WITH OTHER DEDICATED PROFESSIONALS, PROVIDE A WIDE RANGE OF SERVICES INCLUDING THE FOLLOWING ACUTE MEDICAL & SURGICAL, EMERGENCY, HOME HEALTH, RADIOLOGY, LABORATORY, CANCER CARE, BARIATRICS, WOMEN'S HEALTH, PAIN MANAGEMENT, SLEEP STUDIES, REHABILITATION, PATIENT AND COMMUNITY HEALTH EDUCATION AND PROFESSIONAL EDUCATION THE CENTER FOR CANCER CARE IS A LEADER IN INNOVATIVE CANCER TREATMENT WE WERE AMONG THE FIRST TO ADOPT A COMPREHENSIVE, MULTIDISCIPLINARY APPROACH TO CANCER TREATMENT WE OFFER HOLISTIC PROGRAMS FOR STRENGTHENING MINDS AS WELL AS BODIES, PLACE A PREMIUM ON FAMILY INVOLVEMENT AND SPIRITUAL NEEDS, AND ENCOURAGE PATIENTS TO PLAY A DECISION-MAKING ROLE IN TREATMENT SELECTION THE CENTER FOR CANCER CARE HAS SPECIALLY TRAINED SURGICAL ONCOLOGISTS, A BREAST SURGEON, MEDICAL ONCOLOGISTS, A RADIATION ONCOLOGIST, NATUROPATHIC PRACTITIONERS AND HIGHLY DISTINGUISHED MAGNET DESIGNATED NURSES IU HEALTH GOSHEN HOSPITAL IMPROVES THE HEALTH AND WELL-BEING OF ITS COMMUNITIES BY PROVIDING COMMUNITY WELLNESS AND EDUCATION PROGRAMS THROUGH LOCAL PARTNERSHIPS, THE HOSPITAL IDENTIFIES HEALTH ISSUES AND CREATES PROGRAMS TO ENSURE OUR COMMUNITY IS THE HEALTHIEST PLACE TO LIVE, WORK AND RAISE A FAMILY THE FIRST OF THESE PROGRAMS COVER CPR, EMS, DIABETES, CHILDBIRTH, FITNESS, NUTRITION, COMMUNITY EDUCATION AND HEALTH SCREENINGS AND ELKHART COUNTY CHILDHOOD OBESITY INITIATIVE THE CPR CLASS IS FOR ANYONE - PROFESSIONALS OR PRIVATE CITIZENS - WHO WANT TO KNOW HOW TO PERFORM LIFE-SAVING CARDIOPULMONARY RESUSCITATION, FIRST AID CLASSES ARE ALSO OFFERED EMS TRAINING IS AVAILABLE FOR PERSONS INTERESTED IN BECOMING EMERGENCY MEDICAL TECHNICIANS OR FIREFIGHTERS THE DIABETES EDUCATION HELPS PEOPLE DELAY THE ONSET AND SLOW THE PROGRESSION OF COMPLICATIONS FROM THIS DISEASE IT INCLUDES SEMINARS, SUPPORT GROUPS, CONSULTATIONS AND SCREENINGS CHILDBIRTH EDUCATION PREPARES EXPECTANT MOTHERS AND THEIR FAMILIES DURING THIS SIGNIFICANT TIME IN THEIR LIFE CLASSES REVIEW MANY ASPECTS OF CHILDBIRTH INCLUDING LABOR REHEARSAL, CESAREAN DELIVERIES, SINGLE-TEEN ISSUES, BREAST FEEDING AND A CLASS JUST FOR SIBLINGS IN ADDITION TO VARIOUS COMMUNITY WELLNESS AND EDUCATION PROGRAMS, IU HEALTH GOSHEN HOSPITAL PROVIDES A FULL-SERVICE RESOURCE FOR COMPREHENSIVE HEALTH INFORMATION AND ASSISTANCE NURSE ON CALL (NOC) IS FULL-SERVICE, MULTI-LINGUAL HEALTH INFORMATION, REFERRAL AND NURSE TRIAGE TELEPHONE SERVICE AVAILABLE 24 HOURS A DAY, 7 DAYS WEEK NOC IS STAFFED BY SPECIALLY TRAINED, KNOWLEDGEABLE AND EXPERIENCED REGISTERED NURSES THIS FREE SERVICE PROVIDES MEDICAL GUIDANCE WHEN SICK OR INJURED, INFORMATION ON PHYSICIANS IN THE AREA, REFERRALS TO COMMUNITY RESOURCES AND REGISTRATION FOR CLASSES AND EVENTS

