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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 private foundations)

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

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC
% BROCC L BUDDE
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 province, country, and ZIP or foreign postal code
INDIANAPOLIS, IN 46204

D Employer identification number
35-1814660

E Telephone number
(317) 962-4575

G Gross receipts \$ 208,424,004

F Name and address of principal officer
KENNETH D PUCKETT
950 N MERIDIAN ST STE 800
INDIANAPOLIS, IN 46204

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ HTTP://IUHEALTH.ORG/WEST/

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

L Year of formation 1990

M State of legal domicile IN

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Improve the health of our patients and community through innovation and excellence in care, education, research and service

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	7
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,125
6 Total number of volunteers (estimate if necessary)	6	30
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	22,161	2,339
9 Program service revenue (Part VIII, line 2g)	213,420,253	205,996,877
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	730,891	428,635
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,986,960	1,526,415
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	216,160,265	207,954,266

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,500	40,500
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)	53,333,010	52,063,219
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)	102,022,347	89,971,380
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	155,362,857	142,075,099
19 Revenue less expenses Subtract line 18 from line 12	60,797,408	65,879,167

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	291,870,367	351,695,949
21 Total liabilities (Part X, line 26)	128,375,891	122,322,306
22 Net assets or fund balances Subtract line 21 from line 20	163,494,476	229,373,643

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

ARTHUR VASQUEZ COO/CFO

Type or print name and title

2016-11-14

Date

Print/Type preparer's name
JENNIFER D RHODERICK

Preparer's signature
JENNIFER D RHODERICK

Date

Check ☐ if self-employed

PTIN
P00395735

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4000

Phone no (317) 681-7000

INDIANAPOLIS, IN 46204

Paid Preparer Use Only

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

Part III

Statement of Program Service Accomplishments

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

☒

1

Briefly describe the organization's mission

IMPROVE THE HEALTH OF OUR PATIENTS AND COMMUNITY THROUGH INNOVATION AND EXCELLENCE IN CARE, EDUCATION, RESEARCH AND SERVICE

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 \$ 121,304,976 including grants of \$ 40,500) (Revenue \$ 205,996,877)

Indiana University Health West Hospital, Inc. ("IU Health West Hospital") is 142-bed multidisciplinary healthcare facility located in Avon, IN. The hospital offers a full range of services, including maternity, orthopedics and cancer care. Built with a specific goal to meet the needs of our patients, families and visitors, IU Health West Hospital includes features designed to ensure privacy and create a quiet, soothing atmosphere in patient spaces. From all-private rooms and intimate, comfortable family waiting areas to separate corridors and elevators away from public spaces for staff and supply movement, IU Health West Hospital delivers on our goals to create a healing sanctuary for patients.

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 ▶ 121,304,976

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		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 direct or indirect 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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	64	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	1,125	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	10	
1b	Enter the number of voting members included in line 1a, above, who are independent	7	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **IN**

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
►BROC L BUDDE 950 N MERIDIAN STREET SUITE 800 INDIANAPOLIS, IN 46204 (317) 962-4575

Part VII

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

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

☒

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

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

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

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

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

(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) ROBERT A PALMER CHAIRMAN	5 0 0 0	X		X				3,750	0	0
(2) MARSHA A STONE VICE CHAIRMAN	5 0 0 0	X		X				4,500	0	0
(3) MARK R BENSON DO DIRECTOR	5 0 0 0	X						3,750	0	0
(4) ROBERT L COLIN DIRECTOR	5 0 0 0	X						4,500	0	0
(5) REV KAREN E DEVAISHER DIRECTOR	5 0 0 0	X						4,500	0	0
(6) DANIEL F EVANS JR DIRECTOR	5 0 55 0	X						0	3,453,323	40,689
(7) JOHN F FITZGERALD MD DIRECTOR	5 0 55 0	X						0	729,438	10,936
(8) WILLIAM J GILL MD DIRECTOR (PARTIAL YEAR)	5 0 55 0	X						0	524,621	10,600
(9) CINDA KELLEY-HUTCHINGS DIRECTOR	5 0 0 0	X						4,500	0	0
(10) JAMES T PARKER DIRECTOR	5 0 55 0	X						0	558,725	107,719
(11) JACQUELYNN T SWAN MD DIRECTOR	5 0 0 0	X						22,000	0	0
(12) MATTHEW D BAILEY PRESIDENT & CEO (PARTIAL YR)	0 0 55 0			X				0	491,149	102,615
(13) KENNETH D PUCKETT PRESIDENT & CEO	0 0 55 0			X				0	296,150	38,323
(14) JEROME P KELLY SECRETARY	5 0 55 0			X				0	271,490	36,740

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANDREW D NIGH MD CMO	0 0 55 0				X			0	771,277	32,037
(16) LISA A SPARKS RN VP & CNO	55 0 0 0				X			163,020	0	34,292
(17) ANNE K STEGEMOLLER DIRECTOR, PHARMACY	55 0 0 0					X		158,980	0	27,939
(18) JAMES R BILLMAN PHARMACIST	55 0 0 0					X		157,054	0	0
(19) LAURA A ROGGY PHARMACIST	55 0 0 0					X		155,939	0	24,289
(20) ERIC D PEAK PHARMACIST	55 0 0 0					X		143,342	0	12,943
(21) PAMELA V CHAPMAN DIRECTOR, SURGICAL SERVICES	55 0 0 0					X		133,115	0	31,527
(22) STEPHEN H POLLOM MD FORMER PRESIDENT	0 0 55 0						X	0	237,837	10,598
(23) JUDITH L COLEMAN FORMER TREASURER	0 0 55 0						X	6,239	200,741	34,669
(24) GREGORY A SPURGIN MD FOMER CMO	0 0 55 0						X	0	278,966	13,054

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	965,189	7,813,717	568,970

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 ▶ 34

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK HEALTHCARE MANAGEMENT SERVI, 2300 WARRENVILLE RD DOWNERS GROVE, IL 60515	FACILITIES	3,883,612
UNITED HOSPITAL SERVICES LLC, 9948 PARK DAVIS DR INDIANAPOLIS, IN 46235	LAUNDRY	411,496
THE BRICKMAN GROUP LTD, 5635 PROGRESS STREET INDIANAPOLIS, IN 46241	LANDSCAPING	216,966
M MODAL SERVICES LTD, PO BOX 538504 ATLANTA, GA 303538504	TRANSCRIPTION	211,596
LITHOTRIPSY INSTITUTE OF INDIANA L, 9825 SPECTRUM DRIVE BUILDING 3 AUSTIN, TX 78717	MEDICAL	198,288

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 9

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,339				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f ▶			2,339			
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 621110	205,262,973	205,262,973			
	b	SHARED SERVICES	541900	123,241	123,241			
	c	ELECTRONIC HEALTH RECORDS INCENTIVE	900099	298,768	298,768			
	d	RENT FROM RELATED 501(C)(3) ORGS	532000	311,895	311,895			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f ▶			205,996,877			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		254,743			254,743
4		Income from investment of tax-exempt bond proceeds . . ▶		0				
5		Royalties ▶		0				
6a		Gross rents	(i) Real 477,993	(ii) Personal				
b		Less rental expenses	469,738					
c		Rental income or (loss)	8,255	0				
d		Net rental income or (loss) ▶		8,255			8,255	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 173,892				
b		Less cost or other basis and sales expenses						
c		Gain or (loss)		173,892				
d		Net gain or (loss) ▶		173,892			173,892	
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		CAFETERIA/FOOD SERVICE	721110	744,684			744,684	
b		GIFT SHOP	453220	293,288			293,288	
c		TELEPHONE	517000	121,099			121,099	
d		All other revenue		359,089			359,089	
e		Total. Add lines 11a-11d ▶			1,518,160			
12	Total revenue. See Instructions ▶			207,954,266	205,996,877		1,955,050	

