

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016**

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final
  - Return/terminated
  - Amended return
  - Application pending

**C** Name of organization  
GOSHEN HEALTH SYSTEM INC

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Doing business as

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

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

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**F** Name and address of principal officer  
RANDAL CHRISTOPHEL  
200 HIGH PARK AVENUE  
GOSHEN, IN 46526

**D** Employer identification number  
35-1974765

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**E** Telephone number  
(574) 535-2665

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**G** Gross receipts \$ 48,637,885

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

**J** Website: ▶ [HTTPS //GOSHENHEALTH.COM](https://goshenhealth.com)

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

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

**H(c)** Group exemption number ▶

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1997 **M** State of legal domicile IN

**Part I Summary**

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

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

|  |          |
|--|----------|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | 20       |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 16       |
| <b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)  | 521      |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | 16       |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | -31,473  |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34               | -179,598 |

|   | Prior Year | Current Year |
|---|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 13,765,920 | 18,949,984   |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 25,382,830 | 29,054,969   |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | -55,544    | 0            |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 689,018    | 632,932      |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 39,782,224 | 48,637,885   |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 0          | 0            |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0          | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 29,916,090 | 36,236,539   |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0          | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0                      |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 10,069,986 | 12,401,346   |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 39,986,076 | 48,637,885   |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                               | -203,852   | 0            |

|   | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                            | 4,258,932                 | 5,612,139   |
| <b>21</b> Total liabilities (Part X, line 26)                       | 6,100,167                 | 7,222,374   |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 | -1,841,235                | -1,610,235  |

**Part II Signature Block**

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

**Sign Here**

\*\*\*\*\*  
Signature of officer \_\_\_\_\_ Date 2017-11-10

AMY FLORIA CFO  
Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

|  |                                      |      |   |                   |
|--|--------------------------------------|------|---|-------------------|
| Print/Type preparer's name<br>WAYNE HARDER                     | Preparer's signature<br>WAYNE HARDER | Date | Check <input type="checkbox"/> if self-employed | PTIN<br>P00294296 |
| Firm's name ▶ RSM US LLP                                       |                                      |      | Firm's EIN ▶ 42-0714325                         |                   |
| Firm's address ▶ 1 S WACKER DRIVE STE 800<br>CHICAGO, IL 60606 |                                      |      | Phone no (312) 634-3400                         |                   |

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 42,998,845 including grants of \$ ) (Revenue \$ 29,482,383 )  
See Additional Data

**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 ▶ 42,998,845

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a through 38, covering various organizational requirements and schedules.

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included in line 1a, above, who are independent (16); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); 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? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes)

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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, [X] 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 (BEN BONTRAGER 200 HIGH PARK AVENUE GOSHEN, IN 46526 (574) 535-2665)







**Part VIII Statement of Revenue**

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

|  |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |  |
|--|---|--|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                | <b>1a</b> Federated campaigns . . .   | <b>1a</b>  |                      |  |   |  |  |
|  | <b>b</b> Membership dues . . .  | <b>1b</b>  |                      |  |   |  |  |
|  | <b>c</b> Fundraising events . . .   | <b>1c</b>  |                      |  |   |  |  |
|  | <b>d</b> Related organizations  | <b>1d</b>  | 18,949,984           |  |   |  |  |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>  |                      |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above   | <b>1f</b>  |                      |  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f \$ _____   |  |                      |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .   |  | 18,949,984           |  |   |  |  |
| <b>Program Service Revenue</b>   |   | Business Code  |                      |  |   |  |  |
|  | <b>2a</b> HEALTHCARE SERVICES   | 621110   | 29,012,837           | 29,012,837   |   |  |  |
|  | <b>b</b> EKG REVENUES   | 621110   | 42,132               | 42,132   |   |  |  |
|  | <b>c</b> _____  |  |                      |  |   |  |  |
|  | <b>d</b> _____  |  |                      |  |   |  |  |
|  | <b>e</b> _____  |  |                      |  |   |  |  |
|  | <b>f</b> All other program service revenue  |  |                      |  |   |  |  |
| <b>g Total.</b> Add lines 2a-2f . . . . .                                    |   | 29,054,969   |                      |  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .   |  |                      |  |   |  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds   |  |                      |  |   |  |  |
|  | <b>5</b> Royalties . . . . .  |  |                      |  |   |  |  |
|  | <b>6a</b> Gross rents   | (i) Real   | (ii) Personal        |  |   |  |  |
|  |   |  | 84,989               |  |   |  |  |
|  |   | <b>b</b> Less rental expenses                        |                      | 0  |   |  |  |
|  |   | <b>c</b> Rental income or (loss)                     |                      | 84,989   |   |  |  |
|  | <b>d</b> Net rental income or (loss) . . . . .  |  | 84,989               | 84,989   |   |  |  |
|  | <b>7a</b> Gross amount from sales of assets other than inventory  | (i) Securities                                       | (ii) Other           |  |   |  |  |
|  |   |  |                      |  |   |  |  |
|  |   | <b>b</b> Less cost or other basis and sales expenses |                      |  |   |  |  |
|  |   | <b>c</b> Gain or (loss)                              |                      |  |   |  |  |
|  | <b>d</b> Net gain or (loss) . . . . .   |  |                      |  |   |  |  |
|  | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . | <b>a</b>   |                      |  |   |  |  |
|  |   | <b>b</b> Less direct expenses . . . . .              | <b>b</b>             |  |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .              |   |  |                      |  |   |  |  |
| <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . | <b>a</b>  |  |                      |  |   |  |  |
|  | <b>b</b> Less direct expenses . . . . .   | <b>b</b>   |                      |  |   |  |  |
|  | <b>c</b> Net income or (loss) from gaming activities . . . . .  |  |                      |  |   |  |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .   | <b>a</b>  |  |                      |  |   |  |  |
|  | <b>b</b> Less cost of goods sold . . . . .  | <b>b</b>   |                      |  |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . .   |  |                      |  |   |  |  |
| Miscellaneous Revenue  | Business Code   |  |                      |  |   |  |  |
| <b>11a</b> BILLINGS  | 561000  | 236,991  |                      |  | 236,991                                 |  |  |
| <b>b</b> TEAM BARIATRICS   | 621110  | 32,398   | 32,398               |  |   |  |  |
| <b>c</b> SPECIALIST X-RAY  | 621500  | 8,640  | 8,640                |  |   |  |  |
| <b>d</b> All other revenue . . . . .   |   | 269,914  | 301,387              | -31,473  |   |  |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                  |   | 547,943  |                      |  |   |  |  |
| <b>12 Total revenue.</b> See Instructions . . . . .                          |   | 48,637,885   | 29,482,383           | -31,473  | 236,991                                 |  |  |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  |                              |  |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.   |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.   |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members.   |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.  | 1,098,493                    | 988,644                                | 109,849                                       |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).   |                              |  |   |                                    |
| <b>7</b> Other salaries and wages.  | 27,752,829                   | 25,053,406                             | 2,699,423                                     |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).   | 1,913,946                    | 1,465,684                              | 448,262                                       |                                    |
| <b>9</b> Other employee benefits.   | 3,939,966                    | 3,317,717                              | 622,249                                       |                                    |
| <b>10</b> Payroll taxes.  | 1,531,305                    | 1,333,770                              | 197,535                                       |                                    |
| <b>11</b> Fees for services (non-employees)   |                              |  |   |                                    |
| <b>a</b> Management.  | 128,592                      |  | 128,592                                       |                                    |
| <b>b</b> Legal.   | 3,295                        |  | 3,295   |                                    |
| <b>c</b> Accounting.  |                              |  |   |                                    |
| <b>d</b> Lobbying.  |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17.   |                              |  |   |                                    |
| <b>f</b> Investment management fees.  |                              |  |   |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).  | 2,408,582                    | 1,806,437                              | 602,145                                       |                                    |
| <b>12</b> Advertising and promotion.  | 51,727                       | 41,249                                 | 10,478  |                                    |
| <b>13</b> Office expenses.  | 1,499,918                    | 1,266,855                              | 233,063                                       |                                    |
| <b>14</b> Information technology.   |                              |  |   |                                    |
| <b>15</b> Royalties.  |                              |  |   |                                    |
| <b>16</b> Occupancy.  | 2,358,675                    | 2,272,497                              | 86,178  |                                    |
| <b>17</b> Travel.   | 365,330                      | 306,003                                | 59,327  |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.   |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings.   |                              |  |   |                                    |
| <b>20</b> Interest.   |                              |  |   |                                    |
| <b>21</b> Payments to affiliates.   |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization.  | 441,834                      | 358,077                                | 83,757  |                                    |
| <b>23</b> Insurance.  | 482,765                      | 479,422                                | 3,343   |                                    |
| <b>24</b> 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.)   |                              |  |   |                                    |
| <b>a</b> CLINICAL SUPPLIES  | 3,622,449                    | 3,617,077                              | 5,372   |                                    |
| <b>b</b> REPAIRS & MAINTENANCE  | 691,090                      | 344,918                                | 346,172                                       |                                    |
| <b>c</b> BAD DEBT EXPENSE   | 347,089                      | 347,089                                |   |                                    |
| <b>d</b>  |                              |  |   |                                    |
| <b>e</b> All other expenses   |                              |  |   |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.   | 48,637,885                   | 42,998,845                             | 5,639,040                                     | 0                                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                              |  |   |                                    |