Form and Line Reference	Explanation
PART VI, LINE 3	UNINSURED PATIENTS ARE SCREENED DURING THE PRE-REGISTRATION PROCESS FOR ELIGIBILITY IN THE HEALTHY INDIANA PLAN AND FOR ANY OTHER KNOWN SOURCES OF FINANCIAL ASSISTANCE ALL REGISTRATION LOCATIONS HAVE FINANCIAL ASSISTANCE FORMS AVAILABLE FOR SELF-PAY PATIENTS TO COMPLETE AND WILL HAVE INFORMATION ON THE CRITERIA AND PROCESS FOR APPLYING FOR FINANCIAL ASSISTANCE APPLICATIONS ARE ALSO PROVIDED TO ANY PATIENTS WITH A BALANCE DUE WHO MAY QUALIFY FOR FINANCIAL ASSISTANCE COUNSELORS ARE AVAILABLE TO PATIENTS TO AID IN THE APPLICATION PROCESS INCLUDING THE COLLECTION OF INFORMATION TO COMPLETE THE APPLICATION PAYMENT OPTIONS AND INFORMATION ON FINANCIAL ASSISTANCE IS AVAILABLE ON THE HOSPITAL'S WEBSITE PATIENTS MAY DOWNLOAD A PRELIMINARY APPLICATION, AND THE PATIENT AGREEMENT ASSOCIATED WITH FINANCIAL ASSISTANCE FROM THE WEBSITE THIS INFORMATION IS AVAILABLE IN ENGLISH AND SPANISH

Form and Line Reference	Explanation
PART VI, LINE 4	IU HEALTH GOSHEN HOSPITAL SERVES THE NORTHERN INDIANA AREA IN ELKHART COUNTY ACCORDING TO THE 2015 CENSUS, THE POPULATION OF ELKHART COUNTY IS 203,474 THE MEDIAN INCOME FOR A HOUSEHOLD IN ELKHART COUNTY BASED ON THE 2015 CENSUS IS $46,983 APPROXIMATELY 12 6% OF FAMILIES AND 13 9% OF THE POPULATION WERE BELOW THE POVERTY LINE, INCLUDING 24 3% OF THOSE UNDER THE AGE 18 AND 6 2% OF THOSE AGE 65 AND OVER THE RACIAL MAKEUP OF THE COUNTY WAS ABOUT 89 5% WHITE, 6 3% AFRICAN AMERICAN, AND 15 3% HISPANIC OR LATINO THE REMAINING 4 2% OF THE POPULATION IS A MAKEUP OF ALL OTHER RACES

Form and Line Reference	Explanation
PART VI, LINE 5	ALL OF THE HOSPITAL'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA A MAJORITY OF THE BOARD MEMBERS ARE INDEPENDENT OF THE ORGANIZATION THE GOVERNING BODY APPROVES MEDICAL STAFF PRIVILEGES AS INDICATED IN THE ORGANIZATION'S CREDENTIALING AND PRIVILEGING POLICIES AND AS RECOMMENDED BY THE MEDICAL EXECUTIVE COMMITTEE OF THE HOSPITAL THE HOSPITAL'S GOVERNING BODY APPROVES THE ANNUAL OPERATING BUDGET FOR THE HOSPITAL AND THE EXPENDITURE OF CAPITAL FUNDS ABOVE CERTAIN DOLLAR AMOUNTS THE GOVERNING BODY ALSO PARTICIPATES IN STRATEGIC PLANNING INITIATIVES TO DETERMINE GOALS OBJECTIVES FOCUSED ON PATIENT CARE FOR THE COMMUNITY

Form and Line Reference	Explanation
PART VI, LINE 6	HOSPITAL MANAGEMENT PROVIDES IU HEALTH WITH THE HOSPITAL'S ANNUAL OPERATING BUDGET AND KEY STRATEGIC OBJECTIVES IN ADDITION, THE HOSPITAL MANAGEMENT PROVIDES IU HEALTH WITH VARIOUS KEY METRICS INVOLVING PATIENT SATISFACTION, PATIENT QUALITY AND COLLEAGUE SATISFACTION IU HEALTH REVIEWS THE DATA TO ENSURE KEY INITIATIVES ARE FOCUSED TOWARDS THE PROMOTING AND MEETING THE HEALTHCARE NEEDS OF THE COMMUNITIES IN ADDITION, THE HOSPITAL COLLABORATES WITH IU HEALTH TO PROVIDE NECESSARY NURSING EDUCATION AND PHYSICIAN RECRUITMENT TO ASSIST IN MEETING THE HEALTH NEEDS OF THE COMMUNITY

