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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](http://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 INC

% BROC L BUDDE

Doing business as

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

950 N MERIDIAN STREET SUITE 800

Room/suite

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

INDIANAPOLIS, IN 46204

F Name and address of principal officer

DENNIS M MURPHY

950 N MERIDIAN ST STE 800

INDIANAPOLIS, IN 46204

D Employer identification number

35-1955872

E Telephone number

(317) 962-4575

G Gross receipts \$ 3,854,883,991

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP //IUHEALTH ORG/

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

L Year of formation 1995

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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	18,028
Revenue	6 Total number of volunteers (estimate if necessary)	6	1,300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	29,256,103
	b Net unrelated business taxable income from Form 990-T, line 34	7b	2,454,203
	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
		16,590,559	21,061,823
		2,921,228,378	3,100,204,590
		92,003,496	45,366,472
		35,232,190	47,474,027
Expenses		3,065,054,623	3,214,106,912
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	26,602,082	18,991,549	
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)	915,443,840	1,018,305,004	
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
Net Assets or Fund Balances	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,581,685,116	1,686,907,031
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,523,731,038	2,724,203,584
	19 Revenue less expenses Subtract line 18 from line 12	541,323,585	489,903,328
	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year
		5,936,254,384	6,419,380,634
		3,068,800,066	3,272,287,312
		2,867,454,318	3,147,093,322

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

JENNIFER M ALVEY SVP & CFO

Type or print name and title

2016-11-11

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

Form990(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.

<b>4a</b>	(Code	(Expenses \$	2,108,338,785	including grants of \$	18,991,549 )	(Revenue \$	3,140,578,210 )
	<p>Indiana University Health, Inc. ("IU Health") is an academic health center comprised of IU Health Methodist Hospital, IU Health University Hospital, and Riley Hospital for Children at IU Health (together referred to as "IU Health Academic Health Center"), IU Health Saxony Hospital, and IU Health Morgan. It also offers pharmacy, home care, outpatient, and emergency transport services throughout the central Indiana area. IU Health incorporates a unique partnership with Indiana University School of Medicine ("IU School of Medicine"), one of the nation's leading medical schools, to give patients access to innovative treatments and therapies, all without regard to their ability to pay. IU Health is also the parent organization of the IU Health System, Indiana's most comprehensive health care system. IU Health Methodist and IU Health University Hospitals IU Health Methodist and IU Health University Hospitals, located in Indianapolis, Indiana, are a 1,025-bed adult Academic Health Center in partnership with the IU School of Medicine. IU Health Methodist Hospital is designated as a Magnet hospital, recognized for excellence in nursing services and high-quality clinical outcomes for patients. IU Health University Hospital is a leading academic medical center with a commitment to disseminating research findings while improving the quality of life for people on a local, regional, national and international basis. IU Health Methodist Hospital and IU Health University Hospital both serve an adult population. These hospitals lead the way in community benefit initiatives. A substantial piece of community benefit is providing excellent care to patients, regardless of their ability to pay. Riley Hospital for Children at IU Health Riley Hospital for Children at IU Health, located in Indianapolis, Indiana, is 276-bed children's hospital that is Indiana's first and most comprehensive pediatric hospital. It is regularly ranked among the top children's hospitals in the county by U.S. News &amp; World Reports Best Children's Hospitals. In addition to clinical expertise, Riley Hospital for Children at IU Health's partnership with the IU School of Medicine ensures that patients have access to the most innovative treatments and the latest research and technology. Riley Hospital for Children at IU Health provides comprehensive, family-centered care to more than 300,000 children annually through its statewide primary and specialty care offices, and inpatient and outpatient services at its flagship hospital. Pediatric patients and their families travel from all 92 Indiana counties, the region and the world to access the nationally recognized clinical programs of Riley Hospital for Children at IU Health. IU Health Saxony Hospital IU Health Saxony Hospital, located in Fishers, Indiana, is a 32-bed specialty care hospital primarily focusing on surgical services for cardiovascular, orthopedic and spine. It opened in 2011 and includes an intensive care unit, six technologically advanced operating suites, a full-service, 24/7 Emergency department, a helipad for medical transport and a medical office building. IU Health Morgan IU Health Morgan, located in Martinsville, Indiana, operated as a 71-bed hospital until it transitioned into a hospital outpatient department of the IU Health academic health center during 2015. As an outpatient department, it offers coverage in adult and pediatric care, specialty care, emergency and urgent care, diagnostic imaging including 3D mammography, lab testing, outpatient surgical services, cancer care, including medical and radiation oncology, cardiac, physical, speech and occupational therapies, sleep lab, and community health and wellness, including medical nutrition therapy and diabetes care.</p>						

[illegible][illegible]

<b>4d</b>	Other program services (Describe in Schedule O )		
	(Expenses \$ _____ including grants of \$ _____)	(Revenue \$ _____)	

<b>4e</b>	<b>Total program service expenses ▶</b>	<b>2,108,338,785</b>
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
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 Yes	
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 Yes	
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 Yes	
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)*

<b>21</b>	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> . . . . .	<b>21</b>	Yes	
<b>22</b>	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> . . . . .	<b>22</b>	Yes	
<b>23</b>	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> . . . . .	<b>23</b>	Yes	
<b>24a</b>	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> . . . . .	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	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> . . . . .	<b>26</b>		No
<b>27</b>	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> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	Yes	
<b>c</b>	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> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . .	<b>33</b>	Yes	
<b>34</b>	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> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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> . . . . .	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	Yes	
<b>37</b>	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> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	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	678	
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	18,028	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a	Yes	
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	Yes	
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	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ 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? <b>Note.</b> 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	1a		
	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	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		
		10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 ST STE 800 INDIANAPOLIS, IN 46204 (317) 962-4575

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

**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

[illegible]



**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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								15,944,231	1,617,729	2,097,202

**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 ► 1,332

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 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> . . . . .	4 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> . . . . .	5	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
IU HEALTH CARE ASSOCIATES INC, 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204	MEDICAL	91,654,555
EVOLENT HEALTH LLC, 800 N GLEBE RD STE 500 ARLINGTON, VA 22203	POPULATION HEALTH	31,440,087
CERNER CORPORATION, 2800 ROCKCREEK PKWY KANSAS CITY, MO 64117	HEALTH IT SOLUTIONS	16,682,428
HY CONNECT, 142 E ONTARIO ST STE 13 CHICAGO, IL 60611	ADVERTISING	11,800,796
MEDEFIS, 10826 OLD MILL RD STE 101 OMAHA, NE 68154	TEMPORARY STAFFING	11,509,716

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 ▶ 257

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	6,490,263				
	e	Government grants (contributions)	1e	5,960,831				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	8,610,729				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .			21,061,823			
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 621110	1,775,647,870	1,775,647,870	0	0	
	b	REFERENCE LABORATORY	621500	722,470,547	718,158,197	4,312,350		
	c	MEMBER PREMIUM REVENUE	541900	257,682,755	257,682,755			
	d	SHARED SERVICES	900099	241,663,853	233,870,804	7,793,049		
	e	PHARMACY	446110	61,211,139	48,740,885	12,470,254		
	f	All other program service revenue		41,528,426	40,711,102	817,324	0	
	g	Total. Add lines 2a-2f . . . . .			3,100,204,590			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		68,509,125	40,373,620		28,135,505
4		Income from investment of tax-exempt bond proceeds . .		0				
5		Royalties . . . . .		0				
6a		Gross rents	(i) Real 15,133,150	(ii) Personal				
		b	Less rental expenses	11,729,761				
		c	Rental income or (loss)	3,403,389	0			
		d	Net rental income or (loss) . . . . .		3,403,389		172,065	3,231,324
7a		Gross amount from sales of assets other than inventory	(i) Securities 604,805,944	(ii) Other 1,098,721				
		b	Less cost or other basis and sales expenses	627,081,194	1,966,124			
		c	Gain or (loss)	-22,275,250	-867,403			
		d	Net gain or (loss) . . . . .		-23,142,653			-23,142,653
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	6,489,302			6,489,302		
b	PARKING	812930	1,832,038			1,832,038		
c	EDUCATION	900099	1,350,079			1,350,079		
d	All other revenue . . . . .		34,399,219		3,691,061	30,708,158		
e	Total. Add lines 11a-11d . . . . .			44,070,638				
12	Total revenue. See Instructions . . . . .			3,214,106,912	3,115,185,233	29,256,103	48,603,753	

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.	18,891,549	18,891,549		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	100,000	100,000		
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.	12,585,830	8,864,116	3,721,714	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	1,763,351	1,241,916	521,435	
7	Other salaries and wages.	846,610,120	596,261,862	250,348,258	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	39,961,664	28,144,733	11,816,931	
9	Other employee benefits.	59,715,708	42,057,375	17,658,333	
10	Payroll taxes.	57,668,331	40,615,421	17,052,910	
11	Fees for services (non-employees):				
a	Management.	633,056		633,056	
b	Legal.	3,254,096		3,254,096	
c	Accounting.	1,761,160		1,761,160	
d	Lobbying.	528,376		528,376	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	5,573,700		5,573,700	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	286,661,882	172,839,256	113,822,626	0
12	Advertising and promotion.	20,342,310	2,804,962	17,537,348	
13	Office expenses.	28,999,597	7,829,243	21,170,354	
14	Information technology.	74,761,140	12,011,120	62,750,020	
15	Royalties.	0			
16	Occupancy.	89,052,083	71,082,952	17,969,131	
17	Travel.	3,000,909	1,232,856	1,768,053	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	128,651	55,464	73,187	
20	Interest.	50,746,721	43,512,586	7,234,135	
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	149,030,986	129,905,303	19,125,683	
23	Insurance.	16,762,765	1,665,008	15,097,757	
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	530,706,140	530,706,140		
b	HEALTH CLAIMS TO PROVIDERS	268,799,047	268,799,047		
c	BAD DEBT	27,487,092	27,487,092		
d	UBI TAX	969,187		969,187	
e	All other expenses	127,708,133	102,230,784	25,477,349	
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	2,724,203,584	2,108,338,785	615,864,799	0
26	<b>Joint costs.</b> 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 . . . . .		179,068	1	180,641
	2	Savings and temporary cash investments . . . . .		412,112,022	2	310,288,126
	3	Pledges and grants receivable, net . . . . .		1,195,726	3	2,652,297
	4	Accounts receivable, net . . . . .		359,768,250	4	430,626,936
	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 . . . . .		761,241,420	7	726,153,159
	8	Inventories for sale or use . . . . .		40,738,340	8	47,161,368
	9	Prepaid expenses and deferred charges . . . . .		36,198,402	9	36,138,901
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	10a3,603,152,481	1,634,834,679	10c	1,580,389,141
	b	Less: accumulated depreciation . . . . .	10b2,022,763,340			
	11	Investments—publicly traded securities . . . . .		1,530,214,004	11	1,771,982,108
	12	Investments—other securities. See Part IV, line 11 . . . . .		902,498,488	12	1,207,032,830
	13	Investments—program-related. See Part IV, line 11 . . . . .		238,455,335	13	281,822,836
	14	Intangible assets . . . . .		9,588,389	14	8,839,628
	15	Other assets. See Part IV, line 11 . . . . .		9,230,261	15	16,112,663
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		5,936,254,384	16	6,419,380,634
Liabilities	17	Accounts payable and accrued expenses . . . . .		365,810,200	17	372,318,667
	18	Grants payable . . . . .		0	18	0
	19	Deferred revenue . . . . .		29,563,196	19	27,950,296
	20	Tax-exempt bond liabilities . . . . .		1,381,749,440	20	1,523,988,855
	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 . . . . .		288,382,014	23	121,719,834
	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 . . . . .		1,003,295,216	25	1,226,309,660
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		3,068,800,066	26	3,272,287,312
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets . . . . .		2,862,566,037	27	3,142,205,041
	28	Temporarily restricted net assets . . . . .		0	28	0
	29	Permanently restricted net assets . . . . .		4,888,281	29	4,888,281
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	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	<b>Total net assets or fund balances . . . . .</b>		2,867,454,318	33	3,147,093,322
	34	<b>Total liabilities and net assets/fund balances . . . . .</b>		5,936,254,384	34	6,419,380,634

**Part XI**   **Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	3,214,106,912
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	2,724,203,584
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	489,903,328
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	<b>4</b>	2,867,454,318
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-54,423,090
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-155,841,234
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,147,093,322

**Part XII**   **Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	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>b</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	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