Part IX Statement of Functional Expenses

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

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



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 domestic organizations and domestic governments. See Part IV, line 21.	40,500	40,500		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	244,811	226,049	18,762	
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.	41,670,355	38,476,745	3,193,610	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,758,459	1,623,691	134,768	
9	Other employee benefits.	5,462,088	5,043,474	418,614	
10	Payroll taxes.	2,927,506	2,703,142	224,364	
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	90,806		90,806	
c	Accounting.	0			
d	Lobbying.	5,365		5,365	
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).	30,201,843	16,211,489	13,990,354	0
12	Advertising and promotion.	281,841	281,841		
13	Office expenses.	581,494	404,054	177,440	
14	Information technology.	132,442	130,784	1,658	
15	Royalties.	0			
16	Occupancy.	2,985,259	2,571,584	413,675	
17	Travel.	6,004	1,068	4,936	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	1,512	356	1,156	
20	Interest.	6,090,673	6,090,673		
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	6,508,749	5,208,961	1,299,788	
23	Insurance.	994,918	216,566	778,352	
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	DRUGS AND MEDICAL SUPPLIES	21,206,803	21,206,803		
b	BAD DEBT	13,781,677	13,781,677		
c	HOSPITAL ASSESSMENT FEE	6,577,652	6,577,652		
d	INSTITUTIONAL DUES/LICENSES	3,374	3,374		
e	All other expenses	520,968	504,493	16,475	
25	Total functional expenses. Add lines 1 through 24e.	142,075,099	121,304,976	20,770,123	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		14,940	1	20,365	
	2	Savings and temporary cash investments		168,618,905	2	232,414,339	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		24,212,025	4	24,433,060	
	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		1,796,668	7	1,021,917	
	8	Inventories for sale or use		1,283,261	8	1,455,121	
	9	Prepaid expenses and deferred charges		749,122	9	541,290	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	179,183,025			
	b	Less: accumulated depreciation	10b	87,373,168	95,195,446	10c	91,809,857
	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		0	15	0	
16	Total assets. Add lines 1 through 15 (must equal line 34)			291,870,367	16	351,695,949	
Liabilities	17	Accounts payable and accrued expenses		13,779,915	17	13,765,599	
	18	Grants payable		0	18	0	
	19	Deferred revenue		691,890	19	511,545	
	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		113,904,086	25	108,045,162	
	26	Total liabilities. Add lines 17 through 25			128,375,891	26	122,322,306
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		163,494,476	27	229,373,643	
	28	Temporarily restricted net assets		0	28	0	
	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		163,494,476	33	229,373,643	
	34	Total liabilities and net assets/fund balances		291,870,367	34	351,695,949	

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	207,954,266
2	Total expenses (must equal Part IX, column (A), line 25)	2	142,075,099
3	Revenue less expenses Subtract line 2 from line 1	3	65,879,167
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	163,494,476
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	229,373,643

Part XII

Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC

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 described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

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

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

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

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>						
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization INDIANA UNIVERSITY HEALTH WEST HOSPITAL INC	Employer identification number 35-1814660
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	\$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

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

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

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

Part II-A

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)	(b)	
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?			
j Total. Add lines 1c through 1i.	Yes		5,365
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	5,365
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Lines 1i - Other Activities	IU Health West Hospital paid institutional membership dues to the American Hospital Association ("AHA") and Indiana Hospital Association ("IHA") during 2015 in the amount of \$20,482 and \$13,761, respectively. Each membership organization notified IU Health West Hospital that a portion of the dues it paid were used for lobbying purposes. The AHA uses 22.8% or \$4,670 of 2015 membership dues paid by IU Health West Hospital, for lobbying expenditures. The IHA used 5.05%, or \$695 of the 2015 membership dues paid by IU Health West Hospital, for lobbying expenditures. The total membership dues paid to these organizations by IU Health West Hospital during 2015 that were attributable to lobbying expenditures was \$5,365.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC

Employer identification number
35-1814660

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

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

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

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

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
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 on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

Yes

No

b

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

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a	Land			
b	Buildings	0	102,104,308	28,342,106
c	Leasehold improvements	0	102,960	64,636
d	Equipment	0	69,072,798	54,976,484
e	Other	0	7,902,958	3,989,941
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶			91,809,857

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
Schedule D, Part X, Line 2 - FIN 48 (ASC 740) Footnote	IU Health West Hospital 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 2015 under GAAP as IU Health does not have any material tax contingencies that required disclosures in the footnotes.

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

Return Reference	Explanation

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
INDIANA UNIVERSITY HEALTH WEST HOSPITAL INC	35-1814660

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		8,784	4,771,044		4,771,044	3 720 %
b Medicaid (from Worksheet 3, column a)		13,404	24,721,447	19,571,199	5,150,248	4 010 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		22,188	29,492,491	19,571,199	9,921,292	7 730 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	5	937	32,930		32,930	0 030 %
f Health professions education (from Worksheet 5)	1	84	913,686		913,686	0 710 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4	21,130	214,968		214,968	0 170 %
j Total. Other Benefits	10	22,151	1,161,584		1,161,584	0 910 %
k Total. Add lines 7d and 7j	10	44,339	30,654,075	19,571,199	11,082,876	8 640 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development	1	800	7,003		7,003	0.010 %
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total	1	800	7,003		7,003	0.010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.22,453,139

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

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

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).534,579,420

6Enter Medicare allowable costs of care relating to payments on line 5.635,844,479

7Subtract line 6 from line 5. This is the surplus (or shortfall).7-1,265,059

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

Section C. Collection Practices

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

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

Part IVManagement Companies and Joint Ventures

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

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

Section A. Hospital Facilities

1

See Additional Data Table

[illegible]

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

IU HEALTH WEST HOSPITAL

Name of hospital facility or letter of facility reporting group

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

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

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

IU HEALTH WEST HOSPITAL

Name of hospital facility or letter of facility reporting group		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP <div><div>a</div><div><input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %</div><div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div><div>c</div><div><input type="checkbox"/> Asset level</div><div><div>d</div><div><input type="checkbox"/> Medical indigency</div><div><div>e</div><div><input type="checkbox"/> Insurance status</div><div><div>f</div><div><input type="checkbox"/> Underinsurance discount</div><div><div>g</div><div><input type="checkbox"/> Residency</div><div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div></div></div></div></div></div></div></div>	13	Yes
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) <div><div>a</div><div><input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div><div>b</div><div><input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div><div>c</div><div><input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div><div>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div></div></div></div></div>	15	Yes
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) <div><div>a</div><div><input type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C</div><div><div>b</div><div><input type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C</div><div><div>c</div><div><input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C</div><div><div>d</div><div><input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><div>e</div><div><input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><div>f</div><div><input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><div>g</div><div><input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</div><div><div>h</div><div><input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div><div>i</div><div><input type="checkbox"/> Other (describe in Section C)</div></div></div></div></div></div></div></div></div></div>	16	Yes
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP <div><div>a</div><div><input type="checkbox"/> Reporting to credit agency(ies)</div><div><div>b</div><div><input type="checkbox"/> Selling an individual's debt to another party</div><div><div>c</div><div><input type="checkbox"/> Actions that require a legal or judicial process</div><div><div>d</div><div><input type="checkbox"/> Other similar actions (describe in Section C)</div><div><div>e</div><div><input type="checkbox"/> None of these actions or other similar actions were permitted</div></div></div></div></div></div>		

Part V

Facility Information (continued)

