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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011</b>		<b>D Employer identification number</b> 35-1814660	
<b>B</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	<b>C</b> Name of organization INDIANA UNIVERSITY HEALTH WEST HOSPITAL INC F/K/A METHODIST MEDICAL GROUP PHYSICIANS Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite 950 N MERIDIAN STREET SUITE 800  City or town, state or country, and ZIP + 4 INDIANAPOLIS, IN 46204		<b>E Telephone number</b> (317) 962-4575
	<b>F</b> Name and address of principal officer MATTHEW D BAILEY 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204	<b>G</b> Gross receipts \$ 538,330	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J Website:</b> ▶ WWW.IUHEALTH.ORG		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1990	<b>M</b> State of legal domicile IN

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities Provide compassionate and excellent care in order to enhance the total well-being of our patients and the community we serve without regard to the ability to pay    		
	<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	5
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	0
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	19,054,624	527,897
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	0	0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	0	10,433
		19,054,624	538,330
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <sup>0</sup>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	18,205,343	72,876
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	18,205,343	72,876
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	849,281	465,454
	Net Assets or Fund Balances		Beginning of Current Year
<b>20</b> Total assets (Part X, line 16) . . . . .		21,463	1,921
<b>21</b> Total liabilities (Part X, line 26) . . . . .		3,576,267	4,124,659
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .		-3,554,804	-4,122,738

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	<div> <div></div> <div>Signature of officer</div> </div>			2012-11-09	
	<div> <div></div> <div>JUDITH L COLEMAN COO/CFO</div> <div>Type or print name and title</div> </div>			Date	
Paid Preparer's Use Only	Preparer's signature	<div> <div></div> <div>JENNIFER D RHODERICK</div> </div>	Date	<div> <div></div> <div></div> </div>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	<div> <div></div> <div>ERNST &amp; YOUNG US LLP</div> <div>111 MONUMENT CIRCLE SUITE 2600</div> <div>INDIANAPOLIS, IN 46204</div> </div>			EIN
					Phone no (317) 681-7000

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

Check if Schedule O contains a response to any question in this Part III ☒

Provide compassionate and excellent care in order to enhance the total well-being of our patients and the community we serve without regard to the ability to pay

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

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 and section 4947(a)(1) trusts 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 \$ 49,567 including grants of \$ 0 ) (Revenue \$ 527,897 )

Prior to 2010, Indiana University Health West Hospital, Inc. ("IU Health West Hospital"), formerly known as Methodist Medical Group Physicians, Inc., provided convenient, quality care and preventive health services in over 30 practice locations throughout Marion and its surrounding counties to patients without regard to their ability to pay. During 2010, these practice locations were transferred to another related 501(c)(3) tax-exempt organization. The only activity reflected on the 2011 Form 990 represent collections and expenses related to services rendered prior to the transfer of the practice locations. On February 29, 2012, IU Health West Hospital expanded its exempt program service activities to include the operation of an acute care hospital. All activity of the acute care hospital will be reflected on the 2012 Form 990.















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**4d** Other program services (Describe in Schedule O )  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

<b>4e</b>	<b>Total program service expenses</b>	<b>\$ 49,567</b>
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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> 	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
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>		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
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>		
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> 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 		No
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> 		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 		No
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> 		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 		No
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> 		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 		No
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, XII, and XIII is optional.</i> 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
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>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

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

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
			<b>Yes</b>	<b>No</b>		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	0			
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0			
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>				
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return. .	<b>2a</b>	0			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>				
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .	<b>3a</b>				No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. .	<b>3b</b>				
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? .	<b>4a</b>			No	
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	<b>5a</b>			No	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			No	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .	<b>5c</b>				
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? .	<b>6a</b>			No	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .	<b>7a</b>			No	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .	<b>7b</b>				
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .	<b>7c</b>			No	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. .	<b>7d</b>				
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	<b>7e</b>			No	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	<b>7f</b>			No	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .				<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the organization make any taxable distributions under section 4966? .	<b>9a</b>				
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? .	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. .	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter					
<b>a</b>	Gross income from members or shareholders. .	<b>11a</b>				
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). .	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .				<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. .	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>				
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. .	<b>13b</b>				
<b>c</b>	Enter the aggregate amount of reserves on hand. .	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .	<b>14a</b>			No	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. .	<b>14b</b>				

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a	5		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	0
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed IN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. BROC BUDDE 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN 46204 (317) 962-4575

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

Form **990** (2011)