**Software ID:**  
**Software Version:**  
**EIN:** 35-1955872  
**Name:** INDIANA UNIVERSITY HEALTH INC

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

(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	Instiutcnal Trustee	Officer	Key employee	Highest compensated employee	Former			
ANNE NOBLES CHAIRMAN	6 0	X		X				45,000	0	0
RANDALL L TOBIAS ELECTED VICE-CHAIR (PART YR )	6 0	X		X				35,125	0	0
JAY L HESS MD EX-OFFICIO VICE-CHAIR	6 0	X		X				37,750	0	0
DANIEL F EVANS JR DIRECTOR/CEO	61 0	X		X				3,453,323	0	40,689
HON SARAH EVANS BARKER DIRECTOR	6 0	X						0	0	0
BISHOP MICHAEL J COYNER DIRECTOR	6 0	X						0	0	0
J SCOTT DAVISON DIRECTOR	6 0	X						34,000	0	0
THOMAS V EASTERDAY DIRECTOR	6 0	X						14,250	4,500	0
CHARLES E GOLDEN DIRECTOR	6 0	X						47,500	0	0
DAVID W GOODRICH DIRECTOR	6 0	X						45,000	0	0

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

(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			
KYLE L GRAZIER ..... DIRECTOR	6 0 ..... 0 0	X						45,250	0	0
JAMES E LINGEMAN MD ..... DIRECTOR	6 0 ..... 55 0	X						43,000	887,790	11,385
ANGELA BARRON MCBRIDE ..... DIRECTOR	6 0 ..... 0 0	X						38,125	0	0
MICHAEL A MCROBBIE ..... DIRECTOR	6 0 ..... 0 0	X						23,500	0	0
GENE E ROBBINS ..... DIRECTOR (PARTIAL YR )	6 0 ..... 0 0	X						16,000	0	0
ZACHARY B SCOTT ..... DIRECTOR (PARTIAL YR )	6 0 ..... 0 0	X						0	0	0
RYAN C KITCHELL ..... TREASURER/EVP & CFO	55 0 ..... 0 0			X				1,040,853	0	196,776
MARY BETH CLAUS ..... SECRETARY/SVP & GENERAL COUNS	55 0 ..... 0 0			X				535,433	0	94,407
DENNIS M MURPHY ..... PRESIDENT & COO	55 0 ..... 0 0				X			1,419,668	0	431,277
ERIC S WILLIAMS MD ..... EVP, ACADEMIC & MEDICAL AFF	25 0 ..... 25 0				X			232,680	156,342	152

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

(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			
JONATHAN E GOTTLIEB MD ..... EVP & CME	55 0 ..... 0 0				X			677,163	0	166,298
MICHELLE A JANNEY RN ..... EVP & CNE	55 0 ..... 0 0				X			608,855	0	94,717
HERBERT C BUCHANAN JR ..... PRESIDENT (AHC ADULT)	55 0 ..... 0 0				X			512,114	0	111,038
JEFFREY L SPERRING MD ..... PRESIDENT (RH) (PARTIAL YR )	55 0 ..... 0 0				X			188,750	0	14,643
PAUL R HAUT MD ..... INTERIM PRES /CMO (RILEY)	0 0 ..... 55 0				X			0	301,748	6,601
JONATHAN R GOBLE ..... PRESIDENT (SAXONY)	55 0 ..... 0 0				X			564,643	0	117,314
RONALD L STIVER ..... PRESIDENT, SYS CLINICAL SVCS	55 0 ..... 0 0				X			572,153	0	111,311
JONATHAN W CURTRIGHT MD ..... COO (AHC ADULT)	55 0 ..... 0 0				X			326,087	0	32,906
LINDA K CHASE RN ..... VP & CNO (AHC ADULT)	55 0 ..... 0 0				X			308,215	0	27,697
DAWN M MOORE-JEFFERSON ..... VP & CHIEF PHARMACY OFFICER	55 0 ..... 0 0				X			257,545	0	24,775



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

(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			
SHERIEE C LADD ..... SVP, HUMAN RESOURCES	55 0 ..... 0 0					X		930,730	0	11,470
MICHAEL E HALEY ..... PRESIDENT & CEO (BALL)	55 0 ..... 0 0					X		778,435	0	36,839
ALFONSO W GATMAITAN ..... PRESIDENT & CEO (ARNETT)	55 0 ..... 0 0					X		585,770	0	110,975
JAMES T PARKER ..... SVP, HEALTH PLANS	55 0 ..... 0 0					X		558,725	0	107,719
WILLIAM F MCCONNELL JR ..... SVP & CIO	55 0 ..... 0 0					X		548,924	0	24,707
KELLY L BRAVERMAN ..... FORMER INTERIM COO (UH)	55 0 ..... 0 0						X	199,164	0	6,601
RICHARD F GRAFFIS MD ..... FORMER EVP & CME	0 0 ..... 55 0						X	0	267,349	31,688
JOHN C KOHNE MD ..... FORMER INTERIM EVP & CME	1 0 ..... 0 0						X	149,163	0	4,756
JAMES G TERWILLIGER ..... FORMER PRESIDENT (MH/UH)	0 0 ..... 0 0						X	275,547	0	5,868
LINDA Q EVERETT RN ..... FORMER EVP & CNE	0 0 ..... 0 0						X	204,400	0	4,002

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

(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			
MARILYN L COX RN ..... FORMER SVP & CNO (RILEY)	0 0 ..... 0 0						X	267,791	0	238,847
RUSSELL D WILLIAMS ..... COO (RILEY)	55 0 ..... 0 0						X	323,600	0	31,744

SCHEDULE A  
(Form 990 or 990EZ)

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

OMB No 1545-0047  
**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization INDIANA UNIVERSITY HEALTH INC	Employer identification number 35-1955872
---	--

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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

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

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

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

**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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> 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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>line 2</b> below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> 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
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> 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](http://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 INC	Employer identification number 35-1955872
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**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
<b>1</b>	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		No	
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		458,721
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		69,655
<b>j</b>	Total Add lines 1c through 1i			528,376
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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 1b and g - Paid staff and direct contact	During 2015, IU Health spent a total of \$458,721 in direct federal and state lobbying expenditures During 2015, IU Health advocated before Congress on the following issues - Healthcare Reform Legislation (in general) - Patient Protection and Affordable Care Act - Changes to Medicare/Medicaid reimbursement - Graduate Medical Education - Medicaid/Medicare Managed Care - Changes to OPPS/IPPS reimbursement - RAC Audits - NIH funding - Accountable Care Organizations - 340B program - Meaningful Use - Rare disease research (Pediatric & Adult) - Site-neutrality Payments - IRS Requirements for Charitable Hospitals - Critical Access and Rural Hospital Matters (Direct Supervision, Medicare Extenders) - Disproportionate Share Hospital Payments - Telemedicine/telehealth - Budget Matters During 2015, IU Health advocated at the State Level on the following issues - Provider Reimbursements - Healthy Indiana Plan 2.0 - Medicaid Reimbursement Policies - Workers Compensation - Provider Licensure Matters - Workforce and Smoking Policies - Insurance Matters - Healthcare Reform - Medical Malpractice - Medicaid Managed Care - Telehealth/Telemedicine - Transportation - Public Safety - Regulation - Social Services - Domestic Violence - Patient Safety Matters - Access to Health Care - Upper Payment Limit Payments
Schedule C, Part II-B, Lines 1j - Other Activities	Several membership organizations notified IU Health during 2015 that a portion of the dues it paid would be used for lobbying purposes as follows American Hospital Association 22.80% or \$16,345 Indiana Hospital Association 5.05% or \$11,237 Greater Indianapolis Chamber of Commerce 5% or \$2,500 Indiana Chamber of Commerce 10% or \$2,050 Healthcare Leadership Council 45% or \$11,250 National Association of Children's Hospital 15% or \$23,644 Safety Net Hospitals for Pharmaceutical Access 8% or \$2,118 Association of American Medical Colleges 20% or \$511 Total Portion of Dues Used for Lobbying Purposes \$69,655

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
INDIANA UNIVERSITY HEALTH INC

Employer identification number  
35-1955872

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

1b

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

2b

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 . . . . .	4,888,281	4,890,781	4,893,581	4,896,581	5,186,440
1b Contributions . . . . .					
1c Net investment earnings, gains, and losses					
1d Grants or scholarships . . . . .		2,500	2,800	3,000	289,859
1e Other expenditures for facilities and programs . . . . .					
1f Administrative expenses . . . . .					
1g End of year balance . . . . .	4,888,281	4,888,281	4,890,781	4,893,581	4,896,581

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100 000 %

c

Temporarily restricted endowment ▶ 0 %

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

Yes

No

3a(i)

3a(ii)

3b

No

Yes

Yes

b

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

☐

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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 . . . . .		140,620,954		140,620,954
1b Buildings . . . . .		1,954,123,149	882,582,619	1,071,540,530
1c Leasehold improvements . . . . .		4,233,483	2,011,628	2,221,855
1d Equipment . . . . .		1,340,800,286	1,100,889,356	239,910,930
1e Other . . . . .		163,374,609	37,279,737	126,094,872
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶				1,580,389,141

Schedule D (Form 990) 2015





**Part XI**

**Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XII**

**Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XIII**

**Supplemental Information**

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

Return Reference	Explanation
Schedule D, Part V, Line 4 - Intended Uses of Org 's Endowment Funds	Permanently restricted net assets are generally restricted for indigent and other patient care services, medical education and research programs, and medical supplies and equipment

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

Return Reference	Explanation

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public  
Inspection

Name of the organization  
INDIANA UNIVERSITY HEALTH INC

Employer identification number  
35-1955872

Part I

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

- 1

**For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes
 ☐ No
- 2

**For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
3a Sub-total					1,235,268,543
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,235,268,543

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>									
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									

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

**3** Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

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

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

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐ Yes ☒ No

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Schedule F, Part I, Line 3 - Activities per Region	The amounts reported on Schedule F, Part I, Line 3 include the book values of foreign investments, insurance premiums paid directly to an off-shore captive and travel and meeting expenses paid to attend off-shore captive meetings

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 35-1955872

**Name:** INDIANA UNIVERSITY HEALTH INC

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments	N/A	1,212,305,544
Europe (Including Iceland and Greenland)			Investments	N/A	11,962,150
East Asia and the Pacific			Investments	N/A	879,072



**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Investments	N/A	640,747
Central America and the Caribbean			Unrelated Trade or Business	N/A	3,691,061
Central America and the Caribbean			Program Services	SELF-INSURANCE	5,780,173

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Conduct board meetings	N/A	9,796

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization INDIANA UNIVERSITY HEALTH INC	Employer identification number 35-1955872
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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)		35,864	78,221,100	0	78,221,100	2 860 %
b Medicaid (from Worksheet 3, column a)		121,493	699,539,609	519,672,230	179,867,379	6 580 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		157,357	777,760,709	519,672,230	258,088,479	9 440 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	28	109,287	27,674,194	1,400	27,672,794	1 010 %
f Health professions education (from Worksheet 5)	9	11,659	77,117,964	14,931,307	62,186,657	2 280 %
g Subsidized health services (from Worksheet 6)	8	6,128	7,934,256	0	7,934,256	0 290 %
h Research (from Worksheet 7)	2	32	28,243,566	0	28,243,566	1 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	12	43,516	13,122,934	0	13,122,934	0 480 %
j Total. Other Benefits	59	170,622	154,092,914	14,932,707	139,160,207	5 090 %
k Total. Add lines 7d and 7j	59	327,979	931,853,623	534,604,937	397,248,686	14 530 %

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
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy	2	8,080	970,872	970,872	4 000 %
8	Workforce development					
9	Other					
10	Total	2	8,080	970,872	970,872	4 000 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

No

2

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

2

9,856,199

3

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

3

0

4

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

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

414,253,529

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

420,179,179

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-5,925,650

8

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

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

b

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

9b

Yes

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 SEE PART VI	AMBULATORY SURGERY CENTER	25 569 %	0 %	74 431 %
2 SEE PART VI	AMBULATORY SURGERY CENTER	25 752 %	0 %	74 248 %
3 SEE PART VI	AMBULATORY SURGERY CENTER	25 905 %	0 %	74 095 %
4 SEE PART VI	AMBULATORY SURGERY CENTER	26 01 %	0 %	73 99 %
5 SEE PART VI	AMBULATORY SURGERY CENTER	28 963 %	0 %	71 037 %
6 SEE PART VI	AMBULATORY SURGERY CENTER	30 304 %	0 %	69 696 %
7 SEE PART VI	AMBULATORY SURGERY CENTER	27 403 %	0 %	72 597 %
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2015

