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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012**Open to Public
Inspection****A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20****B Check if applicable**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

BLOOMINGTON HOSPITAL AUXILIARY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

PO BOX 1149

City, town or post office, state, and ZIP code

BLOOMINGTON, IN 47402-1149

F Name and address of principal officer**D Employer identification number**

35-6041676

E Telephone number

(812) 353-9171

G Gross receipts \$ 315,412.**H(a) Is this a group return for affiliates?** Yes ☐ No ☒**H(b) Are all affiliates included?** Yes ☐ No ☐

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

H(c) Group exemption number ▶**I Tax-exempt status** 501(c)(3) ☒ 501(c) (4) ◀ (insert no) 4947(a)(1) or 527**J Website** ▶ N/A**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** 1963 **M State of legal domicile** IN**Part I Summary****1 Briefly describe the organization's mission or most significant activities**

THE BLOOMINGTON HOSPITAL AUXILIARY IS COMPOSED ENTIRELY OF VOLUNTEERS
WHOSE ONLY FUNCTION IS TO SUPPORT THE IU HEALTH BLOOMINGTON HOSPITAL,
A 501(C)(3) TAX-EXEMPT HOSPITAL.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3 Number of voting members of the governing body (Part VI, line 1a)**

3 10.

4 Number of independent voting members of the governing body (Part VI, line 1b)

4 10.

5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)

5 0

6 Total number of volunteers (estimate if necessary)

6

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a 0

b Net unrelated business taxable income from Form 990, line 34

7b 0

Revenue**8 Contributions and grants (Part VIII, line 1h)**

Prior Year Current Year

0 0

9 Program service revenue (Part VIII, line 4)

0 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

54. 55.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

302,373. 102,335.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

302,427. 102,390.

Expenses**13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)**

65,643. 75,697.

14 Benefits paid to or for members (Part IX, column (A), line 4)

0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

0 0

16a Professional fundraising fees (Part IX, column (A), line 11e)

0 0

b Total fundraising expenses (Part IX, column (D), line 25)

0

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

204,631. 1,895.

18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)

270,274. 77,592.

19 Revenue less expenses - Subtract line 18 from line 12

32,153. 24,798.

Net Assets or Fund Balances**20 Total assets (Part X, line 16)**

Beginning of Current Year End of Year

297,476. 253,985.

21 Total liabilities (Part X, line 26)

75,345. 4,851.

22 Net assets or fund balances - Subtract line 21 from line 20

222,131. 249,134.

Part II Signature Block

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

Sign Here

Signature of officer

Date

1-31-14

MICHAEL L. CRAIG

CFO

Type or print name and title

Paid**Preparer****Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)JSA
2E1010 1 000

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission

THE BLOOMINGTON HOSPITAL AUXILIARY IS COMPOSED ENTIRELY OF VOLUNTEERS
 WHOSE ONLY FUNCTION IS TO SUPPORT THE IU HEALTH BLOOMINGTON HOSPITAL.
 A 501(C)(3) TAX-EXEMPT HOSPITAL.

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code _____) (Expenses \$ 75,697 including grants of \$ _____) (Revenue \$ 102,335)

DONATIONS TO THE IU HEALTH BLOOMINGTON HOSPITAL, INC. FOR THE
 HOSPICE HOUSE CAMPAIGN TO SUPPORT HOSPICE SERVICES IN BLOOMINGTON,
 IN, TO PROVIDE BLANKETS FOR THE HOSPITAL'S OBSTETRICS DEPARTMENT,
 TO PROVIDE CLOTHING FOR ASSAULT VICTIMS IN THE HOSPITAL'S
 EMERGENCY DEPARTMENT, TO PROVIDE WALKER BAGS TO PATIENTS IN THE
 PHYSICAL REHABILITATION PROGRAM, AND TO PROVIDE PERINATAL
 BEREAVEMENT TRAINING.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4c** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services (Describe in Schedule O)

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

4e Total program service expenses **▶** 75,697.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21 X	
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	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	24a	X
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	
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	
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	
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	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34 X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	
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	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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. ☒ X**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 10		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b Enter the number of voting members included in line 1a, above, who are independent 1b 10		
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		X
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		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
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		X
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		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body? 8a		X
b Each committee with authority to act on behalf of the governing body? 8b		
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		X

