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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

Form 990

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

Do not enter social security numbers on this form as it may be made public

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

Department of the Treasury
Internal Revenue Service

For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
MUNSTER MEDICAL RESEARCH FOUNDATION INC

% MARY ANN SHACKLETT

Doing business as
COMMUNITY HOSPITAL

Number and street (or P O box if mail is not delivered to street address) Room/suite
901 MACARTHUR BOULEVARD

City or town, state or province, country, and ZIP or foreign postal code
MUNSTER, IN 46321

F Name and address of principal officer
MARY ANN SHACKLETT
10010 DONALD S POWERS DR 201
MUNSTER, IN 46321

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

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

H(c) Group exemption number ▶

D Employer identification number
35-1107009

E Telephone number
(219) 836-1600

G Gross receipts \$ 508,858,995

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

J Website: ▶ www.comhs.org

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

L Year of formation 1964

M State of legal domicile IN

Part I Summary					
Activities & Governance	1 Briefly describe the organization's mission or most significant activities COMMUNITY HOSPITAL IS COMMITTED TO PROVIDING THE HIGHEST QUALITY CARE IN THE MOST COST-EFFICIENT MANNER, RESPECTING THE DIGNITY OF THE INDIVIDUAL				
	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	20		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	3,454		
Revenue	6 Total number of volunteers (estimate if necessary)	6	185		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	806,556		
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-211,115		
	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
		2,780,112		341,730	
		478,449,224		494,209,046	
		1,064,039		228,038	
		12,937,625		13,363,010	
Expenses	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	495,231,000		508,141,824	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	214,295		162,775	
	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)	197,443,318		206,818,204	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0		0	
Net Assets or Fund Balances	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰				
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	239,218,433		250,681,747	
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	436,876,046		457,662,726	
	19 Revenue less expenses Subtract line 18 from line 12	58,354,954		50,479,098	
	20 Total assets (Part X, line 16)	Beginning of Current Year		End of Year	
		293,559,844		287,056,468	
		98,077,112		124,470,079	
		195,482,732		162,586,389	

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

MARY ANN SHACKLETT SR VP FINANCE & CFO

Type or print name and title

2017-05-15

Date

Print/Type preparer's name
BEN PITCHKITES

Preparer's signature
BEN PITCHKITES

Date

Check ☐ if self-employed

PTIN
P00362066

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4000

Phone no (317) 681-7000

INDIANAPOLIS, IN 46204

Paid Preparer Use Only

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

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

MUNSTER MEDICAL RESEARCH FOUNDATION, INC IS COMMITTED TO PROVIDING THE HIGHEST QUALITY CARE IN THE MOST COST-EFFICIENT MANNER, RESPECTING THE DIGNITY OF THE INDIVIDUAL, PROVIDING FOR THE WELL-BEING OF THE COMMUNITY AND SERVING THE NEEDS OF ALL PEOPLE, INCLUDING THE POOR AND DISADVANTAGED

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 \$ 420,762,119 including grants of \$ 162,775) (Revenue \$ 504,307,245)

MUNSTER MEDICAL RESEARCH FOUNDATION, INC , D/B/A/ COMMUNITY HOSPITAL IS A 458 BED ACUTE CARE HOSPITAL THAT OFFERS A BROAD RANGE OF SERVICES TO CARE FOR ITS PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY MUNSTER MEDICAL RESEARCH FOUNDATION, INC PROVIDES LEADING-EDGE CARE TO PATIENTS IN NORTHWEST INDIANA THROUGH ITS DEDICATION TO QUALITY AND INNOVATION, MUNSTER MEDICAL RESEARCH FOUNDATION, INC HAS EARNED A MULTITUDE OF ACCREDITATIONS, AWARDS, AND CERTIFICATIONS IN ITS PURSUIT OF IMPROVING THE HEALTH OF ITS PATIENTS AND COMMUNITY

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses ▶ 420,762,119

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0
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	3,454
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 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	1a 20		
b Enter the number of voting members included in line 1a, above, who are independent	1b 8		
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	No
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
MARY ANN SHACKLETT 10010 DONALD S POWERS DR 201 Munster, IN 46321 (219) 934-8250

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

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

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

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

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

[illegible]

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 ► 421

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

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.

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 ▶ 0	
--	--

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	252,000			
	e	Government grants (contributions)	1e	6,041			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	83,689			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		341,730			
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 621110	493,056,469	493,056,469		
	b	MEDICAL LABORATORY	621511	307,220		307,220	
	c	INTERCOMPANY RENT REVENUE	531120	845,357	845,357		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		494,209,046			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		224,938		
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties		0			
6a		(i) Real		410,630			410,630
		1,127,801					
		(ii) Personal					
b		Less rental expenses		717,171			
c		Rental income or (loss)		410,630	0		
d		Net rental income or (loss)		410,630			
7a		(i) Securities		3,100			3,100
		(ii) Other					
		3,100					
b		Less cost or other basis and sales expenses					
c		Gain or (loss)			3,100		
d		Net gain or (loss)		3,100			
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		0			
		a					
b		Less direct expenses					
c		Net income or (loss) from fundraising events . . .		0			
9a	Gross income from gaming activities See Part IV, line 19		0				
	a						
b	Less direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances		0				
	a						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . .		0				
Miscellaneous Revenue		Business Code					
11a	PHARMACY	446110	6,352,480	6,295,071	57,409		
b	FITNESS/SPA POINTE REVENUE	713940	3,661,439	3,219,512	441,927		
c	CAFETERIA	722514	2,352,625			2,352,625	
d	All other revenue		585,836	583,616		2,220	
e	Total. Add lines 11a-11d		12,952,380				
12	Total revenue. See Instructions		508,141,824	504,000,025	806,556	2,993,513	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	162,775	162,775		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	1,148,938		1,148,938	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	240,606	240,606		
7 Other salaries and wages.	159,855,992	151,140,781	8,715,211	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	15,514,945	14,565,823	949,122	
9 Other employee benefits.	18,507,447	17,375,259	1,132,188	
10 Payroll taxes.	11,550,276	10,843,691	706,585	
11 Fees for services (non-employees):				
a Management.	976,147		976,147	
b Legal.	823,975		823,975	
c Accounting.	344,663		344,663	
d Lobbying.	7,778		7,778	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	21,763,379	18,542,086	3,221,293	
12 Advertising and promotion.	1,677,835	1,515,591	162,244	
13 Office expenses.	4,443,802	2,003,298	2,440,504	
14 Information technology.	475,462	462,795	12,667	
15 Royalties.	0			
16 Occupancy.	5,324,386	1,672,463	3,651,923	
17 Travel.	166,951	131,071	35,880	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	209,176	193,155	16,021	
20 Interest.	5,699		5,699	
21 Payments to affiliates.	0	0	0	
22 Depreciation, depletion, and amortization.	21,841,447	20,505,303	1,336,144	
23 Insurance.	3,160,026	2,966,712	193,314	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a MEDICAL SUPPLIES	92,166,186	92,166,186		
b CORPORATE ALLOCATION	48,263,015	45,310,539	2,952,476	
c MEDICAID ASSESSMENT FEE	19,063,018	19,063,018		
d PHYSICIAN ALLOCATION	12,226,076	11,478,149	747,927	
e All other expenses	17,742,726	10,422,818	7,319,908	
25 Total functional expenses. Add lines 1 through 24e.	457,662,726	420,762,119	36,900,607	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)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		0	1	0	
	2	Savings and temporary cash investments		16,176,082	2	2,276,774	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		57,667,554	4	60,034,148	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		9,504,766	8	9,920,727	
	9	Prepaid expenses and deferred charges		1,181,547	9	1,444,294	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	527,063,129			
	b	Less: accumulated depreciation	10b	321,450,610	200,384,521	10c	205,612,519
	11	Investments—publicly traded securities		0	11	0	
	12	Investments—other securities. See Part IV, line 11		0	12	0	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		1,360,000	14	1,360,000	
	15	Other assets. See Part IV, line 11		7,285,374	15	6,408,006	
16	Total assets. Add lines 1 through 15 (must equal line 34)		293,559,844	16	287,056,468		
Liabilities	17	Accounts payable and accrued expenses		35,817,447	17	34,272,508	
	18	Grants payable		0	18	0	
	19	Deferred revenue		516,717	19	352,300	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		61,742,948	25	89,845,271	
	26	Total liabilities. Add lines 17 through 25		98,077,112	26	124,470,079	
	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		195,197,466	27	162,257,273	
28		Temporarily restricted net assets		182,920	28	226,770	
29		Permanently restricted net assets		102,346	29	102,346	
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		195,482,732	33	162,586,389	
34		Total liabilities and net assets/fund balances		293,559,844	34	287,056,468	