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	IN

Additional Data

Software ID:
Software Version:
EIN: 35-6001540
Name: GOSHEN HOSPITAL ASSOCIATION 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? 1 Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	IU HEALTH GOSHEN HOSPITAL 200 HIGH PARK AVENUE GOSHEN,IN 46526 WWW IUHEALTH ORG/GOSHEN 100270430	X	X					X			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GOSHEN HOSPITAL ASSOCIATION INC

Employer identification number
35-6001540

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 24

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

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

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAPLE CITY HEALTH CARE CENTER 213 MIDDLEBURY STREET GOSHEN,IN 46528	35-1749398	501(C)(3)	395,000				OPERATING SUPPORT
THE HORIZON EDUCATION ALLIANCE 124 E WASHINGTON STREET GOSHEN,IN 46528	46-0803293	501(C)(3)	30,000				OPERATING SUPPORT
UNITED CANCER SERVICES ELKHART COUNTY 23971 US HIGHWAY 33 ELKHART,IN 46530	35-1091429	501(C)(3)	20,407				OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS CLUBS ELKHART COUNTY 102 WEST LINCOLN SUITE 240 GOSHEN,IN 46526	35-1033735	501(C)(3)	20,000				OPERATING SUPPORT
CARE FOUNDATION INC 64468 MEADOW RIDGE DRIVE GOSHEN,IN 46526	35-2111562	501(C)(3)	16,000				OPERATING SUPPORT
NORTHERN INDIANA HISPANIC HEALTH COALITION 444 N NAPPANEE STREET ELKHART,IN 46514	32-0039221	501(C)(3)	15,000				OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR HEALING AND HOPE 423 E JEFFERSON STREET GOSHEN,IN 46528	02-0560511	501(C)(3)	13,102				OPERATING SUPPORT
LACASA INC 202 N COTTAGE AVE GOSHEN,IN 46528	35-1554538	501(C)(3)	12,850				OPERATING SUPPORT
BASHOR HOME OF THE UMC INC 62226 COUNTY ROAD 15 GOSHEN,IN 46526	35-0933555	501(C)(3)	11,100				OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKLAWN PSYCHIATRIC CENTER 330 LAKEVIEW DRIVE GOSHEN,IN 46527	35-1070041	501(C)(3)	11,000				OPERATING SUPPORT
COUNCIL ON AGING OF ELKHART COUNTY INC 230 E JACKSON BLVD ELKHART,IN 46516	51-0178910	501(C)(3)	10,000				OPERATING SUPPORT
CHILD AND PARENT SERVICES 100 W HIVELY AVENUE ELKHART,IN 46517	35-0888765	501(C)(3)	10,000				OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ELKHART COUNTY CLUBHOUSE 114 S 5TH STREET GOSHEN,IN 46528	27-1151738	501(C)(3)	10,000				OPERATING SUPPORT
MDC GOLDENROD 1514 COLLEGE AVENUE GOSHEN,IN 46526	31-1205424	501(C)(3)	8,200				OPERATING SUPPORT
ELKHART COUNTY HEALTH DEPARTMENT 1400 HUDSON STREET ELKHART,IN 46516	35-6000142	STATE OF INDIANA	8,000				OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOSHEN COMMUNITY SCHOOLS 613 PURL STREET GOSHEN,IN 46526	35-1099157	STATE OF INDIANA	8,000				OPERATING SUPPORT
FIRST MENNONITE CHURCH OF MIDDLEBURY FOOD PANTRY 201 E LAWRENCE ST MIDDLEBURY,IN 46540	45-2475878	501(C)(3)	6,794				OPERATING SUPPORT
SPA WOMENS MINISTRY 23221 US 20 EAST ELKHART,IN 46516	43-1998891	501(C)(3)	5,340				OPERATING SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHURCH COMMUNITY SERVICES PO BOX 2346 ELKHART,IN 46515	35-1155054	501(C)(3)	5,300				OPERATING SUPPORT
FAMILY CHRISTIAN DEVELOPMENT CENTER 151 S LOCKE STREET NAPPANEE,IN 46550	35-1979463	501(C)(3)	5,000				OPERATING SUPPORT
ELKHART COUNTY SUICIDE PREVENTION 608 OAKLAND AVE ELKHART,IN 46516	32-0167537	501(C)(3)	5,000				OPERATING SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY DENTAL CLINIC INC 7750 W 200 SOUTH TOPEKA,IN 46571	35-2068053	501(C)(3)	5,000				OPERATING SUPPORT
THE WINDOW INC 223 S MAIN STREET GOSHEN,IN 46526	35-1427937	501(C)(3)	5,000				OPERATING SUPPORT
UNITED HEALTH SERVICES ST JOSEPH 711 E COLFAX AVE SOUTH BEND,IN 46617	35-1118647	501(C)(3)	5,000				OPERATING SUPPORT