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		X
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		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b		
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		
13 Did the organization have a written whistleblower policy? 13		X
14 Did the organization have a written document retention and destruction policy? 14		X
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		
b Other officers or key employees of the organization 15b		
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		X
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► MICHAEL L. CRAIG 601 W 2ND ST BLOOMINGTON, IN 47403 812-353-9557

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUDITH AULT	2.00	X						0	0	0
(2) MARIAN BAUGHMAN	2.00	X						0	0	0
(3) DORIS FOX	2.00	X						0	0	0
(4) VIRGINIA HUDSON	2.00	X						0	0	0
(5) LAVON ISON	2.00	X						0	0	0
(6) KAREN JOHNSTON	2.00	X						0	0	0
(7) ANNE ROOT	2.00	X						0	0	0
(8) MARY RUCKER	2.00	X						0	0	0
(9) JEANETTE THOMPSON	2.00	X						0	0	0
(10) JUDITH WALCOFF	2.00	X						0	0	0
(11) ALLEN WHITE	2.00	X						0	0	0
(12) ANN WHITTRIDGE	2.00	X						0	0	0
(13)										
(14)										

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	0
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Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		55			55
	4	Income from investment of tax-exempt bond proceeds . . . ▶		0			
	5	Royalties ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶		0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶		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	315,357				
b	Less cost of goods sold b	213,022					
c	Net income or (loss) from sales of inventory ▶	102,335	102,335				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶			0			
12	Total revenue. See instructions ▶			102,390	102,335		55

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response 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.	75,697.	75,697.		
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 accruals and contributions (include section 401(k) and 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.	0			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12 Advertising and promotion.	0			
13 Office expenses.	1,701.		1,701.	
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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES.	193.		193.	
b OTHER EXPENSES.	1.		1.	
c				
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	77,592.	75,697.	1,895.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	228,162.	2	182,205.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	8,462.	4	8,982.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	44,672.	8	44,413.
	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	10c	0
	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	16,180.	15	18,385.
16 Total assets. Add lines 1 through 15 (must equal line 34)	297,476.	16	253,985.	
Liabilities	17 Accounts payable and accrued expenses	75,345.	17	4,851.
	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 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	75,345.	26	4,851.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	205,951.	27	230,749.
	28 Temporarily restricted net assets	16,180.	28	18,385.
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	222,131.	33	249,134.
	34 Total liabilities and net assets/fund balances.	297,476.	34	253,985.

Part XI Reconciliation of Net AssetsCheck 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	102,390.
2	Total expenses (must equal Part IX, column (A), line 25)	2	77,592.
3	Revenue less expenses Subtract line 2 from line 1	3	24,798.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	222,131.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,205.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	249,134.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

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

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

Form **990** (2012)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public
Inspection

BLOOMINGTON HOSPITAL AUXILIARY

Employer identification number
35-6041676

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

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)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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Schedule D (Form 990) 2012

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- | | | | |
|----------------------------|-------------------------------------|----------------------------|---------------------------|
| a <input type="checkbox"/> | Public exhibition | d <input type="checkbox"/> | Loan or exchange programs |
| b <input type="checkbox"/> | Scholarly research | e <input type="checkbox"/> | Other _____ |
| c <input type="checkbox"/> | Preservation for future generations | | |
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

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

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

- a** Board designated or quasi-endowment _____ %
b Permanent endowment _____ %
c Temporarily restricted endowment _____ %
 The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

- (i) unrelated organizations
- (ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. 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 through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). ►

Part VII Investments - Other Securities. See Form 990, Part X, line 12

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13

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

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST IN FNDN ASSETS	18,385.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15).	18,385.

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
(10) _____	
(11) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

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

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

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 XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

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

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information *(continued)*

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BLOOMINGTON HOSPITAL AUXILIARY

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

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

▶ Attach to Form 990.

OMB No 1545-0047

2012

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Inspection**

Employer identification number

35-6041676

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	IU HEALTH BLOOMINGTON, INC PO BOX 1149 BLOOMINGTON, IN 47402	35-1720796	501(C)(3)	75,697				SEE PART IV
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

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

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Schedule I (Form 990) (2012)

JSA

2E1288 1 000

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

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

IU HEALTH BLOOMINGTON HOSPITAL, INC.

