

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning **2017**, and ending **20**

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization: **ELKHART GENERAL HOSPITAL, INC.**
Doing Business As

D Employer identification number: **35-0877574**

E Telephone number: **(574) 523-3208**

G Gross receipts \$: **300,026,687.**

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

H(b) Are all subordinates included? Yes No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ **WWW.BEACONHEALTHSYSTEM.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1909** **M** State of legal domicile: **IN**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	10.
4 Number of independent voting members of the governing body (Part VI, line 1b)	10.
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	2,108.
6 Total number of volunteers (estimate if necessary)	190.
7a Total unrelated business revenue from Part VIII, column (C), line 12	361,619.
7b Net unrelated business taxable income from Form 990-T, line 34	-19,273.
Revenue	
8 Contributions and grants (Part VIII, line 1h)	Prior Year: 288,036. Current Year: 249,150.
9 Program service revenue (Part VIII, line 2g)	296,397,005. 295,366,729.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-419,879. 213,027.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,010,038. 3,645,762.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	303,275,200. 299,474,668.
Expenses	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	399,290. 215,853.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	103,739,220. 102,612,211.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
16b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	171,371,793. 177,760,242.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	275,510,303. 280,588,306.
19 Revenue less expenses. Subtract line 18 from line 12	27,764,897. 18,886,362.
Net Assets or Fund Balances	
20 Total assets (Part X, line 16)	Beginning of Current Year: 290,050,693. End of Year: 274,650,255.
21 Total liabilities (Part X, line 26)	142,289,743. 109,080,292.
22 Net assets or fund balances. Subtract line 21 from line 20	147,760,950. 165,569,963.

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: *Jeffrey Costello* Date: **4/2/18**

JEFFREY COSTELLO CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **JACOB J ZEHNDER** Preparer's signature: *Jacob J Zehnder* Date: **11/07/2018** Check if self-employed PTIN: **P01564049**

Firm's name ▶ **ERNST & YOUNG U.S. LLP** Firm's EIN ▶ **34-6565596**

Firm's address ▶ **155 N WACKER DRIVE, 20 FLOOR CHICAGO, IL 60606** Phone no. **312-879-2702**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 \$ 243,706,012. including grants of \$ 215,853.) (Revenue \$ 296,524,390.)

ATTACHMENT 2

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 ▶ 243,706,012.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 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>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
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>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 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>		X
19 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>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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 line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 (10), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: JEFFREY COSTELLO 615 N. MICHIGAN STREET SOUTH BEND, IN 46601 574-647-3549

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILBUR BONTRAGER CHAIR	2.00 0.	X		X				0.	0.	0.
(2) BRUCE NEWSWANGER, D.O. DIRECTOR	2.00 0.	X					1,792.	0.		0.
(3) MATTHEW PLETCHER DIRECTOR	2.00 0.	X					0.	0.		0.
(4) LEONARD KIBILOSKI, M.D. DIRECTOR	2.00 0.	X					1,792.	0.		0.
(5) KELLY PUSTER, M.D. DIRECTOR	2.00 0.	X					0.	0.		0.
(6) ALEX STRATI, JR. VICE CHAIR	2.00 0.	X		X			3,439.	0.		0.
(7) TIM SHELLY SEC./TREASURER	2.00 0.	X		X			1,792.	0.		0.
(8) JOHN DEPUTY DIRECTOR	2.00 0.	X					1,792.	0.		0.
(9) SAMIR PATEL, M.D. DIRECTOR	2.00 0.	X					0.	0.		0.
(10) AMISH SHAH DIRECTOR	2.00 0.	X					1,643.	0.		0.
(11) JEFFREY P. COSTELLO CFO/ASST. TREASURER	2.00 46.00			X			0.	597,602.		178,765.
(12) PHILLIP A. NEWBOLD CEO THRU 10/2017	2.00 46.00			X			0.	1,710,952.		233,242.
(13) KREG R. GRUBER CEO	2.00 46.00			X			0.	640,757.		180,512.
(14) CARL W RISK II PRESIDENT	40.00 0.			X			329,042.	0.		69,983.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) KARRA L HEGGEN VP OF NURSING	40.00 0.					X		290,745.	0.	137,586.
16) CINDIE L MCPHIE VP OF OPERATIONS	40.00 0.					X		204,372.	0.	18,527.
17) LIANG Q WANG SENIOR PHYSICIST	40.00 0.					X		229,748.	0.	29,050.
18) MARIA A BEHR DIRECTOR OF PHARMACY	40.00 0.					X		174,742.	0.	15,694.
19) JAMES E CANTRELL PERFUSIONIST	40.00 0.					X		164,374.	0.	19,556.
20) GREGORY LOSASSO FORMER PRESIDENT	0. 0.						X	225,968.	0.	3,413.
1b Sub-total								341,292.	2,949,311.	662,502.
c Total from continuation sheets to Part VII, Section A								1,289,949.	0.	223,826.
d Total (add lines 1b and 1c)								1,631,241.	2,949,311.	886,328.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **62**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **55**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	214,377.				
	e	Government grants (contributions)	1e	26,738.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,035.				
	g	Noncash contributions included in lines 1a-1f: \$		8,000.				
	h	Total. Add lines 1a-1f ▶		249,150.				
	Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code	622110	289,207,266.	289,207,266.	
b		OUTPATIENT PHARMACY		446110	5,132,077.		227,738.	
c		RENT FROM RELATED PARTIES		622110	988,493.	988,493.		
d		MEDICAL EDUCATION		611710	38,893.	38,893.		
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			295,366,729.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶			11,355.		11,355.	
	4	Income from investment of tax-exempt bond proceeds . ▶			0.			
	5	Royalties ▶			0.			
	6a	Gross rents	(i) Real	(ii) Personal				
					1,588,610.			
					422,191.			
					1,166,419.			
	d	Net rental income or (loss) ▶			1,166,419.		1,166,419.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
						331,500.		
						129,828.		
						201,672.		
	d	Net gain or (loss) ▶			201,672.		201,672.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
	b	Less: direct expenses b						
c	Net income or (loss) from fundraising events. ▶			0.				
9a	Gross income from gaming activities. See Part IV, line 19 a							
b	Less: direct expenses b							
c	Net income or (loss) from gaming activities. ▶			0.				
10a	Gross sales of inventory, less returns and allowances a							
b	Less: cost of goods sold b							
c	Net income or (loss) from sales of inventory. ▶			0.				
Miscellaneous Revenue				Business Code				
11a	REBATES AND DISCOUNTS		622110	769,034.			769,034.	
b	CAFETERIA		722514	418,767.			418,767.	
c	INTERCOMPANY CHARGEBACKS-MICHIANA LINEN		812331	151,637.	126,149.	25,488.		
d	All other revenue			1,139,905.	1,031,512.	108,393.		
e	Total. Add lines 11a-11d ▶			2,479,343.				
12	Total revenue. See instructions. ▶			299,474,668.	291,392,313.	361,619.	7,471,586.	

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 [X]

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, Pension, Advertising, etc.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	9,585.	1	9,585.
	2 Savings and temporary cash investments	11,447,989.	2	14,505,066.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	58,737,753.	4	47,390,928.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	81,156.	7	92,792.
	8 Inventories for sale or use	7,966,066.	8	7,075,885.
	9 Prepaid expenses and deferred charges	1,528,330.	9	968,412.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 371,084,234.		
	b Less: accumulated depreciation	10b 177,550,174.		
		198,758,305.	10c	193,534,060.
	11 Investments - publicly traded securities	6,099,617.	11	6,722,517.
	12 Investments - other securities. See Part IV, line 11	414,286.	12	445,366.
	13 Investments - program-related. See Part IV, line 11	488,734.	13	26,357.
	14 Intangible assets	2,536,226.	14	2,536,226.
15 Other assets. See Part IV, line 11	1,982,646.	15	1,343,061.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	290,050,693.	16	274,650,255.	
Liabilities	17 Accounts payable and accrued expenses	21,244,549.	17	21,956,186.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	76,837,940.	20	74,089,968.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	44,207,254.	25	13,034,138.
	26 Total liabilities. Add lines 17 through 25	142,289,743.	26	109,080,292.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	141,247,047.	27	158,402,080.
	28 Temporarily restricted net assets	6,113,903.	28	6,767,883.
	29 Permanently restricted net assets	400,000.	29	400,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	147,760,950.	33	165,569,963.
	34 Total liabilities and net assets/fund balances	290,050,693.	34	274,650,255.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	299,474,668.
2	Total expenses (must equal Part IX, column (A), line 25)	2	280,588,306.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,886,362.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	147,760,950.
5	Net unrealized gains (losses) on investments	5	653,980.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,731,329.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	165,569,963.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

ELKHART GENERAL HOSPITAL, INC.

Employer identification number

35-0877574

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 **section 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.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2017, 2016. Rows include: 14 Public support percentage for 2017; 15 Public support percentage from 2016 Schedule A; 16a 33 1/3% support test - 2017; b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

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 (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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? <i>If "Yes," provide detail in Part VI.</i>		
7 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
10a 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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c 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>	11 c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
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>	3b		

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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.)

Schedule of Contributors

2017

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization ELKHART GENERAL HOSPITAL, INC.	Employer identification number 35-0877574
---	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(³) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **ELKHART GENERAL HOSPITAL, INC.**

Employer identification number
35-0877574

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 26,738.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 214,377.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 8,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **ELKHART GENERAL HOSPITAL, INC.**

Employer identification number

35-0877574

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FES CYCLE _____ _____ _____	\$ 8,000.	01/31/2017
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **ELKHART GENERAL HOSPITAL, INC.**

Employer identification number
35-0877574

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization ELKHART GENERAL HOSPITAL, INC.	Employer identification number 35-0877574
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		10,631.
j Total. Add lines 1c through 1i			10,631.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

PART II-B, LINE 1I

ELKHART GENERAL HOSPITAL PAYS THE DUES TO THE FOLLOWING ORGANIZATION FOR WHICH THE PERCENTAGE LISTED WAS ATTRIBUTED TO LOBBYING:

INDIANA HOSPITAL ASSOCIATION - 22.98%

GREATER ELKHART CHAMBER OF COMMERCE - 2.5%

WHEN UNABLE TO ASCERTAIN ALLOCATION OF DUES ATTRIBUTED TO LOBBYING A CONSERVATIVE ESTIMATE OF 23% IS APPLIED BASED ON THE INDIANA HOSPITAL ASSOCIATION PERCENTAGE.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2017

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

ELKHART GENERAL HOSPITAL, INC.

35-0877574

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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)?, 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.

Table with 2 columns: Revenue, Assets. Rows include: 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. 1b 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.

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

Schedule D (Form 990) 2017

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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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
1a Beginning of year balance	40,368,863.	32,772,897.	36,228,784.	33,921,099.	29,895,939.
b Contributions	2,155,261.	9,605,449.	4,093,832.	2,833,644.	2,180,336.
c Net investment earnings, gains, and losses	3,423,343.	850,963.	-1,549,515.	330,764.	2,985,268.
d Grants or scholarships	4,284,345.	2,645,907.	5,789,367.	714,487.	984,717.
e Other expenditures for facilities and programs	249,461.	178,250.	174,135.	125,000.	125,000.
f Administrative expenses	40,639.	36,289.	36,702.	17,236.	30,727.
g End of year balance	41,373,022.	40,368,863.	32,772,897.	36,228,784.	33,921,099.

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

- a** Board designated or quasi-endowment 66.0200 %
- b** Permanent endowment 1.1500 %
- c** Temporarily restricted endowment 32.8300 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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
1a Land		4,146,907.		4,146,907.
b Buildings		250,819,014.	106,918,789.	143,900,225.
c Leasehold improvements				
d Equipment		113,851,273.	70,631,385.	43,219,888.
e Other		2,267,040.		2,267,040.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				193,534,060.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED PENSION LIABILITY	12,882,740.	
(3) CAPITAL LEASES	151,398.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		13,034,138.

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 XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

PERMANENTLY RESTRICTED NET ASSETS HAVE BEEN RESTRICTED BY DONORS TO BE MAINTAINED BY THE HOSPITAL AND/OR IT'S RELATED ENTITIES, IN PERPETUITY. IN ACCORDANCE WITH THE RESTRICTIONS, A MAJORITY OF THE INVESTMENT INCOME AND INVESTMENT GAINS OR LOSSES FROM PERMANENTLY RESTRICTED NET ASSETS ARE TO BE REINVESTED WITH THE PRINCIPAL AND ARE THEREFORE TEMPORARILY RESTRICTED. A SPECIFIED PORTION OF INCOME EARNED BY THE TEMPORARILY RESTRICTED NET ASSETS IS RELEASED FROM RESTRICTION AND USED FOR OPERATIONS EACH YEAR.

THE HOSPITAL HAS ONE ENDOWMENT FUND ESTABLISHED FOR PATIENT CARE PURPOSES WITH A VALUE OF \$7,167,883. THE HOSPITAL HAS ESTABLISHED INVESTMENT AND SPENDING POLICIES RELATED TO THE APPRECIATION OF THIS ENDOWMENT. SHOULD THE UNDERLYING ASSETS FALL BELOW THIS TARGETED AMOUNT THE HOSPITAL PURSUES ACTION CONSISTENT WITH ESTABLISHED POLICIES TO RETURN THE ENDOWMENT TO THE TARGETED AMOUNT. BASED ON THESE POLICIES, ENDOWMENT AMOUNTS ARE TEMPORARILY RESTRICTED UNTIL BOARD AUTHORIZED RELEASE OF FUNDS FOR PATIENT CARE PURPOSES ARE APPROVED. AS A MEMBER ORGANIZATION OF BEACON HEALTH SYSTEM, THE HOSPITAL ALSO CAN BENEFIT FROM ENDOWMENT FUNDS HELD BY RELATED ENTITIES, THE VALUE OF WHICH WAS \$34,205,140 AT 12/31/2017. IN 2017, THE HOSPITAL RECEIVED \$0 FROM THE RELATED PARTY ENDOWMENT FUNDS.

FIN 48 DISCLOSURE

PART X, LINE 2

ASC 740, INCOME TAXES, REQUIRES THAT REALIZATION OF AN UNCERTAIN INCOME TAX POSITION IS MORE LIKELY THAN NOT (I.E., GREATER THAN 50% LIKELIHOOD

Part XIII Supplemental Information *(continued)*

OF RECEIVING A BENEFIT) BEFORE IT IS RECOGNIZED IN THE FINANCIAL STATEMENTS AS THE AMOUNT MOST LIKELY TO BE REALIZED ASSUMING A REVIEW BY TAX AUTHORITIES HAVING ALL RELEVANT INFORMATION AND APPLYING CURRENT CONVENTIONS. THIS INTERPRETATION ALSO CLARIFIES THE FINANCIAL STATEMENT CLASSIFICATION OF TAX-RELATED PENALTIES AND INTEREST AND SETS FORTH NEW DISCLOSURES REGARDING UNRECOGNIZED TAX BENEFITS. NO AMOUNT WAS RECORDED FOR THE YEARS ENDED DECEMBER 31, 2017 OR 2016.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ELKHART GENERAL HOSPITAL, INC.

Employer identification number

35-0877574

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		445,366.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					445,366.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					445,366.