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GOSHEN HOSPITAL ASSOCIATION INC

Employer identification number
35-6001540

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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			
a	The organization?	5a		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b		No
6	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			
a	The organization?	6a		No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b		No
7	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	7		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported 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
PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS IU HEALTH GOSHEN HOSPITAL GROSSED UP THE TAXABLE VALUE OF AUTOMOBILES FOR 3 OF THE OFFICERS LISTED IN FORM 990, PART VII AND INCLUDED THE AMOUNT IN THE EMPLOYEES' W-2 AS ADDITIONAL COMPENSATION HEALTH OR SOCIAL CLUB DUES IU HEALTH GOSHEN HOSPITAL PAID FOR COUNTRY CLUB DUES FOR 4 OF THE OFFICERS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES LISTED IN FORM 990, PART VII ALL REIMBURSEMENTS ARE CONSIDERED TAXABLE INCOME TO THE EMPLOYEES
PART I, LINE 4A	AS PER OUR EMPLOYMENT AGREEMENT, UPON QUALIFYING TERMINATION DEFINED AS AN INVOLUNTARY SEPARATION FROM SERVICE OTHER THAN FOR CAUSE, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY BASED UPON YEARS OF SERVICE THE TERMS AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS REQUIRE THE EMPLOYEE TO SIGN A RELEASE OF CLAIMS FORM THAT COVERS ALL SITUATIONS SURROUNDING THE EMPLOYEE'S EMPLOYMENT AND SEPARATION FROM IU HEALTH GOSHEN RANDALL CAMMENGA $108,570
PART I, LINE 4B	ELIGIBLE EXECUTIVES PARTICIPATE IN VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F) THE EXACT PURPOSE OF EACH PLAN VARIES, BUT THEY INCLUDE COMPENSATION LIMITATION MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID NO NON-QUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO ANY LISTED PERSONS IN PART VII

Additional Data

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

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

(A) Name 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				
1 JODY NEER MDDIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	341,328	55,841	5,087	24,097	7,635	433,988	0
1 DANIEL NAFZIGER MD VICE CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	56,383	91,234	5,107	13,163	298	166,185	0
2 RANDAL CHRISTOPHEL PRESIDENT AND CEO	(i)	457,011	239,300	36,709	116,140	7,425	856,585	0
	(ii)	0	0	0	0	0	0	0
3 MARGARET S FRANGER VP OF CANCER SERVICES	(i)	227,971	62,974	1,195	37,269	9,991	339,400	0
	(ii)	0	0	0	0	0	0	0
4 RICK TARSKE VP OF GOSHEN PHYSICIANS	(i)	167,575	11,773	6,660	28,246	2,099	216,353	0
	(ii)	0	0	0	0	0	0	0
5 ALAN WELDY VP OF HR AND COMPLIANCE	(i)	341,903	100,946	13,422	49,709	4,995	510,975	0
	(ii)	0	0	0	0	0	0	0
6 VLADIMIR RADIVOJEVIC VP OF SURGICAL SERVICES	(i)	163,302	42,990	5,188	30,753	6,375	248,608	0
	(ii)	0	0	0	0	0	0	0
7 MARK PODGORSKI VP OF HOSPITAL OPERATIONS	(i)	215,549	56,890	4,126	40,323	3,050	319,938	0
	(ii)	0	0	0	0	0	0	0
8 PAM KARSEN VP OF NURSING	(i)	249,555	69,747	8,836	21,439	2,099	351,676	0
	(ii)	0	0	0	0	0	0	0
9 STEVE GARBODEN VP PLANNING AND MANAGED CARE	(i)	168,036	51,716	36,928	23,828	6,177	286,685	0
	(ii)	0	0	0	0	0	0	0
10 AMY FLORIACFO	(i)	308,793	88,003	13,157	43,582	5,729	459,264	0
	(ii)	0	0	0	0	0	0	0
11 RANDALL CAMMENGA MD COO	(i)	256,742	213,802	150,055	10,600	6,574	637,773	0
	(ii)	0	0	0	0	0	0	0
12 LARRY ALLEN MDCMO	(i)	294,131	75,353	8,268	46,885	4,496	429,133	0
	(ii)	0	0	0	0	0	0	0
13 JOHN LOWDEN SENIOR MEDICAL PHYSICIST	(i)	194,544	13,320	0	20,700	1,436	230,000	0
	(ii)	0	0	0	0	0	0	0
14 VICTORIA OWENS ASSOCIATE PATHOLOGIST	(i)	195,000	11,250	35,855	24,924	0	267,029	0
	(ii)	0	0	0	0	0	0	0
15 XI ZEE WANG ASSOCIATE PATHOLOGIST	(i)	244,908	0	39,566	18,240	8,466	311,180	0
	(ii)	0	0	0	0	0	0	0
16 MIN YAN CHIEF PATHOLOGIST	(i)	323,369	25,000	38,875	18,259	8,833	414,336	0
	(ii)	0	0	0	0	0	0	0
17 POOPALASINGHAM POOVENDRAN MD PHYSICIAN	(i)	505,505	0	18,051	28,840	4,440	556,836	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GOSHEN HOSPITAL ASSOCIATION INC