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	508,141,824
2	Total expenses (must equal Part IX, column (A), line 25)	2	457,662,726
3	Revenue less expenses Subtract line 2 from line 1	3	50,479,098
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	195,482,732
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-83,375,441
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	162,586,389

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HON JAMES RICHARDS DIRECTOR	1 0 31 0	X						24,000	50,840	0
NTIN SARDESAI MD DIRECTOR	1 0 0 0	X						0	0	0
M NABIL SHABEEB MD FACS DIRECTOR	1 0 3 0	X						0	18,300	0
DONALD TORRENGA DIRECTOR	1 0 4 0	X						0	18,500	0
JAY ZANDSTRA DIRECTOR	1 0 1 0	X						0	18,900	0
DAVID WICKLAND PRESIDENT	1 0 16 0	X		X				24,000	50,840	0
JOSEPH MORROW VICE PRESIDENT	1 0 1 0	X		X				0	10,200	0
RICHARD MCCLAUGHRY SECRETARY	1 0 2 0	X		X				0	45,440	0
DAVID BOCHNOWSKI TREASURER	1 0 1 0	X		X				0	18,200	0
DONALD P FESKO ADMINISTRATOR	40 0 3 0	X		X				0	705,560	47,650

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY ANN SHACKLETT SR VP FINANCE & SYSTEM CFO	1 0 48 0			X				0	712,037	78,844
LUIS MOLINA VP OF FINANCE/CFO	40 0 1 0			X				617,682	0	64,760
RONDA MCKAY VP & CNO	40 0 0 0				X			317,280	0	14,138
RICHARD BERKOWITZ MD PHYSICIAN & MEDICAL DIRECTOR	40 0 0 0					X		622,661	0	59,092
MICHAEL A BRODY MD PHYSICIAN	40 0 0 0					X		453,600	0	55,912
RONALD PETERSON PHYSICIAN	40 0 0 0					X		456,122	0	51,000
JOSEPH HOLTZ PHYSICIAN	40 0 0 0					X		456,246	0	41,086
PRITI CHOWDHURY PHYSICIAN	40 0 0 0					X		453,600	0	38,211

SCHEDULE A
(Form 990 or 990EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MUNSTER MEDICAL RESEARCH FOUNDATION INC

Employer identification number
35-1107009

Part I

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

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

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 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
MUNSTER MEDICAL RESEARCH FOUNDATION INC

Employer identification number
35-1107009

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)
☐ Protection of natural habitat
☐ Preservation of open space

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

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

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

(ii)

Assets included in Form 990, Part X
► \$

2

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

a

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

b

Assets included in Form 990, Part X
► \$

Part III

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

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	98,287	104,676	96,854	95,017	96,330
b Contributions					
c Net investment earnings, gains, and losses	-1,223	-6,236	7,972	1,987	-1,163
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	162	153	150	150	150
g End of year balance	96,902	98,287	104,676	96,854	95,017

2

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

a

Board designated or quasi-endowment

b

Permanent endowment 100.000 %

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

☐ Yes

☐ No

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		6,940,686		6,940,686
b Buildings		359,716,421	204,532,107	155,184,314
c Leasehold improvements		1,286,570	1,199,402	87,168
d Equipment		144,796,362	109,659,465	35,136,897
e Other		14,323,090	6,059,636	8,263,454
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				205,612,519

Schedule D (Form 990) 2015

Part II

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 III

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
SUPPLEMENTAL INFORMATION	PT V LINE 4 - INTENDED USE OF ENDOWMENT FUNDS ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT THE NEEDS OF MUNSTER MEDICAL RESEARCH FOUNDATION, INC

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 35-1107009

Name: MUNSTER MEDICAL RESEARCH FOUNDATION INC

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Book Value
	NON-CURRENT PENSION LIABILITY	69,625,437
	MEDICAID ASSESSMENT FEE	13,977,331
	LT LEGAL CLAIM LIABILITY	4,571,427
	3RD PARTY LIABILITY	850,759
	ASSET RETIREMENT OBLIGATION	434,410
	MISCELLANEOUS LIABILITIES	249,999
	LEASE OBLIGATIONS	91,482
	SECURITY DEPOSITS	44,426