IU HEALTH WEST HOSPITAL

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

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

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

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

Form and Line Reference	Explanation

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of Facility (describe)
1 IU HEALTH WEST CARDIACPULMONARY REHAB 1115 N RONALD REAGAN PKWY STE M AVON, IN 46123	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH WEST ORTHO SPORT & SPINE CTR 1115 N RONALD REAGAN PKWY AVON, IN 46123	DIAGNOSTIC AND OTHER OUTPATIENT
3 IU HEALTH WEST REHABILITATION SERVICES 1115 N RONALD REAGAN PKWY STE G AVON, IN 46123	DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEALTH WEST SLEEP DISORDERS CENTER 1115 N RONALD REAGAN PKWY STE 3 AVON, IN 46123	DIAGNOSTIC AND OTHER OUTPATIENT
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c - Other Factors Used in Determining Elig	<p>IU Health West Hospital uses several factors other than Federal Poverty Guidelines ("FPGs") in determining eligibility for free or discounted care under its FAP. These factors include the following:</p> <p>1 Indiana Residency Requirement IU Health West Hospital only makes Financial Assistance available to residents of the State of Indiana. IU Health West Hospital employs the same residency test as set forth in Indiana Code 6-3-1-12 to define as resident any individual who was domiciled in Indiana during the taxable year, or any individual who maintains a permanent place of residence in this state and spends more than one hundred eighty-three (183) days of the taxable year in Indiana.</p> <p>2 Alternate Sources of Assistance When technically feasible, patients must exhaust all other state and federal assistance programs prior to receiving an award from IU Health West Hospitals Financial Assistance Program. Patients who may be eligible for coverage under an applicable insurance policy, including, but not limited to, health, automobile, and homeowners, must exhaust all insurance benefits prior to receiving an award from IU Health West Hospitals Financial Assistance Program. This includes patients covered under their own policy and those who may be entitled to benefits from a third-party policy. Patients may be asked to show proof that such a claim was properly submitted to their insurance provider at the request of IU Health West Hospital. Eligible patients who receive medical care from an IU Health West Hospital facility as a result of an injury proximately caused by a third party, and later receive a monetary settlement or award from said third party, may receive Financial Assistance for any outstanding balance not covered by the settlement or award to which IU Health West Hospital is entitled. Said patients may be asked to complete a financial assistance application.</p> <p>3 Presumptive Financial Assistance Eligibility Patients who are deemed to be presumptively eligible for Financial Assistance will receive a Financial Adjustment to their final statement balance based on the patients individual scoring criteria. Patients are considered to be presumptively eligible if the financial need has been determined by the following third parties: Eskenazi Health, formerly Wishard Memorial Hospital, Project Health, Indiana Childrens Special Health Care Services, Medicaid, Out-of-State Medicaid, Healthy Indiana Plan, or Volunteers in Medicine. Patients may also be considered presumptively eligible if they are pending Medicaid approval or have a hospital bill with a maximum balance to be determined by the Financial Assistance Committee and who meet certain risk segmentation scoring criteria.</p> <p>4 Additional Considerations Financial Assistance may be granted to a deceased patients account if said patient is found to have no estate. IU Health West Hospital will deny or revoke Financial Assistance for any patient or guarantor who falsifies any portion of a Financial Assistance Application. A patients income and/or ability to pay may be taken into consideration in the calculation of a financial assistance award.</p> <p>5 Patient Assets IU Health West Hospital will consider patient Assets in the calculation of a patients true financial burden. A patients primary residence and one (1) motor vehicle will be exempted from consideration in most cases. IU Health West Hospital will apply the definitions set for in Indiana Administrative Code 405 IAC 2-3-15 to define a patients primary residence and motor vehicle. A patients primary residence is defined as the patients principal place of residence. The patients primary residence will be excluded from a patients extraordinary asset calculation so long as the patients equity is less than five-hundred thousand dollars (\$500,000) and the home is not occupied by the patients spouse or child under twenty-one (21) years of age. One (1) motor vehicle, regardless of its fair market value, may be excluded in limited circumstances defined in Indiana Administrative Code 405 IAC 2-3-15(d)(6). IU Health West Hospital reserves the right to adjust a patient’s Federal Poverty Level ("FPL") if the patient demonstrates a claim or clear title to any extraordinary asset not excluded from consideration under the above guidance. IU Health West Hospital will not seek the title to discovered Assets without the express authorization of the Financial Assistance Committee.</p>

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a - C B Report Prepared by a Related Org	IU Health West Hospital's community benefit and other investments, encompassing its total community investment, are included in the IU Health Community Benefit Report which is prepared on behalf of and includes IU Health and its related hospital entities in the State of Indiana ("IU Health Statewide System") The IU Health Community Benefit Report is made available to the public on IU Health's website at http //iuhealth org/communitybenefit/ The IU Health Community Benefit Report is also distributed to numerous key organizations throughout the State of Indiana in order to broadly share the IU Health Statewide System's community benefit efforts It is also available by request through the Indiana State Department of Health or IU Health

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g - Subsidized Health Services	IU Health West Hospital does not include any costs associated with physician clinics as subsidized health services

Form and Line Reference	Explanation
Schedule H, Part I, Line 7, Column (f) - Bad Debt Expense	The amount of bad debt expense included on Form 990, Part IX, Line 25, column (A), but subtracted for purposes of calculating the percentage of total expense on Line 7, column (f) is \$13,781,677

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 - Total Community Benefit Expense	Schedule H, Part I, Line 7, Column (f), Percent of Total Expense, is based on column (e) Net Community Benefit Expense. The percent of total expense based on column (c) Total Community Benefit Expense, which does not include direct offsetting revenue, is 23.89%.

Form and Line Reference	Explanation
Schedule H, Part II - Promotion of Health in Communities Served	<p>IU Health participates in a variety of community-building activities that address the social determinants of health in communities it serves IU Health and its related hospital entities across the State of Indiana ("IU Health Statewide System") invest in economic development efforts across the state, collaborate with like-minded organizations through coalitions that address key issues, and advocate for improvements in the health status of vulnerable populations This includes making contributions to community-building activities by providing investments and resources to local community initiatives that addressed economic development, community support and workforce development Several examples include IU Health's support of the following organizations and initiatives that focus on some of the root causes of health issues, such as lack of education, employment and poverty - Hope Health Center - Starfish Initiative - Teach for America - United Way Additionally, through the IU Health Statewide System's team member community benefit service program, "Strength That Cares", team members across the state make a difference in the lives of thousands of Hoosiers every year</p>

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 - Methodology Used to Est Bad Debt Exp	The bad debt expense of \$2,453,139 reported on Schedule H, Part III, Line 2 is reported at cost, as calculated using the cost to charge ratio methodology

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 - Bad Debt Expense	<p>IU Health West Hospital is a subsidiary in the consolidated financial statements of IU Health. IU Health's bad debt expense footnote is as follows: The provision for uncollectible accounts, for all payors, is recognized when services are provided based upon management's assessment of historical and expected net collections, taking into consideration business and economic conditions, changes and trends in health care coverage, and other collection indicators. Periodically, management assesses the adequacy of the allowance for uncollectible accounts based upon accounts receivable payor composition and aging, the significance of individual payors to outstanding accounts receivable balances, and historical write-off experience by payor category, as adjusted for collection indicators. The results of this review are then used to make any modifications to the provision for uncollectible accounts and the allowance for uncollectible accounts. In addition, the Indiana University Health System follows established guidelines for placing certain past due patient balances with collection agencies. Patient accounts that are uncollected, including those placed with collection agencies, are initially charged against the allowance for uncollectible accounts in accordance with collection policies of the Indiana University Health System and, in certain cases, are reclassified to charity care if deemed to otherwise meet financial assistance policies of the Indiana University Health System.</p>

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 - Medicare Shortfall	<p>The amount reported on Schedule H, Part III, Line 6 is calculated, in accordance with the Form 990 instructions, using "allowable costs" from the IU Health West Hospital Medicare Cost Report "Allowable costs" for Medicare Cost Report purposes, however, are not reflective of all costs associated with IU Health West Hospitals participation in Medicare programs For example, the Medicare Cost Report excludes certain costs such as billed physician services, the costs of Medicare Parts C and D, fee schedule reimbursed services, and durable medical equipment services Inclusion of all costs associated with IU Health Wests participation in Medicare programs would significantly increase the Medicare shortfall reported on Schedule H, Part III, Line 7 IU Health West Hospital's Medicare shortfall is attributable to reimbursements that are less than the cost of providing patient care and services to Medicare beneficiaries and does not include any amounts that result from inefficiencies or poor management IU Health West Hospital accepts all Medicare patients knowing that there may be shortfalls, therefore it has taken the position that any shortfall should be counted as part of its community benefit Additionally, it is implied in Internal Revenue Service Revenue Ruling 69-545 that treating Medicare patients is a community benefit Revenue Ruling 69-545, which established the community benefit standard for nonprofit hospitals, states that if a hospital serves patients with governmental health benefits, including Medicare, then this is an indication that the hospital operates to promote the health of the community</p>