**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |           | (B)<br>End of year   |
|---|---|--------------------------|-----------|----------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  |                          | <b>1</b>  |                      |
|   | <b>2</b> Savings and temporary cash investments . . . . .   |                          | <b>2</b>  |                      |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   |                          | <b>3</b>  |                      |
|   | <b>4</b> Accounts receivable, net . . . . .   | 2,052,273                | <b>4</b>  | 2,455,905            |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   |                          | <b>5</b>  |                      |
|   | <b>6</b> 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 |                          | <b>6</b>  |                      |
|   | <b>7</b> Notes and loans receivable, net . . . . .  |                          | <b>7</b>  |                      |
|   | <b>8</b> Inventories for sale or use . . . . .  |                          | <b>8</b>  |                      |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 572,307                  | <b>9</b>  | 717,345              |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | <b>10a</b> 9,287,833     |           |                      |
|   | <b>b</b> Less accumulated depreciation  | <b>10b</b> 6,848,944     | 1,634,352 | <b>10c</b> 2,438,889 |
|   | <b>11</b> Investments—publicly traded securities . . . . .  |                          | <b>11</b> |                      |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   |                          | <b>12</b> |                      |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  |                          | <b>13</b> |                      |
|   | <b>14</b> Intangible assets . . . . .   |                          | <b>14</b> |                      |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .   |                          | <b>15</b> |                      |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 4,258,932   | <b>16</b>                | 5,612,139 |                      |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 6,100,167                | <b>17</b> | 7,222,374            |
|   | <b>18</b> Grants payable . . . . .  |                          | <b>18</b> |                      |
|   | <b>19</b> Deferred revenue . . . . .  |                          | <b>19</b> |                      |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   |                          | <b>20</b> |                      |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D  |                          | <b>21</b> |                      |
|   | <b>22</b> 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 . . . . .   |                          | <b>22</b> |                      |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  |                          | <b>23</b> |                      |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  |                          | <b>24</b> |                      |
|   | <b>25</b> 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  |                          | <b>25</b> |                      |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 6,100,167                | <b>26</b> | 7,222,374            |
| <b>Net Assets or Fund Balances</b>  | <b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b><br>Unrestricted net assets  | -1,841,235               | <b>27</b> | -1,610,235           |
|   | <b>28</b> Temporarily restricted net assets . . . . .   |                          | <b>28</b> |                      |
|   | <b>29</b> Permanently restricted net assets   |                          | <b>29</b> |                      |
|   | <b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b><br>Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b> |                      |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b> |                      |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  |                          | <b>32</b> |                      |
|   | <b>33 Total net assets or fund balances . . . . .</b>   | -1,841,235               | <b>33</b> | -1,610,235           |
|   | <b>34 Total liabilities and net assets/fund balances . . . . .</b>  | 4,258,932                | <b>34</b> | 5,612,139            |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 48,637,885 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 48,637,885 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 0          |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | -1,841,235 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |            |
| <b>7</b>  | Investment expenses   | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 231,000    |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | -1,610,235 |

**Part XII Financial Statements and Reporting**

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

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 35-1974765

**Name:** GOSHEN HEALTH SYSTEM INC

Form 990 (2016)

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## Form 990, Part III, Line 4a:

GOSHEN HEALTH IS A NON-DENOMINATIONAL NOT-FOR-PROFIT ORGANIZATION PROVIDING HEALTH CARE SERVICES FOR THE GENERAL PUBLIC. SEE SCHEDULE O FOR ADDITIONAL DETAIL. THE MISSION OF GOSHEN HEALTH IS TO IMPROVE THE HEALTH OF OUR COMMUNITIES BY PROVIDING INNOVATIVE, OUTSTANDING CARE AND SERVICE, THROUGH EXCEPTIONAL PEOPLE DOING EXCEPTIONAL WORK. THE SYSTEM'S VALUES INCLUDE COMPASSION - AND COMMITMENT TO SERVICE WITH EMPATHY, ACCOUNTABILITY - WITH INTEGRITY AND ACTION, RESPECT - THROUGH TREATING OTHERS AS YOU WISH TO BE TREATED, EXCELLENCE - IN ALL WE DO, BUILDING UPON OUR MISSION AND VALUES, GOSHEN HEALTH WILL DELIVER EXCEPTIONAL HEALTHCARE TO THE COMMUNITIES WE SERVE USING AN INTEGRATED MODEL OF CARE AND ACHIEVING EXCELLENCE THROUGH A COMMITMENT TO QUALITY, LEADERSHIP, AND INNOVATION. BY 2020, WE WILL ACHIEVE THIS VISION BY FOCUSING ON THE FOLLOWING STRATEGIC PRIORITIES: -LEAD THE REGION IN CLINICAL INTEGRATION AND MANAGEMENT OF POPULATION HEALTH -DELIVER HIGH VALUE TO OUR PATIENTS, PROVIDERS, PAYERS AND COLLEAGUES -GOSHEN'S ONCOLOGY AND HEART & VASCULAR SERVICE LINES WILL BECOME THE DESTINATION OF CHOICE IN OUR BROADER REGION -CULTIVATE A CULTURE FOR COLLEAGUES WHERE PERSONAL AND PROFESSIONAL MISSIONS ARE ALIGNED -INSPIRE A SPIRIT OF PARTNERSHIP AND GENEROSITY BY ENGAGING OUR COMMUNITY WITH OPPORTUNITIES THAT MEET REGIONAL HEALTH NEEDS. KEY COMPONENTS OF GOSHEN HEALTH INCLUDE THE OPERATIONS OF A MULTI-SPECIALTY PHYSICIAN NETWORK OF GOSHEN HEALTH PHYSICIANS. THE PHYSICIAN NETWORK EMPLOYS HEALTHCARE PROVIDERS DEDICATED TO MEETING THE HEALTH CARE NEEDS OF AREA RESIDENTS, YOUNG AND OLD. THE NETWORK OF BOTH PRIMARY CARE AND SPECIALITY PROVIDERS ENHANCES THE SYSTEM'S ABILITY TO CARE FOR THE COMMUNITY. GOSHEN HEALTH PHYSICIANS REPRESENT THE FOLLOWING CARE AREAS: FAMILY PRACTICE, NEUROLOGY, CARDIOLOGY, ADULT INTERNAL MEDICINE, PEDIATRICS, ORTHOPEDICS, OBSTETRICS AND GYNECOLOGY, BARIATRICS, GASTROENTEROLOGY, INFECTION CONTROL, ONCOLOGY, AND URGENT CARE. GOSHEN HEALTH EXCELS AT MEETING THE HEALTH CARE NEEDS OF ITS PATIENTS AS MEASURED BY PRESS GANEY AND NRC PICKER, NATIONALLY RECOGNIZED COMPANIES THAT PARTNER WITH HEALTHCARE FACILITIES TO MEASURE THE LEVEL OF CUSTOMER SATISFACTION AND IMPROVE THEIR QUALITY OF HEALTH CARE DELIVERY. IN 2012, GOSHEN HEALTH PHYSICIANS RANKED ABOVE THE 90TH PERCENTILE IN OVERALL PATIENT SATISFACTION. GOSHEN HEALTH EARNED THE 2013 APEX WORKPLACE OF DISTINCTION AWARD FROM MOREHEAD ASSOCIATES. THE APEX AWARD RECOGNIZES THE INDUSTRY'S TOP EMPLOYERS, DETERMINED BY OBJECTIVE DATA GATHERED FROM EMPLOYEE SURVEYS. OUR NATIONAL HEALTH CARE PERCENTILE RANKING FOR WORKFORCE COMMITMENT IN 2013 WAS 69TH. GOSHEN HEALTH HAS BEEN NAMED ONE OF INDIANA'S BEST PLACES TO WORK BY THE INDIANA CHAMBER OF COMMERCE, AND WAS NAMED TO THE LIST OF "100 BEST PLACES TO WORK IN HEALTHCARE" BY MODERN HEALTHCARE AND BECKER'S HOSPITAL REVIEW. GOSHEN HEALTH PHYSICIANS PROVIDE HEALTH CARE SERVICES TO ALL MEMBERS OF THE COMMUNITIES REGARDLESS OF THEIR ABILITY TO PAY. THE NETWORK OFFERS FINANCIAL ASSISTANCE TO THOSE PATIENTS UNABLE TO PAY ALL OR A PORTION OF THEIR BILL AND WHO ARE UNABLE TO QUALIFY FOR ASSISTANCE THROUGH FEDERAL AND STATE GOVERNMENT ASSISTANCE PROGRAMS. PATIENTS ARE ASKED TO PROVIDE FINANCIAL INFORMATION TO ASSESS THEIR FINANCIAL POSITION. IN 2016, THE NETWORK PROVIDED APPROXIMATELY \$725,602 OF CHARITY CARE TO PATIENTS.