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 MUNSTER MEDICAL RESEARCH FOUNDATION INC	Employer identification number 35-1107009
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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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 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		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		1,035	3,784,562	478,603	3,305,959	0 730 %
b Medicaid (from Worksheet 3, column a)		42,531	69,305,495	39,510,856	29,794,639	6 550 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		43,566	73,090,057	39,989,459	33,100,598	7 280 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	229	9,192	832,475	32,982	799,493	0 180 %
f Health professions education (from Worksheet 5)	14	1,221	2,336,872		2,336,872	0 510 %
g Subsidized health services (from Worksheet 6)	1	11	101,508	97,882	3,626	
h Research (from Worksheet 7)	57	6,228	1,616,452	233,930	1,382,522	0 300 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	105		245,345		245,345	0 050 %
j Total. Other Benefits	406	16,652	5,132,652	364,794	4,767,858	1 040 %
k Total. Add lines 7d and 7j	406	60,218	78,222,709	40,354,253	37,868,456	8 320 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support	2	98,430		98,430	0.020 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total	2	98,430		98,430	0.020 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

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

2,418,629

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

24,186

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

Section B. Medicare

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

182,932,965

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

226,701,301

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

-43,768,336

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

☒ Cost accounting system☐ Cost to charge ratio☐ Other

Section C. Collection Practices

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

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

Part IVManagement Companies and Joint Ventures

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

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

Section A. Hospital Facilities

1

See Additional Data Table

[illegible]

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

MUNSTER MEDICAL RESEARCH FOUNDATION

Name of hospital facility or letter of facility reporting group

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	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 16		
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	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	☒ Hospital facility's website (list url) https://www.comhs.org/		
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 16		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) See Part V Disclosure		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)

MUNSTER MEDICAL RESEARCH FOUNDATION

Name of hospital facility or letter of facility reporting group

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 300 % 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)	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) 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)	15	Yes	
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☒ The FAP was widely available on a website (list url) https://www.comhs.org/ b ☒ The FAP application form was widely available on a website (list url) See Part V Disclosure c ☒ A plain language summary of the FAP was widely available on a website (list url) See Part V Disclosure 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)	16	Yes	

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a ☐ 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)

MUNSTER MEDICAL RESEARCH FOUNDATION

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☒ Notified individuals of the financial assistance policy on admission			
b	☒ Notified individuals of the financial assistance policy prior to discharge			
c	☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
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)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

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

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

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

Form and Line Reference	Explanation

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
1 COMMUNITY SURGERY CENTER 801 MACARTHUR BOULEVARD MUNSTER, IN 46321	OUTPATIENT SURGERY
2 COMMUNITY DIAGNOSTIC CENTER 10020 DONALD S POWERS DRIVE MUNSTER, IN 46321	DIAGNOSTIC CENTER
3 ST JOHN OUTPATIENT CENTER 9660 WICKER AVENUE ST JOHN, IN 46373	OUTPATIENT CENTER
4 COMMUNITY CARDIOLOGY CENTER 801 MACARTHUR BOULEVARD MUNSTER, IN 46321	OUTPATIENT CENTER
5 FITNESS POINTE 9550 COLUMBIA AVENUE MUNSTER, IN 46321	REHABILITATION
6 COMMUNITY HOME HEALTH SERVICES 9104 COLUMBIA AVENUE MUNSTER, IN 46321	HOME HEALTH
7 SCHERERVILLE OUTPATIENT CENTER 7651 HARVEST DRIVE SCHERERVILLE, IN 46375	OUTPATIENT CENTER
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 3c - Factors other than FPG used to determine FAP eligibility	N/A - FPG is the only factor used

Form and Line Reference	Explanation
PART I, LINE 6A - Was a Community Benefit report prepared	THE STATE OF INDIANA ACCEPTS FORM 990 SCHEDULE H IN LIEU OF A COMMUNITY BENEFIT REPORT Community Hospital makes its 990 available to the public

Form and Line Reference	Explanation
PART I, LINE 7 - Financial assistance & other community benefits at cost	COST ACCOUNTING SYSTEM WAS USED FOR COMPUTATIONS BAD DEBT IS EXCLUDED FROM THE CALCULATION MEDICAID DIRECT OFFSETTING REVENUE INCLUDES THE INCREASED HAF REIMBURSEMENT THE EXPENSE INCLUDES THE HAF FEE

Form and Line Reference	Explanation
PART II - COMMUNITY BUILDING ACTIVITIES	Community Support (line 3) - This category can include "disaster readiness and public health emergency activities, such as readiness training beyond what is required by accrediting bodies or government entities " Expenses and revenues relating to the Bio-terrorism department of the hospital have been included in this category

Form and Line Reference	Explanation
PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT AT COST	THE COST TO CHARGE RATIO PER THE S-10 WORKSHEET OF THE MEDICARE COST REPORT IS USED TO ESTIMATE BAD DEBT AT COST

Form and Line Reference	Explanation
PART III, LINE 3 - BAD DEBT EXPENSE ATTRIBUTABLE TO FAP ELIGIBLE PATIENTS	WE ESTIMATE 1% OF THE BAD DEBT EXPENSE TO BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE

Form and Line Reference	Explanation
PART III, LINE 4 - BAD DEBT EXPENSE FOOTNOTE FROM AUDIT	Patient service revenue, net of contractual allowances and discounts, is reduced by the provision for bad debts, and net accounts receivable are reduced by an allowance for uncollectible accounts. The provision for bad debts is based upon management's assessment of historical and expected net collections, taking into consideration the trends in health care coverage, economic trends, and other collection indicators. Management regularly assesses the adequacy of the allowances based upon historical write-off experience by major payor category and aging bucket. The results of the review are then utilized to make modifications, as necessary, to the provision for bad debts to provide for an appropriate allowance for bad debts. A significant portion of the hospitals' uninsured patients will be unable or unwilling to pay for services provided, and a significant portion of the hospitals' insured patients will be unable or unwilling to pay for co-payments and deductibles. Thus, the hospitals record a significant provision for bad debts related to uninsured patients in the period the services are provided. After all reasonable collection efforts have been exhausted in accordance with CFNI's policy, accounts receivable are written off and charged against the allowance for bad debts.