Employer identification number
35-6001540

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING OFFICERS, BOARD MEMBERS, AND KEY EMPLOYEES ARE EMPLOYEES OF IU HEALTH GOSHEN HOSPITAL OR ITS RELATED ORGANIZATIONS, AND SERVE ON OTHER RELATED TAXABLE BOARDS RANDAL CHRISTOPHEL AMY FLORIA ALAN WELDY
FORM 990, PART VI, SECTION A, LINE 6	IU HEALTH GOSHEN IS THE SOLE MEMBER OF IU HEALTH GOSHEN HOSPITAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	IU HEALTH GOSHEN AS THE SOLE MEMBER OF IU HEALTH GOSHEN HOSPITAL HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF THE HOSPITAL
FORM 990, PART VI, SECTION A, LINE 7B	ITEMS THAT REQUIRE APPROVAL OF IU HEALTH GOSHEN INCLUDE ANY AMENDMENT OF THE OPERATING AGR EEMENT, DISSOLUTION OF THE ORGANIZATION OR THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASS ETS OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	A FULL COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS AND THE AUDIT COMMITTEE IN NOVEMBER FOR REVIEW AND QUESTIONS BEFORE THE RETURN IS FILED WITH THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER COMPLETES AN ANNUAL DISCLOSURE OF KNOWN OR POTENTIAL CONFLICTS EACH DIS CLOSURE IS REVIEWED BY THE VP-LEGAL ADDITIONALLY WHEN AGENDA ITEMS ARE DISCUSSED AT MEETI NGS IT IS ASKED IF THERE ARE ANY KNOWN OR POTENTIAL CONFLICTS OF INTEREST, AND CONFLICTED PARTIES MUST RECUSE THEMSELVES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT COMMITTEE APPROVES THE COMPENSATION WHICH IS DETERMINED TO BE REASONABLE BASED UPON INDEPENDENT COMPARABILITY DATA PROVIDED BY AN INDEPENDENT CONSULTANT APPROVAL OF AMOUNTS ARE DOCUMENTED IN THE MINUTES
FORM 990, PART VI, SECTION C, LINE 19	IU HEALTH GOSHEN HOSPITAL WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY TRANSFER -537,697 INTEREST RATE SWAP -28,922

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
GOSHEN HOSPITAL ASSOCIATION INC

Employer identification number

35-6001540

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NAPPANEE CLINIC LLC 200 HIGH PARK AVENUE GOSHEN, IN 46526 20-1068334	HEALTHCARE	IN	0	0	GHS
(2) INDIANA LAKES MANAGED CARE ORG LLC 200 HIGH PARK AVENUE GOSHEN, IN 46526 35-1946663	HEALTHCARE	IN	-72,730	287,663	N/A
(3) INDIANA LAKES ACCOUNTABLE CARE ORG LLC 200 HIGH PARK AVENUE GOSHEN, IN 46526 45-5450141	HEALTHCARE	IN	-158,377	0	N/A
(4) PILR INC 200 HIGH PARK AVENUE GOSHEN, IN 46526 20-4294750	DEVELOPMENT	IN	0	0	GHS

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

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

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

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

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

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

Part V Transactions With Related Organizations

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) IU HEALTH GOSHEN FOUNDATION INC	C	483,910	FMV
(2) GOSHEN HEALTH SYSTEM INC	O	2,277,095	FMV
(3) GOSHEN HEALTH SYSTEM INC	R	13,765,920	FMV
(4) IU HEALTH GOSHEN FOUNDATION INC	R	395,169	FMV