## Section A. Hospital Facilities

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

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

Schedule H (Form 990) 2015

## Section B. Facility Policies and Practices

INDIANA UNIVERSITY HEALTH INC

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

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	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)	3	Yes
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15		
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	5	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	Yes
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	Yes
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) SEE PART V, SECTION C 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)	7	Yes
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	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) SEE PART V, SECTION C b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
10b		10b	No
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)?	12a	No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
	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? \$		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

INDIANA UNIVERSITY HEALTH INC

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><td>13</td><td>Yes</td><td></td></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><td>15</td><td>Yes</td><td></td></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><td>16</td><td>Yes</td><td></td></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><td></td><td></td><td></td></div>			

Part V

Facility Information (continued)

INDIANA UNIVERSITY HEALTH INC

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? **95**

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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 IV, Line 1(a) Name of Entity	Beltway Surgery Centers, LLC

Form and Line Reference	Explanation
Schedule H, Part IV, Line 2(a) Name of Entity	Eagle Highlands Surgery Center, LLC

Form and Line Reference	Explanation
Schedule H, Part IV, Line 3(a) Name of Entity	Senate Street Surgery Center, LLC

Form and Line Reference	Explanation
Schedule H, Part IV, Line 4(a) Name of Entity	Indiana Endoscopy Centers, LLC

Form and Line Reference	Explanation
Schedule H, Part IV, Line 5(a) Name of Entity	ROC Surgery, LLC

Form and Line Reference	Explanation
Schedule H, Part IV, Line 6(a) Name of Entity	Indiana University Health Saxony Surgery Center, LLC



Form and Line Reference	Explanation
Schedule H, Part IV, Line 7(a) Name of Entity	Ball Outpatient Surgery Center, LLC

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Other Factors Used in Determining Elig	<p>IU Health 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> <ol style="list-style-type: none"> <li><b>1 Indiana Residency Requirement</b> IU Health only makes Financial Assistance available to residents of the State of Indiana. IU Health 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.</li> <li><b>2 Alternate Sources of Assistance</b> When technically feasible, patients must exhaust all other state and federal assistance programs prior to receiving an award from IU Health's 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's 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.</li> <li><b>3 Presumptive Financial Assistance Eligibility</b> Patients who are deemed to be presumptively eligible for Financial Assistance will receive a Financial Adjustment to their final statement balance based on the patient's 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 Children's 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.</li> <li><b>4 Additional Considerations</b> Financial Assistance may be granted to a deceased patient's account if said patient is found to have no estate. IU Health will deny or revoke Financial Assistance for any patient or guarantor who falsifies any portion of a Financial Assistance Application. A patient's income and/or ability to pay may be taken into consideration in the calculation of a financial assistance award.</li> <li><b>5 Patient Assets</b> IU Health will consider patient Assets in the calculation of a patient's true financial burden. A patient's primary residence and one (1) motor vehicle will be exempted from consideration in most cases. IU Health will apply the definitions set for in Indiana Administrative Code 405 IAC 2-3-15 to define a patient's primary residence and motor vehicle. A patient's primary residence is defined as the patient's principal place of residence. The patient's primary residence will be excluded from a patient's extraordinary asset calculation so long as the patient's equity is less than five-hundred thousand dollars (\$500,000) and the home is not occupied by the patient's 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).</li> <li><b>6</b> IU Health 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 will not seek the title to discovered Assets without the express authorization of the Financial Assistance Committee.</li> </ol>

Form and Line Reference	Explanation
Schedule H, Part I, Line 7, Column (c) 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 excludes direct offsetting revenue, is 34.09%.

Form and Line Reference	Explanation
Schedule H, Part I, Line 7, Column (f) Percent of Total Expense	The amount of bad debt expense subtracted for purposes of calculating the percentage of total expense on Line 7, column (f) is \$30,032,905. This amount includes the bad debt expense reported on Form 990, Part IX, Line 25, column (A), and IU Health's portion of the bad debt attributable to the joint ventures reported on Schedule H, Part IV.

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

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 the communities it serves IU Health and its related hospital entities across the State of Indiana ("IU Health Statewide System") participate in a variety of community-building activities that address the social determinants of health in the communities it serves through investments in economic development efforts across the state, collaboration with like-minded organizations through coalitions that address key issues, and advocacy 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 - Partnership for a Healthy Hamilton County - Aspire Indiana, Inc - Starfish Initiative - Early Learning Indiana - United Way Additionally, through the IU Health Statewide Systems 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 Bad Debt Expense Methodology	The amount reported on line 2 as bad debt 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>The bad debt expense footnote in IU Health's consolidated financial statements is as follows The provision for uncollectible accounts, for all payors, is recognized when services are provided based upon managements 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 Surplus or (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 Medicare Cost Report. "Allowable costs" for Medicare Cost Report purposes, however, are not reflective of all costs associated with IU Health's 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's participation in Medicare programs would significantly increase the Medicare shortfall reported on Schedule H, Part III, Line 7. IU Health'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 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 Healths 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</p> <p>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 keeps all applications and supporting documentation confidential</p> <p>2 Eligibility Determination IU Health 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</p> <p>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</p> <p>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</p> <p>All decisions of the Financial Assistance Committee are final</p> <p>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 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</p> <p>When it is necessary to engage in such action, IU Health, and its contracted third parties, will engage in fair, respectful and transparent collections activities</p> <p>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</p> <p>IU Health may also suspend collection activity on an account while an Application is being processed and considered</p> <p>IU Health 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</p> <p>The award of Financial Assistance may be subject to successful completion of a payment plan</p> <p>In the event a patient or guarantor who is receiving Financial Assistance fails to complete the terms of their payment plan, IU Health 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 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 assesses the health care needs of the communities it serves by conducting a CHNA for each of its hospital locations These assessments include collaboration with other community organizations such as the Marion County Health Department, the Hamilton County Health Department, the Indiana State Department of Health and the United Way of Central Indiana After completion of the CHNA, IU Health 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 Healths 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 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 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 patient's financial ability to pay for services. IU Health 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 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 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's financial assistance program. Financial counselors are onsite to assist with financial concerns or questions during the patient's stay. Patient Financial Services Customer Service representatives are also available after the patient's 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 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 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's Financial Assistance Policy and Financial Assistance Application is available on its website at <a href="http://iuhealth.org/patients/my-iu-health/billing-services/financial-assistance/">http://iuhealth.org/patients/my-iu-health/billing-services/financial-assistance/</a>. 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	<p>IU Health serves a large geographic area in Central Indiana. In completing CHNAs for its IU Health Academic Health Center and IU Health Saxony Hospital locations, IU Health defined "community" as the county of residence for each hospital location. Each individual hospital location serves a unique subsection of the community for which details are included below.</p> <p><b>IU Health Academic Health Center</b>  The community for IU Health Academic Health Center's primary service area is defined as Marion County, the community where IU Health Academic Health Center is located. The secondary service areas are comprised of eight contiguous counties consisting of Boone, Hamilton, Hancock, Hendricks, Johnson, Madison, Morgan, and Shelby Counties. Approximately, 81% of inpatient discharges are from the primary service area and 19% from the secondary service area. Marion County includes zip codes within the towns of Beech Grove, Indianapolis, Lawrence, Southport, and Speedway, plus portions of Plainfield, which extends into Hendricks County. Based on the Census Bureau data for 2012, Marion County's population was 911,296 and 54% were female. The county's population estimates by race are 59.5% White non-Hispanic, 26.4% Black non-Hispanic, 9.3% Hispanic or Latino, 2.0% Asian, 0.5% American Indian or Alaska native, and 2.2% persons reporting two or more races.</p> <p><b>IU Health Saxony Hospital</b>  The community for IU Health Saxony Hospital's primary service area is defined as Hamilton County, the county where IU Health Saxony Hospital is located, plus Marion County. The secondary service area is comprised of five contiguous counties consisting of Boone, Hancock, Hendricks, Madison, and Tipton Counties. Approximately 54% of inpatient discharges originate from the primary service area with 23% from the secondary service area. Of inpatient discharges from 56 other Indiana counties, no one county accounted for more than 2.5%. Hamilton County includes ZIP codes within the towns of Arcadia, Atlanta, Carmel, Cicero, Fishers, Noblesville, Sheridan, and Westfield. Based on Census Bureau statistics for 2014, Hamilton County's population was 302,623. Just over half (51.2%) were female and 48.8% were male. The county's population estimates by race are 84.9% White non-Hispanic, 4.1% Black, 3.8% Hispanic or Latino, 5.6% Asian, 0.2% American Indian or Alaska Native, and 1.8% two or more races. A very small percentage of the population is ethnic groups other than those listed above.</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 Promotion of Community Health</p>	<p>A majority of IU Healths board of directors is comprised of independent community members who reside in IU Healths primary service areas. IU Health extends medical privileges to all physicians who meet the credentialing qualifications necessary for appointment to its medical staff. IU Health does not deny appointment on the basis of gender, race, creed, or national origin. IU Health, in conjunction with the Indiana University School of Medicine, trains the next generation of physicians in an exceptional environment, blending breakthrough research and treatments with the highest quality of patient care. IU Healths five year strategic planning process was renewed during 2014 resulting in mission-critical focusing and re-focusing of investments, both people and financial resources, to fund improvements in patient care, medical education, and research. One of the most crucial elements in that process was the statement of IU Healths Value Proposition. IU Health will be a leader in - Managing the health of populations it serves, leveraging all aspects of its tripartite mission, - Providing care for patients with complex illnesses, while serving as a destination referral center in select areas - IU Health will compete on excellence and innovation to drive outcomes and value. This proposition advances IU Healths Mission Statement and recognizes core values that are crucial to its historic and current identity. IU Health is already seeing new and sustained initiatives based upon this statement.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated Health Care System	<p>IU Health is part of the IU Health Statewide System. The IU Health Statewide System is Indianas most comprehensive healthcare system. A unique partnership with the IU School of Medicine, one of the nations 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. 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 &amp; World Reports 2015-16 edition of Americas Best Hospitals. - Ten out of ten specialty programs at Riley Hospital for Children at IU Health ranked among the top 50 childrens hospitals in the nation. 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. 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. 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 Indianas 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 - IUHLP 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 Indianas 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 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 Kindergarten Countdown As one of IU Healths 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 to parents in registering.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated Health Care System	<p>ng 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 partners - 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 - Veggies 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 chronic diseases such as obesity</p>



## **Schedule H (Form 990) 2015**

Additional Data

Software ID:  
Software Version:  
EIN: 35-1955872  
Name: INDIANA UNIVERSITY HEALTH 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	INDIANA UNIVERSITY HEALTH INC 1701 N SENATE BLVD INDIANAPOLIS, IN 46202 HTTP //IUHEALTH.ORG/ 15-005051-1	X	X	X		X	X		SEE PART V, SECTION C FOR ADDITIONAL INFORMATION	1