## Part VII

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: 0

## **Section B. Independent Contractors**

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

Form **990** (2011)

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .			0		
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 621111	527,897	527,897	0	0
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		527,897			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		0		
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties . . . . .		0			
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .		0			
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	ALL OTHER REVENUE	900099	10,433	0	0	10,433	
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		10,433				
12	Total revenue. See Instructions . . . . .		538,330	527,897	0	10,433	

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
9	Other employee benefits . . . . .	0			
10	Payroll taxes . . . . .	0			
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	0			
c	Accounting . . . . .	14,409		14,409	
d	Lobbying . . . . .	0			
e	Professional fundraising See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	49,567	49,567		
12	Advertising and promotion . . . . .	0			
13	Office expenses . . . . .	8,900		8,900	
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	0			
17	Travel . . . . .	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	0			
23	Insurance . . . . .	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a					
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	72,876	49,567	23,309	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			0	1	0
	2	Savings and temporary cash investments . . . . .			0	2	0
	3	Pledges and grants receivable, net . . . . .			0	3	0
	4	Accounts receivable, net . . . . .			18,603	4	1,921
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .			0	6	0
	7	Notes and loans receivable, net . . . . .			0	7	0
	8	Inventories for sale or use . . . . .			0	8	0
	9	Prepaid expenses and deferred charges . . . . .			0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a				
	b	Less: accumulated depreciation . . . . .	10b		0	10c	
	11	Investments—publicly traded securities . . . . .			0	11	0
	12	Investments—other securities. See Part IV, line 11 . . . . .			0	12	0
	13	Investments—program-related. See Part IV, line 11 . . . . .			0	13	0
	14	Intangible assets . . . . .			0	14	0
	15	Other assets. See Part IV, line 11 . . . . .			2,860	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			21,463	16	1,921	
Liabilities	17	Accounts payable and accrued expenses . . . . .			597,613	17	245,800
	18	Grants payable . . . . .			0	18	0
	19	Deferred revenue . . . . .			0	19	0
	20	Tax-exempt bond liabilities . . . . .			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			0	21	0
	22	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 . . . . .			2,978,654	25	3,878,859
	26	Total liabilities. Add lines 17 through 25 . . . . .			3,576,267	26	4,124,659
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets . . . . .			-3,554,804	27	-4,122,738
28		Temporarily restricted net assets . . . . .			0	28	0
29		Permanently restricted net assets . . . . .			0	29	0
Organizations that do not follow SFAS 117, 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 . . . . .			-3,554,804	33	-4,122,738
34	Total liabilities and net assets/fund balances . . . . .			21,463	34	1,921	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	538,330
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,876
3	Revenue less expenses Subtract line 2 from line 1	3	465,454
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-3,554,804
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,033,388
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-4,122,738

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
INDIANA UNIVERSITY HEALTH WEST HOSPITAL  
INC F/K/A METHODIST MEDICAL GROUP PHYSICIANS

Employer identification number  
35-1814660

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11	<b>Total support</b> (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions )					12	
13	<b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	
b	<b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	
17a	<b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	
b	<b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	

Part IIIPart III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 35-1814660  
**Name:** INDIANA UNIVERSITY HEALTH WEST HOSPITAL  
INC F/K/A METHODIST MEDICAL GROUP PHYSICIANS

**Form 990, Special Condition Description:**

<b>Special Condition Description</b>
--------------------------------------

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
INDIANA UNIVERSITY HEALTH WEST HOSPITAL  
INC F/K/A METHODIST MEDICAL GROUP PHYSICIANS

Employer identification number  
  
35-1814660

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

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

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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)

Revenues included in 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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

Using the organization's 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 XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment. 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 . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				

Schedule D (Form 990) 2011



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Schedule D, Part X - Other Liabilities	Line 2 - FIN 48 (ASC 740) Footnote	Indiana University Health West Hospital, Inc. is a subsidiary in the consolidated financial statements of Indiana University Health, Inc. ("IU Health"). IU Health adopted FIN 48 in 2007. No disclosures were required in 2011 under GAAP as IU Health does not have any material tax contingencies that required disclosures in the footnotes.