Form and Line Reference	Explanation
PART III, LINE 8 - Why Medicare shortfall should be community benefit	WE PROVIDE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICE PROVIDED OR THE REIMBURSEMENT RECEIVED FROM MEDICARE, QUALIFYING THE SHORTFALL AS A COMMUNITY BENEFIT THE Medicare allowable costs of care were CALCULATED BY USING INFORMATION FROM THE COST ACCOUNTING SYSTEM

Form and Line Reference	Explanation
PART III, LINE 9B - COLLECTION PRACTICES FOR QUALIFYING FA PATIENTS	COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS PATIENTS ARE SCREENED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE COLLECTION PROCEDURES BEGIN IF AT ANY POINT IN THE COLLECTION PROCESS, DOCUMENTATION IS RECEIVED THAT INDICATES THE PATIENT IS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAS NOT APPLIED FOR IT, THE ACCOUNT IS REFERRED BACK FOR A FINANCIAL ASSISTANCE REVIEW

Form and Line Reference	Explanation
2 NEEDS ASSESSMENT	IN COLLABORATION WITH COMMUNITY HEALTHCARE SYSTEM, FRANCISCAN ALLIANCE, AND THE METHODIST HOSPITALS, Inc , COMMUNITY HOSPITAL CONTRACTED WITH A THIRD PARTY TO PERFORM OUR COMMUNITY HEALTH NEEDS ASSESSMENT AS PER REGULATION 501(R) The most recent CHNA was conducted in 2016 and is available ON the following website https //www.comhs.org/about-us/community-health-needs-assessment IN ADDITION TO OUR CHNA, WHICH IS CONDUCTED EVERY THREE YEARS, COMMUNITY HOSPITAL CONTINUALLY ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES THIS IS AN ONGOING ENDEAVOR IN WHICH WE RELY HEAVILY UPON INPUT FROM OUR COMMUNITY LEADERS WE ALSO CONDUCT MANY HEALTHCARE RELATED EVENTS THROUGHOUT THE YEAR WITHIN THE COMMUNITY THIS CAN VARY FROM EDUCATIONAL CLASSES TO SPECIFIC DISEASE SCREENINGS WE HAVE ALSO FOUND THAT A GOOD DATA SOURCE IS OUR PATIENTS WE FREQUENTLY SURVEY OUR PATIENTS TO OBTAIN THIS INFORMATION

Form and Line Reference	Explanation
3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PATIENTS WHO ARE ADMITTED WITHOUT INSURANCE ARE DIRECTED TO THE HOSPITAL'S FINANCIAL COUNSELORS THE FINANCIAL COUNSELORS PERFORM AN INTERVIEW WITH THE PATIENTS TO EXPLAIN TO THEM THE PROCESS NECESSARY TO RECEIVE FINANCIAL ASSISTANCE THIS PROCESS INCLUDES APPLYING FOR MEDICAID OR OTHER GOVERNMENT AID THE APPLICANT THEN MUST FILL OUT A FINANCIAL INFORMATION WORKSHEET AND SUBMIT VARIOUS INFORMATION TO DETERMINE IF THEY QUALIFY FOR FINANCIAL ASSISTANCE IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY THE POLICY IS POSTED IN THE EMERGENCY ROOM AREA AS WELL AS AT EACH INPATIENT WAITING DESK THE INFORMATION IS ALSO AVAILABLE ON OUR WEBSITE

Form and Line Reference	Explanation
4 COMMUNITY INFORMATION	LOCATED IN MUNSTER, INDIANA, THE COMMUNITY SERVED INCLUDES NORTHWEST INDIANA LATEST U S CENSUS BUREAU DEMOGRAPHIC INFORMATION COMPARING MUNSTER TO THE STATE OF INDIANA Munster Indiana Persons under 18 years, percent, 2010 23 4% 24 8% Persons 65 years and over, percent, 2010 18 7% 13 0% White alone, percent, 2010 (a) 85 6% 84 3% Black or African American alone, percent, 2010 (a) 3 5% 9 1% Hispanic or Latino, percent, 2010 (b) 10 2% 6 0% White alone, not Hispanic or Latino, percent, 2010 79 2% 81 5% High school graduate or higher, age 25+, 2011-2015 93 7% 87 8% Bachelor's degree or higher, age 25+, 2011-2015 41 8% 24 1% Median household income, 2011-2015 \$70,503 \$49,255 Persons in poverty, percent, 2011-2015 8 6% 14 5% (a) Includes persons reporting only one race (b) Hispanics may be of any race, so also are included in applicable race categories

Form and Line Reference	Explanation
5 PROMOTION OF COMMUNITY HEALTH	Community Hospital in Munster, Indiana, is a not-for-profit, non-sectarian, acute care facility recognized for meeting this nation's highest health care standards. The Joint Commission on Accreditation of Health Care Organizations has awarded Community Hospital Accreditation with Commendation, its highest honor, recognizing the hospital's exemplary performance. Community Hospital has more admissions than any single hospital in Lake County, Indiana. Community Hospital has been awarded numerous national accreditations and recognitions for the quality of care to the community. This unmatched record of quality health care is backed by some of the area's most respected medical professionals and some of the most advanced medical technology available. The 458-bed hospital has a medical staff of more than 600 physicians. Community Hospital operates among its services a 24-hour Emergency Department, Intensive Care, Intermediate Care, Advanced Cardiovascular Services, Neurosurgery including Deep Brain Stimulation, Pediatrics, Obstetrics and Neonatal units, Community Oncology Center, Women's Diagnostic Center, Rehabilitation Center, Orthopedics Unit and Same Day Outpatient Surgery. In November 1998, the hospital opened Fitness Pointe, a health club facility that encompasses general fitness, health and wellness education and support, physical therapy and sports medicine. This unique, medically-based fitness facility furthers the hospital's mission to improve the health and well-being of our community. The first patient was admitted to Community Hospital on September 11, 1973, at which time it was a 104-bed medical surgical facility. Today, the not-for-profit hospital is the area's busiest, operating the largest heart and cancer programs as well as delivering the most babies in the area each year. Community Hospital continues to invest resources to assemble an impressive network of health care services that span the illness-to-wellness spectrum. Community Hospital is committed to providing expert medical care to Northwest Indiana residents by investing in advanced technologies, innovative treatments and specialty trained staff. The hospital utilizes multidisciplinary teams of health professionals and shared governance among the nursing staff for increased collaboration and accountability in patient care. These efforts have led to the achievement of numerous quality awards and accreditations, recognizing Community Hospitals consistent excellence in patient outcomes and experiences. Community Hospital operates as a part of the Community Healthcare System, which includes St Catherine Hospital, Inc. in East Chicago, Indiana and St Mary Medical Center, Inc. in Hobart, Indiana. Mission, Vision, and Values MISSION Community Healthcare System is committed to provide the highest quality care in the most cost-efficient manner, respecting the dignity of the individual, providing for the well-being of the community and serving the needs of all people, including the poor and disadvantaged. VISION Community Healthcare System is one medical provider organized across three hospital campuses. It links three Indiana hospitals - Community Hospital in Munster, St Catherine Hospital in East Chicago, and St Mary Medical Center in Hobart - and many outpatient clinics and physician offices. The system is dedicated to maintain the Catholic tradition of St Catherine Hospital and St Mary Medical Center as well as the non-sectarian foundation of Community Hospital. Community Healthcare System will become the prominent, integrated healthcare system in Northwest Indiana. Through integration, the system will capitalize on opportunities to increase overall growth, improve operating efficiency, and realize capital to better serve our patients, physicians, and employees. VALUES "Dignity-we value the dignity of human life, which is sacred and deserving of respect and fairness throughout its stages of existence." "Compassionate Care-we value compassionate care, treating those we serve and one another with professionalism, concern and kindness, exceeding expectations." "Community-we value meeting the vital responsibilities in the community we serve, and take a leadership role in enhancing the quality of life and health, striving to reduce the incidence of illness through clinical services, education and prevention." "Quality-we value quality and strive for excellence in all we do, working together collaboratively as the power of our combined efforts exceeds what each of us can accomplish alone." "Stewardship-we value trustworthy stewardship and adherence to the highest ethical standards that justify public trust and protect what is of value to the system - its human resources, material and financial assets. Community Hospital takes pride in being responsive to the needs of our community. Below, we have listed current programs designed to meet those needs. THE DESIGNATED POPULATION THAT COMMUNITY HOSPITAL IS FOCUSING ON INCLUDES THOSE INDIVIDUALS WHOSE LIF