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

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

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

Name and address	Type of Facility (describe)
1 BALL OUTPATIENT SURGERY CENTER 2525 W UNIVERSITY AVE STE 200 MUNCIE,IN 47303	AMBULATORY SURGERY
1 BELTWAY SURGERY CENTER 151 PENNSYLVANIA PKWY INDIANAPOLIS,IN 46280	AMBULATORY SURGERY
2 BELTWAY SURGERY CENTER SPRING MILL 200 W 103RD ST STE 2400 INDIANAPOLIS,IN 46290	AMBULATORY SURGERY
3 EAGLE HIGHLANDS SURGERY CENTER 6850 PARKDALE PL INDIANAPOLIS,IN 46254	AMBULATORY SURGERY
4 GLEN LEHMAN ENDOSCOPY SUITE 550 N UNIVERSITY BLVD STE 4100 INDIANAPOLIS,IN 46202	AMBULATORY SURGERY
5 INDIANA ENDOSCOPY CENTERS 10967 ALLISONVILLE RD STE 100 FISHERS,IN 46038	AMBULATORY SURGERY
6 INDIANA ENDOSCOPY CENTERS 1115 N RONALD REAGAN PKWY STE 3 AVON,IN 46123	AMBULATORY SURGERY
7 INDIANA ENDOSCOPY CENTERS 1801 N SENATE BLVD STE 710 INDIANAPOLIS,IN 46202	AMBULATORY SURGERY
8 INDIANA HTS BELTWAY SURGERY CENTER 8501 HARCOURT RD INDIANAPOLIS,IN 46260	AMBULATORY SURGERY
9 MERIDIAN SOUTH SURGERY CENTER 8830 S MERIDIAN ST INDIANAPOLIS,IN 46217	AMBULATORY SURGERY
10 RILEY OUTPATIENT SURGERY CENTER 702 BARNHILL DR STE 0201 INDIANAPOLIS,IN 46202	AMBULATORY SURGERY
11 SAXONY SURGERY CENTER 13100 E 136TH ST STE 1100 FISHERS,IN 46037	AMBULATORY SURGERY
12 SENATE STREET SURGERY CENTER 1801 N SENATE BLVD INDIANAPOLIS,IN 46202	AMBULATORY SURGERY
13 CARDIO TESTING AT IU HEALTH METHODIST 1801 N SENATE BLVD STE 3100 INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
14 CHARIS CENTER 6640 INTECH BLVD STE 195 INDIANAPOLIS,IN 46278	DIAGNOSTIC AND OTHER OUTPATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>16</b> INDIANA CANCER PAVILION 535 N BARNHILL DR INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>1</b> IU HEALTH ADULT DIALYSIS CENTER 2140 N CAPITOL ST INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>2</b> IU HEALTH ARNETT HOSPITAL LAB 5165 MCCARTY LN LAFAYETTE,IN 47905	DIAGNOSTIC AND OTHER OUTPATIENT
<b>3</b> IU HEALTH BALL MEMORIAL HOSPITAL LAB 2401 UNIVERSITY AVE MUNCIE,IN 46037	DIAGNOSTIC AND OTHER OUTPATIENT
<b>4</b> IU HEALTH BLACKFORD HOSPITAL LAB 410 PILGRIM BLVD HARTFORD CITY,IN 47348	DIAGNOSTIC AND OTHER OUTPATIENT
<b>5</b> IU HEALTH BLOOMINGTON HOSPITAL LAB 601 W 2ND ST BLOOMINGTON,IN 47402	DIAGNOSTIC AND OTHER OUTPATIENT
<b>6</b> IU HEALTH BRAIN TUMOR CLINIC 355 W 16TH ST STE 5400 INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>7</b> IU HEALTH BROWNSBURG 1375 N GREEN ST STE 200 BROWNSBURG,IN 46112	DIAGNOSTIC AND OTHER OUTPATIENT
<b>8</b> IU HEALTH CANCER CENTERS - SPRING MILL 200 W 103RD ST INDIANAPOLIS,IN 46290	DIAGNOSTIC AND OTHER OUTPATIENT
<b>9</b> IU HEALTH CICC EAST 6845 RAMA DR INDIANAPOLIS,IN 46219	DIAGNOSTIC AND OTHER OUTPATIENT
<b>10</b> IU HEALTH CICC NORTH 10202 LANTERN RD FISHERS,IN 46038	DIAGNOSTIC AND OTHER OUTPATIENT
<b>11</b> IU HEALTH CICC CARMEL 11725 ILLINOIS ST STE 565 CARMEL,IN 46032	DIAGNOSTIC AND OTHER OUTPATIENT
<b>12</b> IU HEALTH CICC METHODIST 1701 N SENATE BLVD C6 INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>13</b> IU HEALTH CICC WEST 1111 N RONALD REAGAN PKWY AVON,IN 46123	DIAGNOSTIC AND OTHER OUTPATIENT
<b>14</b> IU HEALTH HOME DIALYSIS 8802 N MERIDIAN ST STE 150 INDIANAPOLIS,IN 46260	DIAGNOSTIC AND OTHER OUTPATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>31</b> IU HEALTH LAPORTE HOSPITAL LAB 1007 LINCOLNWAY LAPORTE,IN 46350	DIAGNOSTIC AND OTHER OUTPATIENT
<b>1</b> IU HEALTH MEDICAL DIAGNOSTIC CENTER 550 N UNIVERSITY BLVD INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>2</b> IU HEALTH MELVIN & BREN SIMON CANCER CTR 1030 W MICHIGAN ST INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>3</b> IU HEALTH METHODIST HOSPITAL OUTPT SVC 1701 N SENATE BLVD AG053 INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>4</b> IU HEALTH METHODIST LIFECARE PROGRAM 1633 N CAPITAL AVE STE 300 INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>5</b> IU HEALTH METHODIST MEDICAL PLAZA 151 PENNSYLVANIA PKWY INDIANAPOLIS,IN 46280	DIAGNOSTIC AND OTHER OUTPATIENT
<b>6</b> IU HEALTH METHODIST MEDICAL PLAZA 6850 PARKDALE PL INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>7</b> IU HEALTH METHODIST MEDICAL PLAZA EAST 9660 E WASHINGTON ST INDIANAPOLIS,IN 46229	DIAGNOSTIC AND OTHER OUTPATIENT
<b>8</b> IU HEALTH METHODIST MEDICAL PLAZA SOUTH 8830 S MERIDIAN ST INDIANAPOLIS,IN 46217	DIAGNOSTIC AND OTHER OUTPATIENT
<b>9</b> IU HEALTH METHODIST PROFESSIONAL CENTER 1801 N SENATE BLVD INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>10</b> IU HEALTH MOORESVILLE 820 SAMUEL MOORE PKWY MOORESVILLE,IN 46158	DIAGNOSTIC AND OTHER OUTPATIENT
<b>11</b> IU HEALTH NEUROSCIENCE CENTER 355 W 16TH ST INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>12</b> IU HEALTH NEUROSCIENCE CTR NEUROPHYS 355 W 16TH ST STE 2100 INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>13</b> IU HEALTH NORTH HOSPITAL LAB 11700 N MICHIGAN ST CARMEL,IN 46032	DIAGNOSTIC AND OTHER OUTPATIENT
<b>14</b> IU HEALTH OPHTHALMOLOGY CENTER 1160 W MICHIGAN AVE INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT

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

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

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

Name and address	Type of Facility (describe)
46 IU HEALTH ORTHO RADIOLOGY AND REHAB 1801 N SENATE AVE STE 510 INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
1 IU HEALTH PAOLI HOSPITAL LAB 642 W HOSPITAL RD PAOLI,IN 47454	DIAGNOSTIC AND OTHER OUTPATIENT
2 IU HEALTH PATHOLOGY LAB 350 W 11TH ST INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
3 IU HEALTH RADIOLOGY AT GEORGETOWN 4880 CENTURY PLAZA RD STE 155 INDIANAPOLIS,IN 46254	DIAGNOSTIC AND OTHER OUTPATIENT
4 IU HEALTH RADIOLOGY AT MOORESVILLE 820 SAMUEL MOORE PKWY MOORESVILLE,IN 46158	DIAGNOSTIC AND OTHER OUTPATIENT
5 IU HEALTH RENAL SERVICES 550 N UNIVERSITY BLVD RM 1115 INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
6 IU HEALTH SAXONY HOSPITAL LAB 13000 E 136TH ST FISHERS,IN 46037	DIAGNOSTIC AND OTHER OUTPATIENT
7 IU HEALTH SAXONY HOSPITAL OR 13100 E 136TH ST STE 2100 FISHERS,IN 46037	DIAGNOSTIC AND OTHER OUTPATIENT
8 IU HEALTH SAXONY HOSPITAL SLEEP LAB 13100 E 136TH ST FISHERS,IN 46037	DIAGNOSTIC AND OTHER OUTPATIENT
9 IU HEALTH SLEEP DISORDERS CENTER 1411 W COUNTY LINE RD STE C GREENWOOD,IN 46142	DIAGNOSTIC AND OTHER OUTPATIENT
10 IU HEALTH SLEEP DISORDERS CENTER 714 N SENATE AVE INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
11 IU HEALTH TIPTON HOSPITAL LAB 1000 S MAIN ST TIPTON,IN 46072	DIAGNOSTIC AND OTHER OUTPATIENT
12 IU HEALTH TRANSPLANT 1701 N SENATE BLVD INDIANAPOLIS,IN 46206	DIAGNOSTIC AND OTHER OUTPATIENT
13 IU HEALTH UNIV HOSP ADULT OUTP CENTER 550 UNIVERSITY BLVD RM 4175 INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
14 IU HEALTH WEST HOSPITAL LAB 1111 RONALD REAGAN PKWY AVON,IN 46123	DIAGNOSTIC AND OTHER OUTPATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>61</b> IU HEALTH WHITE MEMORIAL HOSPITAL LAB 720 S 6TH ST MONTICELLO,IN 47960	DIAGNOSTIC AND OTHER OUTPATIENT
<b>1</b> IU HEALTH SAXONY HOSPITAL CARDIAC REHAB 13100 E 136TH ST FISHERS,IN 46037	DIAGNOSTIC AND OTHER OUTPATIENT
<b>2</b> METHODIST MEDICAL PLAZA GEORGETOWN 4880 W CENTURY PLAZA RD INDIANAPOLIS,IN 46254	DIAGNOSTIC AND OTHER OUTPATIENT
<b>3</b> METHODIST MEDICAL PLAZA GLENDALE 2620 KESSLER BLVD E DR INDIANAPOLIS,IN 46220	DIAGNOSTIC AND OTHER OUTPATIENT
<b>4</b> METHODIST MEDICAL TOWER 1633 N CAPITAL AVE INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>5</b> NEUROREHABILITATION AND ROBOTICS 355 W 16TH ST STE 1078 INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>6</b> NEUROSCIENCE RADIOLOGY 355 W 16TH ST STE 0400 INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>7</b> PULMONARY REHABILITATION 1633 N CAPITAL AVE STE 103 INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>8</b> RILEY REHABILITATION SERVICES 705 RILEY HOSPITAL DR INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>9</b> RILEY REHABILITATION SERVICES (EAST) 9650 E WASHINGTON ST STE 250 INDIANAPOLIS,IN 46229	DIAGNOSTIC AND OTHER OUTPATIENT
<b>10</b> RILEY HOSPITAL HEMATOLOGYONCOLOGY 11725 ILLINOIS ST STE 01BD003-B6 CARMEL,IN 46032	DIAGNOSTIC AND OTHER OUTPATIENT
<b>11</b> RILEY HOSPITAL RENAL SERVICES 705 RILEY HOSPITAL DR ROC STE 12 INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>12</b> SPRING MILL OFFICE BUILDING LABORATORY 200 W 103RD ST INDIANAPOLIS,IN 46290	DIAGNOSTIC AND OTHER OUTPATIENT
<b>13</b> THE SIMULATION CENTER AT FAIRBANKS HALL 340 W 10TH ST STE 4100 INDIANAPOLIS,IN 46202	DIAGNOSTIC AND OTHER OUTPATIENT
<b>14</b> IU HEALTH ADVANCED THERAPIES PHARMACY 355 W 16TH ST STE 1600 INDIANAPOLIS,IN 46202	PHARMACY

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

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

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

Name and address	Type of Facility (describe)
<b>76</b> METHODIST RETAIL PHARMACY 1801 N SENATE BLVD STE 105 INDIANAPOLIS,IN 46202	PHARMACY
<b>1</b> NORTH RETAIL PHARMACY 11700 N MERIDIAN ST STE B106 CARMEL,IN 46032	PHARMACY
<b>2</b> RILEY RETAIL PHARMACY 705 RILEY HOSPITAL DR ROC 1201 INDIANAPOLIS,IN 46202	PHARMACY
<b>3</b> SAXONY RETAIL PHARMACY 13100 E 136TH ST STE 1000 FISHERS,IN 46037	PHARMACY
<b>4</b> UNIVERSITY RETAIL PHARMACY 550 N UNIVERSITY BLVD INDIANAPOLIS,IN 46202	PHARMACY
<b>5</b> WEST RETAIL PHARMACY 1111 N RONALD REAGAN PKWY AVON,IN 46123	PHARMACY
<b>6</b> IU HEALTH ARNETT HOME CARE 3900 MCCARTY LN STE 103 LAFAYETTE,IN 47905	HOME HEALTH
<b>7</b> IU HEALTH ARNETT SLEEP APNEA EDUC CTR 3900 MCCARTY LN STE 102 LAFAYETTE,IN 47905	HOME HEALTH
<b>8</b> IU HEALTH BALL MEMORIAL HOME CARE 2300 W GILBERT ST MUNCIE,IN 47303	HOME HEALTH
<b>9</b> IU HEALTH BEDFORD SLEEP APNEA EDUC CTR 1502 CLINIC DR BEDFORD,IN 47421	HOME HEALTH
<b>10</b> IU HEALTH HOME CARE 950 N MERIDIAN ST STE 700 INDIANAPOLIS,IN 46204	HOME HEALTH
<b>11</b> IU HEALTH SLEEP APNEA EDUCATION CENTER 1411 W COUNTY LINE RD STE C GREENWOOD,IN 46142	HOME HEALTH
<b>12</b> IU HEALTH SLEEP APNEA EDUCATION CENTER 714 N SENATE AVE STE 110 INDIANAPOLIS,IN 46202	HOME HEALTH
<b>13</b> IU HEALTH TIPTON HOME CARE 202 S WEST ST TIPTON,IN 46072	HOME HEALTH
<b>14</b> SLEEP APNEA EDUCATION CENTER AT SAXONY 13100 E 136TH ST STE 3200B FISHERS,IN 46037	HOME HEALTH