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

INDIANA UNIVERSITY HEALTH WEST HOSPITAL  
INC F/K/A METHODIST MEDICAL GROUP PHYSICIANS

Employer identification number

35-1814660

Part I

Questions Regarding Compensation

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

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

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

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIEL F EVANS JR	(i)	0	0	0	0	0	0	0
	(ii)	1,020,135	373,097	56,764	818,859	20,989	2,289,844	0
(2) MARVIN G PEMBER	(i)	0	0	0	0	0	0	0
	(ii)	436,425	262,280	311,677	2,416,465	20,390	3,447,237	290,387
(3) SAMUEL L ODLE	(i)	0	0	0	0	0	0	0
	(ii)	610,071	262,252	65,866	1,079,478	26,115	2,043,782	0
(4) RICHARD F GRAFFIS MD	(i)	0	0	0	0	0	0	0
	(ii)	524,541	218,988	99,435	20,652	17,837	881,453	0
(5) STEVEN L WANTZ	(i)	0	0	0	0	0	0	0
	(ii)	355,069	141,997	44,152	88,474	24,103	653,795	0
(6) NORMAN G TABLER JR	(i)	0	0	0	0	0	0	0
	(ii)	359,104	155,627	102,104	20,652	15,819	653,306	0
(7) STEPHEN H POLLOM MD	(i)	0	0	0	0	0	0	0
	(ii)	300,003	38,762	19,256	17,150	22,698	397,869	0
(8) KYLE L ALLEN	(i)	0	0	0	0	0	0	0
	(ii)	194,016	35,644	21,722	21,296	8,168	280,846	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
Schedule J, Part I - Questions Regarding Compensation	Line 4b - Supplemental Nonqualified Retirement Plan	Daniel F. Evans Jr., Marvin G. Pember, Samuel L. Odle, Richard F. Graffis, M.D., Steven L. Wantz and Norman G. Tabler Jr. participate in an Indiana University Health, Inc. supplemental retirement plan, provisions of which are designed to retain these critical employees. The plan provides for an additional retirement benefit for service through normal retirement or other key dates. If the executive leaves prior to retirement or other key dates, the benefit may be forfeited or reduced. Daniel F. Evans Jr., Marvin G. Pember, Samuel L. Odle, Richard F. Graffis, M.D. and Steven L. Wantz has an amount included in column c, deferred compensation, representing the current year increase in the accrued benefit and/or current year contributions. No amount was actually paid to Daniel F. Evans, Jr., Samuel L. Odle, Richard F. Graffis, M.D. and Steven L. Wantz during the year. For Norman G. Tabler, Jr. and Marvin F. Pember, \$52,611 and \$290,387, respectively, is included in column b(iii), other reportable compensation, representing the amount received under their vested supplemental executive retirement plan.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization INDIANA UNIVERSITY HEALTH WEST HOSPITAL INC F/K/A METHODIST MEDICAL GROUP PHYSICIANS	Employer identification number  35-1814660
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Identifier	Return Reference	Explanation
Part VI, Section A - Governing Body and Management	Line 1b - Number of Voting Members that are Independent	Indiana University Health West Hospital, Inc is part of a multi-entry hospital system controlled by Indiana University Health, Inc , a 501(c)(3) exempt organization whose board is comprised of voting members, of which substantially all are independent community members

Identifier	Return Reference	Explanation
Part VI, Section A - Governing Body and Management	Line 2 - Family or Business Relationships	Norman G Tabler, Jr is an officer and serves on the Board of Directors of Indiana University Health Plans, Inc Marvin G Pember served on the Board of Directors of Indiana University Health Plans, Inc during a portion of 2011 No additional compensation is provided Daniel F Evans, Jr and Samuel L Odle serve on the Board of Managers of Clarian Health West, LLC and Clarian Health North, LLC Marvin G Pember served on the Board of Managers of Clarian Health West, LLC and Clarian Health North, LLC during a portion of 2011 No additional compensation is provided

Identifier	Return Reference	Explanation
Part VI, Section A - Governing Body and Management	Line 4 - Significant Changes to Organizational Documents	Indiana University Health West Hospital, Inc ("IU Health") filed Articles of Amendment to the Articles of Incorporation with the Indiana Secretary of State's Office effective December 19, 2011 to change the legal name of the organization from "Methodist Medical Group Physicians, Inc " to "Indiana University Health West Hospital, Inc " See attached Articles of Amendment