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

Schedule F (Form 990) 2017

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2017

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization

ELKHART GENERAL HOSPITAL, INC.

Employer identification number

35-0877574

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,313,879.		1,313,879.	.51
b Medicaid (from Worksheet 3, column a)			46,847,674.	32,884,027.	13,963,647.	5.47
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			48,161,553.	32,884,027.	15,277,526.	5.98
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,204,800.	72,311.	1,132,489.	.44
f Health professions education (from Worksheet 5)			938,132.	38,893.	899,239.	.35
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			2,142,932.	111,204.	2,031,728.	.79
k Total. Add lines 7d and 7j.			50,304,485.	32,995,231.	17,309,254.	6.77

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			38,717.		38,717.	.02
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			62,615.		62,615.	.25
8 Workforce development						
9 Other						
10 Total			101,332.		101,332.	.27

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	57,633,759.
6 Enter Medicare allowable costs of care relating to payments on line 5	85,633,233.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-27,999,474.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 WAKARUSA MED CLINIC	MEDICAL BUILDING-FINAL 2017		42.00000	58.00000
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

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

1 ELKHART GENERAL HOSPITAL, INC.
 600 EAST BLVD
 ELKHART IN 46514
 WWW.BEACONHEALTHSYSTEM.ORG
 16-005017-1

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ELKHART GENERAL HOSPITAL, INC

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

Community Health Needs Assessment

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group ELKHART GENERAL HOSPITAL, INC

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>350.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C FOR FULL URL</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C FOR FULL URL</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C FOR FULL URL</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group ELKHART GENERAL HOSPITAL, INC

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

		Yes	No
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why:	X	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group ELKHART GENERAL HOSPITAL, INC

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
	a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Schedule H (Form 990) 2017

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 5

DURING 2015, BEACON HEALTH SYSTEM CONDUCTED A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR THE APPROXIMATE 200,000 RESIDENTS OF ELKHART COUNTY AND THE APPROXIMATE 267,000 RESIDENTS OF ST. JOSEPH COUNTY, WHICH REFLECT THE PRIMARY MARKET SERVICE AREAS FOR ELKHART GENERAL HOSPITAL (EGH), AND MEMORIAL HOSPITAL OF SOUTH BEND, RESPECTIVELY. IN LATE 2014 THROUGH FEBRUARY 2015, DIALOGUE ON THE CHNA PLANNING AND COORDINATION OCCURRED AMONG BEACON HEALTH SYSTEM EXECUTIVES AND THE COMMUNITY BENEFIT STAFF FROM BOTH ELKHART GENERAL HOSPITAL AND MEMORIAL HOSPITAL OF SOUTH BEND. IT WAS AGREED THAT A THIRD PARTY CONSULTANT - HOLLERAN CONSULTING FROM LANCASTER, PENNSYLVANIA - WOULD SERVE AS DATA GATHERING ENTITY FOR BOTH HOSPITALS.

THE CHNA PROCESS INCLUDED A COMPILATION AND REVIEW OF SECONDARY DATA; A KEY INFORMANT ONLINE SURVEY ON INPUT OF COMMUNITY HEALTH PRIORITIES AND BARRIERS TO HEALTH; A COMMUNITY-BASED ONLINE SURVEY FROM COMMUNITY MEMBERS AT LARGE REGARDING PERCEPTIONS OF HEALTH PRIORITIES IN ELKHART COUNTY; AND COMMUNITY LEADER DIALOGUE ON PRIORITIZING IDENTIFIED HEALTH NEEDS. COMMUNITY ENGAGEMENT AND FEEDBACK WERE INTEGRAL TO THE INTEGRITY AND VALIDITY OF THE ELKHART COUNTY CHNA PROCESS. THROUGHOUT THE PROCESS, INPUT WAS ACTIVELY SOLICITED AND SECURED FROM PERSONS WHO HOLD A BROAD KNOWLEDGE OF AND REPRESENT THE BROAD INTERESTS OF ELKHART COUNTY, INCLUDING PUBLIC HEALTH; MINORITY, CULTURAL, AND UNDERSERVED POPULATIONS; FROM THE COMMUNITY MEMBERS AT LARGE; AND FROM THE MEDICAL AND HEALTH SERVICES FIELDS. DIALOGUE WITH KEY COMMUNITY HEALTH STAKEHOLDERS,

Part V Facility Information (continued)

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

PHILANTHROPIC FUNDERS, AND MEMBERS OF THE HEALTHCARE FIELD HELPED IDENTIFY HEALTH PRIORITIES, CURRENT DEDICATED RESOURCES FOR COMMUNITY HEALTH NEEDS, AND RESOURCE CONSTRAINTS.

THROUGH MARCH 2015, THE FIRST STAGE OF ASSESSMENT WAS ENGAGED, AND SOUGHT TO GATHER INPUT FROM KEY INFORMANTS WHO HOLD A BROAD KNOWLEDGE OF, AND REPRESENT THE BROAD INTERESTS OF, ELKHART COUNTY. THE KEY INFORMANTS WERE SOLICITED FROM MULTIPLE SECTORS OF ELKHART COUNTY, INCLUDING THE PUBLIC HEALTH, EDUCATION, MINORITY, FAITH, CULTURAL, ECONOMIC DEVELOPMENT, NON-PROFIT, CHILD AND YOUTH, HEALTH CARE, PUBLIC HEALTH, MEDICAL CARE, EMERGENCY AND RELIEF SERVICES, AND PRIVATE SECTORS. ORGANIZATIONS INVITED TO PROVIDE INPUT INCLUDED THE FOLLOWING: ELKHART GENERAL HOSPITAL, CHILD ABUSE PREVENTION SERVICES, CENTER FOR HEALING AND HOPE, ELKHART COUNTY COUNCIL ON AGING, ELKHART COUNTY HEALTH DEPARTMENT, SPA MINISTRIES, BEACON MEDICAL GROUP, ELKHART COUNTY UNITED WAY, EMERGENCY PHYSICIANS INC., ELKHART COUNTY MINORITY HEALTH COALITION, ASSOCIATION FOR THE DISABLED OF ELKHART COUNTY, ELKHART COMMUNITY SCHOOLS, GOSHEN COMMUNITY SCHOOLS, NORTHERN INDIANA HISPANIC HEALTH COALITION, ST. VINCENT DE PAUL CATHOLIC CHURCH, MIDDLEBURY COMMUNITY SCHOOLS, BAUGO COMMUNITY SCHOOLS, WANEE COMMUNITY SCHOOLS, LA CASA, INC., GREATER ELKHART CHAMBER OF COMMERCE, BELMONT MENNONITE CHURCH, RIBBON OF HOPE ECUMENICAL CANCER MINISTRY, GUIDANCE MINISTRIES, HEART CITY HEALTH CENTER, YWCA OF NORTH CENTRAL INDIANA, CITY OF GOSHEN PLANNING DEPARTMENT, RIVER OAKS COMMUNITY CHURCH, FAIRFIELD COMMUNITY SCHOOLS, GOLDEN LIVING CENTER, CHURCH COMMUNITY SERVICES, GOLDEN LIVING CENTER, AND SELECTED HEALTH LEADERS

Part V Facility Information (continued)

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

REPRESENTING THE AMISH COMMUNITY OF ELKHART COUNTY. A FULL LISTING OF SPECIFIC KEY INFORMANTS AND THEIR AFFILIATED ORGANIZATIONS CAN BE FOUND IN APPENDIX B OF THE 2015 HOLLERAN FINAL SUMMARY REPORT FOR BEACON HEALTH SYSTEM.

THROUGH AN ONLINE CHNA SURVEY CONDUCTED THROUGH MARCH 2015, KEY INFORMANTS PROVIDED INPUT ON COMMUNITY HEALTH PRIORITIES, BARRIERS TO ACCESSING CARE, THE IMPACT OF SOCIAL DETERMINANTS OF HEALTH, HOW TO BEST ADDRESS WELLNESS IN THE COMMUNITY, RESOURCES AND WELLNESS PROGRAMS IN THE COMMUNITY, AND UNDERSERVED POPULATIONS.

ADDITIONAL INPUT ON PERCEIVED HEALTH PRIORITIES AND BARRIERS TO ACCESSING HEALTH CARE WAS SOLICITED FROM THE COMMUNITY AT LARGE THROUGH AN ONLINE SURVEY CONDUCTED IN THE SPRING THROUGH EARLY SUMMER OF 2015.

CONSIDERATION WAS GIVEN TO ENSURING THE EASE OF ACCESS TO THE SURVEY COMPLETION FOR HARD TO REACH POPULATIONS, INCLUDING AMISH, HISPANIC LATINO, AFRICAN AMERICAN, AND LOW-INCOME POPULATIONS. AS SUCH, THE ONLINE SURVEY COULD BE ACCESSED DIRECTLY FROM HOME OR WORK VIA THE INTERNET OR THROUGH THE FREE, COMMUNITY SERVICE COMPUTERS LOCATED AT ALL SEVEN ELKHART COUNTY PUBLIC LIBRARIES SITES. THE AVAILABILITY OF THE ONLINE COMMUNITY MEMBER SURVEY WAS HEAVILY PROMOTED THROUGH LIBRARIES, FLIERS, PUBLIC SERVICE ANNOUNCEMENTS (PSA'S), BILLBOARDS, COMMUNITY PRESENTATIONS, AND OTHER PROMOTIONAL MEANS. THE SURVEY, CONSISTING OF 50 QUESTIONS, ASKED COMMUNITY MEMBERS AT LARGE TO PROVIDE INPUT ON ACCESS TO HEALTH CARE, HEALTH STATUS AND BEHAVIORS, SOCIAL CONSTRAINTS, AND

Part V Facility Information (continued)

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

HEALTH-RELATED COMMUNITY STRENGTHS AND OPPORTUNITIES. A TOTAL OF 510 PERSONS IDENTIFYING AS RESIDING OR WORKING IN ELKHART COUNTY RESPONDED TO THE SURVEY. A COPY OF THE SURVEY TOOL CAN BE FOUND IN APPENDIX C OF THE 2015 BEACON HEALTH SYSTEM CHNA FINAL SUMMARY REPORT.

AUGUST AND SEPTEMBER 2015, SEVERAL COMMUNITY HEALTH STAKEHOLDER MEETINGS WERE HELD TO REVIEW THE RESULTS OF 2015 ELKHART COUNTY CHNA SECONDARY DATA REPORT, THE KEY INFORMANT SURVEY SUMMARY, AND THE COMMUNITY MEMBER SURVEY. THE PURPOSE OF THESE MEETINGS WAS TO REVIEW RESULTS AND SOLICIT INPUT ON ELKHART COUNTY COMMUNITY HEALTH PRIORITIES. THESE COMMUNITY HEALTH STAKEHOLDERS INCLUDE MEMBERS OF THE ELKHART GENERAL HOSPITAL BOARD OF DIRECTORS, BEACON HEALTH SYSTEM LEADERS, KEY ELKHART COUNTY MEDICAL PROVIDERS, ELKHART COUNTY COMMUNITY FUNDERS, AND ELKHART COUNTY SCHOOLS PERSONNEL. DISCUSSION WAS FOCUSED ON THE PRIORITY NEEDS, CURRENT DEDICATED RESOURCES FOR COMMUNITY HEALTH NEEDS, RESOURCE CONSTRAINTS, AND THE VIABILITY OF IDENTIFYING A SINGULAR COMMUNITY HEALTH NEED FOR WHICH ALL FUNDERS COULD COLLECTIVELY SUPPORT.

SEPTEMBER AND OCTOBER 2015, EGH GATHERED INPUT FROM COMMUNITY STAKEHOLDERS TO ESTABLISH A LIST OF THE RECOMMENDED HEALTH PRIORITIES AS IDENTIFIED FROM STAKEHOLDER DISCUSSION, COMPILED AN IMPLEMENTATION STRATEGY TO ADDRESS THE SELECTED PRIORITY NEEDS, AND PRESENTED TO EGH BOARD OF DIRECTORS IN NOVEMBER 2015. THE EGH BOARD OF DIRECTORS APPROVED THE 2015 ELKHART COUNTY CHNA IMPLEMENTATION STRATEGY AS PRESENTED.

Part V Facility Information (continued)

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

PART V, SECTION B, LINE 6A

ELKHART GENERAL HOSPITAL CONDUCTED THE 2015 ELKHART COUNTY CHNA WITH MEMORIAL HOSPITAL OF SOUTH BEND, A BEACON HEALTH SYSTEM PARTNER.

PART V, SECTION B, LINE 7A, 7D

THE 2015 ELKHART COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND IMPLEMENTATION STRATEGIES REPORT WERE SUBMITTED TO THE ELKHART GENERAL HOSPITAL BOARD OF DIRECTORS FOR REVIEW AND WERE APPROVED IN NOVEMBER 2015. THESE DOCUMENTS WERE SUBSEQUENTLY MADE WIDELY AVAILABLE TO THE COMMUNITY THROUGH POSTING ON THE ELKHART GENERAL HOSPITAL WEBSITE AT BEACONHEALTHSYSTEM.ORG/CHNA; THROUGH HARD COPIES MADE AVAILABLE BY REQUEST; THROUGH PAPER COPY MADE AVAILABLE AT EGH ADMINISTRATION; AND THROUGH EMAIL TRANSMISSION UPON REQUEST. ELKHART GENERAL HOSPITAL STAFF WERE ALSO AVAILABLE TO DISCUSS THE RESULTS OF THE CHNA AND THE 2015 IMPLEMENTATION STRATEGIES IN REQUESTED COMMUNITY FORUMS.

PART V, SECTION B, LINE 11

EGH REMAINED COMMITTED TO IMPROVING THE COMMUNITY HEALTH STATUS OF ELKHART COUNTY AS AN ORGANIZATIONAL PRIORITY THROUGH ITS MISSION AND THROUGH COMMUNITY IDENTIFICATION. AS A NON-PROFIT, CHARITABLE ORGANIZATION, WE CONTINUE TO EXPAND OUR AMBULATORY HEALTH CAPABILITIES IN THE REGION. THE BEACON HEALTH SYSTEM STRATEGIC PLAN CALLS FOR GREATER FOCUS ON HEALTH AND WELLNESS, AND AS A BEACON HEALTH SYSTEM PARTNER, ELKHART GENERAL HOSPITAL IS IMPLEMENTING POPULATION-BASED HEALTH

Part V Facility Information (continued)

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

STRATEGIES WITH ENHANCED FOCUS ON COMMUNITY HEALTH AND WELLNESS. ONGOING SUPPORT AND ENHANCED FOCUS ON COMMUNITY HEALTH INITIATIVES WILL OCCUR THROUGH CONTINUED COMMUNITY BENEFIT ACTIVITIES, INCLUDING SPECIFIC ALIGNMENT WITH GOALS AND OBJECTIVES TO ACHIEVE ENHANCED PREVENTION AND DETECTION OF DISEASE AT THE EARLIEST ONSET TO AVOID ADVERSE HEALTH OUTCOMES AND MAXIMIZE QUALITY OF LIFE FOR ALL RESIDENTS OF ELKHART COUNTY.