**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

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

\_\_\_\_\_

Name and address	Type of Facility (describe)
<b>91</b> SLEEP APNEA EDUCATION CENTER AT WEST 1115 N RONALD REAGAN PKWY STE 3 AVON,IN 46123	HOME HEALTH
<b>1</b> IU HEALTH BALL MEMORIAL HOSPICE 2401 W UNIVERSITY BLVD MUNCIE,IN 47303	HOSPICE
<b>2</b> IU HEALTH HOSPICE 1828 N ILLINOIS ST INDIANAPOLIS,IN 46202	HOSPICE
<b>3</b> IU HEALTH HOSPICE 950 N MERIDIAN ST STE 700 INDIANAPOLIS,IN 46204	HOSPICE
<b>4</b> IU HEALTH MORGAN 2209 JOHN R WOODEN DR MARTINSVILLE,IN 46151	DIAGNOSTIC AND OTHER OUTPATIENT

# 2015

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

Name of the organization  
INDIANA UNIVERSITY HEALTH INC

35-1955872

☒ Yes      ☐ No[illegible]

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

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SEE PART IV	1	100,000		N/A	N/A

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 does not monitor the use of grant funds once distributed, 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
Schedule I, Part III, Line 1 - Grants and Other Assistance to Individuals	The amount reported on Schedule I, Part III, Line 1 represents funds provided by IU Health to IU School of Medicine to support a management position

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 35-1955872  
**Name:** INDIANA UNIVERSITY HEALTH INC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INDIANA UNIVERSITY SCHOOL OF MEDICINE 714 N SENATE AVE INDIANAPOLIS,IN 46202	35-6001673	GOV'T ENTITY	15,000,000		N/A	N/A	RESEARCH/TRAINING
HEALTHNET INC 3401 RAYMOND ST INDIANAPOLIS,IN 46203	35-1579827	501(C)(3)	1,037,158		N/A	N/A	GENERAL SUPPORT
IN CONF OF THE UNITED METHODIST CHURCH 301 PENN PKWY INDIANAPOLIS,IN 46280	27-0264680	501(C)(3)	500,000		N/A	N/A	DISCIPLESHIP CENTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
METHODIST RESEARCH INSTITUTE INC 950 N MERIDIAN ST INDIANAPOLIS, IN 46204	35-1007590	501(C)(3)	494,578		N/A	N/A	GENERAL SUPPORT
INDIANA HEALTH INFORMATION EXCHANGE INC 846 N SENATE AVE INDIANAPOLIS, IN 46202	36-4550324	501(C)(3)	353,348		N/A	N/A	GENERAL SUPPORT
UNITED WAY OF CENTRAL INDIANA INC PO BOX 88409 INDIANAPOLIS, IN 46208	35-1007590	501(C)(3)	318,820		N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
METHODIST HEALTH FOUNDATION INC 1800 N CAPITOL AVE INDIANAPOLIS, IN 46202	35-6043086	501(C)(3)	230,921		N/A	N/A	GENERAL SUPPORT
INDIANA UNIVERSITY FOUNDATION 1110 W MICHIGAN ST INDIANAPOLIS, IN 46202	35-6018940	501(C)(3)	130,000		N/A	N/A	HEALTH/LAW SCHOOLS
PLAYWORKS EDUCATION ENERGIZED 380 WASHINGTON ST OAKLAND, CA 94607	94-3251867	501(C)(3)	102,500		N/A	N/A	PLAYWORKS INDIANA

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACTION FOR HEALTHY KIDS INC 600 W VAN BUREN CHICAGO, IL 60607	47-0902020	501(C)(3)	83,500		N/A	N/A	STRONG SCHOOLS
UNITED NEGRO COLLEGE FUND INC 3737 N MERIDIAN ST INDIANAPOLIS, IN 46208	13-1624241	501(C)(3)	80,000		N/A	N/A	SCHOLARSHIPS
INDIANAPOLIS PUBLIC SCHOOLS EDUCATION FOUNDATION 120 E WALNUT ST INDIANAPOLIS, IN 46204	31-1103966	501(C)(3)	50,000		N/A	N/A	IPS/PLAYWORKS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GLEANERS FOOD BANK OF INDIANA INC 3737 WALDEMERE AVE INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)	50,000		N/A	N/A	GENERAL SUPPORT
MENTAL HEALTH ASSOCIATION IN INDIANA INC 1431 N DELAWARE ST INDIANAPOLIS, IN 46202	35-0896905	501(C)(3)	45,469		N/A	N/A	SUICIDE LINE
YOUNG MENS CHRISTIAN ASSOCIATION LAFAYETTE 19500 S 18TH ST LAFAYETTE, IN 47905	35-0868213	501(C)(3)	39,460		N/A	N/A	COUNSELING/ACCESS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOCIAL HEALTH ASSOCIATION OF INDIANA INC 615 N ALABAMA ST INDIANAPOLIS, IN 46204	35-0869056	501(C)(3)	38,100		N/A	N/A	BULLYING PREVENTION
CICP FOUNDATION INC 111 MONUMENT CIRCLE INDIANAPOLIS, IN 46204	35-2065457	501(C)(3)	35,000		N/A	N/A	BIOCROSSROADS
500 FESTIVAL INC 21 VIRGINIA AVE INDIANAPOLIS, IN 46204	35-1004320	501(C)(4)	31,500		N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLANNER HOUSE OF INDIANAPOLIS INC 2424 DR MLK JR ST INDIANAPOLIS, IN 46208	35-0942628	501(C)(3)	30,000		N/A	N/A	QUALITY OF LIFE
INDIANA BLACK EXPO INC 3145 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-1406245	501(C)(3)	20,000		N/A	N/A	HEALTH FOCUS
CENTER FOR LEADERSHIP DEVELOPMENT 2525 DR MLK JR ST INDIANAPOLIS, IN 46208	35-1389882	501(C)(3)	17,500		N/A	N/A	COLLEGE PREP /GEN

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INDIANAPOLIS PARKS FOUNDATION INC 615 N ALABAMA ST INDIANAPOLIS, IN 46204	35-1860468	501(C)(3)	16,350		N/A	N/A	CAMP/MOBILE FOOD
CROSSROADS COUNCIL BOYS SCOUTS OF AMERICA INC 7125 FALL CREEK RD INDIANAPOLIS, IN 46256	35-0867962	501(C)(3)	15,500		N/A	N/A	GENERAL SUPPORT
HORIZON HOUSE INC 1033 E WASH ST INDIANAPOLIS, IN 46202	35-1759503	501(C)(3)	15,200		N/A	N/A	WINTER READY PROG

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LOCAL INITIATIVES SUPPORT CORPORATION 202 E MARKET ST INDIANAPOLIS, IN 46204	13-3030229	501(C)(3)	15,000		N/A	N/A	FOOD COUNCIL
INFORMATION AND REFERRAL NETWORK INC 3091 N MERIDIAN ST INDIANAPOLIS, IN 46208	31-1216792	501(C)(3)	15,000		N/A	N/A	STAFF TRAINING
STARFISH INC 6958 HILLSDALE CT INDIANAPOLIS, IN 46250	56-2442758	501(C)(3)	15,000		N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF CENTRAL INDIANA INC 9449 PRIORITY WAY INDIANAPOLIS, IN 46240	35-1003695	501(C)(3)	10,000		N/A	N/A	CAREER SUCCESS
INDY HUNGER NETWORK INC 9080 DEWBERRY CT INDIANAPOLIS, IN 46260	45-4833492	501(C)(3)	10,000		N/A	N/A	NUTRITION EDUCATION
FREEWHEELIN' COMMUNITY BIKES INC 3355 N CENTRAL AVE INDIANAPOLIS, IN 46205	26-3748830	501(C)(3)	10,000		N/A	N/A	GENERAL SUPPORT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST INDIANAPOLIS,IN 46204	35-0868211	501(C)(3)	10,000		N/A	N/A	HEALTH FOCUS
GENNESARET FREE CLINIC INC 615 N ALABAMA ST INDIANAPOLIS,IN 46204	35-1776518	501(C)(3)	10,000		N/A	N/A	HEALTH ACCESS
MENTAL HEALTH AMERICA OF TIPPECANOE COUNTY INC 914 SOUTH ST LAFAYETTE,IN 47901	38-3653969	501(C)(3)	9,223		N/A	N/A	SUICIDE PREVENTION

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KINGSWAY COMMUNITY CARE CENTER 107 PARK PLACE BLVD AVON, IN 46123	83-0404310	501(C)(3)	9,223		N/A	N/A	HEALTH ACCESS

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
INDIANA UNIVERSITY HEALTH INC

Employer identification number  
35-1955872

Part I Questions Regarding Compensation

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



**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 1a Listed Benefits	First-class travel and personal services (security services) were provided to an officer and director listed in IU Healths Form 990, Part VII, Section A. The costs of the first-class travel and security services were not treated as taxable compensation because they were a business expense of IU Health rather than personal in nature. Temporary housing was provided to a key employee listed in IU Healths Form 990, Part VII, Section A. The cost of the arrangement was treated as taxable compensation. Personal services (executive physicals) were provided to two officers, a highest compensated employee, and two former key employees listed in IU Healths Form 990, Part VII, Section A. The executive physicals were not treated as taxable compensation.
Schedule J, Part I, Line 4a Severance Payments	James G. Terwilliger received severance of \$275,379 from IU Health during 2015. This amount is included in column b (iii), other reportable compensation. Marilyn C. Cox received severance of \$209,897 from IU Health during 2015. This amount is included in column b (iii), other reportable compensation.
Schedule J, Part I, Line 4b Supplemental Nonqualified Retirement Plan	Daniel F. Evans, Jr., Ryan C. Kitchell, Mary Beth Claus, Dennis M. Murphy, Jonathan E. Gottlieb, M.D., Michelle A. Janney, R.N., Herbert C. Buchanan, Jr., Jonathan R. Goble, Ronald L. Stiver, Sherree C. Ladd, Michael E. Haley, Alfonso W. Gatmaitan, James T. Parker, William F. McConnell, Jr., and Linda Q. Everett, R.N. participate in a supplemental executive retirement plan, provisions of which are designed to retain these critical employees. The plan provides for an additional retirement benefit for service through normal retirement or other key dates. If the executive leaves prior to retirement or other key dates, the benefit may be forfeited or reduced. The following executives have amounts included in column c, deferred compensation, representing the current year unvested contributions made under the supplemental executive retirement plan - Ryan C. Kitchell - Mary Beth Claus - Dennis M. Murphy - Jonathan E. Gottlieb, M.D. - Michelle A. Janney, R.N. - Herbert C. Buchanan, Jr. - Jonathan R. Goble - Ronald L. Stiver - Alfonso W. Gatmaitan - James T. Parker. No amounts were actually paid to these executives during the year. The following executives have amounts included in column b (iii), other reportable compensation, representing the current year vested amounts received under the supplemental executive retirement plan - Daniel F. Evans, Jr. \$235,552 - Sherree C. Ladd \$453,099 - Michael E. Haley \$88,717 - William F. McConnell, Jr. \$64,545 - Linda Q. Everett, R.N. \$6,885. Sherree C. Ladd also has \$64,987 included in column F, compensation in column (B) reported as deferred on prior Form 990, representing prior year deferred amounts related to her supplemental executive retirement plan payout in 2015. 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 Committee on Personnel and Compensation and Board of Directors prior to any incentive payout.