Identifier	Return Reference	Explanation
Part VI, Section A - Governing Body and Management	Lines 6, 7a and 7b - Members or Stockholders	<p>Line 6 The sole member of Indiana University Health West Hospital, Inc ("IU Health West Hospital") is Methodist Medical Group, Inc ("MMG"), a 501(c)(3) tax-exempt organization Line 7A The Corporation shall have no less than three (3) nor more than nine (9) directors elected by MMG, as the sole member Line 7B Notwithstanding any other provisions of the Articles of Incorporation or any provision of IU Health West Hospital's Bylaws, the following matters require the approval of Indiana University Health, Inc ("IU Health"), as the parent of MMG, the sole member of IU Health West Hospital, prior to implementation - Any amendment to the Articles of Incorporation or Bylaws of IU Health West Hospital, - Adoption or revision of any operating or capital budget of IU Health West Hospital, - A merger or consolidation of IU Health West Hospital, - Any sale, lease, exchange, conveyance, mortgage, pledge or other disposition of a substantial portion of the property, assets or interests of IU Health West Hospital, other than pursuant to a budget approved by IU Health, - Any incurrence of debt by, or the creation of any lien upon the property or revenues of, IU Health West Hospital other than in the ordinary course of business or pursuant to a budget approved by IU Health Notwithstanding any other provisions of the Articles of Incorporation, or any provision of IU Health West Hospital's Bylaws, IU Health shall have the power to direct the Board of IU Health West Hospital to do any of the following - Transfer property of IU Health West Hospital in amounts sufficient to pay the principal and interest of any obligation of IU Health, and - Take such actions as are required in order for IU Health West Hospital to comply with the covenants contained in any financing document to which IU Health is a party or under which IU Health is bound</p>

Identifier	Return Reference	Explanation
Part VI, Section A - Governing Body and Management	Line 11b - Review of Form 990	Indiana University Health West Hospital, Inc. has established the following process for reviewing Form 990. The Form 990 and related schedules are reviewed by the COO/CFO. After the COO/CFO approves the Form 990 and related schedules, a finalized complete Form 990 is made available to each board member on a protected intranet site prior to filing the form with the IRS. Each member is informed of the availability of the tax department to answer any questions.

Identifier	Return Reference	Explanation
Part VI, Section B - Policies	Lines 12, 13, and 14	Indiana University Health West Hospital, Inc ("IU Health West Hospital") is part of the Indiana University Health, Inc ("IU Health") system. As the sole member and controlling parent of IU Health West Hospital, IU Health and its board of directors have mandated that certain policies be followed to ensure greater standardization throughout the system. Thus, IU Health West Hospital's Board of Directors was not required to separately adopt a conflict of interest, whistleblower, document retention and destruction and joint venture policies because IU Health's Board of Directors had already adopted and required these policies to be followed by its subsidiaries.

Identifier	Return Reference	Explanation
Part VI, Section B - Policies	Line 12c - Conflict of Interest Policy	Indiana University Health West Hospital, Inc has a Conflict of Interest Policy, the purpose of which is, to protect IU Health Transplant's interests when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director. Each employee, including those employed by related entities, officer and member of the board of directors is required to annually sign a statement which affirms that such person (1) has received a copy of the conflict of interest policy, (2) has read and understands the policy, (3) has agreed to comply with the policy, and (4) understands and acknowledges that the Corporation is a tax-exempt organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes. The policy requires all forms be submitted for review and approval. Failure to complete and update the questionnaire and failure to disclose interests that should be disclosed, may subject the individual to disciplinary actions, including dismissal. Board members with a conflict of interest cannot participate in any decision related to that conflict.



Identifier	Return Reference	Explanation
Part VI, Section B - Policies	Line 19 - Public Disclosure	Indiana University Health West Hospital, Inc 's ("IU Health West Hospital") Articles of Incorporation are available to the public through the Indiana Secretary of State's web-site IU Health West Hospital's conflict of interest policy is described on Form 990, Schedule O IU Health West Hospital is a consolidated subsidiary in the consolidated financial statements for Indiana University Health, Inc ("IU Health") The consolidated financial statements for IU Health are available to the public through its bond filings

Identifier	Return Reference	Explanation
Part VII, Section A - Governing Body and Management	Line 1a, Column (B) - Average hours per week	<p>Daniel F. Evans, Jr. is the President and Chief Executive Officer for Indiana University Health, Inc. and devotes 55 hours per week. Prior to his resignation during 2011, Marvin G. Pember was the Executive Vice President and Chief Financial Officer for Indiana University Health, Inc. and devoted 55 hours per week. Samuel L. Odle is the Executive Vice President and Chief Operating Officer for Indiana University Health, Inc. and devoted 55 hours per week. Richard F. Graffis, M.D. is the Executive Vice President and Chief Medical Officer for Indiana University Health, Inc. and devoted 55 hours per week. Steven L. Wantz is the Senior Vice President and Chief of Staff for Indiana University Health, Inc. and devoted 55 hours per week. Kyle L. Allen is the Vice President, Primary Care for Indiana University Health Care Associates, Inc. and devotes 55 hours per week. Norman G. Tabler, Jr. is the Senior Vice President, General Counsel, and Secretary for Indiana University Health, Inc. and devotes 55 hours per week. Stephen H. Pollom, M.D. is the Service Line Chief, Primary Care for Indiana University Health Care Associates, Inc. and devotes 55 hours per week.</p>