Form and Line Reference	Explanation
5 PROMOTION OF COMMUNITY HEALTH	E-STYLE BEHAVIORS PUT THEM AT RISK FOR DISEASE AND ILLNESS OUR PRIMARY FOCUS THIS YEAR IS ON DISEASES THAT HAVE BEEN IDENTIFIED AS HEALTH DISCREPANCIES IN LAKE COUNTY, INDIANA - D IABETES, HEART DISEASE & STROKE, AND MATERNAL INFANT & CHILD HEALTH THE INCIDENCE OF THESE DISEASES IN OUR REGION SURPASSED STATE AND NATIONAL AVERAGES, AND THEREFORE DEMANDED OUR PRIMARY FOCUS ALL OF THESE AREAS HAVE A COMMON LINK TO MODIFIABLE LIFESTYLE RISK FACTORS , EDUCATION, PREVENTION AND ACCESS TO MEDICAL SERVICES COMMUNITY HOSPITAL HAS INVESTED GREATLY IN RECENT YEARS IN TREATMENT AND EDUCATION PROGRAMS AND IN OFFERING PATIENTS ACCESS TO TREATMENTS NOT AVAILABLE ELSEWHERE IN THE COUNTY WE ARE EXPANDING BEST PRACTICE EFFORTS THROUGH THE PRIMARY CARE SETTING, IN PARTICULAR OUR EMPLOYED PHYSICIANS GROUP THE FOCUS OF OUR COMMUNITY BENEFIT IS TO USE RESOURCES TO REACH BEYOND THE TREATMENT OF THESE DISEASES TO HELP EDUCATE, SUPPORT AND EMPOWER INDIVIDUALS TO LOWER THEIR RISKS 2015-2016 ANNUAL PROGRESS REPORT A THE COMMUNITY HOSPITAL FITNESS POINTE THE GOAL OF FITNESS POINTE IS TO PROVIDE OPPORTUNITIES FOR PERSONS OF NORTHWEST INDIANA TO IMPROVE AND MAINTAIN THEIR HEALTHY LIFE-STYLE HABITS, LOWERING THEIR RISKS FOR HEART DISEASE, STROKES, AND DIABETES THE FACILITY WAS DEVELOPED TO ADDRESS FINDINGS OF OUR 1995 HEALTH NEEDS ASSESSMENT THAT IDENTIFIED OPPORTUNITIES TO IMPROVE THE HEALTH STATUS OF OUR COMMUNITY COMMUNITY HOSPITAL OPENED FITNESS POINTE ON NOVEMBER 1, 1998 THE APPROXIMATE 73,000 SQUARE FOOT FACILITY HOUSES THE HOSPITAL'S OUTPATIENT PHYSICAL THERAPY, DIZZINESS AND SPINAL THERAPY, OUTPATIENT DIETARY COUNSELING, NEW HEALTHY ME AND THE FITNESS POINTE DEPARTMENTS FITNESS POINTE PROGRAMS ADDRESS HEALTH EDUCATION/ WELLNESS, AND FITNESS-RELATED CONTENT AREAS THE COMMUNITY EDUCATION OFFERINGS AND THE CONTRIBUTIONS OF THE HOSPITAL EMPLOYEES AND MEDICAL STAFF ARE VITAL PIECES IN ADDRESSING THE HEALTH DISPARITIES IN LAKE COUNTY, SUPPORTING A VARIETY OF DISEASE PREVENTION GOALS MANY OF THE COMMUNITY EDUCATION CLASSES ORIGINALLY DEVELOPED AT FITNESS POINTE ARE NOW ALSO OFFERED AT COMMUNITY HOSPITAL OUTPATIENT CENTRE IN ST JOHN, VALPARAISO HEALTH CENTER, CANCER RESOURCE CENTER, VALPARAISO YMCA AND PORTAGE YMCA, FURTHER EXPANDING THE SCOPE OF SERVICES HEALTH EDUCATION/ WELLNESS SERVICES - THE COMMUNITY HEALTH NEEDS ASSESSMENT INDICATED LAKE COUNTY RESIDENTS HAVE INCREASED RISK FOR HEART DISEASE AND CANCER COMPARED TO STATE AND NATIONAL STATISTICS A VARIETY OF HEALTH EDUCATION AND WELLNESS PROGRAMS ARE OFFERED TO THE COMMUNITY AT LITTLE OR NO CHARGE TO IMPROVE KNOWLEDGE AND AWARENESS OF LIFE-STYLE RELATED RISKS FOR THESE DISEASES FITNESS POINTE PROVIDES A SUPPORTIVE ENVIRONMENT FOR AREA RESIDENTS TO MAINTAIN HEALTHY HABITS RESEARCH INDICATES CERTAIN INDIVIDUALS ARE AT GREATER RISK FOR LIFE-STYLE RELATED DISEASES SUCH AS HEART DISEASE AND DIABETES BASED ON PHYSICAL MEASURES FITNESS POINTE SCREENINGS FOR THESE RISKS DURING MANDATORY FITNESS PROFILES ARE PERFORMED ON ALL NEW PROGRAM PARTICIPANTS IN A STUDY IN CONJUNCTION WITH VALPARAISO UNIVERSITY AND THE HEART CENTER AT COMMUNITY HOSPITAL, FITNESS POINTE IDENTIFIED 1,321 INDIVIDUALS AT A SIGNIFICANTLY INCREASED RISK FOR DIABETES AND HEART DISEASE OF THESE INDIVIDUALS, 700 OF THEM AT THE HIGHEST RISK LEVELS FOR HEART DISEASE AND DIABETES WERE INVITED TO UNDERGO ADDITIONAL SCREENING FOR BLOOD CHOLESTEROL, BODY MASS INDEX AND BLOOD PRESSURE SOME OTHERS AT MODERATE TO HIGH RISK WERE TARGETED, THROUGH ADDITIONAL SCREENING AND LIFE-STYLE MODIFICATION, FOR INTERVENTION TO REDUCE THEIR RISK OF DISEASE WITH 25% OF WHITE CHILDREN AND 33% OF AFRICAN AMERICAN AND HISPANIC CHILDREN BEING OVERWEIGHT ACCORDING TO 2001 STATISTICS, FITNESS POINTE HAS DEVELOPED PROGRAMS TO HELP ADDRESS THIS ISSUE "FIT TRIP" IS A PROGRAM THAT BRINGS 1ST-3RD GRADE STUDENTS TO FITNESS POINTE FOR A 90 MINUTE INTRODUCTION AND EXPERIENCE WITH DIFFERENT TYPES OF EXERCISE COMBINED WITH BASIC NUTRITION TIPS "TAKE 5 FOR LIFE" IS