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| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| RANDAL CHRISTOPHEL<br>.....<br>PRESIDENT AND CEO  | 1 00<br>.....<br>41 00   | X   |                       | X       |              |                              |        | 0   | 782,686  | 179,020   |
| DERALD BONTRAGER<br>.....<br>CHAIR  | 1 00<br>.....  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| DENISE DAVIS ESQ<br>.....<br>VICE CHAIR   | 1 00<br>.....  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| RICHARD B HOSTETTER MD<br>.....<br>SECRETARY  | 40 00<br>.....   | X   |                       | X       |              |                              |        | 545,760   | 0  | 87,169  |
| EDWARD BOYTS MD<br>.....<br>TREASURER   | 40 00<br>.....   | X   |                       | X       |              |                              |        | 258,021   | 0  | 64,302  |
| WES HERSCHBERGER<br>.....<br>PAST CHAIR   | 1 00<br>.....  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| JAMES ALVAREZ<br>.....<br>DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DANIEL DIENER MD<br>.....<br>DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| STEPHEN FIDLER<br>.....<br>DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DELMAR G GOOD PHD<br>.....<br>DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and Title                   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| MARK KING PHD<br>.....<br>DIRECTOR      | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOHN LEAVITT<br>.....<br>DIRECTOR       | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GRETCHEN LUND ESQ<br>.....<br>DIRECTOR  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GEORGE E MARLOW<br>.....<br>DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DANIEL NAFZIGER MD<br>.....<br>DIRECTOR | 40 00<br>.....   | X   |                       |         |              |                              |        | 162,777   | 0  | 23,341  |
| JEFFREY SPALDING<br>.....<br>DIRECTOR   | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ALAN R TEHAN<br>.....<br>DIRECTOR       | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GERALD A TROLZ<br>.....<br>DIRECTOR     | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LEROY WEAVER MD<br>.....<br>DIRECTOR    | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BETSY WENZ<br>.....<br>DIRECTOR         | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| PARIS BALL-MILLER<br>.....<br>DIRECTOR (UNTIL 02/2016)  | 1 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LARRY ALLEN MD<br>.....<br>CHIEF MEDICAL OFFICER  | 1 00<br>.....<br>40 00   |   |                       | X       |              |                              |        | 0   | 432,411  | 87,235  |
| AMY FLORIA<br>.....<br>CHIEF FINANCIAL OFFICER  | 1 00<br>.....<br>40 00   |   |                       | X       |              |                              |        | 0   | 459,952  | 101,454   |
| PAM KARSEN<br>.....<br>VP OF NURSING (UNTIL 03/31/16)   | 1 00<br>.....<br>40 00   |   |                       | X       |              |                              |        | 0   | 151,087  | 6,184   |
| MARK PODGORSKI<br>.....<br>VP OF HOSPITAL OPERATIONS  | 1 00<br>.....<br>40 00   |   |                       | X       |              |                              |        | 0   | 280,602  | 71,787  |
| ALAN WELDY<br>.....<br>VP OF HR AND COMPLIANCE  | 1 00<br>.....<br>40 00   |   |                       | X       |              |                              |        | 0   | 463,283  | 93,478  |
| ROB MYERS<br>.....<br>CHIEF OPERATING OFFICER   | 1 00<br>.....<br>40 00   |   |                       | X       |              |                              |        | 0   | 286,233  | 84,480  |
| JULIE CROSSLEY<br>.....<br>CHIEF NURSING OFFICER  | 1 00<br>.....<br>40 00   |   |                       | X       |              |                              |        | 0   | 163,066  | 45,313  |
| MARGARET S FRANGER<br>.....<br>VP OF CANCER SERVICES  | 1 00<br>.....<br>40 00   |   |                       | X       |              |                              |        | 0   | 352,340  | 86,059  |
| RICHARD TARSKE<br>.....<br>VP OF GOSHEN PHYSICIANS  | 1 00<br>.....<br>40 00   |   |                       | X       |              |                              |        | 0   | 287,968  | 58,370  |



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

| (A)<br>Name and Title                                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| STEVE GARBODEN<br>.....<br>VP OF PLANNING AND MANAGED CARE  | 1 00<br>.....<br>40 00   |   |                       | X       |              |                              |        | 0   | 282,126  | 70,930  |
| VLADIMIR RADIVOJEVIC<br>.....<br>VP OF SURGICAL SERVICES    | 40 00<br>.....   |   |                       | X       |              |                              |        | 0   | 218,843  | 55,319  |
| PETER KIM MD<br>.....<br>PHYSICIAN                          | 40 00<br>.....   |   |                       |         |              | X                            |        | 778,105   | 0  | 69,009  |
| MARK SMUCKER MD<br>.....<br>PHYSICIAN                       | 40 00<br>.....   |   |                       |         |              | X                            |        | 774,218   | 0  | 57,370  |
| CHRISTOPHER OWENS MD<br>.....<br>PHYSICIAN                  | 40 00<br>.....   |   |                       |         |              | X                            |        | 655,845   | 0  | 59,542  |
| ABDUL BASIT MD<br>.....<br>PHYSICIAN                        | 40 00<br>.....   |   |                       |         |              | X                            |        | 645,231   | 0  | 58,692  |
| SADAT RASHID MD<br>.....<br>PHYSICIAN                       | 40 00<br>.....   |   |                       |         |              | X                            |        | 608,400   | 0  | 59,950  |
| RANDALL CAMMENGA<br>.....<br>FORMER CHIEF OPERATING OFFICER | 0 00<br>.....  |   |                       |         |              |                              | X      | 0   | 288,871  | 0   |

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

**2016**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GOSHEN HEALTH SYSTEM INC

Employer identification number  
35-1974765

**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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  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 )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - 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 1
  - g Provide the following information about the supported organization(s)

| (i)<br>Name of supported organization  | (ii)EIN   | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv)<br>Is the organization listed in your governing document? |    | (v)<br>Amount of monetary support (see instructions) | (vi)<br>Amount of other support (see instructions) |
|--|-----------|--|--|----|--|--|
|  |           |  | Yes  | No |  |  |
| (A)<br>GOSHEN HOSPITAL ASSOCIATION INC | 356001540 | 3  | Yes  |    | 0  | 0  |
| <b>Total</b>                           | 1         |  |  |    | 0  | 0  |