Identifier	Return Reference	Explanation
Part XI - Reconciliation of Net Assets	Line 5 - Other Changes in Net Assets or Fund Balances	During 2010, Indiana University Health, Inc ("IU Health"), a related 501(c)(3) tax-exempt organization, made an equity transfer to Indiana University Health West Hospital, Inc ("IU Health West Hospital") of \$1,033,388. Throughout the existence of IU Health West Hospital, IU Health has provided funds to support IU Health West Hospital's exempt purpose. Although there was never any intent for IU Health West Hospital to repay IU Health, these amounts were recorded as intercompany balances rather than equity transfers. During 2011, IU Health and IU Health West Hospital made adjustments to their books and records to reflect these intercompany balances as equity transfers for both book and tax purposes.

Identifier	Return Reference	Explanation
Form 5471 Footnote		Indiana University Health West Hospital, Inc (FEIN 35-1814660) constructively owned a controlled foreign corporation in 2011 through its affiliate, Indiana University Health, Inc (FEIN 35-1955872) Pursuant to IRC Section 6038, the 2011 controlled foreign corporation filing requirement of Indiana University Health West Hospital, Inc was fulfilled on the 2011 Form 5471 filed on its behalf by Indiana University Health, Inc FEIN 35-1955872 950 N Meridian Street, Suite 800 Indianapolis, IN 46204 The 2011 Form 5471 for Indiana University Health, Inc was filed at the following IRS processing center Ogden, UT 84201-0012

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
INDIANA UNIVERSITY HEALTH WEST HOSPITAL  
INC F/K/A METHODIST MEDICAL GROUP PHYSICIANS

Employer identification number  
  
35-1814660

Part I

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

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

Part II

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

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

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

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 (iv) rent from a controlled entity

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

Yes

Yes

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) IU HEALTH CARE ASSOCIATES INC	N	50,271	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]



Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 35-1814660

Name: INDIANA UNIVERSITY HEALTH WEST HOSPITAL  
INC F/K/A METHODIST MEDICAL GROUP PHYSICIANS

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
BALL MEMORIAL HOSPITAL AUXILIARY INC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-6025400	HEALTHCARE	IN	501(C)(3)	11 III-FI	IUHBMH	Yes	
CLARIAN TRANSPLANT INSTITUTE INC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 13-4350599	HEALTHCARE	IN	501(C)(3)	9	IUH	Yes	
GOSHEN HEALTH SYSTEM INC  200 HIGH PARK AVE GOSHEN, IN 46527 35-1974765	HEALTHCARE	IN	501(C)(3)	11 I	IUH	Yes	
GOSHEN HOSPITAL ASSOCIATION INC  200 HIGH PARK AVE GOSHEN, IN 46527 35-6001540	HEALTHCARE	IN	501(C)(3)	3	GHS	Yes	
HEALTHLINC INC  714 S ROGERS ST BLOOMINGTON, IN 47402 26-3571507	HEALTHCARE	IN	501(C)(3)	9	IUHB	Yes	
INDIANA RADIOLOGY PARTNERS INC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 20-1017034	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
INDIANA UNIVERSITY HEALTH INC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1955872	HEALTHCARE	IN	501(C)(3)	3	NA		No
IU HEALTH ARNETT FOUNDATION INC  2600 GREENBUSH ST LAFAYETTE, IN 47904 35-6079797	FUNDRAISING	IN	501(C)(3)	11 I	IUHA	Yes	
IU HEALTH ARNETT INC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-3162145	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
IU HEALTH BALL MEMORIAL HOSPITAL INC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-0867958	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
IU HEALTH BALL MEMORIAL PHYSICIANS INC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1925641	HEALTHCARE	IN	501(C)(3)	9	IUHBMH	Yes	
IU HEALTH BEDFORD INC  2900 W 16TH ST BEDFORD, IN 47421 23-7042323	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
IU HEALTH BLACKFORD HOSPITAL INC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 01-0646166	HEALTHCARE	IN	501(C)(3)	3	IUHBMH	Yes	
IU HEALTH BLOOMINGTON INC  PO BOX 1149 BLOOMINGTON, IN 47403 35-1720796	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
IU HEALTH BMH FOUNDATION INC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 31-1111784	FUNDRAISING	IN	501(C)(3)	11 I	IUHBMH	Yes	
IU HEALTH CARE ASSOCIATES INC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1747218	HEALTHCARE	IN	501(C)(3)	9	IUH	Yes	
IU HEALTH LAPORTE HOSPITAL INC  PO BOX 250 LAPORTE, IN 46352 35-1125434	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
IU HEALTH LAPORTE PHYSICIANS INC  PO BOX 250 LAPORTE, IN 46352 31-1070868	HEALTHCARE	IN	501(C)(3)	3	IUHLH	Yes	
IU HEALTH MORGAN HOSPITAL INC  2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151 27-3533027	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
IU HEALTH NORTH HOSPITAL INC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1932442	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
IU HEALTH PAOLI HOSP FOUNDATION INC  PO BOX 499 PAOLI, IN 47454 31-0992486	FUNDRAISING	IN	501(C)(3)	11 III-O	IUHP	Yes	
IU HEALTH PAOLI INC  PO BOX 499 PAOLI, IN 47454 35-2090919	HEALTHCARE	IN	501(C)(3)	3	IUHB	Yes	
IU HEALTH TIPTON HOSPITAL INC  1000 S MAIN ST TIPTON, IN 46072 26-2772226	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
IU HEALTH WHITE MEMORIAL HOSPITAL INC  720 S SIXTH ST MONTICELLO, IN 47960 27-3532963	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
IU MEDICAL GROUP FOUNDATION INC  340 W 10TH ST NO FS5100 INDIANAPOLIS, IN 46202 20-1093251	FUNDRAISING	IN	501(C)(3)	11 II	NA		No
METHODIST HEALTH FOUNDATION INC  1800 N CAPITOL AVE INDIANAPOLIS, IN 46202 35-6043086	FUNDRAISING	IN	501(C)(3)	11 I	IUH	Yes	
METHODIST HEALTH GROUP INC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-0876390	HEALTHCARE	IN	501(C)(3)	11 III-FI	NA		No
METHODIST MEDICAL GROUP INC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1945384	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
METHODIST OCCUP HEALTH CENTERS INC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1844176	HEALTHCARE	IN	501(C)(3)	3	IUH	Yes	
METHODIST RESEARCH INSTITUTE INC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-2023710	HEALTHCARE	IN	501(C)(3)	11 I	IUH	Yes	
MH HEALTHCARE INC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1766531	HEALTHCARE	IN	501(C)(3)	3	MMG	Yes	
MORGAN CO MEM HOSP FOUNDATION INC  2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151 35-2035162	FUNDRAISING	IN	501(C)(3)	11 II	IUHMH	Yes	
MORGAN CO MEM HOSP GUILD INC  2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151 31-0886844	FUNDRAISING		501(C)(3)	11 III-FI	IUHMH	Yes	
MORGAN HEALTH SERVICES INC  1949 HOSPITAL DR MARTINSVILLE, IN 46151 35-1968564	HEALTHCARE	IN	501(C)(3)	3	IUHMH	Yes	
UNIVERSITY FAMILY PHYSICIANS INC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 23-7427350	HEALTHCARE	IN	501(C)(3)	9	IUHCA	Yes	
WHITE CO MEM HOSP FOUNDATION INC  PO BOX 952 MONTICELLO, IN 47960 35-1671806	FUNDRAISING	IN	501(C)(3)	11 III-O	IUHWMH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V- UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BALL OUTPATIENT SURGERY CENTER LLC  3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 27-0275794	HEALTHCARE	IN	BOSCH	N/A	0	0		No	0		No	0 %
BELTWAY SURGERY CENTERS LLC  3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 35-2072586	HEALTHCARE	IN	IUHSC	N/A	0	0		No	0		No	0 %