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
CLARIAN TRANSPLANT INSTITUTE INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 13-4350599	HEALTHCARE	IN	501(C)(3)	9	IUH	Yes	
GOSHEN HEALTH SYSTEM INC 200 HIGH PARK AVE GOSHEN, IN 46526 35-1974765	HEALTHCARE	IN	501(C)(3)	11 III-FI	IUH	Yes	
HEALTHLINC INCORPORATED 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-3571507	HEALTHCARE	IN	501(C)(3)	9	IUHB	Yes	
INDIANA HEALTH INFO EXCHANGE INC 846 N SENATE AVE INDIANAPOLIS, IN 46202 36-4550324	HEALTHCARE	IN	501(C)(3)	11 I	N/A		No
INDIANA RADIOLOGY PARTNERS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 20-1017034	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
INDIANA UNIVERSITY HEALTH INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1955872	HEALTHCARE	IN	501(C)(3)	3	N/A		No
IU HEALTH ARNETT FOUNDATION INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-6079797	FUNDRAISING	IN	501(C)(3)	11 I	IUHA	Yes	
IU HEALTH ARNETT INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-3162145	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
IU HEALTH BALL MEMORIAL HOSPITAL INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-0867958	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
IU HEALTH BALL MEMORIAL PHYSICIANS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1925641	HEALTHCARE	IN	501(C)(3)	9	IUHBMH	Yes	
IU HEALTH BEDFORD INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 23-7042323	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
IU HEALTH BLACKFORD HOSPITAL INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 01-0646166	HEALTHCARE	IN	501(C)(3)	3	IUHBMH	Yes	
IU HEALTH BLOOMINGTON INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1720796	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
IU HEALTH BMH FOUNDATION INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 31-1111784	FUNDRAISING	IN	501(C)(3)	11 I	IUHBMH	Yes	
IU HEALTH CARE ASSOCIATES INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1747218	HEALTHCARE	IN	501(C)(3)	9	IUH	Yes	
IU HEALTH GOSHEN FOUNDATION INC 200 HIGH PARK AVE GOSHEN, IN 46526 46-2565300	FUNDRAISING	IN	501(C)(3)	7	GHS	Yes	
IU HEALTH LAPORTE HOSPITAL INC PO BOX 250 LAPORTE, IN 46352 35-1125434	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
IU HEALTH LAPORTE PHYSICIANS INC PO BOX 250 LAPORTE, IN 46352 31-1070868	HEALTHCARE	IN	501(C)(3)	3	IUHLH	Yes	
IU HEALTH MORGAN INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 27-3533027	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
IU HEALTH NORTH HOSPITAL INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1932442	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	