**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, 8, or 9 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<br>(or fiscal year beginning in) ▶ |   | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|---|---------|---------|---------|---------|---------|----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")  |         |         |         |         |         |          |
| <b>2</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |         |         |         |         |         |          |
| <b>3</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge   |         |         |         |         |         |          |
| <b>4</b>   | <b>Total.</b> Add lines 1 through 3   |         |         |         |         |         |          |
| <b>5</b>   | 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) |         |         |         |         |         |          |
| <b>6</b>   | <b>Public support.</b> Subtract line 5 from line 4  |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |  | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016   | (f)Total |
|--|--|---------|---------|---------|---------|-----------|----------|
| <b>7</b>   | Amounts from line 4  |         |         |         |         |           |          |
| <b>8</b>   | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |         |         |         |         |           |          |
| <b>9</b>   | Net income from unrelated business activities, whether or not the business is regularly carried on   |         |         |         |         |           |          |
| <b>10</b>  | Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))  |         |         |         |         |           |          |
| <b>11</b>  | <b>Total support.</b> Add lines 7 through 10   |         |         |         |         |           |          |
| <b>12</b>  | Gross receipts from related activities, etc. (see instructions)  |         |         |         |         | <b>12</b> |          |
| <b>13</b>  | <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |         |         |         |         |           |          |

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

|            |   |           |  |
|------------|---|-----------|--|
| <b>14</b>  | Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))  | <b>14</b> |  |
| <b>15</b>  | Public support percentage for 2015 Schedule A, Part II, line 14   | <b>15</b> |  |
| <b>16a</b> | <b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>   |           |  |
| <b>b</b>   | <b>33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>  |           |  |
| <b>17a</b> | <b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>      |           |  |
| <b>b</b>   | <b>10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> |           |  |
| <b>18</b>  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>  |           |  |

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

(Complete only if you checked the box on line 10 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<br>(or fiscal year beginning in) ► |  | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|--|---------|---------|---------|---------|---------|----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |         |         |         |         |         |          |
| <b>2</b>   | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |         |         |         |         |         |          |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513   |         |         |         |         |         |          |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |         |         |         |         |         |          |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge  |         |         |         |         |         |          |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5  |         |         |         |         |         |          |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons   |         |         |         |         |         |          |
| <b>b</b>   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |         |         |         |         |         |          |
| <b>c</b>   | Add lines 7a and 7b  |         |         |         |         |         |          |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6)  |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ► |   | (a)2012 | (b)2013 | (c)2014 | (d)2015 | (e)2016 | (f)Total |
|--|---|---------|---------|---------|---------|---------|----------|
| <b>9</b>   | Amounts from line 6   |         |         |         |         |         |          |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |         |         |         |         |         |          |
| <b>b</b>   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |         |         |         |         |         |          |
| <b>c</b>   | Add lines 10a and 10b   |         |         |         |         |         |          |
| <b>11</b>  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   |         |         |         |         |         |          |
| <b>12</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |         |         |         |         |         |          |
| <b>13</b>  | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)   |         |         |         |         |         |          |
| <b>14</b>  | <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span> |         |         |         |         |         |          |

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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2015 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|            |  |           |  |
|------------|--|-----------|--|
| <b>17</b>  | Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))   | <b>17</b> |  |
| <b>18</b>  | Investment income percentage from <b>2015</b> Schedule A, Part III, line 17  | <b>18</b> |  |
| <b>19a</b> | <b>33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>          |           |  |
| <b>b</b>   | <b>33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span> |           |  |
| <b>20</b>  | <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>  |           |  |

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  |     |    |
| <b>1</b>   |   | Yes |    |
| <b>2</b>   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   |     | No |
| <b>2</b>   |   |     | No |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   |     | No |
| <b>3a</b>  |   |     | No |
| <b>b</b>   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.   |     |    |
| <b>3b</b>  |   |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  |     |    |
| <b>3c</b>  |   |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.   |     | No |
| <b>4a</b>  |   |     | No |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  |     |    |
| <b>4b</b>  |   |     |    |
| <b>c</b>   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   |     |    |
| <b>4c</b>  |   |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). |     | No |
| <b>5a</b>  |   |     | No |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>5b</b>  |   |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>5c</b>  |   |     |    |
| <b>6</b>   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .   |     | No |
| <b>6</b>   |   |     | No |
| <b>7</b>   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  |     | No |
| <b>7</b>   |   |     | No |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   |     | No |
| <b>8</b>   |   |     | No |
| <b>9a</b>  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  |     | No |
| <b>9a</b>  |   |     | No |
| <b>b</b>   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   |     | No |
| <b>9b</b>  |   |     | No |
| <b>c</b>   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  |     | No |
| <b>9c</b>  |   |     | No |
| <b>10a</b> | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.   |     | No |
| <b>10a</b> |   |     | No |
| <b>b</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.)  |     |    |
| <b>10b</b> |   |     |    |

**Part IV Supporting Organizations** (continued)

|           |   | Yes        | No |
|-----------|---|------------|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |            |    |
| <b>a</b>  | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |            |    |
| <b>b</b>  | A family member of a person described in (a) above?   |            |    |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>   |            |    |
|           |   | <b>11a</b> | No |
|           |   | <b>11b</b> | No |
|           |   | <b>11c</b> | No |

**Section B. Type I Supporting Organizations**

|          |  | Yes      | No |
|----------|--|----------|----|
| <b>1</b> | 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> |          |    |
| <b>2</b> | 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>  |          |    |
|          |  | <b>1</b> |    |
|          |  | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes      | No |
|----------|---|----------|----|
| <b>1</b> | 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> |          |    |
|          |   | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes      | No  |
|----------|--|----------|-----|
| <b>1</b> | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |          |     |
| <b>2</b> | 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>  |          |     |
| <b>3</b> | 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>  |          |     |
|          |  | <b>1</b> | Yes |
|          |  | <b>2</b> | Yes |
|          |  | <b>3</b> | Yes |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |           |     |
|----------|--|-----------|-----|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)   |           |     |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |           |     |
| <b>b</b> | <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.   |           |     |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).  |           |     |
| <b>2</b> | Activities Test <b>Answer (a) and (b) below.</b>   |           |     |
| <b>a</b> | 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>b</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>  |           |     |
| <b>3</b> | Parent of Supported Organizations <b>Answer (a) and (b) below.</b>   |           |     |
| <b>a</b> | 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>b</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>  |           |     |
|          |  | <b>2a</b> |     |
|          |  | <b>2b</b> |     |
|          |  | <b>3a</b> | Yes |
|          |  | <b>3b</b> | Yes |

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

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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

| <b>Section D - Distributions</b>  | <b>Current Year</b> |
|---|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets  |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |                     |
| <b>6</b> Other distributions (describe in Part VI) See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |                     |
| <b>9</b> Distributable amount for 2016 from Section C, line 6   |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount  |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2016</b> | <b>(iii)<br/>Distributable<br/>Amount for 2016</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2016 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2016   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b>   |                                     |   |  |
| <b>c</b> From 2013. . . . .  |                                     |   |  |
| <b>d</b> From 2014. . . . .  |                                     |   |  |
| <b>e</b> From 2015. . . . .  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2016 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2011 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f   |                                     |   |  |
| <b>4</b> Distributions for 2016 from Section D, line 7   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2016 distributable amount  |                                     |   |  |
| <b>c</b> Remainder Subtract lines 4a and 4b from 4   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c   |                                     |   |  |
| <b>8</b> Breakdown of line 7   |                                     |   |  |
| <b>a</b>   |                                     |   |  |
| <b>b</b> Excess from 2013. . . . .   |                                     |   |  |
| <b>c</b> Excess from 2014. . . . .   |                                     |   |  |
| <b>d</b> Excess from 2015. . . . .   |                                     |   |  |
| <b>e</b> Excess from 2016. . . . .   |                                     |   |  |