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b - Written Debt Collection Policy	<p>IU Health West Hospitals FAP and Bad Debt Referral Policy describe the collection practices applicable to patients, including those who may qualify for financial assistance</p> <p>1 Financial Assistance Application Patients or their guarantors wishing to apply for Financial Assistance must submit a Financial Assistance Application within twenty-one (21) days of receiving their first billing statement from IU Health West Hospital. Individuals other than the patient, such as the patients physician, family members, community or religious groups, social services or hospital personnel may request a Financial Assistance Application to be mailed to a patients primary mailing address free of charge. IU Health West Hospital keeps all applications and supporting documentation confidential.</p> <p>2 Eligibility Determination IU Health West Hospital informs patients or guarantors of the results of their application by providing the patient or guarantor with a Financial Assistance Determination within ninety (90) days of receiving a completed Application and all requested documentation. If a patient or guarantor is granted less than full assistance and the patient or guarantor provides additional information for reconsideration, Revenue Cycle Services may amend a prior Financial Assistance Determination. If a patient or guarantor seeks to appeal the Financial Assistance Determination further, a written request may be submitted, along with the supporting documentation, to the Financial Assistance Committee for additional review/reconsideration. All decisions of the Financial Assistance Committee are final. A patients Financial Assistance Application and eligibility determination will remain in effect for three-hundred-sixty-five (365) days from the date of receipt of a completed application.</p> <p>3 Extraordinary Collection Actions IU Health West Hospital only implements its "Bad Debt Referral Policy" other Extraordinary Collection Action after it has made reasonable efforts to determine whether the patient account is eligible for assistance under its FAP. When it is necessary to engage in such action, IU Health West Hospital, and its contracted third parties, will engage in fair, respectful and transparent collection activities. Patients or guarantors who have not applied for Financial Assistance and whose accounts have been engaged in Extraordinary Collection Actions may request Financial Assistance, complete an Application with requested documentation, and be considered for a reduction in their bill if it is within the two-hundred-forty (240) days of receiving their first billing statement. IU Health West Hospital may also suspend collection activity on an account while an Application is being processed and considered. IU Health West Hospital and its collection agencies will not provide assistance after an account has entered into legal proceedings without first obtaining written consent from its Financial Assistance Committee. The award of Financial Assistance may be subject to successful completion of a payment plan. In the event a patient or guarantor who is receiving Financial Assistance fails to complete the terms of their payment plan, IU Health West Hospital reserves the right to submit the unadjusted account balance, less any amount previously paid by the patient, to an Extraordinary Collection Action.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 - Needs Assessment	<p>Communities are multifaceted and so are their health needs IU Health West Hospital understands that the health of individuals and communities are shaped by various social and environmental factors, along with health behaviors and additional influences IU Health West Hospital assesses the health care needs of the communities it serves by conducting a Community Health Needs Assessment This assessment includes collaboration with other community organizations such as the Hendricks County Health Department, Kingsway Community Care Center, Plainfield Parks and Recreation, and the Hendricks County Senior Services After completion of the CHNA, IU Health West Hospital reviewed the information gathered from community leader focus groups, community input surveys and statistical data The needs identified were analyzed and ranked using the Hanlon method of prioritization to determine the prevalence and severity of community health needs and which ones were most critical Additionally, the effectiveness of an intervention for each need and IU Health West Hospitals ability to impact positive change was evaluated</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 - Patient Education of Eligibility for Assist	<p>IU Health West Hospital is committed to serving the healthcare needs of all of its patients regardless of their ability to pay for such services. To assist in meeting those needs, IU Health West Hospital has adopted a Financial Assistance Policy that provides Financial Assistance to eligible patients receiving Emergency or Medically-Necessary Services. This policy was developed and is utilized to determine a patients financial ability to pay for services. IU Health West Hospital goes to great lengths to publicize its financial assistance policy and ensure that patients know they will be treated regardless of their ability to pay. IU Health West Hospital shares financial assistance information with patients throughout their entire episode of care and beyond including the admissions process, billing process, and online.</p> <p>1 Admissions Process IU Health West Hospital educates all patient facing team members on its Financial Assistance Policy and the process for referring patients to the program. During the admissions process, opportunities for financial assistance are discussed with patients who are identified as self-pay (uninsured) or if they request assistance information. The patient is also provided with an Admissions Packet that outlines information regarding IU Health West Hospitals financial assistance program. Financial counselors are onsite to assist with financial concerns or questions during the patients stay. Patient Financial Services Customer Service representatives are also available after the patients stay to help patients apply for financial assistance, understand their bills, explain what they can expect during the billing process, accept payment (if needed), update their insurance or payor information, and update their address or other demographic information.</p> <p>2 Billing Process IU Health West Hospital includes a plain language summary of its Financial Assistance Policy with all patient bills and statements of services. The plain language summary includes contact information allowing patients the ability to request financial assistance. Additionally, a Financial Assistance Application is mailed to all IU Health West Hospital patients with a patient balance due after insurance. IU Health Revenue Cycle Services representatives are available via telephone Monday through Friday, excluding major holidays, from 8 a.m. to 7 p.m. (Eastern Time) to address questions related to Financial Assistance. Customer Service team members will also mail paper applications to a patient at their request.</p> <p>3 Online IU Health West Hospitals Financial Assistance Policy and Financial Assistance Application are available on its website at http://iuhealth.org/patients/my-iu-health/billing-services/financial-assistance/. The website also includes contact information for customer service representatives to assist with the application process.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 - Community Information	IU Health West Hospital is located in Hendricks County, Indiana, a county located in central Indiana Based on the most recent Census Bureau (2015) statistics, Hendricks Countys population is 156,056 persons with approximately 50% being female and 50% male The countys population estimates by race are 88.6% White, 4.9% Black, 3.0% Hispanic or Latino, 2.1% Asian, 0.3% American Indian or Alaska Native and 1.1% persons reporting two or more races Hendricks County has relatively moderate levels of educational attainment, highest among adults 25 and above 31% completed their education with a high school diploma or equivalent An additional 31% had some college, including those with an associates degree 32% had a bachelors degree or higher About 7% ended their formal education before finishing high school