OBESITY

CURRENTLY EGH ENGAGES IN MULTIPLE EFFORTS AIMED AT ADDRESSING OBESITY. IN MARCH 2015, ELKHART'S YOUTH AND COMMUNITY CENTER, FORMERLY KNOWN AS THE ELKHART YMCA, A MAGNET HEALTH AND FITNESS FACILITY WITH WHICH EGH HAS HISTORICALLY PARTNERED WITH IN OBESITY PREVENTION AND REDUCTION INITIATIVES, ABRUPTLY ANNOUNCED ITS IMMINENT CLOSING DUE TO LACK OF FUNDING FOR CRITICAL INFRASTRUCTURE NEEDS, AND OTHER CONCERNS. A REGIONAL REDEVELOPMENT PLAN UNVEILED IN SEPTEMBER 2015 PROPOSED MASSIVE CHANGES TO THE DOWNTOWN AREA OF ELKHART KNOWN AS THE MARKET DISTRICT.

THE ANTICIPATED IMPACT OF THE REDEVELOPMENT OF THE ELKHART YOUTH AND COMMUNITY CENTER IS THE RESURGENCE IN COMMUNITY-BASED FITNESS OPPORTUNITIES FOR ELKHART RESIDENTS, INCLUDING SENIORS, SCHOOL-AGE, DISABLED, AND LOW-INCOME AND MINORITY POPULATIONS, WHICH IS EXPECTED TO ULTIMATELY MANIFEST AS REDUCTIONS IN OBESITY AND OVERWEIGHT RATES IN ELKHART RESIDENTS. AT PRESENT, THE CHNA IDENTIFIED HEALTH PRIORITY OF OBESITY CANNOT BE MEASURED UNTIL THE PLANNING, REVIEW, AND FAVORABLE

Part V Facility Information (continued)

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

AWARD OF FUNDING IS COMPLETE.

PRIORITY FOCUS 1: OBESITY EDUCATION AND CASE MANAGEMENT

PRIORITY FOCUS 2: COMMUNITY DEVELOPMENT AND ENGAGEMENT

PROGRAM TO ADDRESS THIS NEED: BARIATRIC AND METABOLIC INSTITUTE

THE BARIATRIC AND METABOLIC INSTITUTE PROVIDES FREE BEHAVIORAL CLASSES TO PROGRAM PARTICIPANTS EVERY THREE WEEKS WITH THE CLASSES FOCUSING ON VARIOUS TOPICS PERTAINING TO BEHAVIORAL MODIFICATION TO HELP WITH WEIGHT LOSS. THERE WAS A REDUCTION IN AVERAGE BMI OF THE 25 PROGRAM PARTICIPANTS, HELPING TO KEEP BARIATRIC PATIENTS MOTIVATED TO CONTINUE TO LOSE WEIGHT PRIOR TO BARIATRIC SURGERY. THE AVERAGE BMI AT THE START OF THE PROGRAM WAS 47.96. BY EXERCISING ON A CONSISTENT BASIS, THE AVERAGE BMI POST-PROGRAM WAS 44.45.

DAME TU MANO ("GIVE ME YOUR HAND") IS ELKHART GENERAL HOSPITAL'S HISPANIC LATINO HEALTH IMPROVEMENT OUTREACH PROGRAM. THE PROGRAM'S FOCUS IS A BROAD-BASED COMMUNITY HEALTH EMPOWERMENT EFFORT TO ADDRESS THE HEALTH NEEDS OF THE NEARLY 31,000 HISPANIC LATINOS IN ELKHART COUNTY. TO ADDRESS OBESITY, DAME TU MANO PROVIDES INFORMATION, RESOURCES, AND REFERRALS ON OBESITY, WEIGHT LOSS, AND NUTRITION FOR THE HISPANIC AND LATINO COMMUNITIES. DAME TU MANO TOOK ADVANTAGE OF THE SUMMER TIME TO KICK OFF THE WALKING CHALLENGE. THERE WAS A 14.9% INCREASE IN THE AVERAGE DAILY STEPS DURING THE COURSE OF THE PROGRAM. OUT OF 58 PARTICIPANTS 88% ACHIEVED AND SURPASSED THEIR AVERAGE DAILY STEPS GOAL.

Part V Facility Information (continued)

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

THE ELKHART GENERAL HOSPITAL HEALTH SCREENING PROGRAM PROVIDES FREE EDUCATION AND HEALTH SCREENINGS MEASURING GLUCOSE, CHOLESTEROL, BLOOD PRESSURE, BODY FAT, AND BMI TO ELKHART COUNTY RESIDENTS IN PARTNERSHIP WITH LOCAL ORGANIZATIONS AND BUSINESSES. 279 HEALTH SCREENINGS WERE PROVIDED AT VARIOUS ELKHART COUNTY VENUES.

HEALTH ENHANCEMENT LIFESTYLE PROGRAM (HELP) IS A SIX-WEEK PROGRAM TO PROMOTE INCREASED EXERCISE AND IMPROVED PERSONAL NUTRITION AWARENESS IN ELKHART COUNTY RESIDENTS AND EMPLOYEES. A TOTAL OF 67 PERSONS STARTED THE PROGRAM, WITH FOUR (4) DROPPING OUT DUE TO VARIOUS HEALTH-RISK REASONS. THE AVERAGE BMI AT THE START OF THE PROGRAM WAS 27.85, POST-PROGRAM AVERAGE WAS 27.1. THERE WAS ALSO A 14.9 PERCENT INCREASE IN THE AVERAGE DAILY STEPS DURING THE COURSE OF THE PROGRAM. AN INCREASE IN THE CONSUMPTION OF FRUITS AND VEGETABLES WAS ALSO RECORDED.

ACCESS TO HEALTH CARE

RESIDENTS OF ELKHART COUNTY ARE MORE LIKELY TO BE UNINSURED (20.8%) WHEN COMPARED TO ST. JOSEPH COUNTY (14.5%), AND INDIANA (14.2%), AND THE NATION (12.2%). THE RATIO OF PRIMARY CARE PROVIDERS (PCP), DENTISTS, AND MENTAL HEALTH PROVIDERS TO RESIDENTS IS LOWER IN ELKHART COUNTY THAN IN ST. JOSEPH COUNTY, ALL OF INDIANA, AND THE NATIONAL BENCHMARK. ACCESS TO HEALTH CARE AND ACCESS TO HEALTH COVERAGE CONTINUE TO BE IDENTIFIED AS COMMUNITY HEALTH PRIORITIES IN ELKHART COUNTY.

Part V Facility Information (continued)

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

PRIORITY FOCUS 1: ENSURE ALL MEMBERS OF THE COMMUNITY HAVE ACCESS TO HEALTH INSURANCE

BEACON HEALTH SYSTEM NAVIGATORS PROVIDE OUTREACH-BASED, FREE ENROLLMENT AND ADVOCACY SERVICES FOR LOW-INCOME AND/OR ELIGIBLE ELKHART COUNTY RESIDENTS THROUGH HEALTH COVERAGE ENROLLMENT EFFORTS. ELKHART GENERAL HOSPITAL ALSO FUNDS A CONTRACTED INDIANA NAVIGATOR ENROLLMENT POSITION THROUGH A COLLABORATION WITH COVERING KIDS & FAMILIES, AN ENTITY OF UNITED HEALTH SERVICES. IN 2017, INSURANCE ENROLLMENT PROVIDERS WERE ABLE TO SERVE 1,677 PEOPLE ACROSS THE REGION, WITH 86% GETTING HEALTH INSURANCE. A SIX-MONTH FOLLOW-UP PROCESS WAS PILOTTED TO DISCOVER AND RECORD HOW EFFECTIVE INITIAL EFFORTS WERE. PHONE CALLS WENT OUT TO 87 PARTICIPANTS WHO WERE SUCCESSFULLY ENROLLED, AND 59% SAID THEY NOW HAD A PRIMARY CARE PHYSICIAN.

DAME TU MANO HEALTH EDUCATION AND OUTREACH SEEKS TO EMPOWER AND MOTIVATE THE HISPANIC LATINO RESIDENTS IN THE MICHIANA AREA, WITH SPECIFIC FOCUS ON ELKHART COUNTY, THROUGH BROAD-BASED EDUCATION THROUGH RADIO, PRINT, AND SOCIAL MEDIA AS WELL AS GROUP PRESENTATIONS. A TOTAL OF 1,680 RESIDENTS ENGAGED IN 266 HEALTH TOPICS WHICH WERE COVERED FOR A TOTAL OF 532 LIVE ON-AIR RADIO SEGMENTS, RESULTING IN A TOTAL OF 789 PHONE CALLS FROM HISPANIC LATINO COMMUNITY RESIDENTS. A TOTAL OF 43 VISION REFERRALS WERE MADE FOR PERSONS IN NEED OF ASSISTANCE WITH VISUAL AIDS.

PRENATAL CARE COORDINATION

MULTIPLE HEALTH MEASURES FROM THE 2015 ELKHART COUNTY CHNA SUPPORT THE

Part V Facility Information (continued)

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

ISSUE OF PRENATAL CARE COORDINATION AS A COMMUNITY HEALTH PRIORITY. THESE MEASURES INCLUDE THE REPORTED RATES OF FIRST TRIMESTER ENTRY INTO PRENATAL CARE OVERALL AS WELL AS FIRST TRIMESTER ENTRY INTO PRENATAL CARE FOR AFRICAN AMERICAN MOTHERS; LOW BIRTH WEIGHT INFANTS; AND SMOKING RATES IN PREGNANT WOMEN. RESEARCH HAS CLEARLY SHOWN A POSITIVE CORRELATION BETWEEN LATE ENTRY INTO PRENATAL CARE AND ADVERSE BIRTH OUTCOMES. THE TERMINATION OF THE COUNTY'S PRENATAL CARE COORDINATION PROGRAM MAGNIFIED THE URGENCY OF PRIORITIZING PERINATAL HEALTH CARE AS AN EGH HEALTH NEED. TO FACE THOSE CHALLENGES AND MEET THIS NEED, COMMUNITY HEALTH HAS CREATED THIS FOCUS AREA AND INDICATORS TO ASSESS PROGRESS OVER TIME.

PRIORITY FOCUS 1: PROVIDE ACTIVE CASE MANAGEMENT FOR PREGNANT MOTHERS DURING AND AFTER PREGNANCY

THERE ARE TWO PRIMARY COMMUNITY HEALTH PROVIDERS OF PROGRAMMING IN THIS HEALTH NEED AREA: PRENATAL CARE COORDINATION (PCC) IN ELKHART, AND PERINATAL AND INFANT HEALTH (PIHP) IN SAINT JOSEPH COUNTY. BOTH PROGRAMS HAVE PREVIOUS EXPERIENCE IN ACHIEVING POSITIVE OUTCOMES WITH THEIR HIGH-NEED PARTICIPANT GROUPS. IN 2017, FOR THE FIRST TIME THESE PROGRAMS USED THE SAME DATA COLLECTION SYSTEM AND RE-WORDED THEIR INDIVIDUAL GOALS TO BE SIMILAR ACROSS COUNTIES SO THAT COMPARISONS COULD BE MADE, JOINT CHALLENGES COULD BE IDENTIFIED AND ADDRESSED, AND MEANINGFUL APPROACHES COULD BE SHARED. BOTH PROGRAMS ALSO PARTICIPATED IN A FOCUS GROUP TARGETING THIS PRIORITY NEED, WHICH INCREASED COMMUNICATION AND STRATEGIC SUPPORT FOR IMPROVING HEALTH IN THIS AREA ACROSS THE REGION. TOGETHER, THEIR PROGRAMS SERVED 416 MOTHERS AND DELIVERED 324 LIVE BIRTHS ACROSS

Part V Facility Information (continued)

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

THE REGION IN 2017. OF THE MOTHERS:

26% WERE SEVERELY OBESE,

35% WERE A HEALTHY WEIGHT,

17% HAD AN ACE SCORE GREATER THAN 4,

WITH THEIR MATERNAL SUPPORT;

ONLY 5% OF THE BABIES WERE BORN PRETERM (<37 WEEKS),

6% WEIGHED LESS THAN 2,500 GRAMS, AND

3% SPENT TIME IN THE NICU.

IN BEACON COMMUNITY HEALTH PROGRAMS, ONLY 4% OF MOTHERS CONTINUED SMOKING DURING PREGNANCY. COUNTY RATES FOR SMOKING OR SUBSTANCE ABUSE ARE 11% IN SAINT JOSEPH COUNTY, AND 14% IN THE STATE OF INDIANA.

THE PEERS PROJECT IN ELKHART COUNTY IS A MIDDLE SCHOOL RISK AVOIDANCE CURRICULUM THAT EMPHASIZES NURTURING AND MAINTAINING THE EMOTIONAL HEALTH OF YOUTH. THIS PEER-LED PROGRAM FOCUSES ON ABSTINENCE FROM SEXUAL INVOLVEMENT, ALCOHOL, DRUGS, AND SMOKING. IT EMPOWERS YOUTH WITH ASSERTIVE LIFE SKILLS, AND HELPS THEM LEARN TO REGULATE THEIR EMOTIONAL HEALTH TO MAKE POSITIVE LIFE DECISIONS. PEERS PROJECT PROVIDED A FIVE-SESSION, ABSTINENCE AND RISK AVOIDANCE CURRICULUM TO 1,100 ELKHART COUNTY MIDDLE SCHOOL CHILDREN IN TWO SCHOOLS SYSTEMS. ADDITIONALLY, 175 HIGH SCHOOL YOUTH WERE TRAINED TO FACILITATE THE FIVE-SESSION SERIES IN THE MIDDLE SCHOOLS.

COMMUNITY HEALTH NEEDS NOT BEING ADDRESSED AND RATIONALE:

Part V Facility Information (continued)

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

ELKHART GENERAL HOSPITAL DOES NOT INTEND TO ADDRESS MENTAL HEALTH DUE TO OTHER COMMUNITY HEALTH NEEDS TAKING PRECEDENT. EGH DOES NOT INTEND TO INCLUDE DIABETES DUE TO LIMITED RESOURCES TO IMPLEMENT AND EFFECTIVELY MEASURE IMPACT. BECAUSE OF CONCERNS ON THE VALIDITY OF THE DATA PRESENTED DURING THE CHNA, EGH DOES NOT INTEND TO ADDRESS ALZHEIMER'S DISEASE. ELKHART GENERAL HOSPITAL DOES NOT INTEND TO ADDRESS IMMUNIZATIONS BECAUSE OF THE NUMEROUS RESOURCES CURRENTLY ADDRESSING THIS NEED, INCLUDING ELKHART COUNTY HEALTH DEPARTMENT, ELKHART COUNTY URGENT CARE CLINICS, PEDIATRIC OFFICES, AND COMMERCIAL PHARMACIES THAT PROVIDE FREE OR LOW-COST IMMUNIZATIONS TO THE PUBLIC.

PART V, SECTION B, LINE 13H

A PATIENT IN ANY OF THE FOLLOWING CIRCUMSTANCES WILL BE AUTOMATICALLY DEEMED ELIGIBLE FOR FINANCIAL OR ECONOMIC ASSISTANCE (PRESUMPTIVELY ELIGIBLE). NO ASSISTANCE APPLICATION IS NECESSARY IF PATIENT IS DEEMED PRESUMPTIVELY ELIGIBLE FOR ASSISTANCE. DOCUMENTATION VALIDATING THESE CIRCUMSTANCES MAY BE REQUIRED.