**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).

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

**990 Schedule A, Supplemental Information**

| Return Reference           | Explanation   |
|----------------------------|---|
| PART IV, SECTION D, LINE 3 | GOSHEN HEALTH SYSTEM, INC IS ORGANIZED TO OPERATE FOR THE BENEFIT OF, TO PERFORM FUNCTIONS OF, AND TO CARRY OUT THE PURPOSES OF GOSHEN HOSPITAL ASSOCIATION, INC (THE "HOSPITAL") GOSHEN HEALTH SYSTEM, INC AS THE PARENT AND SUPPORTING ORGANIZATION OF AN INTEGRATED HEALTH CARE DELIVERY SYSTEM, MANAGES AND DIRECTS THE HOSPITAL'S DELIVERY OF HEALTH CARE SERVICES, PROVIDES LONG-RANGE AND STRATEGIC PLANNING, AND UPHOLDS FINANCIAL CONTROLS ANNUAL OPERATING BUDGETS ARE SUBMITTED BY THE HOSPITAL TO THE GOSHEN HEALTH SYSTEM BOARD OF DIRECTORS FOR APPROVAL DETAILING CAPITAL EXPENDITURES AND KEY INVESTMENTS IN HOSPITAL OPERATIONS GOSHEN HEALTH SYSTEM, INC 'S BOARD OF DIRECTORS IS COMPOSED OF AT LEAST TWO BOARD MEMBERS FROM THE HOSPITAL BOARD OF DIRECTORS IN ADDITION, OVERLAP EXISTS OF OFFICES HELD BY KEY COLLEAGUES OF GOSHEN HEALTH SYSTEM, INC AND THE HOSPITAL THIS SHARED LEADERSHIP ENSURES THERE IS A CLOSE AND CONTINUOUS WORKING RELATIONSHIP WITH A SET OF COMMON STRATEGIC GOALS AND OBJECTIVES BETWEEN THE ORGANIZATIONS |

**990 Schedule A, Supplemental Information**

| Return Reference            | Explanation   |
|-----------------------------|---|
| PART IV, SECTION E, LINE 3A | GOSHEN HEALTH SYSTEM, INC , HAS THE POWER TO ELECT A MAJORITY OF THE OFFICERS AND DIRECTORS OF GOSHEN HOSPITAL ASSOCIATION, INC |

**990 Schedule A, Supplemental Information**

| Return Reference            | Explanation   |
|-----------------------------|---|
| PART IV, SECTION E, LINE 3B | GOSHEN HEALTH SYSTEM, INC IS ORGANIZED TO OPERATE EXCLUSIVELY FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE PURPOSES OF GOSHEN HOSPITAL ASSOCIATION, INC ("THE HOSPITAL") GOSHEN HEALTH SYSTEM, INC AS THE PARENT AND SUPPORTING ORGANIZATION OF AN INTEGRATED HEALTH CARE DELIVERY SYSTEM, MANAGES AND DIRECTS THE HOSPITAL'S DELIVERY OF HEALTH CARE SERVICES, INCLUDING PROVIDING LONG-RANGE AND STRATEGIC PLANNING, FINANCIAL CONTROL, AND PROGRAMS AND POLICIES THAT CAUSE THE HOSPITAL TO FUNCTION AS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM GOSHEN HEALTH SYSTEM, INC IS RESPONSIBLE FOR THE APPROVAL OF THE HOSPITAL BUDGET, STRATEGIC PLANNING, RESOURCE ALLOCATION, AND COMMUNITY BENEFIT ACTIVITIES |

Schedule A Form 990 of 990-E 2016

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
GOSHEN HEALTH SYSTEM INC

**Employer identification number**  
35-1974765

**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 |
|--|-------------------------|------------------------------|
| <b>1</b> Total number at end of year                       |                         |                              |
| <b>2</b> Aggregate value of contributions to (during year) |                         |                              |
| <b>3</b> Aggregate value of grants from (during year)      |                         |                              |
| <b>4</b> Aggregate value at end of year                    |                         |                              |

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

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

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

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

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

**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
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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" on Form 990, Part IV, line 10.

|   | (a)Current year | (b)Prior year | (c)Two years back | (d)Three years back | (e)Four years back |
|---|-----------------|---------------|-------------------|---------------------|--------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                 |               |                   |                     |                    |
| <b>b</b> Contributions . . . . .                                  |                 |               |                   |                     |                    |
| <b>c</b> Net investment earnings, gains, and losses               |                 |               |                   |                     |                    |
| <b>d</b> Grants or scholarships . . . . .                         |                 |               |                   |                     |                    |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                 |               |                   |                     |                    |
| <b>f</b> Administrative expenses . . . . .                        |                 |               |                   |                     |                    |
| <b>g</b> End of year balance . . . . .                            |                 |               |                   |                     |                    |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                 |                              |                |
| <b>b</b> Buildings   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .   |                                      | 9,273,298                       | 6,848,944                    | 2,424,354      |
| <b>e</b> Other . . . . .   |                                      | 14,535                          |                              | 14,535         |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ |                                      |                                 |                              | 2,438,889      |

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

| (a) Description of security or category<br>(including name of security)  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives . . . . .                                      |                |   |
| (2) Closely-held equity interests . . . . .                              |                |   |
| (3) Other _____  |                |   |
| (A)  |                |   |
| (B)  |                |   |
| (C)  |                |   |
| (D)  |                |   |
| (E)  |                |   |
| (F)  |                |   |
| (G)  |                |   |
| (H)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 ) |                |   |

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

| (a) Description of investment  | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 ) |                |   |

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) |                |

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

| (a) Description of liability   | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) |                |

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |





**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 35-1974765  
**Name:** GOSHEN HEALTH SYSTEM INC

**Supplemental Information**

| Return Reference | Explanation   |
|------------------|---|
| PART X, LINE 2   | THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT GOSHEN HEALTH AND CERTAIN AFFILIATED ENTITIES ARE TAX-EXEMPT ORGANIZATIONS AS DEFINED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE CERTAIN SUBSIDIARIES OF GOSHEN HEALTH ARE TAXABLE ENTITIES, THE TAX EXPENSE AND LIABILITIES OF WHICH ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS GOSHEN HEALTH AND ITS TAX-EXEMPT AFFILIATED ENTITIES EACH FILE A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY WHEN THESE RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD ULTIMATELY BE SUSTAINED EXAMPLES OF TAX POSITIONS COMMON TO HEALTH SYSTEMS INCLUDE SUCH MATTERS AS THE TAX-EXEMPT STATUS OF EACH ENTITY, THE CONTINUED TAX-EXEMPT STATUS OF BONDS, THE NATURE, CHARACTERIZATION AND TAXABILITY OF JOINT VENTURE INCOME, AND VARIOUS POSITIONS RELATING TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (REPORTED ON FORM 990T) AS OF DECEMBER 31, 2016 AND 2015, THERE ARE NO UNRECOGNIZED TAX BENEFITS RESULTING FROM UNCERTAIN TAX POSITIONS FORMS 990 AND 990T FILED BY GOSHEN HEALTH AND ITS TAX-EXEMPT AFFILIATED ENTITIES ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN FORMS 990 AND 990T FILED BY GOSHEN HEALTH AND ITS TAX-EXEMPT AFFILIATED ENTITIES ARE NO LONGER SUBJECT TO EXAMINATION FOR TAX YEAR 2013 AND PRIOR |

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.**

**2015**  
**Open to Public Inspection**

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

|  |  |
|--|--|
| Name of the organization<br>GOSHEN HEALTH SYSTEM INC | Employer identification number<br>35-1974765 |
|--|--|