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 - Promotion of Community Health	<p>IU Health West Hospital is a subsidiary of Indiana University Health, Inc , a tax-exempt healthcare organization, whose Board of Directors is composed of members, of which substantially all are independent community members. In order to help the community in accessing healthcare, IU Health West Hospital partners with Kingsway Community Care Center (KCCC) in Avon, IN to help meet the needs of Hendricks County residents who continue to be un- or under-insured. KCCC serves more than 800 people each year with primary medical and dental care, chronic disease management, and medication management. Multiple IU Health West physicians volunteer at the clinic, where medical and dental care is supported entirely by volunteer healthcare providers. Additionally to assist with obesity prevention, IU Health West Hospital and the Town of Brownsburg, IN partner to present the towns farmers market from May-September on the Town Hall Green. In addition to creating a venue for residents to access locally grown fresh produce, the hospital and town are committed to supporting at risk individuals and families, by accepting WIC and SNAP payments for produce, and by providing a collection location for produce donations to Brownsburg area food pantries. To improve the Pre K-12th education, IU Health West Hospital and the Avon School Corporation host a free, four week kindergarten preparatory program every June. The children invited to participate have been identified through the districts kindergarten assessment as needing a boost in order to be ready to succeed in the classroom. Kindergarten teachers staff the classroom, with the help of 40+ hospital volunteers over the course of four weeks, all of whom help children learn the classroom basics, such as raising hands and walking in lines, and help set the stage for reading, writing and math success in the years ahead.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 - Affiliated Health Care System	<p>IU Health West Hospital is part of the IU Health Statewide System. The IU Health Statewide system is Indiana's most comprehensive healthcare system. A unique partnership with the Indiana University School of Medicine, one of the nation's leading medical schools, gives patients access to innovative treatments and therapies. IU Health is comprised of hospitals, physicians and allied services dedicated to providing preeminent care throughout Indiana and beyond.</p> <p>National Recognition - Six hospitals designated as Magnet by the American Nurses Credentialing Center recognizing excellence in nursing care. - Ten clinical programs ranked among the top 50 national programs in U.S. News & World Reports 2015-16 edition of America's Best Hospitals. - Ten out of ten specialty programs at Riley Hospital for Children at IU Health ranked among the top 50 children's hospitals in the nation.</p> <p>Education and Research As an academic health center, IU Health works in partnership with the IU School of Medicine to train physicians, blending breakthrough research and treatments with the highest quality of patient care. Research conducted by IU School of Medicine faculty gives IU Health physicians and patients access to the most leading-edge and comprehensive treatment options.</p> <p>Collaborative Strategic Research Initiative Conceived by IU Health and the IU School of Medicine in 2012, the Strategic Research Initiative aims to enhance the institutions joint capabilities in fundamental scientific investigation, translational research and clinical trials targeting innovative treatments for disease. The two organizations committed to invest \$150 million over five years to this new research collaboration. Established in 2013, the Center for Innovation and Implementation Science is partially supported by the Strategic Research Initiative. The new center, launched by the IU School of Medicine and the Indiana Clinical and Translational Sciences Institute, focuses on increasing efficacy and reducing costs at IU Health. With oversight of four specialized research and discovery units managed by IU School of Medicine researchers, the center will address problems with the potential to reduce costs or generate new revenue estimated at \$5 million per year or more.</p> <p>IU Health Statewide System IU Health is a part of the IU Health Statewide System which continues to broaden its reach and positive impact throughout the state of Indiana. IU Health is Indiana's most comprehensive academic health center and consists of IU Health Methodist Hospital, IU Health University Hospital, Riley Hospital for Children at IU Health, and IU Health Saxony Hospital. Other hospitals in the IU Health Statewide System include the following: - IU Health Arnett Hospital - IU Health Ball Memorial Hospital - IU Health Bedford Hospital - IU Health Blackford Hospital - IU Health Bloomington Hospital - IU Health Goshen Hospital - IU HLP Liquidation, Inc. f/k/a IU Health La Porte Hospital - IU Health Morgan Hospital - IU Health North Hospital - IU Health Paoli Hospital - IU Health Starke Hospital - IU Health Tipton Hospital - IU Health West Hospital - IU Health White Memorial Hospital. Although each hospital in the IU Health Statewide System prepares and submits its own community benefits plan relative to the local community, the IU Health Statewide System considers its community benefit plan as part of an overall vision for strengthening Indiana's overall health. A comprehensive community outreach strategy and community benefit plan is in place that encompasses the academic medical center downtown Indianapolis, suburban Indianapolis and statewide entities around priority areas that focus on health improvement efforts statewide. IU Health is keenly aware of the positive impact it can have on the communities of need in the state of Indiana by focusing on the most pressing needs in a systematic and strategic way. Some ways we address our community health priorities as a system include:</p> <ul style="list-style-type: none">- IU Health Day of Service: The annual IU Health Day of Service is a high-impact, one-day event aimed at engaging IU Health team members in activities that address an identified community need. Tackling the issue of obesity in the communities IU Health serves, the seventh annual Day of Service in 2015 focused on leaving behind key physical assets to help meet a statewide need for more venues for physical activity and recreation. During the 2015 Day of Service: - More than 2,200 team members and 6,000 volunteer hours were dedicated by IU Health team members. - Created 3 miles of walking trails. - Revitalized 18 parks and trailheads. - Mounted 7 swing sets. - Distributed hundreds of bicycles and bicycle helmets to elementary schools. <p>Kindergarten Countdown As one of IU Health's signature programs and collaboration with United Way, Kindergarten Countdown helps hundreds of soon-to-be kindergartners improve their readiness for school. In addition to providing health screenings and vaccinations to students, the program offers assistance</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 - Affiliated Health Care System	<p>stance to parents in registering their kindergartners for school Kindergarten Countdown summer camps are designed to provide at-risk youngsters the basic skills they need to succeed in their first year of school From "Get Ready to Read" pre- and post-tests, campers in the IU Health camps achieved a 21 percent average increase in scores from the beginning of the four-week camp to the end The program also creates positive impact by increasing awareness of kindergarten readiness, improving parent engagement and strengthening relationships between volunteers and team members at hospitals, schools and community organizations IU Health recognizes that in some cases we don't have all the expertise or resources to address the needs of the community and other organizations are better suited to tackle some of the specific needs of the community IU Health, therefore, provided financial support to like-minded non-profit organizations that are working to improve the health of the community in our identified priorities of need Clinical Research Clinical trials are conducted at the following IU Health locations - Methodist Cancer Center Research Group - IU Simon Cancer Center - Methodist Research Institute - Indiana Clinical and Translational Sciences Institute (Indiana CTSI) - IU Health Arnett Clinical Research - IU Health Arnett Cancer Care - IU Health Goshen Center for Cancer Care - IU Health Ball Memorial Cancer Center - IU Health Ball Memorial Hospital - IU Health Bloomington Hospital - Riley Hospital for Children at IU Health Methodist Research Institute ("MRI") The Biorepository at MRI, under IRB approval, collects human biological materials (blood, bone, tissue, urine) vital for medical research to provide the best way to study a variety of diseases and their potential treatments Basic science researchers at MRI publish the results of their innovative grant-supported research in prestigious peer-reviewed journals Their work has been recognized both nationally and internationally as they participate in system-wide collaborative efforts within IU Health as well as with the IU School of Medicine Community Health Initiatives With investments in high-quality and impactful initiatives to address community health needs statewide, IU Health is helping Indiana residents improve their health and their quality of life In 2015, IU Health impacted many people statewide through presentations, health risk screenings, health education programs, and additional health educational opportunities made available to the community, especially to our community members in the greatest need of such services Examples of the types of programming and investment we make in community outreach areas include Access to Healthcare One of the first steps to improved health outcomes is having access to healthcare resources To show its commitment to providing affordable healthcare access, IU Health treats all patients regardless of their ability to pay IU Health is also working to raise awareness and works to identify individuals within our communities that have barriers to care and connect these individuals with better access and consistency of healthcare resources to meet their needs Some ways that these IU Health hospitals address Access to Healthcare include - Public Assistance Enrollment - Vaccines and Vaccines - Indiana University Student Outreach Clinic - Indianapolis Public Schools Student Athlete Physicals - Fishers Fire Department QR Code Magnet Program for Immediate Access to Patient Medical Records - Partnership for a Healthy Hamilton County Obesity Prevention To improve the lifestyle of Indiana residents, IU Health has utilized innovative and best practice methods to attack obesity in our communities IU Health is working to improve access to nutritious foods and physical activity in low-income neighborhoods, in addition to providing traditional health education and public advocacy efforts With these initiatives, IU Health strives to prevent c</p>

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 35-1814660
Name: INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	IU HEALTH WEST HOSPITAL 1111 N RONALD REAGAN PKWY AVON, IN 46123 HTTP://IUHEALTH.ORG/WEST/ 15-003776-1	X	X	X			X			

2015

35-1814660

Schedule I (Form 990) 2015

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Return Reference	Explanation
Schedule I, Part I, Line 2 - Org 's Proc for Mon the Use of Grant Funds	Although IU Health West Hospital does not monitor the use of grant funds once dYstributed, through due diligence the organization has reasonably confirmed that the entities to which the contributions are made are highly reputable in the community and use the funds for the purposes intended