1. PATIENT AND/OR RESPONSIBLE PARTY RESIDE AT SALVATION ARMY, FAITH MISSION, OR ANY SIMILAR HOMELESS SHELTER OR THEY ARE HOMELESS AND ARE INELIGIBLE FOR MEDICAID OR OTHER HEALTH COVERAGE PROGRAMS.
2. PATIENT IS DECEASED AND NO ESTATE HAS BEEN FILED.
3. PATIENT IS ENROLLED IN A LIMITED BENEFIT MEDICAID PROGRAM (I.E. EMERGENCY ONLY, FAMILY PLANNING, ETC.) AND THE CURRENT SERVICE IS NOT COVERED BY THEIR MEDICAID PLAN. THERE MUST BE A DENIAL OF COVERAGE FROM

Part V Facility Information (continued)

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

MEDICAID PRIOR TO THE BALANCE BEING ADJUSTED TO CHARITY.

PART V, SECTION B, LINE 16 A,B,C

ELKHART GENERAL HOSPITAL'S FAP URL IS LOCATED AT

WWW.BEACONHEALTHSYSTEM.ORG/ASSIST

PART V, SECTION B, LINE 16J

BROCHURES ARE PROVIDED TO PATIENTS EXPLAINING THE FINANCIAL ASSISTANCE

PROGRAM. ADDITIONALLY, THERE IS A MESSAGE INCLUDED IN EACH BILLING

STATEMENT A PATIENT RECEIVES TELLING THEM IF THE INVOICE IS A HARDSHIP TO

CONTACT THE HOSPITAL BILLING DEPARTMENT FOR ASSISTANCE.

Part V Facility Information (continued)

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

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

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

Part VI Supplemental Information

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PART I, LINE 3C

FACTORS TO BE CONSIDERED FOR FINANCIAL ASSISTANCE

HOUSEHOLD SIZE AND INCOME

THE FOLLOWING FACTORS MAY BE CONSIDERED IN DETERMINING THE ELIGIBILITY OF THE PATIENT FOR ASSISTANCE AND MUST BE PROVIDED BY ALL INCOME EARNING RESIDENTS IN THE COUNTABLE HOUSEHOLD UNIT UNLESS THEY ARE NOT DEPENDENTS BASED ON IRS GUIDELINES FOR DETERMINING WHETHER A HOUSEHOLD MEMBER CAN BE CONSIDERED A DEPENDENT.

1. INDIANA WORKFORCE WAGE REPORT FOR LAST 2 QUARTERS (UNEMPLOYMENT INCOME)
2. LAST 3 PAY STUBS OR A LETTER OR PRINTOUT FROM EMPLOYER(S) PROVIDING VERIFICATION OF GROSS INCOME IF CURRENTLY EMPLOYED. THIS DOCUMENTATION SHOULD NOT BE MORE THAN 30 DAYS OLD FROM DATE OF ISSUE AND INCLUDE YEAR-TO-DATE INFORMATION.
3. LAST 3 BANK STATEMENTS (INCLUDING EXPLANATIONS OF REGULAR DEPOSITS NOT EXPLAINED BY PAY STUBS)

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4. SOCIAL SECURITY AWARD OR ENTITLEMENT LETTER OR OTHER PROOF OF GROSS

MONTHLY AWARD.

5. RETIREMENT INCOME.

6. INVESTMENT INCOME.

7. STATEMENT FROM PERSON(S) THAT ARE PROVIDING DIRECT SUPPORT.

8. NUMBER OF DEPENDENTS.

9. MOST RECENT TAX RETURN (INCLUDING W2 AND ALL SUPPORTING SCHEDULES) 1

10. OTHER FINANCIAL OBLIGATIONS.

11. THE AMOUNT AND FREQUENCY OF HOSPITAL/MEDICAL BILLS.

12. OTHER FINANCIAL RESOURCES THAT PRODUCE INCOME.

13. IF SELF-EMPLOYED, GROSS INCOME LESS COST OF GOODS SOLD AND EMPLOYEE

SALARIES.

FINANCIAL CAPACITY

1. INDIVIDUALS WITH THE FINANCIAL CAPACITY TO PURCHASE HEALTH INSURANCE
 COVERAGE THROUGH THE HEALTH INSURANCE MARKETPLACE MAY BE REQUIRED TO
 PURCHASE AND WILL BE PROVIDED ACCESS TO MEET WITH AN INDIANA CERTIFIED
 NAVIGATOR AS A MEANS OF ASSURING ACCESS TO HEALTHCARE SERVICES, FOR THEIR

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OVERALL PERSONAL HEALTH, AND FOR THE PROTECTION OF THEIR INDIVIDUAL ASSETS.

2. INDIVIDUALS FOUND TO BE INELIGIBLE FOR MEDICAID OR OTHER AFFORDABLE HEALTH CARE COVERAGE MUST PROVIDE PROOF OF DENIAL.
3. FOOD STAMPS OR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) WILL NOT BE COUNTED AS INCOME.
4. COSMETIC SERVICES ARE NOT ELIGIBLE FOR ANY TYPE OF ASSISTANCE AND CANNOT BE INCLUDED IN THE AMOUNT OF HOSPITAL/MEDICAL BILLS OWED.

PART I, LINE 6A

CREATING COMMUNITY HEALTH IS AT THE CORE OF ELKHART GENERAL HOSPITAL'S MISSION. PROMOTION OF COMMUNITY HEALTH IS OUR SOCIAL RESPONSIBILITY AND A KEY TO LONG-TERM COST EFFECTIVENESS. IN ADDITION, IMPROVING THE HEALTH STATUS OF A COMMUNITY IS AS MUCH A SOCIAL, ECONOMIC, AND ENVIRONMENTAL ISSUE, AS IT IS A MEDICAL ONE. CONSEQUENTLY, THE ORGANIZATION TAKES A BROAD APPROACH TO CREATING COMMUNITY HEALTH. THIS APPROACH HAS INCLUDED: ONGOING EDUCATION OF BOARD MEMBERS, STAFF AND LOCAL LEADERS THROUGH COMMUNITY PLUNGES (EXPERIENTIAL ACTIVITIES TO INVOLVE THE COMMUNITY

Part VI Supplemental Information

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RESIDENTS WITH A NEIGHBORHOOD-BASED AGENCY), COMMUNITY FOUNDATION SUPPORT, STRATEGIC ALLOCATION OF TITHING RESOURCES, A CLEAR STATEMENT OF VISION AND GOALS, A COMMITMENT TO CONTINUOUS QUALITY IMPROVEMENT AND PROMOTION OF VOLUNTEER INVOLVEMENT AND COMMUNITY PARTNERSHIPS. ELKHART GENERAL HOSPITAL TITHES 10% OF THE PREVIOUS YEAR'S INCOME FROM OPERATIONS AND TRANSFERS IT TO THE COMMUNITY BENEFIT FUND FOR INVESTMENT IN THE COMMUNITY. THIS INVESTMENT IS IN ADDITION TO THE HOSPITAL'S FINANCIAL ASSISTANCE AND PREVENTION, AND EDUCATION ACTIVITIES SUPPORTED THROUGH ITS OPERATING BUDGET. THE COMMUNITY HEALTH ENHANCEMENT COMMITTEE OF THE BOARD MAKES ONGOING POLICY AND OVERSEES THE ADMINISTRATION OF THE FUND AND DETERMINES SPECIFIC INVESTMENT ALLOCATIONS BASED UPON THE ASSETS AND NEEDS OF THE COMMUNITY. VOLUNTEERS AND STAFF ARE COMMITTED TO PRUDENTLY INVESTING THESE RESOURCES IN AN ACCOUNTABLE MANNER. AS A COMMUNITY NOT-FOR-PROFIT ORGANIZATION, WE TAKE SERIOUSLY OUR RESPONSIBILITY TO INVEST OUR RESOURCES AND ENERGIES INTO UNDERSTANDING AND MEETING THE DIVERGENT HEALTH CARE NEEDS OF ALL, AND ENSURE THAT EVERYONE, REGARDLESS OF THEIR ABILITY TO PAY, RECEIVES THE CARE THEY NEED. ELKHART GENERAL HOSPITAL HAS LONG BEEN RECOGNIZED FOR THE COLLABORATION EFFORTS WHICH

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ENGAGE INDIVIDUALS AND ORGANIZATIONS WITH DIVERSE SOCIO-ECONOMIC RELIGIOUS, ETHNIC, RACE, AGE, AND GENDER IDENTITY CHARACTERISTICS. OUR TEAM OF PASSIONATE AND DEDICATED HEALTH CARE PROFESSIONALS, ALONG WITH MANY PARTNERS THROUGHOUT THE NORTHERN INDIANA AND SOUTHERN MICHIGAN (MICHIANA) REGION, HELPED US CONTRIBUTE SIGNIFICANTLY TO THE HEALTH AND WELL-BEING OF OUR COMMUNITY. FURTHER, ELKHART GENERAL HOSPITAL PLAYS A KEY ROLE IN SERVING THE COMMUNITY AS A WHOLE. ELKHART GENERAL HOSPITAL'S COMMUNITY BENEFIT REPORT IS CONTAINED IN A REPORT PREPARED BY MEMORIAL HOSPITAL, EIN #35-0868132.

PART I, LINE 7

THE COSTING METHOD USED TO CALCULATE FINANCIAL ASSISTANCE REPORTED ON LINES 7 A THROUGH D WAS THE COST-TO-CHARGE RATIO. ALL OTHER COMMUNITY BENEFITS WERE CALCULATED USING DIRECT COSTS.

PART I, LINE 7 COLUMN (F)

BAD DEBT EXPENSE OF \$25,104,176 WAS REMOVED FROM TOTAL EXPENSES.

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PART II COMMUNITY BUILDING ACTIVITIES

3. COMMUNITY SUPPORT - MENTORING AND SUPPORT GROUPS

IN 2017 ELKHART GENERAL HOSPITAL (EGH) PROVIDED COMMUNITY BUILDING ACTIVITIES THAT FOCUSED LARGELY ON MENTORING OPPORTUNITIES TO YOUNG TEENS AND AT-RISK YOUTH.

THE PEERS PROJECT IN ELKHART COUNTY IS A MIDDLE SCHOOL RISK AVOIDANCE CURRICULUM THAT EMPHASIZES NURTURING AND MAINTAINING THE EMOTIONAL HEALTH OF YOUTH. THIS PEER-LED PROGRAM FOCUSES ON ABSTINENCE FROM SEXUAL INVOLVEMENT, ALCOHOL, DRUGS, AND SMOKING. IT EMPOWERS YOUTH WITH ASSERTIVE LIFE SKILLS, AND HELPS THEM LEARN TO REGULATE THEIR EMOTIONAL HEALTH TO MAKE POSITIVE LIFE DECISIONS. PEERS PROJECT PROVIDED A FIVE-SESSION, ABSTINENCE AND RISK AVOIDANCE CURRICULUM TO 1,100 ELKHART COUNTY MIDDLE SCHOOL CHILDREN IN TWO SCHOOL SYSTEMS. ADDITIONALLY, 175 HIGH SCHOOL YOUTH WERE TRAINED TO FACILITATE THE FIVE-SESSION SERIES IN THE MIDDLE SCHOOLS.

LINE 7. COMMUNITY HEALTH IMPROVEMENT/ADVOCACY - IMPROVE PUBLIC HEALTH,

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ACCESS TO HEALTH CARE SERVICES

IN 2017, EGH CONTINUED TO PARTICIPATE IN A PUBLIC HEALTH-BASED COALITION TO IDENTIFY TRENDS IN PERINATAL OUTCOMES TO ULTIMATELY REDUCE PERINATAL RACE DISPARITY IN THE REGION. THE PARTNERS IN THIS EFFORT INCLUDED BEACON HEALTH SYSTEM PARTNER MEMORIAL HOSPITAL OF SOUTH BEND, INDIANA UNIVERSITY HEALTH GOSHEN HOSPITAL, THE HEALTH DEPARTMENTS OF ELKHART AND ST. JOSEPH COUNTIES, MINORITY HEALTH PARTNERS, AND THE MICHIANA HEALTH INFORMATION NETWORK. PERINATAL OUTCOMES ARE CRITICAL INDICATORS OF COMMUNITY HEALTH STATUS, AND THIS FORUM IDENTIFIES OPPORTUNITIES TO PRODUCE CONSISTENT PERINATAL RISK REPORTING FROM THE HOSPITALS AND THE HEALTH INFORMATION EXCHANGE.

ACCESS TO HEALTH CARE/ACCESS TO HEALTH COVERAGE HAS BEEN IDENTIFIED AS A PRIORITY HEALTH NEED FOR ELKHART COUNTY THROUGH THE 2015 ELKHART COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT. IMPROVING ACCESS TO HEALTH CARE/HEALTH COVERAGE CONTINUES TO BE A PRIORITY FOR EGH, AND ONE THAT WILL ULTIMATELY IMPROVE THE HEALTH OF AND QUALITY OF LIFE FOR ELKHART COUNTY RESIDENTS.

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BEACON HEALTH SYSTEM NAVIGATORS

BEACON HEALTH SYSTEM NAVIGATORS PROVIDES OUTREACH-BASED, FREE ENROLLMENT AND ADVOCACY SERVICES FOR LOW-INCOME AND/OR ELIGIBLE RESIDENTS THROUGH HEALTH COVERAGE ENROLLMENT EFFORTS. ELKHART GENERAL HOSPITAL ALSO FUNDS A CONTRACTED INDIANA NAVIGATOR ENROLLMENT POSITION THROUGH A COLLABORATION WITH COVERING KIDS & FAMILIES, AN ENTITY OF UNITED HEALTH SERVICES. IN 2017, INSURANCE ENROLLMENT PROVIDERS WERE ABLE TO SERVE 1,677 PEOPLE ACROSS THE REGION, WITH 86% GETTING HEALTH INSURANCE. A SIX-MONTH FOLLOW-UP PROCESS WAS PILOTED TO DISCOVER AND RECORD HOW EFFECTIVE INITIAL EFFORTS WERE. PHONE CALLS WENT OUT TO 87 PARTICIPANTS WHO WERE SUCCESSFULLY ENROLLED, AND 59% SAID THEY NOW HAD A PRIMARY CARE PHYSICIAN.