Form and Line Reference	Explanation
6 AFFILIATED HEALTH CARE SYSTEM	COMMUNITY HOSPITAL IS PART OF AN AFFILIATED SYSTEM EACH HOSPITAL IN THE SYSTEM PROVIDES MEDICAL SERVICES TO THEIR COMMUNITIES AND ADJOINING COMMUNITIES EACH ENTITY'S PURPOSE IS TO PROVIDE HEALTH CARE TO THOSE WHO NEED IT, INCLUDING THE UNINSURED OR UNDERINSURED

Form and Line Reference	Explanation
7 STATE FILING OF COMMUNITY BENEFIT REPORT	INDIANA

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 35-1107009
Name: MUNSTER MEDICAL RESEARCH FOUNDATION 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	MUNSTER MEDICAL RESEARCH FOUNDATION 901 MACARTHUR BOULEVARD MUNSTER, IN 46321 COMHS.ORG/COMMUNITY 15-005106-1	X	X				X			

2015

Open to Public Inspection

35-1107009

☐ Yes ☒ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

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 IV SUPPLEMENTAL INFORMATION	REQUESTS FOR DONATIONS FROM QUALIFIED 501(C)(3) CHARITIES, UNIVERSITIES, AND OTNER EXEMPT ORGANIZATIONS ARE EVALUATED AS TO WHETHER THE POTENTIAL DONEE ORGANIZATION WILL USE THE FUNDS IN A MANNER CONSISTENT WITH OUR CHARITABLE MISSION AND THE INTENTION OF THE CONTRIBUTION OUR DONATIONS/CONTRIBUTIONS ARE PRIMARILY MADE TO LOCAL ORGANIZATIONS SINCE THESE ARE NOT GRANTS, THERE IS NO NEED TO MONITOR

Additional Data

Software ID:
Software Version:
EIN: 35-1107009
Name: MUNSTER MEDICAL RESEARCH FOUNDATION 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
PURDUE UNIVERSITY CALUMET 2200 169TH STREET HAMMOND, IN 46323	35-6002041	501(C)3	32,400				SPONSORSHIP
MUNSTER HIGH SCHOOL 8808 COLUMBIA AVENUE MUNSTER, IN 46321	35-6002675	501(C)3	10,350				SPONSORSHIP
PROMPT AMBULANCE SERVICE INC 9835 EXPRESS DRIVE HIGHLAND, IN 46322	35-2058342		10,000				SPONSORSHIP

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
LEGACY FOUNDATION OF NW IN 1000 EAST 80TH PLACE MERRILLVILLE, IN 46410	35-1872803	501(C)3	8,900				SPONSORSHIP
NWI PARKINSONS 2927 JEWETT AVENUE HIGHLAND, IN 46322	46-1580036	501(C)3	7,000				SPONSORSHIP
HOSPICE OF THE CALUMET AREA 600 SUPERIOR AVENUE MUNSTER, IN 46321	35-1519392	501(C)3	6,200				SPONSORSHIP

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
GIRLS ON THE RUN INTERNATIONAL 9824 TERRACE COURT HIGHLAND, IN 46322	56-2201835	501(C)3	6,000				SPONSORSHIP

Schedule J

(Form 990)

Compensation Information

OMB No 1545-0047

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.

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

MUNSTER MEDICAL RESEARCH FOUNDATION INC

Employer identification number

35-1107009

Part I

Questions Regarding Compensation

- 1a
- Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 indemnification 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.
- 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?
- 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

No

b

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b

No

c

Participate in, or receive payment from, an equity-based compensation arrangement?

4c

No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only 501(c)(3), 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?

5b

No
- If "Yes," on line 5a or 5b, describe in Part III.
- 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?

6b

No
- If "Yes," on line 6a or 6b, describe in Part III.
- 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
- Yes
- 8
- Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 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
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DONALD P FESKO ADMINISTRATOR	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	494,160	161,516	49,884	11,925	35,725	753,210	0
2 MARY ANN SHACKLETT SR VP FINANCE & SYSTEM CFO	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	415,066	272,953	24,018	53,000	25,844	790,881	0
3 LUIS MOLINA VP OF FINANCE/CFO	(i)	355,392 -----	213,071 -----	49,219 -----	35,775 -----	28,985 -----	682,442 -----	0 -----
	(ii)	0	0	0	0	0	0	0
4 RONDA MCKAYVP & CNO	(i)	224,514 -----	91,305 -----	1,461 -----	6,145 -----	7,993 -----	331,418 -----	0 -----
	(ii)	0	0	0	0	0	0	0
5 RICHARD BERKOWITZ MD PHYSICIAN & MEDICAL DIRECTOR	(i)	576,421 -----	0 -----	46,240 -----	28,488 -----	30,604 -----	681,753 -----	0 -----
	(ii)	0	0	0	0	0	0	0
6 MICHAEL A BRODY MD PHYSICIAN	(i)	452,858 -----	0 -----	742 -----	28,118 -----	27,794 -----	509,512 -----	0 -----
	(ii)	0	0	0	0	0	0	0
7 RONALD PETERSON PHYSICIAN	(i)	434,858 -----	0 -----	21,264 -----	28,488 -----	22,512 -----	507,122 -----	0 -----
	(ii)	0	0	0	0	0	0	0
8 JOSEPH HOLTZPHYSICIAN	(i)	437,108 -----	0 -----	19,138 -----	28,488 -----	12,598 -----	497,332 -----	0 -----
	(ii)	0	0	0	0	0	0	0
9 PRITI CHOWDHURY PHYSICIAN	(i)	434,858 -----	0 -----	18,742 -----	28,488 -----	9,723 -----	491,811 -----	0 -----
	(ii)	0	0	0	0	0	0	0