Additional Data

Software ID:
Software Version:
EIN: 35-1814660
Name: INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENDRICKS COUNTY ECONOMIC DEVELOPMENT PARTNERSHIP 5250 E US HIGHWAY 36 AVON,IN 46123	35-1817139	501(C)(6)	20,000		N/A	N/A	GENERAL SUPPORT
UNITED WAY OF CENTRAL INDIANA 3901 N MERIDIAN ST INDIANAPOLIS,IN 46208	35-1007590	501(C)(3)	20,000		N/A	N/A	GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 - Comp of the Org 's CEO/Executive Director	IU Health West Hospitals President & CEO is employed by IU Health. IU Health's process for determining compensation includes the use of a compensation survey/study conducted by an independent compensation consultant with review and approval by the Committee on Personnel and Compensation and the Board of Directors. Please see Schedule O for additional details.
Schedule J, Part I, Line 4b - Supplemental Nonqualified Retirement Plan	Daniel F. Evans, Jr., John F. Fitzgerald, M.D., James T. Parker, and Matthew D. Bailey participate in an IU Health supplemental executive retirement plan, provisions of which are designed to retain its 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. and John F. Fitzgerald, M.D. each have an amount, \$235,552 and \$177,407, respectively, included in column b(III), other reportable compensation, representing the current year vested amounts received under the supplemental executive retirement plan. James T. Parker and Matthew D. Bailey each have an amount, \$58,971 and \$68,445, respectively, included in column c, deferred compensation, representing the current year unvested contributions made under the supplemental executive retirement plan. No amounts were actually paid to these executives during the year. Daniel F. Evans, Jr. has \$1,575,000 included in column b(III), other reportable compensation, representing the current year payment received under an additional retirement benefit arrangement. In 2008, IU Health's Personnel and Compensation Committee approved the lump sum payment of \$1,575,000 to Daniel F. Evans, Jr., as President & CEO of IU Health, after reviewing the then-current compensation arrangement, including the then-current retirement benefit sources. This amount would be payable in a lump sum at the end of 2014 if he remained employed until the end of that year. If he were to voluntarily separate from employment or be involuntarily terminated with cause before the end of 2014, he would forfeit this benefit. If he were to die, become disabled or be involuntarily terminated without cause, he would receive this benefit in full. The specific amount was based on extensive analysis of the "replacement ratio" of all of the then-current sources of employer-provided retirement, with the intent to have this lump sum achieve a replacement rate that the Committee thought was appropriate for the length of service that he would have provided through 2014. This amount was always characterized in the analyses that the Committee reviewed as an "additional retirement benefit." The lump sum payment was paid to Daniel F. Evans, Jr. in 2015. Daniel F. Evans, Jr. also has \$1,575,000 included in column F, compensation in column (B) reported as deferred on prior Form 990, representing the additional retirement benefit that was reported as deferred compensation on prior year Forms 990 and inadvertently reported in column (F) on the 2014 Form 990 along with his prior year supplemental nonqualified retirement plan unvested contributions of \$3,857,189 that became vested in 2014.
Schedule J, Part I, Line 7 - Non-Fixed Payments	Amounts disclosed in Column B(II) include a long-term and short-term incentive for certain executives and short-term incentive for other employees. Although these plans are based on a fixed formula that has been approved by the Board of Directors based upon certain qualitative and quantitative factors and goals, all discretionary incentive plans must be approved by the Board of Directors prior to any incentive payout.

Additional Data

Software ID:

Software Version:

EIN: 35-1814660

Name: INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DANIEL F EVANS JR DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,180,633	399,186	1,873,504	26,786	13,903	3,494,012	1,575,000
1JOHN F FITZGERALD MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	388,470	152,565	188,403	10,600	336	740,374	0
2WILLIAM J GILL MD DIRECTOR (PARTIAL YEAR)	(i)	0	0	0	0	0	0	0
	(ii)	476,536	47,275	810	10,600	0	535,221	0
3JAMES T PARKERDIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	408,257	143,228	7,240	78,376	29,343	666,444	0
4MATTHEW D BAILEY PRESIDENT & CEO (PARTIAL YR)	(i)	0	0	0	0	0	0	0
	(ii)	368,037	111,033	12,079	74,568	28,047	593,764	0
5KENNETH D PUCKETT PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	250,147	7,437	38,566	10,427	27,896	334,473	0
6JEROME P KELLY SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	250,259	19,251	1,980	10,086	26,654	308,230	0
7ANDREW D NIGH MDCMO	(i)	0	0	0	0	0	0	0
	(ii)	675,537	74,176	21,564	10,600	21,437	803,314	0
8LISA A SPARKS RNVP & CNO	(i)	152,778	9,765	477	6,938	27,354	197,312	0
	(ii)	0	0	0	0	0	0	0
9ANNE K STEGEMOLLER DIRECTOR, PHARMACY	(i)	144,962	13,759	259	6,676	21,263	186,919	0
	(ii)	0	0	0	0	0	0	0
10JAMES R BILLMAN PHARMACIST	(i)	155,673	1,105	276	0	0	157,054	0
	(ii)	0	0	0	0	0	0	0
11LAURA A ROGGY PHARMACIST	(i)	146,169	5,210	4,560	6,444	17,845	180,228	0
	(ii)	0	0	0	0	0	0	0
12ERIC D PEAKPHARMACIST	(i)	138,008	1,073	4,261	5,779	7,164	156,285	0
	(ii)	0	0	0	0	0	0	0
13PAMELA V CHAPMAN DIRECTOR, SURGICAL SERVICES	(i)	126,908	5,794	413	5,623	25,904	164,642	0
	(ii)	0	0	0	0	0	0	0
14STEPHEN H POLLOM MD FORMER PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	204,433	26,546	6,858	8,108	2,490	248,435	0
15JUDITH L COLEMAN FORMER TREASURER	(i)	5,773	415	51	223	822	7,284	0
	(ii)	185,742	13,348	1,651	7,163	26,461	234,365	0
16GREGORY A SPURGIN MD FOMER CMO	(i)	0	0	0	0	0	0	0
	(ii)	205,117	66,991	6,858	10,600	2,454	292,020	0

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC**Employer identification number**

35-1814660

Return Reference**Explanation**Part VI, Section A, Line 2 - Family or
Business RelationshipsJohn F Fitzgerald, MD and James T Parker served on the board of directors of Indiana University
Health Plans, Inc No additional compensation was provided to these individuals for their service

Return Reference	Explanation
Part VI, Section A, Lines 6, 7a and 7b - Members or Stockholders	<p>Line 6 The sole member of IU Health West Hospital is IU Health, a 501(c)(3) tax-exempt organization Line 7A The Board of Directors of IU Health West Hospital shall consist of from three (3) to twelve (12) voting members appointed by IU Health, including up to four (4) directors who are members of the Medical Staff in good standing or physicians employed by IU Health West Hospital or IU Health Line 7B The Board of Directors shall not, without the prior approval of the IU Health - Authorize any merger, consolidation, reorganization, sale or transfer of all or substantially all of the assets of IU Health West Hospital, - Authorize any plan of dissolution of IU Health West Hospital, any liquidating distribution of the IU Health West Hospitals assets or other action related to the dissolution or liquidation of IU Health West Hospital, - Authorize any voluntary declaration of bankruptcy of IU Health West Hospital, - Amend, repeal, revise or adopt changes to the organizational documents of IU Health West Hospital, - Authorize the consolidation of any entity with, or acquisition of any entity by, IU Health West Hospital, - Authorize any agreement to act as primary obligor, or to serve as a guarantor, surety or co-obligor with respect to the indebtedness of any other party, to borrow amounts from third-party lenders or to loan money to any person or entity, - Authorize any pledge of, or grant any security interest or mortgage in, or otherwise encumber, any tangible assets in excess of an appropriate monetary threshold, other than in the ordinary course of business or pursuant to an approved budget or strategic plan, - Authorize any agreement to act as primary obligor, or to serve as a guarantor, surety or co-obligor with respect to the indebtedness of any other party, to borrow amounts from third-party lenders or to loan money to any person or entity, - Approve any management agreement for the management of all or substantial part of IU Health West Hospitals operations, - Authorize the establishment or acquisition by IU Health West Hospital of any subsidiaries, affiliates or joint venture arrangements or the acquisition by IU Health West Hospital of the stock or other equity interest or substantially all the assets of any other business or entity, or - Adopt or amend an operating budget, capital budget, strategic plan, or long-range plan, or significantly deviate therefrom</p>

Return Reference	Explanation
Part VI, Section A, Line 11b - Review of Form 990	The COO/CFO and Finance, Audit, and Planning Committee reviewed and approved the Form 990. Following their review and approval, a complete copy of the Form 990 was made available to each board member prior to its filing. Each member was also informed of the availability of the IU Health Tax Department to answer any questions.