BLOOMINGTON ENDOSCOPY CENTERS LLC  PO BOX 1149 BLOOMINGTON, IN 47402 35-2117943	HEALTHCARE	IN	IUHB	N/A	0	0		No	0		No	0 %
BMH OUTPATIENT SURGERY SERVICES LLC  2401 W UNIVERSITY AVE MUNCIE, IN 47303 20-4567998	HEALTHCARE	IN	IUHBMH	N/A	0	0		No	0		No	0 %
BOSC HOLDINGS LLC  3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 45-4147343	HEALTHCARE	IN	IUH	N/A	0	0		No	0		No	0 %
CARDINAL HEALTH INITIATIVES LLC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 30-0102702	PURCHASING	IN	IUHBMH	N/A	0	0		No	0		No	0 %
CHV FUND I LLC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-2523206	VENTURE CAPITAL	IN	IUH	N/A	0	0		No	0		No	0 %
CHV FUND MANAGEMENT LLC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-2523151	VENTURE CAPITAL	IN	CHV	N/A	0	0		No	0		No	0 %
CLARIAN HEALTH NETWORK LLC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-2055030	HEALTHCARE	IN	IUH	N/A	0	0		No	0		No	0 %
CLARIAN HEALTH NORTH LLC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 43-1980602	HEALTHCARE	IN	IUH	N/A	0	0		No	0		No	0 %
CLARIAN HEALTH WEST LLC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 43-1980611	HEALTHCARE	IN	IUH	N/A	0	0		No	0		No	0 %
CTF INTERNATIONAL GROWTH PORTFOLIO  280 CONGRESS ST STE 500 BOSTON, MA 02210 20-0231923	INVESTMENTS	IN	IUH	N/A	0	0		No	0		No	0 %
EAGLE HIGHLANDS SURGERY CENTER LLC  3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 35-2259204	HEALTHCARE	IN	EHSCH	N/A	0	0		No	0		No	0 %
EHSC HOLDINGS LLC  3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 45-4147879	HEALTHCARE	IN	IUH	N/A	0	0		No	0		No	0 %
HEALTH VENTURE MANAGEMENT LLC  950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 20-5740218	MANAGEMENT	IN	IUH	N/A	0	0		No	0		No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Dispropportionate allocations?		(i) Code V- UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
IEC HOLDINGS LLC  3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 45-4148032	HEALTHCARE	IN	IUH	N/A	0	0		No	0		No	0 %
INDIANA ENDOSCOPY CENTERS LLC  3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 20-8398421	HEALTHCARE	IN	IECH	N/A	0	0		No	0		No	0 %
INDIANA LAKES MANAGED CARE ORG LLC  310 S MAIN ST GOSHEN, IN 46526 35-1946663	HEALTHCARE	IN	GHS	N/A	0	0		No	0		No	0 %
IUH SURGERY CENTERS LLC  3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 45-2314634	HEALTHCARE	IN	IUH	N/A	0	0		No	0		No	0 %
MID-AMERICA SURGERY CENTER LLC  2401 W UNIVERSITY AVE MUNCIE, IN 47303 35-2002953	HEALTHCARE	IN	CDHV	N/A	0	0		No	0		No	0 %
ROC SURGERY LLC  3000 RIVERCAHSE GALLERIA STE 500 BIRMINGHAM, AL 35244 27-1497960	HEALTHCARE	IN	ROCSH	N/A	0	0		No	0		No	0 %
ROCS HOLDINGS LLC  3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 45-4148369	HEALTHCARE	IN	IUH	N/A	0	0		No	0		No	0 %
SENATE STREET SURGERY CENTER LLC  3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 42-1709357	HEALTHCARE	IN	SSSCH	N/A	0	0		No	0		No	0 %
SSSC HOLDINGS LLC  3000 RIVERCHASE GALLERIA STE 500 BIRMINGHAM, AL 35244 45-4148167	HEALTHCARE	IN	IUH	N/A	0	0		No	0		No	0 %
THE HEALTHCARE GROUP LLC  1776 MERIDIAN ST STE 300 INDIANAPOLIS, IN 46202 35-2067373	MANAGED CARE	IN	IUH	N/A	0	0		No	0		No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
BMH MEDICAL PAVILION ASSOCIATION INC 2525 W UNIVERSITY AVE MUNCIE, IN 47303 35-1858408	CONDO MANAGEMENT	IN	IUHBMH	C	0	0	0 %
CARDINAL HEALTH VENTURES INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1611424	MANAGEMENT	IN	IUHBMH	C	0	0	0 %
CHV CAPITAL INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-0752507	VENTURE CAPITAL	IN	IUH	C	0	0	0 %
IU HEALTH ACO INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 45-4421020	HEALTHCARE	IN	IUH	C	0	0	0 %
IU HEALTH BOARD DESIGNATED TRUST 400 HOWARD ST SAN FRANCISCO, CA 94105 30-6309021	INVESTMENTS	IN	IUH	T	0	0	0 %
IU HEALTH NTGI S&P500 FUND CF PO BOX 804358 CHICAGO, IL 60680 30-6298263	INVESTMENTS	IN	IUH	T	0	0	0 %
IU HEALTH PLANS INC 1776 MERIDIAN ST STE 300 INDIANAPOLIS, IN 46202 26-2127080	HMO	IN	IUH	C	0	0	0 %
IU HEALTH RISK PURCHASING GROUP INC 151 MEETING ST STE 301 CHARLESTON, SC 29401 26-0202446	INSURANCE	IN	IUH	C	0	0	0 %
IU HEALTH RISK RETENTION GROUP INC 151 MEETING ST STE 301 CHARLESTON, SC 29401 20-1107674	INSURANCE	SC	IUH	C	0	0	0 %
IU HEALTH SOUTHERN IN PHYSICIANS INC PO BOX 1149 BLOOMINGTON, IN 47402 35-1913875	HEALTHCARE	IN	IUHB	C	0	0	0 %
IUH ASSURANCE LTD 720 WBAY RD PO BOX 69, GRAND CAYMAN CJ 98-0395429	INSURANCE	CJ	IUH	C	0	0	0 %
OCC-HEALTH REVENUE SYSTEMS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 20-3308057	WORK COMP PPO	IN	MOHC	C	0	0	0 %
PARKMOR DRUG INC 1501 S MAIN ST GOSHEN, IN 46526 13-1394980	PHARMACY SALES	IN	GHS	C	0	0	0 %
PILR INC 200 HIGH PARK AVE GOSHEN, IN 46526 20-4294750	DEVELOPMENT	IN	GHS	C	0	0	0 %
RADIATION ONCOLOGY RESOURCES INC 200 HIGH PARK AVE GOSHEN, IN 46526 26-2008424	HEALTHCARE	IN	GHS	C	0	0	0 %
SCANS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 45-3080392	HEALTHCARE	IN	CHVF1	C	0	0	0 %
UNIVERSITY HEALTH MANAGEMENT INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 27-2891143	MANAGEMENT	IN	CHV	C	0	0	0 %
UNIVERSITY HEALTH MGMT (CHINA) INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 27-3891311	MANAGEMENT	IN	CHV	C	0	0	0 %