DONATIONS TO THE IU HEALTH BLOOMINGTON HOSPITAL, INC. FOR THE HOSPICE HOUSE CAMPAIGN TO SUPPORT HOSPICE SERVICES IN BLOOMINGTON, IN, TO PROVIDE BLANKETS FOR THE HOSPITAL'S OBSTETRICS DEPARTMENT, TO PROVIDE CLOTHING FOR ASSAULT VICTIMS IN THE HOSPITAL'S EMERGENCY DEPARTMENT, TO PROVIDE WALKER BAGS TO PATIENTS IN THE PHYSICAL REHABILITATION PROGRAM, AND TO PROVIDE PERINATAL BEREAVEMENT TRAINING.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

BLOOMINGTON HOSPITAL AUXILIARY

35-6041676

FORM 990 PART VI, LINE 11

BLOOMINGTON HOSPITAL AUXILIARY, INC. IS AN ORGANIZATION COMPRISED ENTIRELY OF VOLUNTEERS WHO WORK ON A PART TIME BASIS FOR NO COMPENSATION. THERE IS NO GOVERNING BODY BUT INSTEAD A COMMITTEE OF VOLUNTEERS THAT OVERSEES THE OPERATIONS OF REVENUE PRODUCING ACTIVITIES AND THE DISBURSEMENTS OF THE FUNDS RAISED BY THESE ACTIVITIES. THEREFORE, THE ORGANIZATION WOULD NOT HAVE A GOVERNING BODY TO RECEIVE OR REVIEW THE 990 BEFORE IT IS FILED.

FORM 990 PART VI, LINE 19

BLOOMINGTON HOSPITAL AUXILIARY, INC. ASKS THAT ANYONE REQUESTING A COPY OF ITS IRS FORM 990 COME TO ITS ADMINISTRATIVE OFFICES TO ACCESS THAT COPY. REQUESTS TO SEE THE RETURN AND/OR CORRESPONDING FINANCIAL STATEMENTS CAN BE SUBMITTED VIA THE BLOOMINGTON HOSPITAL'S INTERNET WEB SITE OR BY TELEPHONING THE GENERAL SWITCHBOARD NUMBER FOR THE HOSPITAL. HOSPITAL STAFF ATTEMPTS TO RESPOND TO ALL REQUESTS FOR ACCESS, REGARDLESS OF THE MEANS OF TRANSMISSION, WITHIN A 24-HOUR PERIOD.

BLOOMINGTON HOSPITAL AUXILIARY

35-6041676

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

2012Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

▶ 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

Name of the organization

BLOOMINGTON HOSPITAL AUXILIARY

Employer identification number

35-6041676

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CLARIAN TRANSPLANT INSTITUTE, INC 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204 13-4350599	HEALTHCARE	IN	501(C)(3)	9	IUH	X	
(2) GOSHEN HEALTH SYSTEM, INC 200 HIGH PARK AVE GOSHEN, IN 46527 35-1974765	HEALTHCARE	IN	501(C)(3)	11 I	IUH	X	
(3) GOSHEN HOSPITAL ASSOCIATION, INC 200 HIGH PARK AVE GOSHEN, IN 46527 35-6001540	HEALTHCARE	IN	501(C)(3)	3	GHS	X	
(4) HEALTHLINC, INC 714 S ROGERS ST BLOOMINGTON, IN 47402 26-3571507	HEALTHCARE	IN	501(C)(3)	9	IUHB	X	
(5) INDIANA RADIOLOGY PARTNERS, INC 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204 20-1017034	HEALTHCARE	IN	501(C)(3)	3	IUH		
(6) INDIANA UNIVERSITY HEALTH, INC 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204 35-1955872	HEALTHCARE	IN	501(C)(3)	3	N/A		X
(7) IU HEALTH ARNETT FOUNDATION, INC 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204 35-6079797	FUNDRAISING	IN	501(C)(3)	11 I	IUHA	X	

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Schedule R (Form 990) 2012

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BLOOMINGTON HOSPITAL AUXILIARY