Return Reference	Explanation
Part VI, Section B, Lines 12, 13, and 14 - Policies	IU Health West Hospital is part of the 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.

Return Reference	Explanation
Part VI, Section B, Line 12c - Conflict of Interest Policy	<p>IU Health West Hospital follows IU Health's Conflict of Interest Policy. IU Health's Conflict of Interest Policy includes the following provisions: All IU Health employees, associates, colleagues and contracted personnel, including employed physicians and paid medical directors ("IU Health Representatives") are covered by and subject to its Conflict of Interest Policy. IU Health regularly and consistently monitors and enforces compliance with the policy through the following procedures:</p> <p>(A) On an annual basis, each IU Health Representative at the level of Manager or above, together with every other person designated by the Corporate Compliance Department ("Department"), must complete, sign and submit a Conflict of Interest Questionnaire ("Questionnaire") to the Department. Governing board members, committee members, corporate officers, medical staff and researchers must comply with the administrative requirements noted in the respective policies and procedures relative to those areas.</p> <p>(B) An IU Health representative must supplement a Questionnaire in writing, if after completion of the original Questionnaire, a situation arises, or may reasonably be expected to arise, that would change any answer or information on the original Questionnaire if the situation had existed or been anticipated at the time of completion of the original Questionnaire.</p> <p>(C) If a fully and properly completed Questionnaire reveals facts or other information that might reasonably indicate a Conflict of Interest or violation of the policy, the IU Health Representative completing the questionnaire must secure approval by his/her supervisor, evidenced in writing.</p> <p>(D) The department will review each Questionnaire and determine whether a Conflict of Interest exists and, if so, whether and how it should or may be eliminated, avoided or managed in order to comply with the spirit of the policy and with the best interests of IU Health and its patients. In making the determination, the Corporate Compliance Department may consult with the IU Health Representative's supervisor and other appropriate individuals and groups.</p> <p>(E) The scope of the policy is not limited to those who are required to complete Questionnaires. If an IU Health Representative is involved in a situation or relationship that would constitute a violation of the policy in the absence of disclosure and approval as described above, then the IU Health Representative must disclose the matter to his/her supervisor, secure his/her supervisor's approval in writing, and disclose the matter to the Department. Otherwise, the IU Health Representative is in violation of the policy and subject to corrective action, up to and including termination.</p> <p>(F) The Chief Compliance Officer, in consultation with onsite Compliance personnel, may from time to time appoint standing or ad hoc committees to assist in resolving issues that arise under provisions of the policy.</p>

Return Reference	Explanation
Part VI, Section B, Line 15 - Process for Determining Compensation	<p>IU Health West Hospitals President & CEO is employed by IU Health. IU Health's process for determining compensation is as follows: (1) The Board of Directors has established a Committee on Personnel and Compensation. The individuals on this Committee are made up of individuals who are on the Board and who do not have a conflict of interest with IU Health. There are no physicians or employees on this Committee. This Committee develops and reviews annually the executive compensation philosophy, market analysis as to comparability and reasonableness. One of the purposes of this Committee is to review, approve and make recommendations regarding executive compensation and benefits to the IU Health Board. As deemed appropriate, this Committee also reviews the same detail with the Committee on Finance. The Committee on Finance is represented by certain members of the Board as well. (2) Each year the Committee on Personnel and Compensation engages an outside compensation consulting firm to conduct a compensation and benefits study for all senior vice presidents and above. The current compensation advisor is the Hay Group. Hay Group performs an independent compensation survey. The relevant comparability data includes compensation and benefit levels paid by similarly situated organizations (both governmental and tax exempt) for functionally comparable positions as well as the availability of similar services in the geographic area. The Committee reviews the entire compensation package including base compensation, short term and long term incentive plans, basic health and welfare benefits, qualified and nonqualified plans as well as any additional fringe benefits. Further, Hay Group will provide recommendations based upon the reasonable compensation information as it relates to salary increases, bonuses and benefits that are consistent with the compensation philosophy of the Committee. A separate analysis using the same methodology is done for the Chief Executive Officer. (3) The Committee reviews the salary survey and, if appropriate, makes recommendations on increases in salary and any changes in bonuses or benefits. The Committee's goal is to ensure that the total compensation and benefits package is reasonable based upon the independent data provided by Hay Group. The Committee votes on any changes in compensation or benefits. This review, discussion and vote are documented in the minutes for the meeting. There are no executives present during the final discussion and approval of compensation. (4) The Board reviews the report prepared by the Hay Group as well as the recommendations of the Committee on Personnel and Compensation as to changes in compensation approved by the Committee. As requested, the Committee on Finance also provides its review of recommendations on changes in executive compensation and benefits. This review, discussion and vote are documented in the minutes. (5) The Board then reviews the recommendations provided by the Committee on Personnel and Compensation and votes on the changes as well. No additional compensation or benefits are paid to the executives until the changes have been approved by the Committee and the Board. The discussion and approval are documented in the minutes of the meeting. There are no executives present during the final discussion and approval of compensation. The General Counsel prepares a formal written opinion reviewing the compensation and benefits approval process, comparing that process to the Intermediate Sanctions Test of IRC Section 4958 and, if the facts warrant, provides comments regarding the compensation and benefits approval process as this relates to meeting the requirements for a rebuttable presumption of reasonableness as provided in the Intermediate Sanctions Test. (6) After the end of each year, the Committee and Board also review the achievements of the executive group as it relates to the long-term and short-term shared and individual goals developed by the executive and the Board. These achievements may also be reviewed with the Committee on Finance. The Board, at its discretion, may approve bonus payments based upon the achievement of the goals and the compensation survey. The discussion and vote of the Committee and Board is documented in the minutes for each such meeting. The bonuses are not paid until approval is made by the Board. (7) The Committee on Personnel and Compensation and Audit Committee also review the required Form 990 disclosures related to executive compensation and benefits as well as compensation practices and approval processes prior to the filing of the Form 990 return with the Internal Revenue Service. IU Health West Hospital has a process in place to determine the compensation for the other officers and key employees. IU Health West Hospital uses an independent compensation consultant who utilizes a variety of methods and procedures to obtain compensation ranges for comparable officer and employee positions. The independent compensation consultant provides IU Health West Hospital with recommended compensation ranges for its officers and other employees, which are then used as a guide for setting reasonable compensation by management. Management decisions with regard to determining compensation are subject to the review and approval of the Compensation Committee and Board of Directors.</p>

Return Reference	Explanation
Part VI, Section C, Line 19 - Public Disclosure	IU Health West Hospital Articles of Incorporation are available to the public through the Indiana Secretary of State's website IU Health West Hospitals 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 IU Health The consolidated financial statements for IU Health are available to the public through its bond filings