**State of Indiana  
Office of the Secretary of State**

**CERTIFICATE OF AMENDMENT  
of**

**METHODIST MEDICAL GROUP PHYSICIANS, INC.**

I, Charles P White, Secretary of State of Indiana, hereby certify that Articles of Amendment of the above Non-Profit Domestic Corporation has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Nonprofit Corporation Act of 1991

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, December 19, 2011



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 19, 2011

*Charles P. White*

CHARLES P WHITE,  
SECRETARY OF STATE

**APPROVED AND FILED**  
CHARLES P. WHITE  
INDIANA SECRETARY OF STATE  
12/19/2011 2:16 PM

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**ARTICLES OF AMENDMENT**

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Formed pursuant to the provisions of the Indiana Nonprofit Corporation Act of 1991

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**Article I - ENTITY NAME**

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METHODIST MEDICAL GROUP PHYSICIANS, INC

Creation Date 11/26/1990

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**PRINCIPAL OFFICE ADDRESS**

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340 W 10TH ST STE 5100, INDIANAPOLIS, IN 46202

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**REGISTERED OFFICE AND AGENT**

---

NORMAN G TABLER ESQ  
CLARIAN HEALTH EXEC OFFICES 340 W 10TH STREET, SUITE FS 6117, INDIANAPOLIS, IN  
46202-1367

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**OFFICERS AND BOARD OF DIRECTORS**

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Kyle Allen  
Treasurer  
340 W 10th Street, FS 5112 , Indianapolis., IN 46202

NORMAN G TABLER ESQ  
Secretary  
340 W 10th Street, Suite FS 6117 , INDPLS, IN 46202

STEPHEN H POLLOM MD  
President  
METHODIST MED GROUP PHYSICIANS 340 W 10th St , Suite 5100, INDIANAPOLIS, IN 46202

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**GENERAL INFORMATION**

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Adoption Date 12/19/2011  
Effective Date 12/19/2011  
Electronic Signature. JEROME P. KELLY  
Signator's Title. ATTORNEY



## **MANNER AND ADOPTION OF VOTE**

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Unanimous written consent executed on the following date and signed by all members entitled to vote:

12/19/2011

## **ADDITIONAL ARTICLES**

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Article I THE NAME OF THE CORPORATION IS "INDIANA UNIVERSITY HEALTH WEST HOSPITAL, INC