Additional Data

Software ID:

Software Version:

EIN: 35-1955872

Name: INDIANA UNIVERSITY HEALTH 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/CEO	(i)	1,180,633	399,186	1,873,504	26,786	13,903	3,494,012	1,575,000
	(ii)	0	0	0	0	-	-	0
1JAMES E LINGEMAN MD DIRECTOR	(i)	43,000	0	0	0	0	43,000	0
	(ii)	819,183	61,749	6,858	10,600	-	-	0
2RYAN C KITCHELL TREASURER/EVP & CFO	(i)	772,113	247,392	21,348	169,389	27,387	1,237,629	0
	(ii)	0	0	0	0	-	-	0
3MARY BETH CLAUS SECRETARY/SVP & GENERAL COUNS	(i)	456,682	71,516	7,235	86,186	8,221	629,840	0
	(ii)	0	0	0	0	-	-	0
4DENNIS M MURPHY PRESIDENT & COO	(i)	1,068,468	327,200	24,000	408,100	23,177	1,850,945	0
	(ii)	0	0	0	0	-	-	0
5ERIC S WILLIAMS MD EVP, ACADEMIC & MEDICAL AFF	(i)	232,680	0	0	0	0	232,680	0
	(ii)	127,390	24,494	4,458	0	-	-	0
6JONATHAN E GOTTLIEB MD EVP & CME	(i)	650,331	0	26,832	147,100	19,198	843,461	0
	(ii)	0	0	0	0	-	-	0
7MICHELLE A JANNEY RN EVP & CNE	(i)	385,399	201,456	22,000	89,640	5,077	703,572	0
	(ii)	0	0	0	0	-	-	0
8HERBERT C BUCHANAN JR PRESIDENT (AHC ADULT)	(i)	467,362	14,165	30,587	94,750	16,288	623,152	0
	(ii)	0	0	0	0	-	-	0
9JEFFREY L SPERRING MD PRESIDENT (RH) (PARTIAL YR )	(i)	139,870	0	48,880	5,743	8,900	203,393	0
	(ii)	0	0	0	0	-	-	0
10PAUL R HAUT MD INTERIM PRES /CMO (RILEY)	(i)	0	0	0	0	0	0	0
	(ii)	248,164	52,420	1,164	6,601	-	-	0
11JONATHAN R GOBLE PRESIDENT (SAXONY)	(i)	472,004	84,386	8,253	93,623	23,691	681,957	0
	(ii)	0	0	0	0	-	-	0
12RONALD L STIVER PRESIDENT, SYS CLINICAL SVCS	(i)	461,223	108,482	2,448	90,628	20,683	683,464	0
	(ii)	0	0	0	0	-	-	0
JONATHAN W CURTRIGHT 13MD COO (AHC ADULT)	(i)	308,626	16,651	810	10,600	22,306	358,993	0
	(ii)	0	0	0	0	-	-	0
14LINDA K CHASE RN VP & CNO (AHC ADULT)	(i)	293,519	12,415	2,281	10,549	17,148	335,912	0
	(ii)	0	0	0	0	-	-	0
15DAWN M MOORE-JEFFERSON VP & CHIEF PHARMACY OFFICER	(i)	246,670	10,355	520	10,295	14,480	282,320	0
	(ii)	0	0	0	0	-	-	0
16SHERIEE C LADD SVP, HUMAN RESOURCES	(i)	401,456	67,414	461,860	10,600	870	942,200	64,987
	(ii)	0	0	0	0	-	-	0
17MICHAEL E HALEY PRESIDENT & CEO (BALL)	(i)	516,190	148,735	113,510	10,600	26,239	815,274	0
	(ii)	0	0	0	0	-	-	0
18ALFONSO W GATMAITAN PRESIDENT & CEO (ARNETT)	(i)	447,428	130,462	7,880	86,531	24,444	696,745	0
	(ii)	0	0	0	0	-	-	0
19JAMES T PARKER SVP, HEALTH PLANS	(i)	408,257	143,228	7,240	78,376	29,343	666,444	0
	(ii)	0	0	0	0	-	-	0

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				
21WILLIAM F MCCONNELL JR SVP & CIO	(i)	374,570	92,726	81,628	10,600	14,107	573,631	0
	(ii)	0	0	0	0	0	0	0
1KELLY L BRAVERMAN FORMER INTERIM COO (UH)	(i)	193,069	5,825	270	6,601	0	205,765	0
	(ii)	0	0	0	0	0	0	0
2RICHARD F GRAFFIS MD FORMER EVP & CME	(i)	0	0	0	0	0	0	0
	(ii)	240,974	15,251	11,124	10,526	21,162	299,037	0
3JOHN C KOHNE MD FORMER INTERIM EVP & CME	(i)	11,113	138,050	0	4,756	0	153,919	0
	(ii)	0	0	0	0	0	0	0
4JAMES G TERWILLIGER FORMER PRESIDENT (MH/UH)	(i)	0	0	275,547	0	5,868	281,415	0
	(ii)	0	0	0	0	0	0	0
5LINDA Q EVERETT RN FORMER EVP & CNE	(i)	41,181	108,196	55,023	1,684	2,318	208,402	0
	(ii)	0	0	0	0	0	0	0
6MARILYN L COX RN FORMER SVP & CNO (RILEY)	(i)	4,903	43,228	219,660	228,017	10,830	506,638	0
	(ii)	0	0	0	0	0	0	0
7RUSSELL D WILLIAMS COO (RILEY)	(i)	285,820	37,240	540	10,552	21,192	355,344	0
	(ii)	0	0	0	0	0	0	0

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DLN: 93493320031286

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

INDIANA UNIVERSITY HEALTH INC

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

► Attach to Form 990.

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

Employer identification number

35-1955872

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A INDIANA HEALTH AND EDUCATIONAL FACILITY FINANCING	35-1611409	45479RBL0	09-14-2006	387,109,760	SERIES 2006B BONDS		X		X		X
B INDIANA FINANCE AUTHORITY	35-1602316		11-26-2013	18,783,695	TAX-EXEMPT LEASE, 2010		X		X		X
C INDIANA FINANCE AUTHORITY	35-1602316	45471AAD4	04-19-2011	228,195,000	SERIES 2011A, B, C, D, AND E BONDS		X		X		X
D INDIANA FINANCE AUTHORITY	35-1602316		08-25-2014	138,110,000	SERIES 2011H AND I BONDS		X		X		X

Part II

Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired . . . . .		48,385,000		0		41,850,000		5,570,000
2 Amount of bonds legally defeased . . . . .		0		0		0		0
3 Total proceeds of issue . . . . .		388,586,019		18,783,695		228,203,281		138,110,000
4 Gross proceeds in reserve funds . . . . .		0		0		0		0
5 Capitalized interest from proceeds . . . . .		0		0		0		0
6 Proceeds in refunding escrows . . . . .		0		0		0		0
7 Issuance costs from proceeds . . . . .		2,286,019		0		740,000		0
8 Credit enhancement from proceeds . . . . .		0		0		0		0
9 Working capital expenditures from proceeds . . . . .		0		0		0		0
10 Capital expenditures from proceeds . . . . .		0		0		70,008,281		0
11 Other spent proceeds . . . . .		386,300,000		18,783,695		157,455,000		138,110,000
12 Other unspent proceeds . . . . .		0		0		0		0
13 Year of substantial completion . . . . .	2006		2010		2012		2014	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue? . . . . .	X		X		X		X	
15 Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
16 Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III

Private Business Use

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

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

Cat No 50193E

Schedule K (Form 990) 2015

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6	Total of lines 4 and 5 . . . . .								
7	Does the bond issue meet the private security or payment test? . . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?. . . . .	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X	X		X		X	
b	Exception to rebate? . . . . .	X			X		X		X
c	No rebate due? . . . . .		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X		X	X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider . . . . .	0		0		0		0	
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b	Name of provider . . . . .	SEE PART VI		0		0		0	
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .	X							
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

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

Return Reference	Explanation
Schedule K, Page 1a, Part I, Line A, Column (f) Description of Purpose	The Series 2006B Bonds were issued in order to refund the Series 1996B and C, 2000B and C, and 2003H and I Bonds The Series 1996B and C, 2000B and C, and 2003H and I Bonds were issued on December 31, 1996, November 21, 2000, and August 12, 2003, respectively

Return Reference	Explanation
<p>Schedule K, Page 1a, Part I, Line B, Column (f) Description of Purpose</p>	<p>The Tax- Exempt Lease, 2010, was modified and reissued on November 26, 2013. The original tax- exempt lease was entered into on April 9, 2010 and was used to provide funding for the purchase of critical care aircraft.</p>



Return Reference	Explanation
<p>Schedule K, Page 1a, Part I, Line C, Column (f) Description of Purpose</p>	<p>The Series 2011A, B, C, D, and E Bonds were issued to provide funding for the new construction of buildings and structures and the purchase of equipment Additionally, the Bonds were issued in order to refund the Series 2008A, C, and D Bonds and pay off a taxable line of credit that refunded the Series 2008B Bonds The Series 2008A, B, C, and D Bonds were issued on September 11, 2008</p>

Return Reference	Explanation
<p data-bbox="42 290 495 3235">Schedule K, Page 1a, Part I, Line D, Column (f)</p> <p data-bbox="42 3235 495 6048">Description of Purpose</p>	<p data-bbox="495 290 1036 6048">The Series 2011H and I Bonds were issued in order to refund the Series 2005A, B, C, and D Bonds The Series 2005A, B, C, and D Bonds were issued on November 15, 2005 On August 25, 2014, through the Indiana Finance Authority, IU Health reissued its Series 2011H and I bonds The transaction was accounted for as a modification of debt As part of the reissuance, the rate calculation methodology for each was amended resulting in a reduction to the rate applicable to each, the principal payment schedule was amended, and the bank purchase period was extended to November of 2017 As part of the reissuance, the Series 2011H and I Bonds were treated as being currently refunded on August 25, 2014 The original Series 2011H and I Bonds were issued on May 5, 2011</p>

Return Reference	Explanation
Schedule K, Page 1a, Part II, Line 3 Total Proceeds of Issue	Total proceeds of issue disclosed on Part II, Line 3 are sometimes higher than the issue price disclosed in Part I due to the investment earnings on the bond proceeds Column A Series 2006B Bonds Issue Price \$387,109,760 Earnings \$1,476,259 Total Proceeds \$388,586,019 Column C Series 2011A,B,C,D,E Bonds Issue Price \$228,195,000 Earnings \$8,281 Total Proceeds \$228,203,281

Return Reference	Explanation
<p>Schedule K, Page 1b, Part I, Line A, Column (f) Description of Purpose</p>	<p>The Series 2011L and M Bonds were issued in order to provide funding for the new construction of buildings and structures and the purchase of equipment</p>

Return Reference	Explanation
<p>Schedule K, Page 1b, Part I, Line B, Column (f) Description of Purpose</p>	<p>The Series 2011N Bonds were issued in order to refund the Series 2011E bonds issued on April 19, 2011, refund the 2011F and G Bonds issued on May 5, 2011, and to pay off a portion of a taxable line of credit, which was used to provide funding for the new construction of buildings and structures and the purchase of equipment. Additionally, the Series 2011N Bonds were used to pay down a taxable line of credit used to purchase the Series 2006 Bonds of Indiana University Health Ball Memorial Hospital, Inc , a related 501 (c)(3) tax-exempt organization, which were issued on May 31, 2006, to refund the Series 2006 Bonds of Indiana University Health White Memorial Hospital, Inc , a related 501 (c)(3) tax-exempt organization, which were issued on October 26, 2006, and to refund the Series 1998B Bonds of Indiana University Health Bloomington Hospital, Inc , a related 501 (c)(3) organization, which were issued on November 17, 1999.</p>

Return Reference	Explanation
<p>Schedule K, Page 1b, Part I, Line C, Column (f) Description of Purpose</p>	<p>The Series 2014A Bonds were issued in order to advance refund the Series 2006 and Series 2009A Bonds of Indiana University Health Ball Memorial Hospital, Inc , a related 501 (c)(3) tax- exempt organization, and to pay certain expenses related to the issuance The Series 2006 and Series 2009A Bonds were issued on May 31, 2006 and December 8, 2009, respectively</p>

Return Reference	Explanation
<p>Schedule K, Page 1b, Part I, Line D, Column (f) Description of Purpose</p>	<p>The Series 2015A Bonds were issued in order to refund the Series 2006A Bonds as well Taxable Bonds, Series 2011J and K The Series 2006B Bonds were issued on January 24, 2006 The Series 2011J and K Bonds were issued on May 5, 2011</p>

Return Reference	Explanation
Schedule K, Page 1b, Part II, Line 3 Total Proceeds of Issue	<p>Total proceeds of issue disclosed on Part II, Line 3 are sometimes higher than the issue price disclosed in Part I due to the investment earnings on the bond proceeds</p> <p>Column A Series 2011L and 2011M Bonds Issue Price \$111,435,000 Earnings \$2,829 Total Proceeds \$111,437,829</p> <p>Column B Series 2011N Bonds Issue Price \$221,617,127 Earnings \$6,941 Total Proceeds \$221,624,068</p>



Return Reference	Explanation
<p>Schedule K, Page 1c, Part I, Line A, Column (f) Description of Purpose</p>	<p>The Series 2015B and C Bonds were issued in order to refund the Series 2006A Bonds The Series 2006A Bonds were issued on January 24, 2006</p>

Return Reference	Explanation
Schedule K, Page 2a, Part III, Lines 4, 5, and 6 P B U Percentages	IU Health generally only finances a portion of each project with tax-exempt bonds

Return Reference	Explanation
Schedule K, Page 2b, Part III, Lines 4, 5, and 6 P B U Percentages	IU Health generally only finances a portion of each project with tax-exempt bonds

Return Reference	Explanation
Schedule K, Page 3a, Part IV, Column A, Line 5 b & c Name/Term of GIC	GIC provided by Citigroup Financial Products, Inc with a term of 0 3

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DLN: 93493320031286

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

INDIANA UNIVERSITY HEALTH INC

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

► Attach to Form 990.