THROUGHOUT 2017, EGH CONTINUED TO PROVIDE HEALTH COVERAGE ENROLLMENT ASSISTANCE AND PROGRAM NAVIGATION THROUGH BEACON HEALTH SYSTEM HEALTH COVERAGE ENROLLMENT EFFORT FOR THE AFFORDABLE CARE ACT (ACA) MARKETPLACE, AS WELL AS THE EMERGENCE OF HEALTHY INDIANA PLAN 2.0, WHICH WAS INDIANA'S RESPONSE TO MEDICAID EXPANSION UNDER THE ACA. IN ALIGNMENT WITH THE ACA,

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EGH PROVIDED FULL-SERVICE ASSISTANCE FOR ENROLLING UNINSURED PERSONS INTO HEALTH COVERAGE PROGRAMS THROUGH ITS COMMUNITY BASED ENROLLMENT AND ADVOCACY CENTER (CBEAC). THE CBEAC SERVICES PROVIDE ADVOCACY, EDUCATION, LINGUISTIC, AND APPLICATION ASSISTANCE FOR THE PURPOSE OF ASSISTING ELIGIBLE LOW-INCOME ELKHART COUNTY RESIDENTS IN ENROLLING AND MAINTAINING VIABLE COVERAGE IN THE HEALTH COVERAGE PROGRAMS FOR INDIANA RESIDENTS, INCLUDING NOT ONLY ACA MARKETPLACE, BUT ALSO MEDICAID, HOOSIER HEALTHWISE (MEDICAID FOR CHILDREN), AND HEALTHY INDIANA PLAN 2.0 PROGRAMS.

ELKHART GENERAL HOSPITAL REMAINS COMMITTED TO ENROLLING UNINSURED, LOW-INCOME PERSONS INTO EXISTING PROGRAMS FOR WHICH THEY ARE CURRENTLY ELIGIBLE BUT UNENROLLED AS A PRACTICAL FIRST STEP IN ADDRESSING ACCESS TO HEALTH CARE FOR THE COMMUNITY. ELIGIBILITY CRITERIA, WHILE SIMILAR BETWEEN THE PROGRAMS, VARY WITH RESPECT TO HOUSEHOLD INCOME LEVEL AND ITS DOCUMENTATION, RESIDENCY VERIFICATION, AND VARIOUS OTHER FACTORS. THE COMPLEXITY OF ELIGIBILITY CRITERIA AND SUCCESSFUL NAVIGATION THROUGH THE APPLICATION PROCESS CAN BE FORMIDABLE BARRIERS FOR PERSONS ATTEMPTING TO APPLY FOR HEALTH COVERAGE ON THEIR OWN. ADVOCACY ON BEHALF OF THE

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APPLICANT SERVES TO ENSURE THAT A COMPLETE AND ACCURATE APPLICATION INCLUDING NECESSARY DOCUMENTATION ARE SUBMITTED IN A TIMELY FASHION. ADVOCACY ALSO SERVES TO MONITOR THE STATUS OF APPLICATIONS, AND ONCE THE APPLICATION IS APPROVED, ASSISTS IN MAINTAINING THE INDIVIDUAL'S COVERAGE VIABILITY. IN 2017, EGH CONTINUED ITS NETWORKING EFFORTS THROUGH SPONSORSHIP OF MULTIPLE COMMUNITY OUTREACH AND ENROLLMENT EFFORTS WITH ITS PARTNERS OF HEALTHLINC, HEART CITY HEALTH CENTER, INDIANA HEALTH CENTER, BRIGHTPOINT (FORMERLY COMMUNITY ACTION OF NORTHEAST INDIANA), CITY OF ELKHART TOLSON CENTER, COVERING KIDS AND FAMILIES OF INDIANA, MEMORIAL HOSPITAL OF SOUTH BEND, ELKHART COUNTY WOMEN'S SHELTER, WORKONE, WOMEN'S CARE CENTER, RIVER OAKS OB/GYN, FOR WOMEN ONLY OB/GYN, AND THE ELKHART COUNTY HEALTH DEPARTMENT.

DAME TU MANO (DTM) ("GIVE ME YOUR HAND")

DAME TU MANO HEALTH EDUCATION AND OUTREACH SEEKS TO EMPOWER AND MOTIVATE THE HISPANIC LATINO RESIDENTS IN THE MICHIANA AREA, WITH SPECIFIC FOCUS ON ELKHART COUNTY, THROUGH BROAD-BASED EDUCATION THROUGH RADIO, PRINT, AND SOCIAL MEDIA AS WELL AS GROUP PRESENTATIONS. A TOTAL OF 1,680

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RESIDENTS ENGAGED IN 266 HEALTH TOPICS WHICH WERE COVERED FOR A TOTAL OF 532 LIVE ON-AIR RADIO SEGMENTS, RESULTING IN A TOTAL OF 789 PHONE CALLS FROM HISPANIC LATINO COMMUNITY RESIDENTS. A TOTAL OF 43 VISION REFERRALS WERE MADE FOR PERSONS IN NEED OF ASSISTANCE WITH VISUAL AIDS.

PART III, LINE 2

THE CORPORATION EVALUATES THE COLLECTABILITY OF ITS ACCOUNTS RECEIVABLE BASED ON THE LENGTH OF TIME THE RECEIVABLE IS OUTSTANDING, PAYOR CLASS, AND THE ANTICIPATED FUTURE UNCOLLECTIBLE AMOUNTS BASED ON HISTORICAL EXPERIENCE. ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE. COSTING METHODOLOGY IS THE SAME AS TAX FORM 990, SCHEDULE H, WORKSHEET 2 METHODOLOGY. PATIENT CARE IS COST ADJUSTED BY NON-PATIENT ACTIVITY, EXPENSES, AND PATIENT CARE CHARGES. THE AMOUNT OF BAD DEBT REPORTED ON PART III, LINE 2 IS CALCULATED BY APPLYING THE COST-TO-CHARGE RATIO, AS DETERMINED BY WORKSHEET 2, TO TOTAL BAD DEBT EXPENSE PER THE AUDITED FINANCIAL STATEMENTS. BAD DEBT EXPENSE WHICH IS ATTRIBUTABLE TO ELIGIBLE PATIENTS IS CONSIDERED PART OF ELKHART GENERAL HOSPITAL'S COMMUNITY BENEFIT

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BECAUSE OF OUR MISSION TO CREATE A HEALTHIER COMMUNITY WHILE CONTINUING
OUR CHARITABLE ROLE IN THE COMMUNITY.

PART III, LINE 3

BAD DEBT ATTRIBUTABLE TO THE FAP IS ESTIMATED BASED ON THE HISTORICAL
TREND OF THE SOURCES OF THE BAD DEBT. THE MAJORITY OF BAD DEBT IS
ATTRIBUTABLE TO UNINSURED PATIENTS WHICH REPRESENT THE MAJORITY OF THE
POPULATION THAT WOULD FALL UNDER THE FAP. WE HAVE APPLIED THE HISTORICAL
ESTIMATE (50%) TO THE TOTAL BAD DEBT EXPENSE TO DETERMINE THE AMOUNT
ATTRIBUTABLE TO THE FAP.

PART III, LINE 4

THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF
HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION THE
TRENDS IN HEALTH CARE COVERAGE, HISTORICAL ECONOMIC TRENDS, AND OTHER
COLLECTION INDICATORS. MANAGEMENT ASSESSES THE ADEQUACY OF THE
ALLOWANCES PERIODICALLY THROUGHOUT THE YEAR BASED UPON HISTORICAL
WRITE-OFF EXPERIENCE BY MAJOR PAYOR CATEGORY. THE RESULTS OF THE REVIEW

Part VI Supplemental Information

Provide the following information.

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ARE THEN UTILIZED TO MAKE MODIFICATIONS, AS NECESSARY, TO THE PROVISION FOR BAD DEBTS TO PROVIDE FOR AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. A SIGNIFICANT PORTION OF THE CORPORATION'S UNINSURED PATIENTS WILL BE UNWILLING TO PAY FOR THE SERVICES PROVIDED. THUS, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED.

PART III, LINE 8

RATIONALE FOR INCLUSION OF THE MEDICARE SHORTFALL AS A COMMUNITY BENEFIT.

PARTICIPATION IN THE GOVERNMENTAL MEDICARE PROGRAM DOES NOT PROVIDE THE OPPORTUNITY FOR A HOSPITAL TO NEGOTIATE A REIMBURSEMENT RATE OR STRUCTURE THAT WOULD ALLOW THE HOSPITAL TO COVER THE COST OF THE MEDICAL SERVICE RENDERED TO THE PROGRAM PARTICIPANT, AS WOULD BE THE CASE IN CONTRACTUAL NEGOTIATIONS WITH COMMERCIAL INSURANCE COMPANIES. NOR IS THE HOSPITAL ALLOWED TO PROVIDE ONLY THE SERVICES FOR WHICH REIMBURSEMENT COVERS THE DIRECT COST OF CARE. THIS PRODUCES THE SAME SHORTFALL OUTCOME AS DOES THE PARTICIPATION IN THE MEDICAID PROGRAM. THE MEDICAID PROGRAM IS RECOGNIZED

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AS A COMMUNITY BENEFIT ON SCHEDULE H AND ON COMMUNITY BENEFIT REPORTS FOR MOST STATES. THE QUALITY AND COST OF THE PATIENT CARE IS THE SAME REGARDLESS OF PAYOR SOURCE. HENCE THE ACCEPTANCE OF MEDICARE REIMBURSEMENT REPRESENTS A REDUCTION OR RELIEF OF THE GOVERNMENT BURDEN TO PAY THE FULL COST OF CARE PROVIDED. THE SOURCE USED FOR THE COSTING METHODOLOGY FOR THE AMOUNT REPORTED ON LINE 6 WAS THE 2017 MEDICARE COST REPORT.

PART III, LINE 9B

COLLECTION PRACTICES

PATIENTS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE FOLLOW THE SAME COLLECTION POLICY AS ALL INDIVIDUALS WITH BALANCES REMAINING AFTER APPLICATION OF FINANCIAL ASSISTANCE.

IF A PATIENT HAS BEGUN MAKING PAYMENTS BUT THEN IS LATER DETERMINED TO QUALIFY UNDER FAP, ELKHART GENERAL HOSPITAL WOULD ISSUE A REFUND TO THE PATIENT FOR ANY AMOUNT THAT HAS BEEN DETERMINED TO EXCEED THEIR NEWLY DETERMINED FINANCIAL RESPONSIBILITY.

Part VI Supplemental Information

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2. NEEDS ASSESSMENT

CHNA PROCESS & METHODS

IN MARCH THROUGH AUGUST 2015, WORK BEGAN ON GATHERING THE COMMUNITY ENGAGEMENT AND FEEDBACK ESSENTIAL TO THE INTEGRITY AND VALIDITY OF THE CHNA PROCESS. THROUGHOUT THE PROCESS, INPUT WAS ACTIVELY SOLICITED AND SECURED FROM PERSONS WHO HOLD A BROAD KNOWLEDGE OF ELKHART COUNTY INCLUDING PUBLIC HEALTH, MINORITY, CULTURAL, AND UNDERSERVED POPULATIONS; FROM THE COMMUNITY MEMBERS AT LARGE; AND FROM THE MEDICAL AND HEALTH SERVICES FIELDS. THESE KEY INFORMANTS PROVIDED INPUT ON COMMUNITY HEALTH PRIORITIES, BARRIERS TO ACCESSING CARE, THE IMPACT OF SOCIAL DETERMINANTS OF HEALTH, AND HOW TO BEST ADDRESS WELLNESS IN THE COMMUNITY AND UNDERSERVED POPULATIONS.

OTHER THAN CHNA, HEALTH NEEDS ARE ASSESSED USING SECONDARY DATA. INFORMATION AND DATA TRENDS ON RELEVANT HEALTH AND SOCIOECONOMIC INDICATORS WERE COLLECTED. THE DATA PROFILE DEPICTED POPULATION AND HOUSEHOLD STATISTICS, MORBIDITY AND MORTALITY RATES, INCIDENCE RATES, AND OTHER HEALTH STATISTICS FOR BOTH ELKHART AND ST. JOSEPH COUNTIES.

SECONDARY DATA WAS COLLECTED FROM REPUTABLE DATA SOURCES, INCLUDING THE

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U.S. CENSUS BUREAU, CENTERS FOR DISEASE CONTROL AND PREVENTION, AND INDIANA STATE DEPARTMENT OF HEALTH. WHEN AVAILABLE COUNTY, STATE, AND NATIONAL DATA POINTS WERE USED AS BENCHMARKS.

ADDITIONAL INPUT ON PERCEIVED HEALTH PRIORITIES AND BARRIERS TO ACCESSING CARE WAS SOLICITED FROM THE COMMUNITY AT LARGE THROUGH AN ONLINE SURVEY THAT COULD BE ACCESSED DIRECTLY FROM HOME OR THROUGH THE FREE COMMUNITY SERVICE COMPUTER ACCESS LOCATED AT ELKHART COUNTY PUBLIC LIBRARIES. CONSIDERATION WAS GIVEN TO ENSURING THE EASE OF ACCESS AMONG AMISH, HISPANIC LATINO, AFRICAN AMERICAN, AND LOW-INCOME POPULATIONS. THE SURVEY, CONSISTING OF 50 QUESTIONS, ASKED COMMUNITY MEMBERS AT LARGE TO PROVIDE INPUT ON ACCESS TO HEALTH CARE, HEALTH STATUS AND BEHAVIORS, SOCIAL CONSTRAINTS, AND HEALTH-RELATED COMMUNITY STRENGTHS AND OPPORTUNITIES.

IDENTIFYING AND PRIORITIZING SIGNIFICANT HEALTH NEEDS IN AUGUST AND SEPTEMBER 2015, SEVERAL COMMUNITY HEALTH STAKEHOLDER MEETINGS WERE HELD TO REVIEW THE RESULTS OF 2015 ELKHART COUNTY CHNA

Part VI Supplemental Information

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SECONDARY DATA REPORT, THE KEY INFORMANT SURVEY SUMMARY, AND THE COMMUNITY MEMBER SURVEY. THE PURPOSE OF THESE MEETINGS WAS TO REVIEW RESULTS AND SOLICIT INPUT ON ELKHART COUNTY COMMUNITY HEALTH PRIORITIES. THESE COMMUNITY HEALTH STAKEHOLDERS INCLUDE MEMBERS OF THE ELKHART GENERAL HOSPITAL BOARD OF DIRECTORS, BEACON HEALTH SYSTEM LEADERS, KEY ELKHART COUNTY MEDICAL PROVIDERS, ELKHART COUNTY COMMUNITY FUNDERS, AND ELKHART COUNTY SCHOOLS PERSONNEL. DISCUSSION WAS FOCUSED ON THE PRIORITY NEEDS, CURRENT DEDICATED RESOURCES FOR COMMUNITY HEALTH NEEDS, RESOURCE CONSTRAINTS, AND THE VIABILITY OF IDENTIFYING COMMUNITY HEALTH NEEDS FOR WHICH ALL FUNDERS COULD COLLECTIVELY SUPPORT. THE FOLLOWING THREE HEALTH NEEDS WERE SELECTED AS ELKHART GENERAL HOSPITAL'S 2016-2018 PRIORITIES:

ACCESS TO HEALTH CARE/UNINSURED

MATERNAL/INFANT HEALTH/PRENATAL CARE

OBESITY/OVERWEIGHT

3. PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

WHEN UNINSURED PATIENTS PRESENT TO OUR HOSPITAL, THEY ARE OFFERED THE OPPORTUNITY TO MEET WITH OUR ELIGIBILITY SPECIALISTS. OUR ELIGIBILITY

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SPECIALISTS DISCUSS THE POTENTIAL ELIGIBILITY OF THE PATIENT FOR MULTIPLE ASSISTANCE PROGRAMS, INCLUDING OUR OWN INTERNAL FINANCIAL ASSISTANCE PROGRAM. OUR STATEMENTS ALSO INCLUDE A NOTICE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO PATIENTS, AND THEY CAN CONTACT OUR CUSTOMER SERVICE GROUP FOR GUIDELINES. PATIENTS ARE ALSO MADE AWARE OF OUR FINANCIAL ASSISTANCE PROGRAM VIA TELEPHONE CONVERSATION WITH OUR PATIENT ACCOUNTS STAFF. STAFF IS PARTICULARLY SENSITIVE TO ADDRESS THIS PROGRAM WITH ANYONE WHO INDICATES THERE MIGHT BE A FINANCIAL NEED.