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 - PROVIDED TO/FOR A PERSON IN 990, PART VII, SEC A, LN 1A	THE ORGANIZATION PAYS HEALTH/SOCIAL CLUB DUES ON BEHALF OF CERTAIN OFFICERS, KEY EMPLOYEES AND FIVE HIGHEST PAID EMPLOYEES, WHICH IS THEN TAXED AS A FRINGE BENEFIT TO THE INDIVIDUAL
PART I, LINE 3 - USED TO ESTABLISH COMPENSATION OF ORG CEO/EXEC DIR	MUNSTER MEDICAL RESEARCH FOUNDATION, INC. FOLLOWS ITS PARENT, (CFNI), COMPENSATION POLICIES. THE CFNI BOARD HAS ADOPTED EXECUTIVE AND BOARD OF DIRECTORS COMPENSATION PHILOSOPHY AND REASONABLENESS STANDARDS. THIS IS TO ASCERTAIN THAT THESE STANDARDS ARE ADHERED TO. THEIR PROCESS FOR COLLECTING AND ASSEMBLING MARKET DATA IS CONSISTENT WITH THE REBUTTABLE PRESUMPTION CHECKLIST AND GUIDELINES ALONG WITH FAIR MARKET VALUE USED BY THE IRS IN CONDUCTING EXECUTIVE COMPENSATION REVIEWS AS WELL AS CONTEMPORARY COMPENSATION PRACTICES. ALL MARKET DATA IS ASSEMBLED FROM REPUTABLE COMMERCIALLY AVAILABLE SURVEYS.
PART I, LINE 7 - NON-FIXED PAYMENTS NOT DESCRIBED IN LINES 5 AND 6	DESCRETIONARY BONUS IS PAID BASED ON FINANCIAL PERFORMANCE AND QUALITY INDICATORS TO CERTAIN EXECUTIVES

Additional Data

Software ID:
Software Version:
EIN: 35-1107009
Name: MUNSTER MEDICAL RESEARCH FOUNDATION 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				
1DONALD P FESKO ADMINISTRATOR	(i)	0	0	0	0	0	0	0
	(ii)	494,160	161,516	49,884	11,925	-	-	0
						35,725	753,210	
1MARY ANN SHACKLETT SR VP FINANCE & SYSTEM CFO	(i)	0	0	0	0	0	0	0
	(ii)	415,066	272,953	24,018	53,000	-	-	0
						25,844	790,881	
2LUIS MOLINA VP OF FINANCE/CFO	(i)	355,392	213,071	49,219	35,775	28,985	682,442	0
	(ii)	0	0	0	0	-	-	0
						0	0	
3RONDA MCKAYVP & CNO	(i)	224,514	91,305	1,461	6,145	7,993	331,418	0
	(ii)	0	0	0	0	-	-	0
						0	0	
4RICHARD BERKOWITZ MD PHYSICIAN & MEDICAL DIRECTOR	(i)	576,421	0	46,240	28,488	30,604	681,753	0
	(ii)	0	0	0	0	-	-	0
						0	0	
5MICHAEL A BRODY MD PHYSICIAN	(i)	452,858	0	742	28,118	27,794	509,512	0
	(ii)	0	0	0	0	-	-	0
						0	0	
6RONALD PETERSON PHYSICIAN	(i)	434,858	0	21,264	28,488	22,512	507,122	0
	(ii)	0	0	0	0	-	-	0
						0	0	
7JOSEPH HOLTZPHYSICIAN	(i)	437,108	0	19,138	28,488	12,598	497,332	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8PRITI CHOWDHURY PHYSICIAN	(i)	434,858	0	18,742	28,488	9,723	491,811	0
	(ii)	0	0	0	0	-	-	0
						0	0	

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MUNSTER MEDICAL RESEARCH FOUNDATION INC

Employer identification number
35-1107009

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HASSE CONSTRUCTION	OWNED BY WILLIAM HASSE	2,245,392	INDEPENDENT CONTRACTOR		No
(2) SARN II	DR SHABEEB PART OWNER	216,257	RENTAL OF OFFICE SPACE		No
(3) CARDIOLOGY ASSOC OF NW IN	SN MAKAM, MD OFFICER	33,330	INDEPENDENT CONTRACTOR		No
(4) KAY TORRENGA	FAM MEM OF D TORRENGA	89,375	EMPLOYMENT		No
(5) GARY MCKAY	FAM MEM OF RONDA MCKAY	77,823	EMPLOYMENT		No
(6) STEVEN PAUL CHOVANEC	FAM MEM STEVEN G CHOVANEC	56,741	EMPLOYMENT		No
(7) RYAN TORRENGA	FAM MEM OF D TORRENGA	16,667	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 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
MUNSTER MEDICAL RESEARCH FOUNDATION INC**Employer identification number**

35-1107009

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 2 - FAMILY OR BUSINESS RELATIONSHIPS	Frankie Fesko is a family member of Donald P Fesko
PART VI, LINE 6 - Members or stockholders	Community Foundation of Northwest Indiana, Inc (CFNI) is the sole member or stockholder

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 7A - WHO HAS THE POWER TO ELECT MEMBERS OF GOVERNING BODY	COMMUNITY FOUNDATION OF NORTHWEST INDIANA, INC (CFNI) IS THE PARENT COMPANY OF MUNSTER MEDICAL RESEARCH FOUNDATION, INC (MMRF) AND HAS CONTROL TO ELECT MEMBERS OF THE GOVERNING BODY
PART VI, LINE 7B - GOVERNANCE DECISIONS RESERVED OTHER THAN GOVERNING BODY	COMMUNITY FOUNDATION OF NORTHWEST INDIANA, INC IS THE PARENT COMPANY OF MUNSTER MEDICAL RESEARCH FOUNDATION, INC AND HAS RIGHTS TO APPROVE DECISIONS MADE BY MMRF