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IU HEALTH PAOLI HOSP FOUNDATION INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 31-0992486	FUNDRAISING	IN	501(C)(3)	9	IUHP	Yes	
IU HEALTH PAOLI INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-2090919	HEALTHCARE	IN	501(C)(3)	3	IUHB	Yes	
IU HEALTH PLANS NFP INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 46-3803873	INSURANCE	IN	501(C)(4)	N/A	IUH	Yes	
IU HEALTH TIPTON HOSPITAL INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-2772226	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
IU HEALTH WEST HOSPITAL INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1814660	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
IU HEALTH WHITE MEM HOSP FNDTN INC PO BOX 952 MONTICELLO, IN 47960 35-1671806	FUNDRAISING	IN	501(C)(3)	11 III-FI	IUHWMH	Yes	
IU HEALTH WHITE MEMORIAL HOSPITAL INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 27-3532963	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
IU MEDICAL GROUP FOUNDATION INC 340 W 10TH ST NO FS5100 INDIANAPOLIS, IN 46202 20-1093251	FUNDRAISING	IN	501(C)(3)	11 II	N/A		No
LAPORTE HOSPITAL FOUNDATION INC PO BOX 250 LAPORTE, IN 46352 31-0952775	FUNDRAISING	IN	501(C)(3)	11 I	N/A		No
MDWISE MARKETPLACE INC 1200 MADISON AVE INDIANAPOLIS, IN 46225 46-5270582	INSURANCE	IN	501(C)(4)	N/A	IUH	Yes	
MDWISE NETWORK INC 1200 MADISON AVE INDIANAPOLIS, IN 46225 47-2619552	INSURANCE	IN	501(C)(4)	N/A	IUH	Yes	
METHODIST HEALTH FOUNDATION INC 1800 N CAPITOL AVE INDIANAPOLIS, IN 46202 35-6043086	FUNDRAISING	IN	501(C)(3)	11 I	IUH	Yes	
METHODIST HEALTH GROUP INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-0876390	HEALTHCARE	IN	501(C)(3)	11 III-FI	N/A		No
METHODIST MEDICAL GROUP INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1945384	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
METHODIST OCCUP HEALTH CENTERS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1844176	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
METHODIST RESEARCH INSTITUTE INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-2023710	HEALTHCARE	IN	501(C)(3)	11 I	IUH	Yes	
MH HEALTHCARE INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1766531	HEALTHCARE	IN	501(C)(3)	3	MMG	Yes	
MORGAN CO MEM HOSP FOUNDATION INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-2035162	FUNDRAISING	IN	501(C)(3)	11 II	IUHMH	Yes	
MORGAN CO MEM HOSP GUILD INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 31-0886844	FUNDRAISING	IN	501(C)(3)	11 III-FI	IUHMH	Yes	
MORGAN HEALTH SERVICES INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1968564	HEALTHCARE	IN	501(C)(3)	3	IUHMH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
REHABILITATION HOSPITAL OF INDIANA INC 4141 SHORE DR INDIANAPOLIS, IN 46254 35-1786005	HEALTHCARE	IN	501(C)(3)	3	MHH	Yes	
RHI FOUNDATION INC 4141 SHORE DR INDIANAPOLIS, IN 46254 35-1932349	FUNDRAISING	IN	501(C)(3)	11 I	RHI	Yes	
THE CHEER GUILD OF RILEY HOS FOR CHILD 705 RILEY HOSPITAL DR INDIANAPOLIS, IN 46202 35-6018517	FUNDRAISING	IN	501(C)(3)	11 III-FI	N/A		No
TIPTON CO HEALTH CARE FOUNDATION INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 31-1231905	FUNDRAISING	IN	501(C)(3)	11 I	IUHTH	Yes	
UNIVERSITY FAMILY PHYSICIANS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 23-7427350	HEALTHCARE	IN	501(C)(3)	9	IUHCA	Yes	
GOSHEN HOSPITAL WOMENS AUXILIARY 200 HIGH PARK AVE GOSHEN, IN 46526 23-7017521	HEALTHCARE	IN	501(C)(3)	11 III-O	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
BALL OUTPATIENT SURGERY CENTER LLC 569 BROOKWOOD VILLAGE STE 901 BIRMINGHAM, AL 35209 27-0275794	HEALTHCARE	IN	N/A									
BELTWAY SURGERY CENTERS LLC 569 BROOKWOOD VILLAGE STE 901 BIRMINGHAM, AL 35209 35-2072586	HEALTHCARE	IN	N/A									
BLOOMINGTON ENDOSCOPY CENTER LLC PO BOX 550 BLOOMINGTON, IN 47402 35-2117943	HEALTHCARE	IN	N/A									
BOSC HOLDINGS LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 45-4147343	HEALTHCARE	IN	N/A									
BSC HOLDINGS LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 45-2314634	HEALTHCARE	IN	N/A									
CHV FUND I LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-2523206	VENTURE CAPITAL	IN	N/A									
CHV FUND II MANAGEMENT LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 37-1717823	VENTURE CAPITAL	IN	N/A									
CHV FUND II LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 80-0902337	VENTURE CAPITAL	IN	N/A									