4. COMMUNITY INFORMATION

ELKHART COUNTY, INDIANA, WAS ESTABLISHED IN 1830, WITH THE ORIGINAL COUNTY SEAT IN DUNLAP AND WAS LATER MOVED TO GOSHEN. TODAY ELKHART COUNTY HAS THREE GROWING CITIES, FOUR TOWNS, AND 16 TOWNSHIPS. ELKHART COUNTY IS LOCATED IN NORTHERN INDIANA AND BORDERS THE STATE OF MICHIGAN. THE COUNTY IS APPROXIMATELY 463.91 SQUARE MILES IN SIZE. ELKHART COUNTY LIES HALFWAY BETWEEN CHICAGO AND CLEVELAND AND IS LOCATED NEAR INTERSTATE 80/90 AND THE INDIANA TOLL ROAD. ELKHART COUNTY'S SERVICE PROVIDERS HAVE A HISTORY OF ACTIVELY FORMING PARTNERSHIPS IN AN EFFORT TO MEET THE

Part VI Supplemental Information

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HEALTH NEEDS OF ITS RESIDENTS. ELKHART COUNTY TAKES PRIDE IN OFFERING ITS RESIDENTS A GREAT PLACE TO LIVE AND CONTINUALLY STRIVES TO ESTABLISH NEW BUSINESSES AND PROVIDE AN ENTREPRENEURIAL ATMOSPHERE.

ELKHART COUNTY IS CONSIDERED EGH'S PRIMARY SERVICE AREA. ACCORDING TO THE 2015 U.S. CENSUS ESTIMATES, ELKHART COUNTY POPULATION ROSE TO 203,474. THE PERCENTAGE OF PERSONS 65 YEARS AND OLDER WAS ESTIMATED AT 14.0%. CENSUS DATA SHOW THAT 90% OF ELKHART COUNTY RESIDENTS ARE WHITE PERSONS NOT OF HISPANIC DESCENT; 15% ARE HISPANIC/LATINO; AND 6% ARE BLACK. IN 2015 7% OF THE TOTAL LABOR FORCE WERE UNEMPLOYED. THE MEDIAN HOUSEHOLD INCOME (2015) OF ELKHART COUNTY RESIDENTS WAS \$47,913. THE PERCENTAGE OF PERSONS LIVING IN POVERTY WAS 14%.

EGH HAS HISTORICALLY DEFINED ITS GEOGRAPHIC PRIMARY MARKET AREA AS ELKHART COUNTY. FOR THE PURPOSE OF THE CHNA, THE COMMUNITY SERVED IS DEFINED AS THOSE PERSONS RESIDING IN ELKHART COUNTY. AS IDENTIFIED THROUGH U.S. CENSUS DATA, ELKHART COUNTY ENCOMPASSES A MIX OF CULTURAL, ETHNIC, AND ECONOMIC POPULATIONS.

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5. PROMOTION OF COMMUNITY HEALTH

THE MISSION OF ELKHART GENERAL HOSPITAL, AS A BEACON HEALTH SYSTEM PARTNER, IS TO ENHANCE THE PHYSICAL, MENTAL, EMOTIONAL AND SPIRITUAL WELL-BEING OF THE COMMUNITIES WE SERVE. BEACON HEALTH SYSTEM IS COMMITTED TO CLINICAL EXCELLENCE, COMPASSIONATE CARE, AND THE ONGOING IMPROVEMENT OF QUALITY OF LIFE. OUR COMMITMENT WILL LEAD THE HEALTH SYSTEM TO BE THE COMMUNITY'S PROVIDER OF OUTSTANDING QUALITY, SUPERIOR VALUE AND COMPREHENSIVE HEALTH CARE SERVICES. BOTH BEACON HEALTH SYSTEM AND ELKHART GENERAL HOSPITAL HAVE COMMUNITY BOARDS OF DIRECTORS, AND CONSISTENTLY INVEST FUNDS TO IMPROVE THE QUALITY OF LIFE FOR OUR COMMUNITIES.

BEACON HEALTH SYSTEM VALUES REFLECT AN UNWAVERING COMMITMENT TO THE COMMUNITIES WE SERVE. ELKHART GENERAL HOSPITAL, AS A BEACON HEALTH SYSTEM PARTNER, HAS AS ITS VALUES:

PATIENTS ARE AT THE CENTER - PATIENT NEEDS, CARE AND SAFETY ARE OUR TOP PRIORITY.

RUST - OUR ACTIONS WILL FIRMLY DEMONSTRATE RELIABILITY ON OUR INTEGRITY,

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ABILITIES AND OUR CHARACTER.

RESPECT - WE WILL TREAT OUR PATIENTS, COMMUNITY MEMBERS AND EACH OTHER

WITH THE HIGHEST LEVEL OF REGARD, DEMONSTRATING AN UNDERSTANDING OF

DIFFERENT PERSPECTIVES, CULTURES, INTERESTS AND NEEDS OF OTHERS.

INTEGRITY - WE WILL CONTINUALLY DO THE RIGHT THING FOR OUR PATIENTS,

ASSOCIATES AND COMMUNITIES WE SERVE.

COMPASSION - WE WILL DEMONSTRATE THE EMOTIONAL CAPACITIES OF EMPATHY AND

SYMPATHY, AND EXPRESS THE DESIRE TO HELP.

ELKHART GENERAL SEEKS TO PROMOTE THE HEALTH AND WELL-BEING OF ELKHART

COUNTY RESIDENTS, WITH SPECIFIC FOCUS ON THE MOST VULNERABLE POPULATIONS,

BY PROVIDING EDUCATION TO AID IN EARLY DETECTION AND PREVENTION OF

DISEASE AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY AS A WHOLE. A

KEY MECHANISM BY WHICH THIS GOAL IS CARRIED OUT IS ELKHART GENERAL

HOSPITAL'S SERIOUS, CONSISTENT, DELIBERATE SEARCH FOR AND PARTNERSHIP

WITH LIKE-MINDED ORGANIZATIONS. ELKHART GENERAL HOSPITAL CONTINUES TO

SEEK OUT PARTNERSHIPS WITH MULTIPLE COMMUNITY ENTITIES TO ADDRESS THE

NEEDS OF THE MEDICALLY UNDERSERVED AND TO IMPROVE THE HEALTH STATUS OF

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OUR COMMUNITY. THESE COLLABORATIVE ALLIANCES INCLUDED LOCAL PUBLIC HEALTH, SCHOOLS, CHURCHES, SOCIAL SERVICE AGENCIES, MINORITY ADVOCACY GROUPS, VICTIM ASSISTANCE, AND COMMUNITY HEALTH PROVIDERS.

ELKHART GENERAL HOSPITAL'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN ELKHART COUNTY. THE 10 MEMBER BOARD OF DIRECTORS, WHO SERVE WITHOUT PAY, GUIDE THE SYSTEM IN ITS MISSION TO PROVIDE HIGH QUALITY, AFFORDABLE HEALTH CARE TO THE COMMUNITIES IT SERVES. THE BOARD'S RESPONSIBILITIES INCLUDE GUARANTEEING FAIR AND EQUAL ACCESS, APPROVING NEW MEDICAL STAFF MEMBERS AND APPROVING LONG-TERM STRATEGIES FOR THE CONTINUED SUCCESS OF THE HOSPITAL. ADDITIONALLY, ELKHART GENERAL HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN OUR COMMUNITY. RESPONSIBILITIES INCLUDE GUARANTEEING FAIR AND EQUAL ACCESS, APPROVING NEW MEDICAL STAFF MEMBERS AND APPROVING LONG-TERM STRATEGIES FOR THE CONTINUED SUCCESS OF THE HOSPITAL. ADDITIONALLY, ELKHART GENERAL HOSPITAL EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN OUR COMMUNITY.

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6. AFFILIATED HEALTH CARE SYSTEM

IN 2011 ELKHART GENERAL HOSPITAL AFFILIATED WITH MEMORIAL HOSPITAL OF SOUTH BEND, INDIANA, UNDER THE NAME OF BEACON HEALTH SYSTEM, INC. BOTH ORGANIZATIONS CONTINUE AS FULL-CARE PROVIDERS FOR THEIR RESPECTIVE COUNTIES, AND BOTH ORGANIZATIONS ARE COMMITTED TO PROMOTING THE HEALTH OF THE COMMUNITIES THEY SERVE. THE BEACON HEALTH SYSTEM BOARD OF DIRECTORS CONSISTS OF 14 VOTING BOARD MEMBERS.

7. STATE FILING OF COMMUNITY BENEFIT REPORT

ELKHART GENERAL HOSPITAL, INC., PREPARES A COMMUNITY BENEFIT REPORT BOTH FOR THE STATE OF INDIANA AND FOR THE ANNUAL REPORT, WHICH IS POSTED AT WWW.BEACONHEALTHSYSTEM.ORG/CHNA.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

ELKHART GENERAL HOSPITAL, INC.

Employer identification number

35-0877574

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RIBBON OF HOPE 600 EAST BOULEVARD ELKHART, IN 46514	35-2118856	501(C)(3)	25,000.		CASH		CANCER SUPPORT
(2) UNITED WAY OF ELKHART COUNTY 601 CR 17 ELKHART, IN 46515	35-0953433	501(C)(3)	72,000.		CASH		CORPORATE MATCH
(3) ECONOMIC DEVELOPMENT CORP 300 BIBCO PARKWAY ELKHART, IN 46516	35-1973845	501(C)(3)	10,000.		CASH		FINANCIAL INVESTMENT
(4) ELKHART COUNTY HEALTH DEPARTMENT 117 N SECOND STREET GOSHEN, IN 46526	35-6000142	501(C)(3)	33,333.		CASH		HEALTHY BABIES SUPP
(5) ELKHART FESTIVALS 410 S MAIN ST ELKHART, IN 46516	47-5394067	501(C)(3)	12,500.		CASH		FESTIVAL SPONSORSHIP
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5.

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

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

Schedule I (Form 990) (2017)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 TRANSPORTATION SERVICES	120.	33,249.			
2 DIABETES EDUCATION	69.	18,647.			
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

PART OF ELKHART GENERAL HOSPITAL'S MISSION IS TO IMPROVE THE HEALTH OF ITS COMMUNITY. IN ORDER TO FULFILL THIS GOAL, OUR ADMINISTRATORS HAVE THE ABILITY TO MAKE DONATIONS TO ORGANIZATIONS THAT IMPROVE THE HEALTH AND WELL BEING OF OUR COMMUNITY. SINCE ALL GRANTS TO ORGANIZATIONS ARE MADE TO 501(C)(3) ENTITIES, THERE ARE NO PROCEDURES FOR MONITORING THE USE OF THE FUNDS. ELKHART GENERAL HOSPITAL ALSO PAYS FOR THE TRANSPORTATION OF SPECIFIC INDIVIDUALS FROM THE HOSPITAL FACILITY TO NEARBY NURSING HOMES AND OTHER ASSISTED LIVING FACILITIES. THESE PAYMENTS ARE MADE DIRECTLY TO THE THIRD PARTY TRANSPORTATION SERVICE PROVIDER AT COST.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART III

NUMBER OF RECIPIENTS FOR THE TRANSPORTATION SERVICES IS ESTIMATED BASED ON THE NUMBER OF INVOICES FROM OUTSIDE ORGANIZATIONS FOR OTHER ASSISTANCE MADE FOR THE BENEFIT OF INDIVIDUAL RECEPIENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

ELKHART GENERAL HOSPITAL, INC.

Employer identification number

35-0877574

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <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 |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	X	
2	X	
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2017

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 aren't 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				
1 GREGORY LOSASSO FORMER PRESIDENT	(i)	0.	0.	225,968.	0.	3,413.	229,381.	225,968.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JEFFREY P. COSTELLO CFO/ASST. TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	459,929.	108,072.	29,601.	159,176.	19,589.	776,367.	0.
3 PHILLIP A. NEWBOLD CEO THRU 10/2017	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	807,254.	215,000.	688,698.	217,827.	15,415.	1,944,194.	135,543.
4 KARRA L HEGGEN VP OF NURSING	(i)	251,012.	37,373.	2,360.	136,682.	904.	428,331.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 CINDIE L MCPHIE VP OF OPERATIONS	(i)	171,975.	24,756.	7,641.	8,181.	10,346.	222,899.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 LIANG Q WANG SENIOR PHYSICIST	(i)	220,075.	0.	9,673.	9,332.	19,718.	258,798.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 KREG R. GRUBER CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	515,723.	111,282.	13,752.	159,087.	21,425.	821,269.	0.
8 MARIA A BEHR DIRECTOR OF PHARMACY	(i)	162,415.	7,140.	5,187.	7,036.	8,658.	190,436.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 CARL W RISK II PRESIDENT	(i)	322,442.	0.	6,600.	47,720.	22,263.	399,025.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 JAMES E CANTRELL PERFUSIONIST	(i)	124,219.	40,000.	155.	1,883.	17,673.	183,930.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

SUPPLEMENTAL COMPENSATION INFORMATION

PART I, LINE 1A

ELKHART GENERAL HOSPITAL, INC. REIMBURSES DIRECTORS FOR THE TAX EFFECT OF THE 1099 REPORTABLE BENEFITS OF COMPLIMENTARY USE OF BEACON'S HEALTH AND LIFESTYLE CENTER AND SPOUSAL TRAVEL. BEACON HEALTH SYSTEM REIMBURSES FOR DIRECT EXPENSES RELATED TO ANY TRAVEL ON THE ORGANIZATION'S BEHALF.

SPOUSAL TRAVEL FOR THE FOLLOWING INDIVIDUALS WAS INCLUDED IN TAXABLE COMPENSATION: ALEX STRATI, JR., PHIL NEWBOLD AND KREG GRUBER.

HEALTH OR SOCIAL CLUB DUES FOR THE FOLLOWING INDIVIDUALS WAS INCLUDED IN TAXABLE COMPENSATION: ALEX STRATI, JR., TIM SHELLY, LEONARD KIBILOWSKI, MD, BRUCE NEWSWANGER, DO, JOHN DEPUTY, AND AMISH SHAH.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS FOR THE FOLLOWING INDIVIDUALS WAS INCLUDED IN TAXABLE COMPENSATION: ALEX STRATI, JR., TIM SHELLY, LEONARD KIBILOSKI, MD, BRUCE NEWSWANGER, DO, JOHN DEPUTY, AND AMISH SHAH.

PART I, LINE 3

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.