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 11B - GOVERNING BODY 990 REVIEW PROCESS	THE 990 IS SUBMITTED TO THE SENIOR VP AND CFO FOR REVIEW ONCE THIS REVIEW IS COMPLETE THE RETURNS ARE THEN PRESENTED TO SENIOR LEADERSHIP FOR REVIEW THE 990 IS ALSO REVIEWED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM BEFORE IT IS POSTED TO A SECURE WEBSITE TO ALLOW THE BOARD OF DIRECTORS TO REVIEW PRIOR TO FILING
PART VI, LINE 12C - PROCESS TO MONITOR CONFLICT OF INTEREST	AS PART OF THE ORGANIZATION'S ANNUAL MONITORING & ENFORCEMENT PROCEDURE RELATING TO ITS CONFLICT OF INTEREST POLICY, ALL CONFLICT OF INTEREST QUESTIONNAIRES ARE REVIEWED BY THE VP OF CORPORATE COMPLIANCE AND THOSE OFFICERS, DIRECTORS, OR KEY EMPLOYEES WHO DO NOT RETURN OR FULLY COMPLETE THE QUESTIONNAIRE ARE CONTACTED TO RECONCILE THE OMISSION RESTRICTIONS ON MEMBERS WITH A CONFLICT - MEMBERS WITH A CONFLICT ARE REQUIRED TO RECUSE THEMSELVES FROM ANY DELIBERATION AND MUST ABSTAIN FROM THE VOTE

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, LINE 15 - PROCESS TO DETERMINE OFFICER & KEY PERSON COMPENSATION	THE CFNI BOARD ADOPTED EXECUTIVE AND BOARD OF DIRECTORS COMPENSATION PHILOSOPHY AND REASONABLENESS STANDARDS THIS IS TO ASCERTAIN THAT THESE STANDARDS ARE ADHERED TO THEIR PROCESS FOR COLLECTING AND ASSEMBLING MARKET DATA IS CONSISTENT WITH THE REBUTTABLE PRESUMPTION CHECKLIST AND GUIDELINES ALONG WITH FAIR MARKET VALUE USED BY THE IRS IN CONDUCTING EXECUTIVE COMPENSATION REVIEWS AS WELL AS CONTEMPORARY COMPENSATION PRACTICES ALL MARKET DATA IS ASSEMBLED FROM REPUTABLE COMMERCIALY AVAILABLE SOURCES AND UPDATED ANNUALLY THE MOST RECENT UPDATE OCCURRED IN MARCH 2016
PART VI, LINE 19 - PUBLIC AVAILABILITY OF FS, COI POLICY , & GOVERNING DOCS	MUNSTER MEDICAL RESEARCH FOUNDATION, INC DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC IN ACCORDANCE WITH BOND COVENANTS, MUNSTER MEDICAL RESEARCH FOUNDATION, INC THROUGH COMMUNITY FOUNDATION OF NORTHWEST INDIANA, INC MAKES ITS FINANCIAL STATEMENTS AND DISCLOSURES AVAILABLE TO THE PUBLIC THROUGH THE EMMA DATABASE

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, SECTION A - OFFICERS, DIRECTORS, KEY EMPLOYEES	CERTAIN SALARIES AND MEDICAL DIRECTORSHIPS ARE PAID BY A RELATED ORGANIZATION, USUALLY THE PARENT (CFNI), WHILE THE HOURS ARE APPLICABLE TO THE REPORTING ORGANIZATION
PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	Transfers to related organizations 16,789,902 PRIOR PERIOD ADJUSTMENT GRANT REVENUE 30,028 Income on restricted funds (1,384) Pension liability adjustment (19,531,773) Transfers from related organizations (80,662,214) Total changes in net assets (83,375,441)

SCHEDULE R
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MUNSTER MEDICAL RESEARCH FOUNDATION INC

Employer identification number
35-1107009

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

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
COMMUNITY RESOURCES (1)INC 907 RIDGE ROAD MUNSTER, IN 46321 35-1727711	MGMT SERVICES	IN	CFNI	C CORP	0	0		Yes	
COMMUNITY MEDICAL & (2)PROFESSIONAL CENTER 800 MACARTHUR BOULEVARD MUNSTER, IN 46321 23-7437942	CONDO ASSOC	IN	CFNI	C CORP	0	0		Yes	

Part V

Transactions With Related Organizations

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

Yes

Yes

Yes

No

No

No

Yes

Yes

No

No

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

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

Schedule R (Form 990) 2015

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 35-1107009
Name: MUNSTER MEDICAL RESEARCH FOUNDATION INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
COMMUNITY FOUNDATION OF NW INDIANA INC 10010 DONALD S POWERS DR 201 MUNSTER, IN 46321 31-1128781	SUPPORTNG ORG	IN	501(c)(3)	11(c)	NA		No
ST CATHERINE HOSPITAL INC 4321 FIR STREET EAST CHICAGO, IN 46312 35-1738708	HOSPITAL	IN	501(c)(3)	3	CFNI	Yes	
ST MARY MEDICAL CENTER INC 1500 South LAKE PARK AVenue HOBART, IN 46342 35-2007327	HOSPITAL	IN	501(c)(3)	3	CFNI	Yes	
COMMUNITY CANCER RESEARCH FNDN INC 901 MACARTHUR BOULEVARD MUNSTER, IN 46321 35-2146374	CANCER FUNDRA	IN	501(c)(3)	7	MMRF	Yes	
COMMUNITY VILLAGE INC 10000 COLUMBIA AVENUE MUNSTER, IN 46321 35-1956395	RETRMT HOME	IN	501(c)(3)	9	CFNI	Yes	
CVPA HOLDING CORPORATION 1040 RIDGE ROAD MUNSTER, IN 46321 35-1938136	TITLE HLDG CO	IN	501(c)(2)	N/A	CFNI	Yes	
THEATRE AT THE CENTER INC 905 RIDGE ROAD MUNSTER, IN 46321 35-1939427	PLAYS & ARTS	IN	501(c)(3)	9	CFNI	Yes	
COMMUNITY CARE NETWORK INC 901 MACARTHUR BOULEVARD MUNSTER, IN 46321 45-4158203	PHYS SERVICES	IN	501(c)(3)	3	MMRF SCH SMM	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	COMMUNITY CARE NETWORK INC	I	266,269	FMV
(1)	COMMUNITY CARE NETWORK INC	J	845,357	FMV
(2)	ST MARY MEDICAL CENTER INC	O	1,092,898	FMV
(3)	ST CATHERINE HOSPITAL INC	O	894,107	FMV
(4)	COMMUNITY CANCER RESEARCH FOUNDATION INC	O	154,455	FMV
(5)	COMMUNITY CARE NETWORK INC	P	15,398,205	FMV
(6)	COMMUNITY CANCER RESEARCH FOUNDATION INC	P	959,523	FMV
(7)	COMMUNITY VILLAGE INC	P	64,268	FMV
(8)	ST MARY MEDICAL CENTER INC	Q	1,073,446	FMV
(9)	ST CATHERINE HOSPITAL INC	Q	730,497	FMV