**Part I Questions Regarding Compensation**

|   | Yes  | No   |  |  |  |  |   |  |  |  |
|---|--|--|--|--|--|--|---|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                   | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Travel for companions  | <input type="checkbox"/> Payments for business use of personal residence |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Tax indemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees   |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account   | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |  |  |  |   |  |  |  |
| <b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.  | <b>1b</b>  |  |  |  |  |  |   |  |  |  |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?   | <b>2</b>   |  |  |  |  |  |   |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>  | <input type="checkbox"/> Compensation committee                          | <input type="checkbox"/> Written employment contract                     | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    | <input type="checkbox"/> Form 990 of other organizations           | <input type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |
| <input type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                     |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Independent compensation consultant  | <input type="checkbox"/> Compensation survey or study                    |  |  |  |  |  |   |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations  | <input type="checkbox"/> Approval by the board or compensation committee |  |  |  |  |  |   |  |  |  |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:  |  |  |  |  |  |  |   |  |  |  |
| <b>a</b> Receive a severance payment or change-of-control payment?  | <b>4a</b>  | Yes  |  |  |  |  |   |  |  |  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?  | <b>4b</b>  | Yes  |  |  |  |  |   |  |  |  |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.  | <b>4c</b>  | No   |  |  |  |  |   |  |  |  |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>   |  |  |  |  |  |  |   |  |  |  |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:   |  |  |  |  |  |  |   |  |  |  |
| <b>a</b> The organization?  | <b>5a</b>  | No   |  |  |  |  |   |  |  |  |
| <b>b</b> Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III.   | <b>5b</b>  | No   |  |  |  |  |   |  |  |  |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:   |  |  |  |  |  |  |   |  |  |  |
| <b>a</b> The organization?  | <b>6a</b>  | No   |  |  |  |  |   |  |  |  |
| <b>b</b> Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III.   | <b>6b</b>  | No   |  |  |  |  |   |  |  |  |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.  | <b>7</b>   | No   |  |  |  |  |   |  |  |  |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.   | <b>8</b>   | No   |  |  |  |  |   |  |  |  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?   | <b>9</b>   |  |  |  |  |  |   |  |  |  |

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

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

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

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

**Part III Supplemental Information**

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

| Return Reference   | Explanation   |
|--------------------|---|
| PART I, LINE 3     | GOSHEN HOSPITAL ASSOCIATION, INC , A RELATED TAX-EXEMPT ORGANIZATION OF GOSHEN HEALTH SYSTEM, INC , ESTABLISHES THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL USING THE FOLLOWING METHODS -COMPENSATION COMMITTEE -INDEPENDENT COMPENSATION CONSULTANT -COMPENSATION SURVEY OR STUDY -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE  |
| PART I, LINES 4A-B | AS PER OUR EMPLOYMENT AGREEMENT, UPON QUALIFYING TERMINATION DEFINED AS AN INVOLUTARY SEPARATION FROM SERVICE OTHER THAN FOR CAUSE, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY BASED UPON YEARS OF SERVICE. THE TERMS AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS REQUIRE THE EMPLOYEE TO SIGN A RELEASE OF CLAIMS FORM THAT COVERS ALL SITUATIONS SURROUNDING THE EMPLOYEE'S EMPLOYMENT AND SEPARATION FROM GOSHEN HOSPITAL ASSOCIATION. THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN 2016 THAT WERE TREATED AS TAXABLE AND INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III):<br>RANDALL CAMMENGA \$272,149<br>ELIGIBLE EXECUTIVES PARTICIPATE IN VARIOUS NON-QUALIFIED DEFERRED COMPENSATION PLANS ORGANIZED UNDER CODE SECTION 457(F). THE EXACT PURPOSE OF EACH PLAN VARIES, BUT THEY INCLUDE: COMPENSATION LIMITATION, MAKE-UP PLANS, VOLUNTARY DEFERRAL PLANS, DEFERRAL OF A PORTION OF INCENTIVE BONUS TYPE PLANS, ETC. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. THE FOLLOWING INDIVIDUALS RECEIVED NONQUALIFIED PLAN PAYMENTS IN 2016 THAT ARE INCLUDED AS TAXABLE INCOME IN SCHEDULE J, PART II, COLUMN (B)(III):<br>RICHARD TARSKE \$13,290 |



# 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 |  |                         |                                 |   |
| 21 RANDALL CAMMENGA<br>FORMER CHIEF OPERATING<br>OFFICER | (i) 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) 0   | 0                                   | 288,871                             | 0  | 0                       | 288,871                         | 0   |

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GOSHEN HEALTH SYSTEM INC

Employer identification number

35-1974765

**990 Schedule O, Supplemental Information**

| Return Reference                     | Explanation   |
|--------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 2 | THE FOLLOWING OFFICERS, BOARD MEMBERS, AND KEY EMPLOYEES ARE EMPLOYEES OF GOSHEN HOSPITAL OR ITS RELATED ORGANIZATIONS, AND SERVE ON OTHER RELATED TAXABLE BOARDS RANDAL CHRISTOPHE L AMY FLORIA ALAN WELDY |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                       | <b>Explanation</b>   |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 6 | DURING 2016, INDIANA UNIVERSITY HEALTH WAS THE SOLE CORPORATE MEMBER OF GOSHEN HEALTH AND HAD THE ABILITY TO APPOINT TWO BOARD MEMBERS TO GOSHEN HEALTH'S BOARD OF DIRECTORS AND TO APPROVE GOSHEN HEALTH'S NOMINATION OF CERTAIN OTHER BOARD MEMBERS AS OF DECEMBER 31, 2016 , INDIANA UNIVERSITY HEALTH NO LONGER HAS ANY CORPORATE MEMBERSHIP RELATIONSHIP WITH GOSHEN HEALTH OR BOARD APPOINTMENT OR APPROVAL RIGHTS |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>   |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7A | DURING 2016, INDIANA UNIVERSITY HEALTH WAS THE SOLE CORPORATE MEMBER OF GOSHEN HEALTH AND HAD THE ABILITY TO APPOINT TWO BOARD MEMBERS TO GOSHEN HEALTH'S BOARD OF DIRECTORS AND TO APPROVE GOSHEN HEALTH'S NOMINATION OF CERTAIN OTHER BOARD MEMBERS AS OF DECEMBER 31, 2016 , INDIANA UNIVERSITY HEALTH NO LONGER HAS ANY CORPORATE MEMBERSHIP RELATIONSHIP WITH GOSHEN HEALTH OR BOARD APPOINTMENT OR APPROVAL RIGHTS |

# 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7B | ITEMS THAT REQUIRE APPROVAL OF GOSHEN HEALTH INCLUDE ANY AMMENDMENT OF THE OPERATING AGREEMENT, DISSOLUTION OF THE ORGANIZATION OR THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE ORGANIZATION |

## 990 Schedule O, Supplemental Information

| Return Reference                                | Explanation  |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | A FULL COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS AND THE AUDIT COMMITTEE IN NOVEMBER FOR REVIEW AND QUESTIONS BEFORE THE RETURN IS FILED WITH THE IRS |

# 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation   |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C | EACH BOARD MEMBER COMPLETES AN ANNUAL DISCLOSURE OF KNOWN OR POTENTIAL CONFLICTS EACH DISCLOSURE IS REVIEWED BY THE VP-LEGAL ADDITIONALLY, WHEN AGENDA ITEMS ARE DISCUSSED AT MEETINGS IT IS ASKED IF THERE ARE ANY KNOWN OR POTENTIAL CONFLICTS OF INTEREST, AND CONFLICTED PARTIES MUST RECUSE THEMSELVES |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>  |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | GOSHEN HEALTH'S TOP MANAGEMENT OFFICIALS AND OTHER OFFICERS ARE COMPENSATED BY GOSHEN HOSPITAL, A RELATED TAX-EXEMPT ORGANIZATION AN INDEPENDENT COMMITTEE APPROVES THE COMPENSATION WHICH IS DETERMINED TO BE REASONABLE BASED UPON INDEPENDENT COMPARABILITY DATA PROVIDED BY AN INDEPENDENT CONSULTANT APPROVAL OF AMOUNTS ARE DOCUMENTED IN THE MINUTES |

# 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | GOSHEN HEALTH WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>         | <b>Explanation</b>  |
|---------------------------------|---|
| FORM 990,<br>PART XI,<br>LINE 9 | EQUITY TRANSFER TO GOSHEN HOSPITAL ASSOCIATION, INC 231,000 |



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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

Name of the organization  
GOSHEN HEALTH SYSTEM INC

**Employer identification number**

35-1974765

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

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

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

See Additional Data Table

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

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

See Additional Data Table

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary<br>activity | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>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.