ELKHART GENERAL HOSPITAL, INC. USES A RELATED ORGANIZATION'S (BEACON HEALTH SYSTEM, INC.) COMPENSATION REVIEW PROCESS. THIS REVIEW PROCESS INCLUDES AN EXTENSIVE EXAMINATION USING COMPARABLE MARKET DATA THAT IS THEN REVIEWED BY AN INDEPENDENT CONSULTANT HIRED BY, AND REPORTING TO, THE BOARD OF DIRECTORS. RECOMMENDATIONS ARE PRESENTED TO THE BOARD FOR DELIBERATION AND FINAL DECISION.

PART I, LINE 4A

SEVERANCE WAS PAID AND/OR ACCRUED FOR:

A 1 YEAR SEVERANCE AGREEMENT WAS ENTERED INTO WITH GREGORY LOSASSO IN APRIL 2016 TOTALING \$368,283, OF WHICH \$270,169 WAS PAID IN 2016. THE REMAINDER OF \$98,114 PAID OUT IN 2017.

A 1 YEAR SEVERANCE AGREEMENT WAS ENTERED INTO WITH KARRA HEGGEN IN DECEMBER 2017, TOTALING \$125,882 WHICH IS REFLECTED AS DEFERRED COMPENSATION. THE PAYOUT WILL OCCUR IN 2018.

PART I, LINE 4B

BEACON HEALTH SYSTEM IMPLEMENTED AN EXECUTIVE RETENTION PLAN TO ATTRACT

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.

AND RETAIN KEY EMPLOYEES BY PROVIDING ADDITIONAL DEFERRED COMPENSATION.

THE CHIEF EXECUTIVE OFFICER WILL PARTICIPATE IN THE PLAN AND WILL SELECT OTHER PARTICIPANTS PURSUANT TO THE GUIDELINES SET BY THE EMPLOYER'S BOARD OF DIRECTORS. THE EMPLOYER MAY MAKE CONTRIBUTIONS UNDER THE PLAN AND HAS SOLE DISCRETION OVER WHETHER TO MAKE A CONTRIBUTION. VESTING OCCURS ON JANUARY 1 OF THE FIFTH YEAR FOR WHICH SUCH CONTRIBUTIONS ARE MADE FOR PARTICIPANTS WHO HAVE BEEN CONTINUOUSLY EMPLOYED. THE PLAN ALSO ALLOWS VESTING TO OCCUR IF THE PARTICIPANT ATTAINS THE AGE OF 62.

THE FOLLOWING INDIVIDUALS RECEIVED VESTED PAYMENTS IN 2017, REFLECTED IN COLUMN (B)(III):

PHIL NEWBOLD \$135,543

THE FOLLOWING INDIVIDUALS RECEIVED DEFERRED PAYMENTS IN 2017 THAT WILL VEST IN FUTURE YEARS, WHICH ARE REFLECTED IN COLUMN C:

PHIL NEWBOLD \$197,348

JEFFREY COSTELLO \$77,367

KREG GRUBER \$83,287

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.

CARL RISK \$43,682

BEACON HEALTH SYSTEM IMPLEMENTED AN EXECUTIVE LONGEVITY BONUS PLAN FOR THE PURPOSE OF PROVIDING A LONGEVITY BONUS FOR ITS' DESIGNATED EXECUTIVES. THIS UNFUNDED PLAN WAS EFFECTIVE APRIL 1, 2014. THE PARTICIPANTS MUST REMAIN IN AN ACTIVE EMPLOYMENT STATUS WITH BEACON FOR A PERIOD OF 5 CONSECUTIVE YEARS FROM THE EFFECTIVE DATE TO BE ELIGIBLE TO RECEIVE THE FULL LONGEVITY BONUS AMOUNT AT WHICH TIME VESTING IS 100%. VESTING PRIOR TO THE 5 YEARS IS AT 0%. THE MAXIMUM BONUS AWARD AT 100% VESTING IS \$325,000.

THE FOLLOWING INDIVIDUALS RECEIVED VESTED PAYMENTS IN 2017, REFLECTED IN COLUMN (B) (III):

GREG LOSASSO, \$130,000

THE FOLLOWING INDIVIDUALS RECEIVED DEFFERED PAYMENTS IN 2017 THAT WILL VEST IN FUTURE YEARS, WHICH ARE REFLECTED IN COLUMN C:

JEFFREY COSTELLO, \$65,000

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.

KREG GRUBER, \$65,000

PART I, LINE 7

THE ORGANIZATION HAS THREE INCENTIVE PLANS (EMPLOYEE, MANAGEMENT AND EXECUTIVE) WHICH HAVE A NET OPERATING INCOME TO BUDGET MEASUREMENT FOR THE PAYOUT THRESHOLD. THE EMPLOYEE PLAN SHARES THE EXCESS OVER BUDGET NET OPERATING INCOME WITH THE NON-MANAGEMENT EMPLOYEES FOR BEACON HEALTH SYSTEM, INC. AND THE AFFILIATED ENTITIES. THE EMPLOYEE INCENTIVE HAS A MAXIMUM CAP OF \$4,500,000. THE PAYOUT AND AMOUNT OF THE PAYOUT FOR THE EMPLOYEE INCENTIVE PLAN IS MADE AT THE DISCRETION OF THE BOARD. THE MANAGEMENT INCENTIVE PLAN PAYS A SLIDING PERCENTAGE OF BASE COMPENSATION IF THE NET OPERATING INCOME IS EQUAL TO OR GREATER THAN 80% OF THE BUDGETED NET OPERATING INCOME. THE SLIDING SCALE CAPS WHEN OPERATING INCOME REACHES 120% OF THE BUDGETED OPERATING INCOME. THE PAYOUT OF THE MANAGEMENT INCENTIVE PLAN IS MADE AT THE DISCRETION OF THE BOARD.

EXECUTIVES ARE COVERED UNDER THE BEACON HEALTH SYSTEM EXECUTIVE SHORT-TERM INCENTIVE PLAN (ESTIP). THE ESTIP PLAN PAYS A SLIDING

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.

PERCENTAGE OF BASE COMPENSATION IF THE NET OPERATING INCOME IS EQUAL TO
OR GREATER THAN 80% OF THE BUDGETED NET INCOME. THE SLIDING SCALE CAPS
WHEN OPERATING INCOME REACHES 120% OF THE BUDGETS OPERATING INCOMES. THE
PAYOUT OF THE ESTIP IS MADE AT THE DISCRETION OF THE BOARD.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
ELKHART GENERAL HOSPITAL, INC.

Employer identification number
35-0877574

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A INDIANA FINANCE AUTHORITY	35-1602316	45471AQM7	09/08/2017	40,210,000.	REFUND BONDS ISSUED 12/09/2008		X		X		X
B INDIANA FINANCE AUTHORITY	35-1602316	45471ALS9	05/21/2013	38,582,380.	REFUND BONDS ISSUED 12/15/1998		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired			8,319,279.					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	40,210,000.		38,582,380.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			134,933.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	40,210,000.		38,275,235.					
12 Other unspent proceeds								
13 Year of substantial completion	2017		2013					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)	2017B, 2013A BONDS							
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1.9000	%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5	1.9000	%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

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

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

PART III, COLUMN B:

COLUMN B IS NOT COMPLETED BECAUSE SUCH BONDS WERE ISSUED AFTER 12/31/2002
TO REFUND, THROUGH A SERIES OF REFUNDING, BONDS ISSUED BEFORE 01/01/2003.

PART IV, LINE 2C, COLUMN B

THE DATE THE REBATE COMPUTATION WAS PERFORMED ON THE HOSPITAL AUTHORITY
OF ELKHART COUNTY WAS 12/9/2016.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ELKHART GENERAL HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

35-0877574

MISSION STATEMENT

FORM 990, PART I, LINE 1

ELKHART GENERAL HOSPITAL IS A NOT-FOR-PROFIT HOSPITAL GOVERNED BY A BOARD OF DIRECTORS COMPRISED OF COMMUNITY VOLUNTEERS. EMPHASIS IS PLACED ON ENSURING EVERYONE IN THE COMMUNITY RECEIVES THE HEALTH CARE THEY NEED.

FORM 990, PART III, QUESTION 3

ELKHART GENERAL HOSPITAL NO LONGER HAS A JOINT VENTURE WITH RIVERPOINT SURGERY CENTER AND WANEE WALK-IN CLINIC. ALSO, ELKHART GENERAL HOSPITAL NO LONGER PROVIDES LAUNDRY SERVICES WHICH HAS DECREASED REVENUE.

MEMBERS OF THE ORGANIZATION

FORM 990, PART VI, SECTION A, LINE 6

BEACON HEALTH SYSTEM, INC. IS THE SOLE CORPORATE MEMBER OF ELKHART GENERAL HOSPITAL, INC.

ELECTION OF BOARD MEMBERS

FORM 990, PART VI, SECTION A, LINE 7A

THE CORPORATE MEMBER SHALL APPOINT THE BOARD OF DIRECTORS OF ELKHART GENERAL HOSPITAL, INC. AND SHALL HAVE SUCH POWERS OF ADVANCE APPROVAL REGARDING CORPORATE ACTIONS AS ARE DELINEATED IN THE BY-LAWS OF ELKHART GENERAL HOSPITAL, INC. IN THE ABSENCE OF SUCH SELECTION BY THE CORPORATE MEMBER, OR UNTIL THE CORPORATE MEMBER DETERMINES OTHERWISE, DIRECTORS SHALL BE SELECTED AS FOLLOWS:

Name of the organization ELKHART GENERAL HOSPITAL, INC.	Employer identification number 35-0877574
--	--

EIGHT (8) DIRECTORS SHALL BE DETERMINED BY THE MEMBER OR BY THE BOARD WITH THE APPROVAL OF THE MEMBER.

THE CHIEF OF THE MEDICAL STAFF OF THE CORPORATION SHALL BE AN ADDITIONAL NON-VOTING EX OFFICIO MEMBER OF THE BOARD OF DIRECTORS, SO LONG AS SUCH INDIVIDUAL HOLDS THE POSITION OF CHIEF OF THE MEDICAL STAFF OF THE CORPORATION.

GOVERNANCE DECISIONS FORM

990, PART VI, SECTION A, LINE 7B

DECISIONS OF THE BOARD OF DIRECTORS MUST BE APPROVED BY THE CORPORATE MEMBER.

BEACON HEALTH SYSTEM, THE SOLE MEMBER OF ELKHART GENERAL HOSPITAL, HAS CONTROL OVER ELKHART GENERAL HOSPITAL'S OPERATIONS. THE FOLLOWING MATTERS REQUIRE THE APPROVAL OF BEACON HEALTH SYSTEM'S BOARD:

1. CHANGES TO THE ARTICLES OF INCORPORATION OR BYLAWS OF ELKHART GENERAL HOSPITAL.
2. APPOINTING OR REMOVING WITH OR WITHOUT CAUSE, THE MEMBERS OF THE BOARD, PROVIDED, HOWEVER, THAT THE PROCESS OF APPOINTMENT AND REMOVAL OF MEMBERS OF THE BOARD OF ELKHART GENERAL HOSPITAL SHALL BE AS SET FORTH IN ELKHART GENERAL HOSPITAL'S BYLAWS, AND THAT APPOINTMENT OF MEMBERS OF THE BOARD OF ELKHART GENERAL HOSPITAL SHALL BE UPON THE RECOMMENDATION OF BEACON HEALTH SYSTEM'S NOMINATING AND GOVERNANCE COMMITTEE.
3. THE INCURRENCE OF DEBT OF ELKHART GENERAL HOSPITAL.
4. THE SALE, TRANSFER OR SUBSTANTIAL CHANGE IN USE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF ELKHART GENERAL HOSPITAL OR THE

Name of the organization ELKHART GENERAL HOSPITAL, INC.	Employer identification number 35-0877574
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DIVESTITURE, DISSOLUTION, CLOSURE, MERGER, CONSOLIDATION, CHANGE IN CORPORATE MEMBERSHIP OR OWNERSHIP, OR CORPORATE REORGANIZATION OF ELKHART GENERAL HOSPITAL.

5. THE FORMATION OF A SUBSIDIARY OF ELKHART GENERAL HOSPITAL, OR THE SALE, TRANSFER OR SUBSTANTIAL CHANGE IN USE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF A SUBSIDIARY OF ELKHART GENERAL HOSPITAL, OR THE DIVESTITURE, DISSOLUTION, CLOSURE, MERGER, CONSOLIDATION OR CHANGE IN CORPORATE MEMBERSHIP OR OWNERSHIP OF A SUBSIDIARY OF ELKHART GENERAL HOSPITAL.

6. THE MATERIAL TRANSFER OR ENCUMBRANCE OF THE ASSETS OF ELKHART GENERAL HOSPITAL OR A SUBSIDIARY OF ELKHART GENERAL HOSPITAL.

7. THE ANNUAL OPERATING BUDGET, CAPITAL PLAN, STRATEGIC PLAN, AND BUSINESS PLAN FOR ELKHART GENERAL HOSPITAL AND SUBSIDIARIES OF ELKHART GENERAL HOSPITAL.

8. THE MISSION AND VISION STATEMENTS FOR ELKHART GENERAL HOSPITAL AND SUBSIDIARIES OF ELKHART GENERAL HOSPITAL.

9. ANY MATERIAL TRANSACTIONS OF ELKHART GENERAL HOSPITAL OR A SUBSIDIARY OF ELKHART GENERAL HOSPITAL WHICH ARE NOT OTHERWISE INCLUDED IN THE APPROVED OPERATING OR CAPITAL BUDGETS OF ELKHART GENERAL HOSPITAL OR A SUBSIDIARY OF ELKHART GENERAL HOSPITAL OR AS OTHERWISE AUTHORIZED IN THE BYLAWS OR OPERATING AGREEMENT OF ELKHART GENERAL HOSPITAL OR A SUBSIDIARY OF ELKHART GENERAL HOSPITAL.

10. RESOLVING ANY ISSUES BETWEEN ELKHART GENERAL HOSPITAL OR A SUBSIDIARY OF ELKHART GENERAL HOSPITAL AND OTHER AFFILIATES OF BEACON HEALTH SYSTEM AS TO PARTICIPATION, OR FAILURE TO PARTICIPATE IN, SPECIFIC MANAGED CARE

Name of the organization ELKHART GENERAL HOSPITAL, INC.	Employer identification number 35-0877574
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AGREEMENTS, AND THE TERMS THEREOF.

11. ANY MANAGEMENT AGREEMENT FOR THE MANAGEMENT OF ALL OR ANY SUBSTANTIAL PART OF ELKHART GENERAL HOSPITAL OR A SUBSIDIARY OF ELKHART GENERAL HOSPITAL OPERATIONS.

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, SECTION B, LINE 11B

THE ORGANIZATION INCORPORATES NUMEROUS PARTIES IN THE PRODUCTION AND REVIEW OF THE FORM 990 AND ASSOCIATED SCHEDULES. SENIOR ACCOUNTING STAFF AND MANAGEMENT COMPLETE THE FORM 990 AND SCHEDULES. SOME FORMS AND SCHEDULES ARE REVIEWED BY THE CONTROLLER. SUBSEQUENT TO THOSE STEPS, THE ORGANIZATION ENGAGED ERNST & YOUNG TO REVIEW THE COMPLETED FORM 990 AND APPROPRIATE SCHEDULES. PRIOR TO FILING THE RETURN, THE CFO, THE COMPENSATION COMMITTEE OF THE ORGANIZATION, AND THE CEO CONDUCT A GENERAL OVERVIEW OF THE FORM 990, INCLUDING APPLICABLE COMPENSATION SCHEDULES. IN ADDITION, EACH BOARD MEMBER RECEIVES NOTIFICATION OF THE IRS FORM 990 PLACEMENT ON THE ORGANIZATION'S BOARD PORTALS WHICH ALLOWS FOR BOARD MEMBER REVIEW PRIOR TO FILING THE RETURN.