35-6041676

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

2012Open to Public
Inspection

Department of the Treasury

Internal Revenue Service

▶ 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

Name of the organization

BLOOMINGTON HOSPITAL AUXILIARY

Employer identification number

35-6041676

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) IU HEALTH ARNETT, INC 26-3162145 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	HEALTHCARE	IN	501 (C) (3)	3	IUH	X	
(2) IU HEALTH BALL MEMORIAL HOSPITAL, INC 35-0867958 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	HEALTHCARE	IN	501 (C) (3)	3	IUH	X	
(3) IU HEALTH BALL MEMORIAL PHYSICIANS, INC 35-1925641 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	HEALTHCARE	IN	501 (C) (3)	9	IUHBMH	X	
(4) IU HEALTH BEDFORD, INC 23-7042323 2900 W 16TH ST BEDFORD, IN 47421	HEALTHCARE	IN	501 (C) (3)	3	IUH	X	
(5) IU HEALTH BLACKFORD HOSPITAL, INC 01-0646166 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	HEALTHCARE	IN	501 (C) (3)	3	IUHBMH	X	
(6) IU HEALTH BLOOMINGTON, INC 35-1720796 PO BOX 1149 BLOOMINGTON, IN 47403	HEALTHCARE	IN	501 (C) (3)	3	IUH	X	
(7) IU HEALTH BMH FOUNDATION, INC 31-1111784 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	FUNDRAISING	IN	501 (C) (3)	11 I	IUHBMH	X	

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Schedule R (Form 990) 2012

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BLOOMINGTON HOSPITAL AUXILIARY

35-6041676

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(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

2012Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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Name of the organization

BLOOMINGTON HOSPITAL AUXILIARY

Employer identification number

35-6041676

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) IU HEALTH CARE ASSOCIATES, INC 35-1747218 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	HEALTHCARE	IN	501(C)(3)	9	IUH	X	
(2) IU HEALTH LAPORTE HOSPITAL, INC 35-1125434 P O BOX 250 LAPORTE, IN 46352	HEALTHCARE	IN	501(C)(3)	3	IUH	X	
(3) IU HEALTH LAPORTE PHYSICIANS, INC 31-1070868 P O BOX 250 LAPORTE, IN 46352	HEALTHCARE	IN	501(C)(3)	3	IUHLH	X	
(4) IU HEALTH MORGAN HOSPITAL, INC 27-3533027 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	HEALTHCARE	IN	501(C)(3)	3	IUH	X	
(5) IU HEALTH NORTH HOSPITAL, INC 35-1932442 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	HEALTHCARE	IN	501(C)(3)	3	IUH	X	
(6) IU HEALTH PAOLI HOSP FOUNDATION, INC 31-0992486 PO BOX 499 PAOLI, IN 47454	FUNDRAISING	IN	501(C)(3)	11 III-O	IUHP	X	
(7) IU HEALTH PAOLI, INC 35-2090919 PO BOX 499 PAOLI, IN 47454	HEALTHCARE	IN	501(C)(3)	3	IUHB	X	

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) IU HEALTH TIPTON HOSPITAL, INC 1000 S MAIN ST TIPTON, IN 46072	HEALTHCARE	IN	501 (C) (3)	3	IUH	X	
(2) IU HEALTH WEST HOSPITAL, INC 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	HEALTHCARE	IN	501 (C) (3)	3	IUH	X	
(3) IU HEALTH WHITE MEMORIAL HOSPITAL, INC 720 S SIXTH ST MONTICELLO, IN 47960	HEALTHCARE	IN	501 (C) (3)	3	IUH	X	
(4) IU MEDICAL GROUP FOUNDATION, INC 340 W 10TH ST, NO FS5100 INDIANAPOLIS, IN 46202	FUNDRAISING	IN	501 (C) (3)	11 II	N/A	X	
(5) METHODIST HEALTH FOUNDATION, INC 1800 N CAPITOL AVE INDIANAPOLIS, IN 46202	FUNDRAISING	IN	501 (C) (3)	11 I	IUH	X	
(6) METHODIST HEALTH GROUP, INC 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	HEALTHCARE	IN	501 (C) (3)	11 III-FI	N/A	X	
(7) METHODIST MEDICAL GROUP, INC 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	HEALTHCARE	IN	501 (C) (3)	3	IUH	X	

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(Form 990)****Related Organizations and Unrelated Partnerships**

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BLOOMINGTON HOSPITAL AUXILIARY

Employer identification number

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) METHODIST OCCUP HEALTH CENTERS, INC 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204 35-1844176	HEALTHCARE	IN	501 (C) (3)	3	IUH	X	
(2) METHODIST RESEARCH INSTITUTE, INC 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204 35-2023710	HEALTHCARE	IN	501 (C) (3)	11 I	IUH	X	
(3) MH HEALTHCARE, INC 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204 35-1766531	HEALTHCARE	IN	501 (C) (3)	3	MMG	X	
(4) MORGAN CO MEM HOSP FOUNDATION, INC 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151 35-2035162	FUNDRAISING	IN	501 (C) (3)	11 II	IUHHM	X	
(5) MORGAN CO MEM HOSP GUILD, INC 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151 31-0886844	FUNDRAISING	IN	501 (C) (3)	11 III-FI	IUHHM	X	
(6) MORGAN HEALTH SERVICES, INC 1949 HOSPITAL DR MARTINSVILLE, IN 46151 35-1968564	HEALTHCARE	IN	501 (C) (3)	3	IUHHM	X	
(7) WHITE CO MEM HOSP FOUNDATION, INC PO BOX 952 MONTICELLO, IN 47960 35-1671806	FUNDRAISING	IN	501 (C) (3)	11 III-O	IUHHM	X	