CHV FUND MANAGEMENT LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-2523151	VENTURE CAPITAL	IN	N/A									
CLARIAN HEALTH NETWORK LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-2055030	HEALTHCARE	IN	N/A									
EAGLE HIGHLANDS SURGERY CENTER LLC 569 BROOKWOOD VILLAGE STE 901 BIRMINGHAM, AL 35209 35-2259204	HEALTHCARE	IN	N/A									
EHSC HOLDINGS LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 45-4147879	HEALTHCARE	IN	N/A									
EWASC HOLDINGS LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 47-3087761	HEALTHCARE	IN	N/A									
HEALTH VENTURE MANAGEMENT LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 20-5740218	MANAGEMENT	IN	N/A									
IEC HOLDINGS LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 45-4148032	HEALTHCARE	IN	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
INDIANA ENDOSCOPY CENTERS LLC 569 BROOKWOOD VILLAGE STE 901 BIRMINGHAM, AL 35209 20-8398421	HEALTHCARE	IN	N/A									
IU HEALTH EWA SURGERY CENTER LLC 569 BROOKWOOD VILLAGE STE 901 BIRMINGHAM, AL 35209 47-3102482	HEALTHCARE	IN	N/A									
IU HEALTH SAXONY SURGERY CENTER LLC 569 BROOKWOOD VILLAGE STE 901 BIRMINGHAM, AL 35209 27-5271091	HEALTHCARE	IN	N/A									
ROC SURGERY LLC 569 BROOKWOOD VILLAGE STE 901 BIRMINGHAM, AL 35209 27-1497960	HEALTHCARE	IN	N/A									
ROCS HOLDINGS LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 45-4148369	HEALTHCARE	IN	N/A									
SENATE STREET SURGERY CENTER LLC 569 BROOKWOOD VILLAGE STE 901 BIRMINGHAM, AL 35209 42-1709357	HEALTHCARE	IN	N/A									
SSC HOLDINGS LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 46-4472887	HEALTHCARE	IN	N/A									
SSSC HOLDINGS LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 45-4148167	HEALTHCARE	IN	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
(1) BMH MEDICAL PAVILION ASSOCIATION INC 2525 W UNIVERSITY AVE MUNCIE, IN 47303 35-1858408	CONDO MANAGEMENT	IN	N/A	C				Yes	
(1) CARDINAL HEALTH VENTURES INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1611424	MANAGEMENT	IN	N/A	C				Yes	
(2) CHV CAPITAL INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-0752507	VENTURE CAPITAL	IN	N/A	C				Yes	
(3) IU HEALTH 457(B) PLAN 1100 N MARKET ST WILMINGTON, DE 19890 47-6948347	INVESTMENTS	IN	N/A	T				Yes	
(4) IU HEALTH ACO INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 45-4421020	HEALTHCARE	IN	N/A	C				Yes	
(5) IU HEALTH BOARD DESIGNATED TRUST 400 HOWARD ST SAN FRANCISCO, CA 94105 30-6309021	INVESTMENTS	IN	N/A	T				Yes	
(6) IU HEALTH NTGI S&P500 FUND CF PO BOX 804358 CHICAGO, IL 60680 30-6298263	INVESTMENTS	IN	N/A	T				Yes	
(7) IU HEALTH PLANS HOLDING COMPANY INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 46-3794815	INSURANCE	IN	N/A	C				Yes	
(8) IU HEALTH PLANS NFP INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 46-3803873	INSURANCE	IN	N/A	C				Yes	
(9) IU HEALTH PLANS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-2127080	HMO	IN	N/A	C				Yes	
(10) IU HEALTH RISK PURCHASING GROUP INC 151 MEETING ST STE 301 CHARLESTON, SC 29401 26-0202446	INSURANCE	IN	N/A	C				Yes	
(11) IU HEALTH RISK RETENTION GROUP INC 151 MEETING ST STE 301 CHARLESTON, SC 29401 20-1107674	INSURANCE	SC	N/A	C				Yes	
(12) IU HEALTH SOUTHERN IN PHYSICIANS INC PO BOX 1149 BLOOMINGTON, IN 47402 35-1913875	HEALTHCARE	IN	N/A	C				Yes	
(13) IUH ASSURANCE SPC LTD PO BOX 69 94 SOLARIS AVE GRAND CAYMAN CJ 98-0395429	INSURANCE	CJ	N/A	C				Yes	
(14) OCC-HEALTH REVENUE SYSTEMS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 20-3308057	WORK COMP PPO	IN	N/A	C				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	No
PARKMOR DRUG INC AND (16) SUBSIDIARIES 1501 S MAIN ST GOSHEN, IN 46526 13-1394980	PHARMACY SALES	IN	GHS	C	465,688	3,979,020	100 000 %	Yes	
(1) PROTEUO FUND LP PO BOX 31106 89 NEXUS WAY GRAND CAYMAN CJ 98-1075227	INVESTMENTS	CJ	N/A	C				Yes	
(2) RADIATION ONCOLOGY RESOURCES INC 200 HIGH PARK AVE GOSHEN, IN 46526 26-2008424	HEALTHCARE	IN	GHS	C			100 000 %	Yes	
(3) SCANS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 45-3080392	HEALTHCARE	IN	N/A	C				Yes	
(4) UNIV HLTH (SHANGHAI) MGT CON CO LTD 88 CENTURY AVE SHANGHAI CH	MANAGEMENT	CH	N/A	C				Yes	
(5) UNIVERSITY HEALTH MANAGEMENT INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 27-2891143	MANAGEMENT	IN	N/A	C				Yes	
(6) UNIVERSITY HEALTH MGMT (CHINA) INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 27-3891311	MANAGEMENT	IN	N/A	C				Yes	