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

Employer identification number

35-1955872

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A INDIANA FINANCE AUTHORITY	35-1602316		05-25-2011	111,435,000	SEIRES 2011L AND M BONDS		X		X		X
B INDIANA FINANCE AUTHORITY	35-1602316	45471AFX5	12-07-2011	221,617,127	SERIES 2011N BONDS		X		X		X
C INDIANA FINANCE AUTHORITY	35-1602316	45471ANR9	10-14-2014	80,777,895	SERIES 2014A BONDS		X		X		X
D INDIANA FINANCE AUTHORITY	35-1602316	45471ANY4	05-07-2015	314,416,912	SERIES 2015A BONDS		X		X		X

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired . . . . .				0		54,920,000		3,815,000		0	
2	Amount of bonds legally defeased . . . . .				0		0		0		0	
3	Total proceeds of issue . . . . .				111,437,829		221,624,068		80,777,895		314,416,912	
4	Gross proceeds in reserve funds . . . . .				0		0		0		0	
5	Capitalized interest from proceeds . . . . .				0		0		0		0	
6	Proceeds in refunding escrows . . . . .				0		0		79,984,397		0	
7	Issuance costs from proceeds . . . . .				363,690		2,148,553		793,499		2,122,523	
8	Credit enhancement from proceeds . . . . .				0		0		0		0	
9	Working capital expenditures from proceeds . . . . .				0		0		0		0	
10	Capital expenditures from proceeds . . . . .				111,074,139		24,728,315		0		0	
11	Other spent proceeds . . . . .				0		194,747,200		0		312,294,389	
12	Other unspent proceeds . . . . .				0		0		0		0	
13	Year of substantial completion . . . . .				2012		2013		2014		2015	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .					X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue? . . . .					X		X	X		X	
16	Has the final allocation of proceeds been made? . . . . .				X			X	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .				X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6	Total of lines 4 and 5 . . . . .								
7	Does the bond issue meet the private security or payment test? . . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?. . . . .		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?. . . . .	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .	X		X		X		X	
b	Exception to rebate? . . . . .		X		X		X		X
c	No rebate due? . . . . .		X		X				X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .	X			X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider . . . . .	0		0		0		0	
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

**Part IV Arbitrage** *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .	0		0		0		0	
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

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DLN: 93493320031286

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

INDIANA UNIVERSITY HEALTH INC

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

► Attach to Form 990.

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

Employer identification number

35-1955872

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A INDIANA FINANCE AUTHORITY	35-1602316		05-07-2015	193,675,000	SERIES 2015B AND C BONDS		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired . . . . .	0									
2	Amount of bonds legally defeased . . . . .	0									
3	Total proceeds of issue . . . . .	193,675,000									
4	Gross proceeds in reserve funds . . . . .	0									
5	Capitalized interest from proceeds . . . . .	0									
6	Proceeds in refunding escrows . . . . .	0									
7	Issuance costs from proceeds . . . . .	171,759									
8	Credit enhancement from proceeds . . . . .	0									
9	Working capital expenditures from proceeds . . . . .	0									
10	Capital expenditures from proceeds . . . . .	0									
11	Other spent proceeds . . . . .	193,503,241									
12	Other unspent proceeds . . . . .	0									
13	Year of substantial completion . . . . .	2015									
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .		X								
15	Were the bonds issued as part of an advance refunding issue? . . . .	X									
16	Has the final allocation of proceeds been made? . . . . .	X									
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X									

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



Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6	Total of lines 4 and 5 . . . . .								
7	Does the bond issue meet the private security or payment test? . . . .		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?. . . . .		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?. . . . .	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X						
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .	X							
b	Exception to rebate? . . . . .		X						
c	No rebate due? . . . . .		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider . . . . .	0							
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

**Part IV**   **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b>	Name of provider . . . . .	0							
<b>c</b>	Term of GIC . . . . .								
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

**Part V**   **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

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

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
INDIANA UNIVERSITY HEALTH INC

Employer identification number  
35-1955872

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$												

Part III Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JACQUELINE S GOODRICH RN	SEE PART V	51,868	SEE PART V		No

**Part V Supplemental Information**

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

Return Reference	Explanation
Schedule L, Part IV, Columns (b) and (d) Relationships and Descriptions	Jacqueline S Goodrich, R N , the daughter-in-law of David W Goodrich, a member of IU Healths Board of Directors, served and was compensated as an employee of IU Health

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

OMB No 1545-0047

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

35-1955872

**Return Reference****Explanation**Part V, Line 4b Name of  
Foreign CountriesIn addition to the Cayman Islands, IU Health also has an interest in financial accounts in the following foreign  
countries Canada Greece Hungary Indonesia Japan Mexico United Kingdom

Return Reference	Explanation
Part VI, Section A, Line 2 Family or Business Relationships	<p>Ryan C Kitchell served as an Officer and on the Board of Directors of CHV Capital, Inc ("CHV Capital") Dennis M Murphy, Jonathan E Gottlieb, MD , and Ronald L Stiver also served on the Board of Directors of CHV Capital No additional compensation was provided to these individuals for their service Ryan C Kitchell and James T Parker served as Officers and on the Board of Directors of Indiana University Health Plans, Inc ("IU Health Plans") Dennis M Murphy also served on the Board of Directors of IU Health Plans No additional compensation was provided to these individuals for their service Ryan C Kitchell and James T Parker served as Officers and on the Board of Directors of Indiana University Health Plans NFP, Inc ("IU Health Plans NFP") Dennis M Murphy also served on the Board of Directors of IU Health Plans NFP No additional compensation was provided to these individuals for their service Ryan C Kitchell, Dennis M Murphy, Jonathan E Gottlieb, MD , and Michelle A Janney, RN served on the Board of Directors of Indiana University Health ACO, Inc No additional compensation was provided to these individuals for their service Russell A Williams served on the Board of Managers of ROC Surgery, LLC Jeffrey R Sperring, MD and Paul R Haut, MD also served on the Board of Managers during different portions of the year No additional compensation was provided to these individuals for their service J Scott Davison served as an Officer and on the Board of Directors of America United Mutual Insurance Holding Company David W Goodrich and Michael A McRobbie also served on the Board of Directors of American United Mutual Insurance Holding Company</p>

Return Reference	Explanation
Part VI, Section A, Line 4 Significant Changes to Gov Doc	<p>As part of IU Health's succession plan for its top management official, the IU Health Board of Directors passed a resolution on August 27, 2015 in which the position of President &amp; CEO would be temporarily split into two separate positions. Daniel F. Evans, Jr., the President &amp; CEO, would continue to serve in the capacity as IU Health's CEO until his planned retirement in 2016. As CEO, Daniel F. Evans, Jr. would continue to exercise the ultimate authority and responsibility for the organization. Dennis M. Murphy, the EVP &amp; COO, was named President and would serve as IU Health's President &amp; COO until Daniel F. Evans, Jr.'s planned retirement in 2016, at which point he would be named President &amp; CEO.</p>

Return Reference	Explanation
Part VI, Section A, Line 6, 7a and 7b Members or Stockholders	<p>Line 6 There shall be two classes of members of the Corporation One class, known as the University Class, shall consist of those persons serving from time to time as the Trustees of Indiana University The other class, known as the Methodist Class, shall consist of the Members of the Methodist Health Group, Inc Line 7a Except as otherwise provided, the University Class shall have one vote (regardless of the number of persons in that class) on each matter submitted to a vote at an annual or special meeting of the members of the Corporation, and the Methodist Class shall have one vote (regardless of the number of persons in that class) on each matter submitted to a vote at an annual or special meeting of the members of the Corporation With regard to the appointment of the Board of Directors of the Corporation, the directors, each of whom shall have one vote, will be selected as follows (a) Eight (8) at-large directors shall be jointly elected by the affirmative vote of both member classes (the "At-Large Directors") (b) Two (2) directors shall be appointed by the Methodist Class (c) The President of Indiana University, the Dean of Indiana University School of Medicine (the "Dean"), and the Chair of the IU Board of Trustees or another IU Trustee designated by the Chair of the Board of Trustees, shall each be a standing director of the University Class, referred to collectively as "University Standing Directors" (d) The Bishop of the Indiana Area of the United Methodist Church (the "Bishop") shall be an ex officio director If the Bishop determines that he/she is unable to serve as director for an upcoming year, the Bishop may name a designee to serve as a director by providing notification of such designee to the Corporation at or before the annual meeting of the Corporation Directors named in (b) and (d) above are referred to collectively as "Methodist Standing Directors " (e) The President and Chief Executive Officer of the Corporation (the "President") shall be an ex officio director No more than twenty percent (20%) of the directors shall be physicians who are providing professional services to the Corporation Line 7b Notwithstanding any other provisions of the Articles of Incorporation, the following matters require the approval of the University Class prior to implementation (a) Any sale, lease, transfer or other alienation of the Indiana University Hospitals real property, as defined in the Definitive Agreement, including any assignment of the University Hospital's lease by and between the Trustees of Indiana University and the Corporation, except as otherwise authorized by resolution or agreement of the Trustees of Indiana University (b) Any proposal by the Corporation which conflicts with the following principle the Corporation will continue to make all patients available for medical education unless otherwise requested by the patient or his/her family, as the major clinical teaching resource for the Indiana University School of Medicine (c) Any change in the formula used to calculate the amount of support provided to the Indiana University School of Medicine, as referenced in the Articles of Incorporation (d) Any proposed action regarding the operation of Indiana University Hospitals, including the James Whitcomb Riley Hospital for Children, which would conflict with or be contrary to the requirements set forth in the Trustees Resolutions (e) Any sale or other alienation of all or substantially all of the assets or operations of the Corporation, and any merger, consolidation, change of voting control or other reorganization of the Corporation (f) Amendment, alteration or repeal of the Articles of Incorporation (g) Any dissolution of the Corporation, except as otherwise required by law (h) Any revision to, or modification or revocation of the Core Values (i) Any transfer of the membership of either of the member classes (j) Any amendment to the Definitive Agreement Notwithstanding any other provisions of the Articles of Incorporation, the following matters require the approval of the Methodist Class prior to implementation (a) Any sale, lease, transfer or other alienation of the Methodist Hospital, Inc ("MHI") Real Property, as defined in the Definitive Agreement, including any assignment of that certain MHI Lease by and between MHI and the Corporation, except as otherwise authorized by resolution or agreement of Methodist Health Group, Inc (b) Any sale or other alienation of all or substantially all of the assets or operations of the Corporation, and any merger, consolidation, change of voting control, or other reorganization of the Corporation (c) Amendment, alteration or repeal of the Articles of Incorporation (d) Any dissolution of the Corporation, except as otherwise required by law (e) Any revisions to, or modifications or revocation of the Core Values (f) Any transfer of the membership of either of the member classes (g) Any amendment to the Definitive Agreement</p>



Return Reference	Explanation
Part VI, Section A, Line 11b Review of Form 990	<p>A thorough process was used by IU Health to review the Form 990 and related schedules prior to its filing. The Senior Vice President &amp; Chief Financial Officer and Senior Vice President &amp; General Counsel each reviewed and approved the Form 990 and related schedules. The Board of Directors Committee on Values, Ethics, Social Responsibility, and Pastoral Services reviewed and approved the following section of the Form 990: 1. Schedule H Hospitals. The Board of Directors Committee on Personnel and Compensation reviewed and approved the following sections of the Form 990: 1. Part VI Governance, Management, and Disclosure; 2. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors; 3. Schedule J Compensation Information; 4. Schedule L Transactions with Interested Persons. The Board of Directors Audit Committee was also provided with complete copy of the Form 990 and related schedules to review and approve. After the review and approval from the aforementioned individuals and committees, a complete copy of the Form 990 and related schedules was made available to each board member on a secure intranet site. Each member was also informed of the availability of the Tax Department to answer any questions.</p>