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BLOOMINGTON HOSPITAL AUXILIARY

35-6041676

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

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Name of the organization

BLOOMINGTON HOSPITAL AUXILIARY

Employer identification number

35-6041676

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNIVERSITY FAMILY PHYSICIANS, INC 23-7427350 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	HEALTHCARE	IN	501 (C) (3)	9	IUHCA	X	
(2) REHABILITATION HOSPITAL OF INDIANA, INC 35-1786005 4141 SHORE DR INDIANAPOLIS, IN 46254	HEALTHCARE	IN	501 (C) (3)	3	MHH	X	
(3) RHI FOUNDATION, INC 35-1932349 4141 SHORE DR INDIANAPOLIS, IN 46254	FUNDRAISING	IN	501 (C) (3)	11 I	RHI	X	
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 1085)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BALL OP SUR CTR LLC 27-0275794 BIRMINGHAM, AL 35244	HEALTHCARE	IN	BOSCH	N/A	0	0		X			X	
(2) BELTWAY SRG CTR LLC 35-2072586 BIRMINGHAM, AL 35244	HEALTHCARE	IN	BSCH	N/A	0	0		X			X	
(3) BLOOM ENDO CTR LLC 35-2117943 BLOOMINGTON, IN 47402	HEALTHCARE	IN	IUHB	N/A	0	0		X			X	
(4) BMH OP SRG SVCS LLC 20-4567998 MUNCIE, IN 47303	HEALTHCARE	IN	IUHBMH	N/A	0	0		X			X	
(5) BOSC HOLDINGS, LLC 45-4147343 BIRMINGHAM, AL 35244	HEALTHCARE	IN	IUH	N/A	0	0		X			X	
(6) CARD HLTH INIT LLC 30-0102702 MUNCIE, IN 47303	PURCHASING	IN	IUHBMH	N/A	0	0		X			X	
(7) CHV FUND I, LLC 26-2523206 INDIANAPOLIS, IN 46204	VENTURE CAPITAL	IN	IUH	N/A	0	0		X			X	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BMH MEDICAL PAVILION ASSOCIATION, INC. 35-1858408 2525 W UNIVERSITY AVE MUNCIE, IN 47303	CONDO MANAGEMENT	IN	IUHBMH	C	0	0			X
(2) CARDINAL HEALTH VENTURES, INC. 35-1611424 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	MANAGEMENT	IN	IUHBMH	C	0	0			X
(3) CHV CAPITAL, INC. 26-0752507 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	VENTURE CAPITAL	IN	IUH	C	0	0			X
(4) IU HEALTH ACO, INC. 45-4421020 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	HEALTHCARE	IN	IUH	C	0	0			X
(5) IU HEALTH BOARD DESIGNATED TRUST 30-6309021 400 HOWARD ST SAN FRANCISCO, CA 94105	INVESTMENTS	IN	IUH	T	0	0			X
(6) IU HEALTH NTGI S&P500 FUND CF 30-6298263 P O BOX 804358 CHICAGO, IL 60680	INVESTMENTS	IN	IUH	T	0	0			X
(7) IU HEALTH PLANS, INC. 26-2127080 1776 MERIDIAN ST, STE 300 INDIANAPOLIS, IN 46202	HMO	IN	IUH	C	0	0			X