CONFLICT OF INTEREST STATEMENTS

FORM 990, PART VI, SECTION B, LINE 12C

THERE ARE THREE SEPARATE FORMS THAT ARE SENT OUT THROUGH THE INTERNAL AUDIT DEPARTMENT TO KEY EMPLOYEES OR BOARD MEMBERS REGARDING CONFLICT OF INTEREST. THEY ARE AS FOLLOWS:

Name of the organization ELKHART GENERAL HOSPITAL, INC.	Employer identification number 35-0877574
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1. THE FIRST IS A CONFLICT OF INTEREST STATEMENT THAT IS SENT TO SENIOR LEVEL ADMINISTRATION, MANAGEMENT, AND SELECT STAFF SUCH AS PURCHASING DEPARTMENT EMPLOYEES. THE PURPOSE OF THE STATEMENT IS TO REQUIRE THESE EMPLOYEES TO DISCLOSE ANY POTENTIAL CONFLICT OF INTERESTS THEY MAY HAVE. THE STATEMENTS ARE SENT IN JANUARY OF EACH YEAR FOR THE PREVIOUS YEAR ACTIVITIES. WE PURSUE THE REPLIES TO GET A 100% RESPONSE RATE. IN THE CURRENT YEAR WE SENT OUT OVER 320 STATEMENTS AND ARE WORKING TO ACHIEVE A 100% RESPONSE RATE. EACH RESPONSE IS REVIEWED BY THE DIRECTOR OF INTERNAL AUDIT AND THE RESULTS ARE REPORTED TO THE CEO OF BEACON HEALTH SYSTEM, THE AUDIT COMMITTEE CHAIRMAN, AS WELL AS THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS.

2. THE SECOND STATEMENT IS THE BOARD DUALITY OF INTEREST STATEMENT THAT IS SENT TO CURRENT BOARD MEMBERS, FORMER BOARD MEMBERS FROM THE LAST FIVE YEARS, AND OTHER KEY EMPLOYEES. THE DUALITY OF INTEREST STATEMENT IS SENT USING A WEB-BASED SURVEY TOOL PROVIDED BY ERNST & YOUNG. THE REPLIES ARE REVIEWED BY THE DIRECTOR OF INTERNAL AUDIT. THE RESULTS OF THE SURVEYS ARE SUMMARIZED USING THE WEB-BASED TOOL, AND ARE REVIEWED BY ERNST & YOUNG IN COMPLETING THE 990. THE RESULTS ARE REPORTED TO THE CEO OF BEACON HEALTH SYSTEM, THE AUDIT COMMITTEE CHAIRMAN, AND THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS.

3. THE THIRD STATEMENT IS ENTITLED "CODE OF ETHICS FOR SENIOR FINANCIAL OFFICERS." THE STATEMENT REQUIRES AN ACKNOWLEDGEMENT FORM TO BE SIGNED BY BEACON HEALTH SYSTEM'S KEY FINANCIAL EMPLOYEES THAT BEACON'S FINANCIAL

Name of the organization ELKHART GENERAL HOSPITAL, INC.	Employer identification number 35-0877574
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INFORMATION IS TO THE BEST OF THEIR KNOWLEDGE TRUE AND ACCURATE. THIS STATEMENT WAS SENT OUT IN EARLY MARCH, 2018 AND THE SIGNED ACKNOWLEDGEMENTS ARE KEPT BY THE DIRECTOR OF INTERNAL AUDIT. IN 2018, 17 DESIGNATED EMPLOYEES WERE REQUESTED TO SIGN THE FORM AND WE HAD A 100% COMPLIANCE RATE. ANY POTENTIAL CONFLICTS OF INTERESTS ARE REVIEWED BY INDEPENDENT PARTIES BOTH INTERNAL AND EXTERNAL TO THE ORGANIZATION, AND IF NECESSARY, CORRECTIVE ACTION WOULD BE TAKEN TO RESOLVE A TRUE CONFLICT. THE INDIVIDUAL WITH THE POTENTIAL CONFLICT OF INTEREST WOULD BE EXCLUDED FROM ALL REVIEW PROCEEDINGS. EXCLUDED FROM ALL REVIEW PROCEEDINGS. COMPLIANCE RATE. ANY POTENTIAL CONFLICTS OF INTERESTS ARE REVIEWED BY INDEPENDENT PARTIES BOTH INTERNAL AND EXTERNAL TO THE ORGANIZATION, AND IF NECESSARY, CORRECTIVE ACTION WOULD BE TAKEN TO RESOLVE A TRUE CONFLICT. THE INDIVIDUAL WITH THE POTENTIAL CONFLICT OF INTEREST WOULD BE EXCLUDED FROM ALL REVIEW PROCEEDINGS. EXCLUDED FROM ALL REVIEW PROCEEDINGS.

COMPENSATION PROCESS

FORM 990, PART VI, SECTION B, LINES 15A & 15B
BEACON HEALTH SYSTEM, INC., THE PARENT COMPANY OF ELKHART GENERAL HOSPITAL, CONDUCTS THE REVIEW OF ALL COMPENSATION. VICE PRESIDENT AND HIGHER COMPENSATION IS DETERMINED AFTER AN EXTENSIVE EXAMINATION IS CONDUCTED USING COMPARABLE MARKET DATA AND THEN REVIEWED BY AN INDEPENDENT CONSULTANT HIRED BY, AND REPORTING TO, THE BOARD OF DIRECTORS. HUMAN RESOURCES CONDUCTS THE ANALYSIS AND MAKES RECOMMENDATIONS TO THE CEO WHO THEN MAKES THE RECOMMENDATIONS TO THE BOARD FOR APPROVAL. RECOMMENDATIONS ARE PRESENTED TO THE COMPENSATION

Name of the organization ELKHART GENERAL HOSPITAL, INC.	Employer identification number 35-0877574
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COMMITTEE OF THE BEACON HEALTH SYSTEM, INC. BOARD FOR DELIBERATION AND FINAL DECISION. DELIBERATION AND FINAL DECISION ARE PERFORMED BY THE INDEPENDENT MEMBERS OF THE BOARD.

PUBLIC AVAILABILITY FOR DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC. THE FINANCIAL STATEMENTS ARE DISTRIBUTED QUARTERLY TO THE ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) WEBSITE AS PART OF THE CONTINUING DISCLOSURES FOR BEACON HEALTH SYSTEM, INC. BONDS.

FORM 990, PART XI, LINE 9

PENSION LIABILITY - (19,000)

WRITE OFF OF INTERCOMPANY BALANCES, BEACON HEALTH SYSTEM - (4,987,457)

ACCOUNTING CHANGE - 3,605,071

LOSS ON BOND REFUNDING - (329,943)

TOTAL - (1,731,329).

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO CREATE A HEALTHIER COMMUNITY BY BEING A PREMIER PROVIDER OF HEALTHCARE; PROMOTING THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES BY PROVIDING EDUCATION THAT MAY AID IN DETECTION AND PREVENTION OF DISEASE; CONDUCTING OUR ACTIVITIES WITH COMPASSION AND RESPECT; ACTING WITH RECOGNITION THAT HEALTH IS HOLISTIC AND EMBRACES THE BODY, MIND, AND SPIRIT; SEEKING AND PARTNERING WITH THOSE WHO SHARE OUR MISSION; CONTINUOUSLY IMPROVING THE QUALITY AND COST-EFFECTIVENESS OF OUR SERVICES; MAINTAINING THE FINANCIAL

Name of the organization ELKHART GENERAL HOSPITAL, INC.	Employer identification number 35-0877574
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ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

VIABILITY OF THE HOSPITAL WHILE CONTINUING OUR CHARITABLE ROLE IN THE COMMUNITY.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ELKHART GENERAL HOSPITAL, INC. HAS BEEN PROVIDING COMPREHENSIVE, ADVANCED MEDICAL CARE PRIMARILY TO ELKHART COUNTY AND OTHER CONTIGUOUS COUNTIES IN NORTH CENTRAL INDIANA AND SOUTH CENTRAL MICHIGAN FOR OVER 100 YEARS. ELKHART GENERAL HOSPITAL, INC. CONSISTS OF A 365-BED LICENSED HOSPITAL THAT PROVIDES SERVICES WITHOUT REGARD TO PATIENT RACE, RELIGION, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING 2017, THE HOSPITAL ADMITTED 10,340 PATIENTS FOR A TOTAL OF 41,109 INPATIENT DAYS. INPATIENT UNITS CONSISTED OF MEDICAL, POST-SURGICAL, ONCOLOGY, PEDIATRIC, CRITICAL CARE, CARDIAC CARE, BEHAVIORAL HEALTH, REHABILITATION, OBSTETRIC, AND NURSERY INTENSIVE CARE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 193,524 OF OUTPATIENT VISITS INCLUDING 3,728 OUTPATIENT SURGERIES, 60,249 EMERGENCY ROOM VISITS, AND 129,547 VISITS FOR DIAGNOSTIC SERVICES. DURING 2017, THE UNREIMBURSED COST OF FREE OR DISCOUNTED MEDICAL CARE PROVIDED TO PATIENTS THAT WERE DEEMED INDIGENT UNDER STATE, COUNTY, OR INTERNAL GUIDELINES WAS \$4,060,747. ELKHART GENERAL HOSPITAL ALSO PROVIDED \$36,319,451 IN UNREIMBURSED CARE TO THE ELDERLY COVERED BY MEDICARE, AND \$1,218,336 IN CHARITY CARE. PART OF THE MISSION OF ELKHART GENERAL HOSPITAL IS TO PROVIDE FOR A HEALTHIER

Name of the organization ELKHART GENERAL HOSPITAL, INC.	Employer identification number 35-0877574
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ATTACHMENT 2 (CONT'D)

COMMUNITY THROUGH MEDICATION ASSISTANCE PROGRAMS AND COMMUNITY HEALTH EDUCATION, THE HOSPITAL INCURRED \$815,000 IN UNBILLED SERVICES TO THE POOR AND BROADER COMMUNITY.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SOUTH BEND MEDICAL FOUNDATION 530 NORTH LAFAYETTE BLVD SOUTH BEND, IN 46601	LAB SERVICES	10,904,950.
NORTHERN INDIANA ANESTHESIA SERVICES 600 EAST BVLVD ELKHART, IN 46514	ANESTHESIA SERVICES	4,758,701.
APOGEE PHYSICIANS 2525 E. CAMELBACK RD PHOENIX, AZ 85016	PHYSICIAN SERVICES	2,566,136.
SODEXO OPERATIONS 9801 WASHINGTON BLVD GAITHERSBURG, MD 20878	NUTRITION MANAGEMENT	1,516,683.
RESTORIX HEALTH 155 WHITE PLAIN STE222 TARRYTOWN, NY 10591	MEDICAL SERVICES	908,407.

ATTACHMENT 4FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	<u>(A) TOTAL FEES</u>	<u>(B) PROGRAM SERVICE EXP.</u>	<u>(C) MANAGEMENT AND GENERAL</u>	<u>(D) FUNDRAISING EXPENSES</u>
CONSULTING FEES	687,539.	564,470.	123,069.	
PHYSICIAN FEES	2,857,876.	2,346,316.	511,560.	
LAB FES	9,728,954.	7,987,471.	1,741,483.	

Name of the organization

ELKHART GENERAL HOSPITAL, INC.

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ATTACHMENT 4 (CONT'D)FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
BLOOD PRODUCTS	1,040,194.	853,999.	186,195.	
OTHER PURCHASED SERVICES	6,338,835.	5,202,948.	1,135,887.	
COLLECTION FEES	1,307,378.	1,073,357.	234,021.	
REPAIR AND MAINTENANCE	1,737,256.	1,421,163.	316,093.	
SERVICE CONTRACTS	4,400,476.	3,612,791.	787,685.	
TOTALS	<u>28,098,508.</u>	<u>23,062,515.</u>	<u>5,035,993.</u>	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization

ELKHART GENERAL HOSPITAL, INC.

Employer identification number

35-0877574

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BEACON MEDICAL GROUP, INC. 35-1536132 615 N. MICHIGAN STREET SOUTH BEND, IN 46601	PHY PRACTICES	IN	501(C)(3)	10	BHS	X	
(2) BEACON HEALTH FOUNDATION, INC 35-1536129 615 N. MICHIGAN STREET SOUTH BEND, IN 46601	FINANCIAL SUP	IN	501(C)(3)	7	BHS	X	
(3) MEMORIAL ENDOWMENT FUND FOR MEMORIAL HOS 35-6068581 P.O. BOX 1602 SOUTH BEND, IN 46634	ENDOWMENT	IN	501(C)(3)	12D III-O	MHSB	X	
(4) BEACON HEALTH SYSTEM, INC. 45-3864076 615 N. MICHIGAN STREET SOUTH BEND, IN 46601	PARENT ORG.	IN	501(C)(3)	12AI	N/A		X
(5) MEMORIAL HOSPITAL OF SOUTH BEND, INC. 35-0868132 615 N. MICHIGAN STREET SOUTH BEND, IN 46601	HOSPITAL	IN	501(C)(3)	3	BHS	X	
(6) ELKHART GENERAL HOSPITAL AUXILIARY 35-0938148 600 EAST BLVD ELKHART, IN 46514	VOL SUPPORT	IN	501(C)(3)	12A, TYPE I	N/A		X
(7)							

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

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BEACON HEALTH VENTURES, INC 615 N. MICHIGAN ST. SOUTH BEND, IN 46601 35-1901068	HOME MEDICAL	IN	N/A	C					
(2) BEACON HEALTH VENTURES MICHIGAN, INC 615 N. MICHIGAN ST. SOUTH BEND, IN 46601 20-8259773	HOME MEDICAL	MI	N/A	C					
(3)									
(4)									
(5)									
(6)									
(7)									

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)	X	
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MEMORIAL HOSPITAL OF SOUTH BEND	Q	215,328.	ACTUAL CHARGES
(2) MEMORIAL HOSPITAL OF SOUTH BEND	P	9,926,807.	ACTUAL CHARGES
(3) MEMORIAL HOSPITAL OF SOUTH BEND	S	7,502,174.	INTERCO TRNSF
(4) BEACON MEDICAL GROUP	P	599,352.	ACTUAL CHARGES
(5) BEACON MEDICAL GROUP	I	816,406.	ACTUAL CHARGES
(6) BEACON MEDICAL GROUP	R	180,061.	ACTUAL CHARGES

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BEACON MEDICAL GROUP	S	347,712.	ACTUAL CHARGES
(2) BEACON MEDICAL GROUP	J	913,078.	ACTUAL CHARGES
(3) BEACON HEALTH FOUNDATION	C	214,377.	ACTUAL CHARGES
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