Return Reference	Explanation
Part VII, Section A, Line 1a - Comp of Officers, Directors, Key Emp	Matthew D Bailey, the president of IU Health West Hospital for a portion of the year in 2015, is compensated as an employee of IU Health for his services performed at IU Health West Hospital Kenneth D Puckett, the president and CEO of IU Health West Hospital for a portion of the year in 2015, is compensated as an employee of IU Health for his services performed at IU Health West Hospital Andrew D Nigh, M D , the Chief Medical Officer of IU Health West Hospital is compensated as an employee of Indiana University Health Care Associates for his services performed at IU Health West Hospital

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SHARED SERVICES/PROF FEES TOTAL FEES 30201843

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization INDIANA UNIVERSITY HEALTH WEST HOSPITAL INC	Employer identification number 35-1814660
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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

Transactions With Related Organizations

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

No

1q

No

1r

Yes

1s

No

2

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

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 35-1814660

Name: INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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 Incorporated 950 N Meridian St Ste 800 Indianapolis, IN 46204 26-3571507	Healthcare	IN	501(c)(3)	9	IUHB	Yes	
Indiana Health Info Exchange Inc 846 N Senate Ave Indianapolis, IN 46202 36-4550324	Healthcare	IN	501(c)(3)	11 I	NA		No
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 950 N Meridian St Ste 800 Indianapolis, IN 46204 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 950 N Meridian St Ste 800 Indianapolis, IN 46204 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 950 N Meridian St Ste 800 Indianapolis, IN 46204 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 Goshen Foundation Inc 200 High Park Ave Goshen, IN 46527 46-2565300	Fundraising	IN	501(c)(3)	11 I	GHS	Yes	
IUHLP Liquidation Inc PO Box 250 LaPorte, IN 46352 35-1125434	Healthcare	IN	501(c)(3)	3	IUH	Yes	
IUHLP-P Liquidation Inc PO Box 250 LaPorte, IN 46352 31-1070868	Healthcare	IN	501(c)(3)	3	IUHLH	Yes	
IU Health Morgan Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 27-3533027	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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
IU Health North Hospital Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 35-1932442	Healthcare	IN	501(c)(3)	3	IUH	Yes	
IU Health Paoli Hosp Foundation Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 31-0992486	Fundraising	IN	501(c)(3)	9	IUHP	Yes	
IU Health Paoli Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 35-2090919	Healthcare	IN	501(c)(3)	3	IUHB	Yes	
IU Health Plans NFP Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 46-3803873	Insurance	IN	501(c)(4)	N/A	IUH	Yes	
IU Health Tipton Hospital Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 26-2772226	Healthcare	IN	501(c)(3)	3	IUH	Yes	
IU Health White Mem Hosp Fndtn Inc PO Box 952 Monticello, IN 47960 35-1671806	Fundraising	IN	501(c)(3)	11 III-FI	IUHWMH	Yes	
IU Health White Memorial Hospital Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 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
LaPorte Hospital Foundation Inc PO Box 250 LaPorte, IN 46352 31-0952775	Fundraising	IN	501(c)(3)	11 I	NA		No
MDwise Marketplace Inc 1200 Madison Ave Indianapolis, IN 46225 46-5270582	Insurance	IN	501(c)(4)	N/A	IUH	Yes	
MDwise Network Inc 1200 Madison Ave Indianapolis, IN 46225 47-2619552	Insurance	IN	501(c)(4)	N/A	IUH	Yes	
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 950 N Meridian St Ste 800 Indianapolis, IN 46204 35-2035162	Fundraising	IN	501(c)(3)	11 II	IUHMH	Yes	
Morgan Co Mem Hosp Guild Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 31-0886844	Fundraising	IN	501(c)(3)	11 III-FI	IUHMH	Yes	
Morgan Health Services Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 35-1968564	Healthcare	IN	501(c)(3)	3	IUHMH	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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
Rehabilitation Hospital of Indiana Inc 4141 Shore Dr Indianapolis, IN 46254 35-1786005	Healthcare	IN	501(c)(3)	3	MHH	Yes	
RHI Foundation Inc 4141 Shore Dr Indianapolis, IN 46254 35-1932349	Fundraising	IN	501(c)(3)	11 I	RHI	Yes	
The Cheer Guild of Riley Hos for Child 705 Riley Hospital Dr Indianapolis, IN 46202 35-6018517	Fundraising	IN	501(c)(3)	11 III-FI	NA		No
Tipton Co Health Care Foundation Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 31-1231905	Fundraising	IN	501(c)(3)	11 I	IUHTH	Yes	
University Family Physicians Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 23-7427350	Healthcare	IN	501(c)(3)	9	IUHCA	Yes	

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

[illegible]

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BMH Medical Pavilion Association Inc 2525 W University Ave Muncie, IN 47303 35-1858408	Condo Management	IN	NA	C				Yes	
(1) Cardinal Health Ventures Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 35-1611424	Management	IN	NA	C				Yes	
(2) CHV Capital Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 26-0752507	Venture Capital	IN	NA	C				Yes	
(3) IU Health 457(B) Plan 1100 N Market St Wilmington, DE 19890 47-6948347	Investments	IN	NA	T				Yes	
(4) IU Health ACO Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 45-4421020	Healthcare	IN	NA	C				Yes	
(5) IU Health Board Designated Trust 400 Howard St San Francisco, CA 94105 30-6309021	Investments	IN	NA	T				Yes	
(6) IU Health NTGI S&P500 Fund CF PO Box 804358 Chicago, IL 60680 30-6298263	Investments	IN	NA	T				Yes	
(7) IU Health Plans Holding Company Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 46-3794815	Insurance	IN	NA	C				Yes	
(8) IU Health Plans NFP Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 46-3803873	Insurance	IN	NA	C				Yes	
(9) IU Health Plans Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 26-2127080	HMO	IN	NA	C				Yes	
(10) IU Health Risk Purchasing Group Inc 151 Meeting St Ste 301 Charleston, SC 29401 26-0202446	Insurance	IN	NA	C				Yes	
(11) IU Health Risk Retention Group Inc 151 Meeting St Ste 301 Charleston, SC 29401 20-1107674	Insurance	SC	NA	C				Yes	
(12) IU Health Southern IN Physicians Inc PO Box 1149 Bloomington, IN 47402 35-1913875	Healthcare	IN	NA	C				Yes	
(13) IUH Assurance SPC Ltd PO Box 69 94 Solaris Ave Camana Bay, Grand Cayman CJ 98-0395429	Insurance	CJ	NA	C				Yes	
(14) Occ-Health Revenue Systems Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 20-3308057	Work Comp PPO	IN	NA	C				Yes	

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(16) Parkmor Drug Inc 1501 S Main St Goshen, IN 46526 13-1394980	Pharmacy Sales	IN	NA	C				Yes	
(1) PILR Inc 200 High Park Ave Goshen, IN 46526 20-4294750	Development	IN	NA	C				Yes	
(2) Proteuo Fund LP PO Box 31106 89 Nexus Way Camana Bay, Grand Cayman CJ 98-1075227	Investments	CJ	NA	C				Yes	
(3) Radiation Oncology Resources Inc 200 High Park Ave Goshen, IN 46526 26-2008424	Healthcare	IN	NA	C				Yes	
(4) SCANS Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 45-3080392	Healthcare	IN	NA	C				Yes	
(5) Univ Hlth (Shanghai) Mgt Con Co Ltd 88 Century Ave Shanghai CH	Management	CH	NA	C				Yes	
(6) University Health Management Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 27-2891143	Management	IN	NA	C				Yes	
(7) University Health Mgmt (China) Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 27-3891311	Management	IN	NA	C				Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	IU Health Care Associates Inc	J	491,493	FMV
(1)	IU Health Care Associates Inc	L	95,075	FMV
(2)	IU Health Home Care	M	638,096	FMV
(3)	IU Health Care Associates Inc	M	384,200	FMV
(4)	Methodist Occupational Health Centers Inc	M	102,532	FMV
(5)	IU Health Risk Retention Group Inc	R	600,776	FMV
(6)	IUH Assurance SPC Ltd	R	313,675	FMV