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Page 2

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

(a) Name address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CHV_FND MGMT, LLC 26-2523151 INDIANAPOLIS, IN 46204	VENTURE CAPITAL	IN	CHV	N/A	0	0		X		0	X	
(2) CLARIAN HTH NET LLC 35-2055030 INDIANAPOLIS, IN 46204	HEALTHCARE	IN	IUH	N/A	0	0		X		0	X	
(3) EAG_HGH_SBG_CTR LLC 35-2259204 BIRMINGHAM, AL 35244	HEALTHCARE	IN	EHSCH	N/A	0	0		X		0	X	
(4) EHSC HOLDINGS, LLC 45-4147879 BIRMINGHAM, AL 35244	HEALTHCARE	IN	IUH	N/A	0	0		X		0	X	
(5) HEALTH VENTURE MANAGEMENT, LLC INDIANAPOLIS, IN 46204	MANAGEMENT	IN	IUH	N/A	0	0		X		0	X	
(6) IEC HOLDINGS, LLC 45-4148032 BIRMINGHAM, AL 35244	HEALTHCARE	IN	IUH	N/A	0	0		X		0	X	
(7) IND_END_CTRS, LLC 20-8398421 BIRMINGHAM, AL 35244	HEALTHCARE	IN	IECH	N/A	0	0		X		0		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) Percen tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) IU HEALTH RISK PURCHASING GROUP, INC. 26-0202446 151 MEETING ST, STE 301 CHARLESTON, SC 29401	INSURANCE	IN	IUH	C	0	0		X	
(2) IU HEALTH RISK RETENTION GROUP, INC. 20-1107674 151 MEETING ST, STE 301 CHARLESTON, SC 29401	INSURANCE	SC	IUH	C	0	0		X	
(3) IU HEALTH SOUTHERN IN PHYSICIANS, INC. 35-1913875 PO BOX 1149 BLOOMINGTON, IN 47402	HEALTHCARE	IN	IUHB	C	0	0		X	
(4) IUH ASSURANCE, LTD. 98-0395429 P O BOX 69, SOLARIS AVE N/A GRAND CAYMAN, N/A CJ	INSURANCE	CJ	IUH	C	0	0		X	
(5) OCC-HEALTH REVENUE SYSTEMS, INC. 20-3308057 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	WORK COMP PPO	IN	MOHC	C	0	0		X	
(6) PARKMOR DRUG, INC. 13-1394980 1501 S MAIN ST GOSHEN, IN 46526	PHARMACY SALES	IN	GHS	C	0	0		X	
(7) PILR, INC. 20-4294750 200 HIGH PARK AVE GOSHEN, IN 46526	DEVELOPMENT	IN	GHS	C	0	0		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BSC HOLDINGS, LLC 45-2314634 BIRMINGHAM, AL 35244	HEALTHCARE	IN	IUH	N/A	0	0		X			X	
(2) MID-AM SURG CTR, LLC 35-2002953 MUNCIE, IN 47303	HEALTHCARE	IN	CDHV	N/A	0	0	X				X	
(3) ROC SURGERY, LLC 27-1497960 BIRMINGHAM, AL 35244	HEALTHCARE	IN	ROCSH	N/A	0	0	X				X	
(4) ROCS HOLDINGS, LLC 45-4148369 BIRMINGHAM, AL 35244	HEALTHCARE	IN	IUH	N/A	0	0	X				X	
(5) SEN ST SUR CTR, LLC 42-1709357 BIRMINGHAM, AL 35244	HEALTHCARE	IN	SSSCH	N/A	0	0	X				X	
(6) SSSC HOLDINGS, LLC 45-4148167 BIRMINGHAM, AL 35244	HEALTHCARE	IN	IUH	N/A	0	0	X				X	
(7) CARD HLTH ALL, LLC 35-1966281 MUNCIE, IN 47303	MANAGED CARE	IN	IUHBMH	N/A	0	0	X				X	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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) Percen tage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) RADIATION ONCOLOGY RESOURCES, INC. 26-2008424 200 HIGH PARK AVE GOSHEN, IN 46526	HEALTHCARE	IN	GHS	C	0	0		X	
(2) SCANS, INC. 45-3080392 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	HEALTHCARE	IN	CHVFL	C	0	0		X	
(3) UNIVERSITY HEALTH MANAGEMENT, INC. 27-2891143 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	MANAGEMENT	IN	CHV	C	0	0		X	
(4) UNIVERSITY HEALTH MGMT. (CHINA), INC. 27-3891311 950 N MERIDIAN ST, STE 800 INDIANAPOLIS, IN 46204	MANAGEMENT	IN	CHV	C	0	0		X	
(5) PROTEUS FUND L.P. 98-1075227 P O BOX 31106, 89 NEXUS WAY N/A GRAND CAYMAN, N/A CJ	INVESTMENTS	CJ	IUH	C	0	0		X	
(6) -----									
(7) -----									

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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) IU HEALTH BLOOMINGTON HOSPITAL, INC.	B	75,697.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

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Part VII **Supplemental Information**

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

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