See Additional Data Table

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

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

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

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               |     | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   |     | No |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | Yes |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | No |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | Yes |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  |     | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | No |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   |     | No |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | 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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) GOSHEN HOSPITAL ASSOCIATION INC | C                             | 18,949,984             | FMV  |
| (2) GOSHEN HOSPITAL ASSOCIATION INC | O                             | 2,626,336              | FMV  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |



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

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

**Return Reference****Explanation**

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 35-1974765  
**Name:** GOSHEN HEALTH SYSTEM INC

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

| (a)<br>Name, address, and EIN of related organization                     | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
|   |                         |  |                            |   |                                  | Yes   | No |
| (1)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>13-4350599  | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 10   | IUH                              | Yes   |    |
| (1)<br>200 HIGH PARK AVE<br>GOSHEN, IN 46527<br>35-6001540                | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | GHS                              | Yes   |    |
| (2)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>26-3571507  | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 10   | IUHB                             | Yes   |    |
| (3)<br>846 N SENATE AVE<br>INDIANAPOLIS, IN 46202<br>36-4550324           | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 12A, I   | N/A                              |   | No |
| (4)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>20-1017034  | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | IUH                              | Yes   |    |
| (5)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-1955872  | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | N/A                              |   | No |
| (6)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-6079797  | FUNDRAISING             | IN   | 501(C)(3)                  | LINE 12A, I   | IUHA                             | Yes   |    |
| (7)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>26-3162145  | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | IUH                              | Yes   |    |
| (8)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-0867958  | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | IUH                              | Yes   |    |
| (9)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-1925641  | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 10   | IUHBMH                           | Yes   |    |
| (10)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>23-7042323 | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | IUH                              | Yes   |    |
| (11)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>01-0646166 | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | IUHBMH                           | Yes   |    |
| (12)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-1720796 | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | IUH                              | Yes   |    |
| (13)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>31-1111784 | FUNDRAISING             | IN   | 501(C)(3)                  | LINE 12A, I   | IUHBMH                           | Yes   |    |
| (14)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-1747218 | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 9  | IUH                              | Yes   |    |
| (15)<br>200 HIGH PARK AVE<br>GOSHEN, IN 46527<br>46-2565300               | FUNDRAISING             | IN   | 501(C)(3)                  | LINE 12A, I   | GHS                              | Yes   |    |
| (16)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-1125434 | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | IUH                              | Yes   |    |
| (17)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>31-1070868 | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | IUHLH                            | Yes   |    |
| (18)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>27-3533027 | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | IUH                              | Yes   |    |
| (19)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-1932442 | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | IUH                              | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                         |  |                            |   |                                  |   |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                         |  |                            |   |                                  | Yes   | No |
| (21)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>31-0992486          | FUNDRAISING             | IN   | 501(C)(3)                  | LINE 10   | IUHP                             | Yes   |    |
| (1)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-2090919           | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | IUHB                             | Yes   |    |
| (2)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>46-3803873           | INSURANCE               | IN   | 501(C)(4)                  |   | IUH                              | Yes   |    |
| (3)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>26-2772226           | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | IUH                              | Yes   |    |
| (4)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-1814660           | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | IUH                              | Yes   |    |
| (5)<br>PO BOX 952<br>MONTICELLO, IN 47960<br>35-1671806                            | FUNDRAISING             | IN   | 501(C)(3)                  | LINE 12C, III-FI                                    | IUHWMH                           | Yes   |    |
| (6)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>27-3532963           | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | IUH                              | Yes   |    |
| (7)<br>340 W 10TH ST NO FS5100<br>INDIANAPOLIS, IN 46202<br>20-1093251             | FUNDRAISING             | IN   | 501(C)(3)                  | LINE 12B, II  | N/A                              |   | No |
| (8)<br>PO BOX 250<br>LAPORTE, IN 46352<br>31-0952775                               | FUNDRAISING             | IN   | 501(C)(3)                  | LINE 12A, I   | N/A                              |   | No |
| (9)<br>1200 MADISON AVE<br>INDIANAPOLIS, IN 46225<br>46-5270582                    | INSURANCE               | IN   | 501(C)(4)                  |   | IUH                              | Yes   |    |
| (10)<br>1200 MADISON AVE<br>INDIANAPOLIS, IN 46225<br>47-2619552                   | INSURANCE               | IN   | 501(C)(4)                  |   | IUH                              | Yes   |    |
| (11)<br>1800 N CAPITOL AVE<br>INDIANAPOLIS, IN 46202<br>35-6043086                 | FUNDRAISING             | IN   | 501(C)(3)                  | LINE 12A, I   | IUH                              | Yes   |    |
| (12)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-0876390          | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 12C, III-FI                                    | N/A                              |   | No |
| (13)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-1945384          | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | IUH                              | Yes   |    |
| (14)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-1844176          | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | IUH                              | Yes   |    |
| (15)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-2023710          | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 12A, I   | IUH                              | Yes   |    |
| (16)<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-1766531          | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | MMG                              | Yes   |    |
| (17)<br>4141 SHORE DR<br>INDIANAPOLIS, IN 46254<br>35-1786005                      | HEALTHCARE              | IN   | 501(C)(3)                  | LINE 3  | MHH                              | Yes   |    |
| (18)<br>4141 SHORE DR<br>INDIANAPOLIS, IN 46254<br>35-1932349                      | FUNDRAISING             | IN   | 501(C)(3)                  | LINE 12A, I   | RHI                              | Yes   |    |
| (19)<br>705 RILEY HOSPITAL DR<br>INDIANAPOLIS, IN 46202<br>35-6018517              | FUNDRAISING             | IN   | 501(C)(3)                  | LINE 12C, III-FI                                    | N/A                              |   | No |

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

| (a)<br>Name, address, and EIN of related organization                         | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|--|-------------------------------|---|-------------------------------------|--|----|
|   |                         |  |                               |   |                                     | Yes  | No |
| (41)<br><br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>31-1231905 | FUNDRAISING             | IN   | 501(C)(3)                     | LINE 12A, I   | IUHTH                               | Yes  |    |
| (1)<br><br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>23-7427350  | HEALTHCARE              | IN   | 501(C)(3)                     | LINE 10   | IUHCA                               | Yes  |    |



| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j)<br>General or Managing Partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1)<br>BALL OUTPATIENT SURGERY CENTER LLC<br><br>569 BROOKWOOD VILLAGE STE 901<br>BIRMINGHAM, AL 35244<br>27-0275794  | HEALTHCARE              | IN   | BOSCH                            |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (1)<br>BELTWAY SURGERY CENTERS LLC<br><br>569 BROOKWOOD VILLAGE STE 901<br>BIRMINGHAM, AL 35244<br>35-2072586         | HEALTHCARE              | IN   | BSCH                             |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (2)<br>BLOOMINGTON ENDOSCOPY CENTER LLC<br><br>PO BOX 550<br>BLOOMINGTON, IN 47402<br>35-2117943                      | HEALTHCARE              | IN   | IUHB                             |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (3) BOSC HOLDINGS LLC<br><br>950 N MERIDIAN ST STE 800<br>BIRMINGHAM, AL 35244<br>45-4147343                          | HEALTHCARE              | IN   | IUH                              |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (4) BSC HOLDINGS LLC<br><br>950 N MERIDIAN ST STE 800<br>BIRMINGHAM, AL 35244<br>45-2314634                           | HEALTHCARE              | IN   | IUH                              |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (5) CHV FUND I LLC<br><br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>26-2523206                           | VENTURE CAPITAL         | IN   | IUH                              |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (6)<br>CHV FUND II MANAGEMENT LLC<br><br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>37-1717823            | VENTURE CAPITAL         | IN   | CHV                              |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (7) CHV FUND II LLC<br><br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>80-0902337                          | VENTURE CAPITAL         | IN   | IUH                              |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (8) CHV FUND MANAGEMENT LLC<br><br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>26-2523151                  | VENTURE CAPITAL         | IN   | CHV                              |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (9)<br>CLARIAN HEALTH NETWORK LLC<br><br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-2055030            | HEALTHCARE              | IN   | IUH                              |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (10)<br>EAGLE HIGHLANDS SURGERY CENTER LLC<br><br>569 BROOKWOOD VILLAGE STE 901<br>BIRMINGHAM, AL 35244<br>35-2259204 | HEALTHCARE              | IN   | EHSCH                            |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (11) EHSC HOLDINGS LLC<br><br>950 N MERIDIAN ST STE 800<br>BIRMINGHAM, AL 35244<br>45-4147879                         | HEALTHCARE              | IN   | IUH                              |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (12) EWASC HOLDINGS LLC<br><br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>47-3087761                      | HEALTHCARE              | IN   | IUH                              |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (13)<br>HEALTH VENTURE MANAGEMENT LLC<br><br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>20-5740218        | MANAGEMENT              | IN   | IUH                              |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (14) IEC HOLDINGS LLC<br><br>950 N MERIDIAN ST STE 800<br>BIRMINGHAM, AL 35244<br>45-4148032                          | HEALTHCARE              | IN   | IUH                              |   |                              |                                    |                                      | No |  |                                     | No |                             |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal Domicile (State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j)<br>General or Managing Partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |   |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (16)<br>INDIANA ENDOSCOPY CENTERS LLC<br><br>569 BROOKWOOD VILLAGE STE 901<br>BIRMINGHAM, AL 35244<br>20-8398421      | HEALTHCARE              | IN   | IECH                             |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (1)<br>IU HEALTH EWA SURGERY CENTER LLC<br><br>569 BROOKWOOD VILLAGE STE 901<br>BIRMINGHAM, AL 35244<br>47-3102482    | HEALTHCARE              | IN   | EWASCH                           |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (2)<br>IU HEALTH SAXONY SURGERY CENTER LLC<br><br>569 BROOKWOOD VILLAGE STE 901<br>BIRMINGHAM, AL 35244<br>27-5271091 | HEALTHCARE              | IN   | SSCH                             |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (3) ROC SURGERY LLC<br><br>569 BROOKWOOD VILLAGE STE 901<br>BIRMINGHAM, AL 35244<br>27-1497960                        | HEALTHCARE              | IN   | ROCSH                            |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (4) ROCS HOLDINGS LLC<br><br>950 N MERIDIAN ST STE 800<br>BIRMINGHAM, AL 35244<br>45-4148369                          | HEALTHCARE              | IN   | IUH                              |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (5)<br>SENATE STREET SURGERY CENTER LLC<br><br>569 BROOKWOOD VILLAGE STE 901<br>BIRMINGHAM, AL 35244<br>42-1709357    | HEALTHCARE              | IN   | SSSCH                            |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (6) SSC HOLDINGS LLC<br><br>950 N MERIDIAN ST STE 800<br>BIRMINGHAM, AL 35244<br>46-4472887                           | HEALTHCARE              | IN   | IUH                              |   |                              |                                    |                                      | No |  |                                     | No |                             |
| (7) SSSC HOLDINGS LLC<br><br>950 N MERIDIAN ST STE 800<br>BIRMINGHAM, AL 35244<br>45-4148167                          | HEALTHCARE              | IN   | IUH                              |   |                              |                                    |                                      | No |  |                                     | No |                             |

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

| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
|   |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| (1)<br>BMH MEDICAL PAVILION ASSOCIATION INC<br>2525 W UNIVERSITY AVE<br>MUNCIE, IN 47303<br>35-1858408            | CONDO MANAGEMENT        | IN  | IUHBMH                              | C  |                                 |   |                                |  | No |
| (1) CARDINAL HEALTH VENTURES INC<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-1611424             | MANAGEMENT              | IN  | IUHBMH                              | C  |                                 |   |                                |  | No |
| (2) CHV CAPITAL INC<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>26-0752507                          | VENTURE CAPITAL         | IN  | IUH                                 | C  |                                 |   |                                |  | No |
| (3) IU HEALTH 457(B) PLAN<br>1100 N MARKET ST<br>WILMINGTON, DE 19890<br>47-6948347                               | INVESTMENTS             | IN  | IUH                                 | T  |                                 |   |                                |  | No |
| (4) IU HEALTH ACO INC<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>45-4421020                        | HEALTHCARE              | IN  | IUH                                 | C  |                                 |   |                                |  | No |
| (5) IU HEALTH BOARD DESIGNATED TRUST<br>400 HOWARD ST<br>SAN FRANCISCO, CA 94105<br>30-6309021                    | INVESTMENTS             | IN  | IUH                                 | T  |                                 |   |                                |  | No |
| (6) IU HEALTH NTGI S&P500 FUND CF<br>PO BOX 804358<br>CHICAGO, IL 60680<br>30-6298263                             | INVESTMENTS             | IN  | IUH                                 | T  |                                 |   |                                |  | No |
| (7) IU HEALTH PLANS HOLDING COMPANY INC<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>46-3794815      | INSURANCE               | IN  | IUH                                 | C  |                                 |   |                                |  | No |
| (8) IU HEALTH PLANS INSURANCE COMPANY<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>81-1097215        | INSURANCE               | IN  | PHC                                 | C  |                                 |   |                                |  | No |
| (9) IU HEALTH PLANS NFP INC<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>46-3803873                  | INSURANCE               | IN  | IUH                                 | C  |                                 |   |                                |  | No |
| (10) IU HEALTH PLANS INC<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>26-2127080                     | HMO                     | IN  | IUH                                 | C  |                                 |   |                                |  | No |
| (11)<br>IU HEALTH RISK PURCHASING GROUP INC<br>151 MEETING ST STE 301<br>CHARLESTON, SC 29401<br>26-0202446       | INSURANCE               | IN  | IUH                                 | C  |                                 |   |                                |  | No |
| (12) IU HEALTH RISK RETENTION GROUP INC<br>151 MEETING ST STE 301<br>CHARLESTON, SC 29401<br>20-1107674           | INSURANCE               | SC  | IUH                                 | C  |                                 |   |                                |  | No |
| (13)<br>IU HEALTH SOUTHERN IN PHYSICIANS INC<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>35-1913875 | HEALTHCARE              | IN  | IUHB                                | C  |                                 |   |                                |  | No |
| (14) IUH ASSURANCE SPC LTD<br>PO BOX 69 94 SOLARIS AVE<br>GRAND CAYMAN, GRAND CAYMAN<br>CJ<br>98-0395429          | INSURANCE               | CJ  | IUH                                 | C  |                                 |   |                                |  | No |

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

| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
|   |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| (16) OCC-HEALTH REVENUE SYSTEMS INC<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>20-3308057    | WORK COMP PPO           | IN  | MOHC                                | C  |                                 |   |                                |  | No |
| (1) PARKMOR DRUG INC<br>1501 S MAIN ST<br>GOSHEN, IN 46526<br>13-1394980                                    | PHARMACY SALES          | IN  | GHS                                 | C  |                                 |   |                                |  | No |
| (2) PILR INC<br>200 HIGH PARK AVE<br>GOSHEN, IN 46526<br>20-4294750   | DEVELOPMENT             | IN  | GHS                                 | C  |                                 |   |                                |  | No |
| (3) PROTEUO FUND LP<br>PO BOX 31106 89 NEXUS WAY<br>GRAND CAYMAN, GRAND CAYMAN<br>CJ<br>98-1075227          | INVESTMENTS             | CJ  | IUH                                 | C  |                                 |   |                                |  | No |
| (4) RADIATION ONCOLOGY RESOURCES INC<br>200 HIGH PARK AVE<br>GOSHEN, IN 46526<br>26-2008424                 | HEALTHCARE              | IN  | GHS                                 | C  |                                 |   |                                |  | No |
| (5) SCANS INC<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>45-3080392                          | HEALTHCARE              | IN  | CHVF1                               | C  |                                 |   |                                |  | No |
| (6) UNIV HLTH (SHANGHAI) MGT CON CO LTD<br>88 CENTURY AVE<br>SHANGHAI, SHANGHAI<br>CH                       | MANAGEMENT              | CH  | UHMC                                | C  |                                 |   |                                |  | No |
| (7) UNIVERSITY HEALTH MANAGEMENT INC<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>27-2891143   | MANAGEMENT              | IN  | CHV                                 | C  |                                 |   |                                |  | No |
| (8) UNIVERSITY HEALTH MGMT (CHINA) INC<br>950 N MERIDIAN ST STE 800<br>INDIANAPOLIS, IN 46204<br>27-3891311 | MANAGEMENT              | IN  | CHV                                 | C  |                                 |   |                                |  | No |