Return Reference	Explanation
Part VI, Section B, Line 12c Conflict of Interest Policy	<p>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 (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 (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 (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 (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 Representatives supervisor and other appropriate individuals and groups (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 supervisors 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 (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 uses a thorough process to determine the compensation of its President and Chief Executive Officer, other officers, and key employees. The process includes the following:</p> <ol style="list-style-type: none"> <li>(1) The Board of Directors ("Board") has established a Committee on Personnel and Compensation ("Compensation Committee"), the purpose of which includes reviewing and making recommendations regarding executive compensation and benefits on an annual basis. The Compensation Committee is made up of members of the Board that are neither physicians nor employees and do not otherwise have a conflict of interest regarding any of IU Health's compensation arrangements. The Compensation Committee reviews an executive's entire compensation package including base salary, short term and long term incentives, basic health and welfare benefits, qualified and nonqualified plans, as well as any additional fringe benefits. As deemed appropriate, the Committee on Finance, which is also made up of members of the Board, may also review executive compensation and benefits.</li> <li>(2) The Compensation Committee engages an independent compensation consulting firm on annual basis to conduct a compensation and benefits analysis for its executive group, which consists of employees at the level of senior vice president and above. The current compensation advisor is Hay Group. Hay Group performs its analysis in the form of a compensation and benefits survey ("survey") that includes relevant comparability data for 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. Hay Group then prepares a survey report and provides recommendations to the Compensation Committee, if deemed appropriate, on changes in executive compensation and benefits. A separate analysis using the same methodology is done for the President and Chief Executive Officer.</li> <li>(3) The Compensation Committee then reviews Hay Group's report and recommendations and, if appropriate, votes on whether to recommend any changes in executive compensation and benefits to the Board. The Compensation Committee will only recommend changes to the Board if they are consistent with its philosophy on compensation matters and are deemed reasonable based upon the independent analysis provided by Hay Group. The Compensation Committee's review, discussion and vote are documented in the minutes for the meeting. There are no executives present during the final discussion and approval.</li> <li>(4) The Board then reviews the report prepared by Hay Group as well as the recommendations of the Compensation Committee as to any changes in executive compensation and benefits. As deemed appropriate, the Committee on Finance may also provide its review of the Compensation Committee's recommendations on any changes in executive compensation and benefits. This review and discussion are documented in the minutes.</li> <li>(5) The Board then votes on whether to accept the Compensation Committee's recommendations on any changes in executive compensation and benefits. Changes in executive compensation and benefits are only made if approved by the Compensation Committee and Board on an annual basis. The discussion and approval are documented in the minutes of the meeting. There are no executives present during the final discussion and approval. IU Health's General Counsel also prepares a formal written opinion reviewing the executive compensation and benefits approval process, comparing it to the Intermediate Sanctions Test of IRC Section 4958. If warranted, IU Health's General Counsel may also provide comments regarding the executive compensation and benefits approval process as it relates to meeting the requirements for a rebuttable presumption of reasonableness as provided in the Intermediate Sanctions Test.</li> <li>(6) After the end of each year, the Compensation 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 executives 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 Compensation Committee and Board is documented in the minutes for each such meeting. The bonuses are not paid until approval is made by the Board.</li> <li>(7) The Compensation Committee and Audit Committee also review Form 990 disclosures related to executive compensation and benefits as well as the organization's practices and approval processes prior to the filing of the Form 990 return with the Internal Revenue Service.</li> </ol>

Return Reference	Explanation
Part VI, Section C, Line 19 Public Disclosure	IU Health's Articles of Incorporation are available for public inspection through the Indiana Secretary of State's website IU Health's conflict of interest procedures are disclosed on Form 990, Schedule O IU Health's Consolidated Audited Financial Statements are available for public inspection through its bond filings and as an attachment to the Form 990

Return Reference	Explanation
Part XI, Line 9 Other Changes in Net Assets or Fund Balances	During 2015, IU Health recorded the following other changes in net assets or fund balances: Income/(Loss) Related 501(c)(3) Organizations 13,029,383 Equity Transfer (Settlement of Debt) -174,606,169 Change in Pension Obligation -2,871,835 Mark-to-Market on Interest Rate Swaps -645,624 Equity Transfer (Transfer of Membership) 9,497,044 Transfer of Assets and Other -244,033

Return Reference	Explanation
FORM 990 PART IX LINE 11 G	DESCRIPTION OTHER PROFESSIONAL FEES TOTAL FEES 286661882

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

Name of the organization  
INDIANA UNIVERSITY HEALTH INC

Employer identification number  
35-1955872

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
See Additional Data Table					

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

Yes

1b

Yes

1c

Yes

1d

Yes

1e

No

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

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of 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:** 35-1955872  
**Name:** INDIANA UNIVERSITY HEALTH INC

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) CCCG LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 20-3949966	HEALTHCARE	IN	0	-8,064	IUH
(1) CCSG LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-1921481	HEALTHCARE	IN	0	-984	IUH
(2) CLARIAN QUALITY PARTNERS LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-3603579	HEALTHCARE	IN	0	0	IUH
(3) CLARIAN SAXONY MEDICAL CENTER LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-2414219	HEALTHCARE	IN	0	0	IUH
(4) HEART PARTNERS OF INDIANA LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 20-1123537	HEALTHCARE	IN	33,594	255,113	IUH
(5) IU HEALTH MANAGEMENT LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 80-0141954	MANAGEMENT	IN	5,092,915	1	IUH
(6) IUH POPULATION HEALTH MANAGEMENT LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 46-3913461	HEALTHCARE	IN	22,135,928	10,597,617	IUH
(7) ONCOLOGY AND HEMATOLOGY ASSOCIATES LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1348013	HEALTHCARE	IN	8,507,121	2,795,560	IUH
(8) SENATE HEALTH PLAN SOLUTIONS LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 27-3736054	MANAGEMENT	IN	3,718,209	4,897,634	IUH

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	
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	
IU Health North Hospital Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 35-1932442	Healthcare	IN	501(c)(3)	3	IUH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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 West Hospital Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 35-1814660	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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K- 1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Ball Outpatient Sur Ctr LLC  569 Brookwood Village Ste 901 Birmingham, AL 35244 27-0275794	Healthcare	IN	NA									
Beltway Surgery Centers LLC  569 Brookwood Village Ste 901 Birmingham, AL 35244 35-2072586	Healthcare	IN	NA									
Bloomington Endo Center LLC  PO Box 550 Bloomington, IN 47402 35-2117943	Healthcare	IN	NA									
BOSC Holdings LLC  950 N Meridian St Ste 800 Indianapolis, IN 46204 45-4147343	Healthcare	IN	IUH	RELATED	1,953,862	8,865,633		No	0	Yes		51 000 %
BSC Holdings LLC  950 N Meridian St Ste 800 Indianapolis, IN 46204 45-2314634	Healthcare	IN	IUH	RELATED	21,731,335	54,312,887		No	0	Yes		51 000 %
CHV Fund I LLC  950 N Meridian St Ste 800 Indianapolis, IN 46204 26-2523206	Venture Capital	IN	IUH	EXCLUDED	-813,208	18,216,856		No	0		No	100 000 %
CHV Fund II Management LLC  950 N Meridian St Ste 800 Indianapolis, IN 46204 37-1717823	Venture Capital	IN	NA									
CHV Fund II LLC  950 N Meridian St Ste 800 Indianapolis, IN 46204 80-0902337	Venture Capital	IN	IUH	EXCLUDED	-1,885	4,487,661		No	0		No	100 000 %
CHV Fund Management LLC  950 N Meridian St Ste 800 Indianapolis, IN 46204 26-2523151	Venture Capital	IN	NA									
Clarian Health Network LLC  950 N Meridian St Ste 800 Indianapolis, IN 46204 35-2055030	Healthcare	IN	NA									
Eagle High Surg Center LLC  569 Brookwood Village Ste 901 Birmingham, AL 35244 35-2259204	Healthcare	IN	NA									
EHSC Holdings LLC  950 N Meridian St Ste 800 Indianapolis, IN 46204 45-4147879	Healthcare	IN	IUH	RELATED	4,373,378	3,889,306		No	0	Yes		51 000 %
EWASC Holdings LLC  950 N Meridian St Ste 800 Indianapolis, IN 46204 47-3087761	Healthcare	IN	IUH	RELATED	-109,052	251,576		No	0	Yes		51 000 %
Health Venture Management LLC  950 N Meridian St Ste 800 Indianapolis, IN 46204 20-5740218	Management	IN	IUH	UNRELATED	1,518,620	3,423,038		No	1,120,592		No	99 000 %
IEC Holdings LLC  950 N Meridian St Ste 800 Indianapolis, IN 46204 45-4148032	Healthcare	IN	IUH	RELATED	3,271,216	3,594,061		No	0	Yes		51 000 %



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproporionate 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	
Indiana Endoscopy Centers LLC  569 Brookwood Village Ste 901 Birmingham, AL 35244 20-8398421	Healthcare	IN	NA									
IUH EWA Surgery Ctr LLC  569 Brookwood Village Ste 901 Birmingham, AL 35244 47-3102482	Healthcare	IN	NA									
IUH Saxony Surgery Ctr LLC  569 Brookwood Village Ste 901 Birmingham, AL 35244 27-5271091	Healthcare	IN	NA									
ROC Surgery LLC  569 Brookwood Village Ste 901 Birmingham, AL 35244 27-1497960	Healthcare	IN	NA									
ROCS Holdings LLC  950 N Meridian St Ste 800 Indianapolis, IN 46204 45-4148369	Healthcare	IN	IUH	RELATED	1,822,638	5,522,746		No	0	Yes		51 000 %
Senate St Surgery Center LLC  569 Brookwood Village Ste 901 Birmingham, AL 35244 42-1709357	Healthcare	IN	NA									
SSC Holdings LLC  950 N Meridian St Ste 800 Indianapolis, IN 46204 46-4472887	Healthcare	IN	IUH	RELATED	603,841	3,067,949		No	0	Yes		51 000 %
SSSC Holdings LLC  950 N Meridian St Ste 800 Indianapolis, IN 46204 45-4148167	Healthcare	IN	IUH	RELATED	3,131,550	7,859,863		No	0	Yes		51 000 %

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	IUH	C	205,147	399,818	100 000 %	Yes	
(3) IU Health 457(B) Plan 1100 N Market St Wilmington, DE 19890 47-6948347	Investments	IN	IUH	T	0	0	100 000 %	Yes	
(4) IU Health ACO Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 45-4421020	Healthcare	IN	IUH	C	0	0	100 000 %	Yes	
(5) IU Health Board Designated Trust 400 Howard St San Francisco, CA 94105 30-6309021	Investments	IN	IUH	T	15,556,658	312,538,893	100 000 %	Yes	
(6) IU Health NTGI S&P500 Fund CF PO Box 804358 Chicago, IL 60680 30-6298263	Investments	IN	IUH	T	16,288,744	363,010,456	100 000 %	Yes	
(7) IU Health Plans Holding Company Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 46-3794815	Insurance	IN	IUH	C	128,446,218	30,285,599	100 000 %	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	IUH	C	28,055,151	22,990,233	100 000 %	Yes	
(10) IU Health Risk Purchasing Group Inc 151 Meeting St Ste 301 Charleston, SC 29401 26-0202446	Insurance	IN	IUH	C	0	0	100 000 %	Yes	
(11) IU Health Risk Retention Group Inc 151 Meeting St Ste 301 Charleston, SC 29401 20-1107674	Insurance	SC	IUH	C	0	0	100 000 %	Yes	
(12) IU Health Southern IN Physicians Inc PO Box 1149 Bloomington, IN 47402 35-1913875	Healthcare	IN	IUH	C	5,420,090	1,169,619	7 692 %	Yes	
(13) IUH Assurance SPC Ltd PO BOX 69 94 SOLARIS AVE CAMANA BAY, GRAND CAYMAN CJ 98-0395429	Insurance	CJ	IUH	C	0	0	100 000 %	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	IUH	C	10,385,058	194,668,970	100 000 %	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 ARNETT INC	A	12,463,804	FMV
(1)	IU HEALTH BEDFORD INC	A	34,565	FMV
(2)	IU HEALTH BALL MEMORIAL HOSPITAL INC	A	2,874,328	FMV
(3)	IU HEALTH BLOOMINGTON INC	A	1,388,681	FMV
(4)	GOSHEN HOSPITAL ASSOCIATION INC	A	1,162,514	FMV
(5)	IU HEALTH PLANS INC	A	172,065	FMV
(6)	IUHLP Liquidation Inc	A	21,414	FMV
(7)	IU HEALTH NORTH HOSPITAL INC	A	14,336,024	FMV
(8)	REHABILITATION HOSPITAL OF INDIANA INC	A	381	FMV
(9)	IU HEALTH TIPTON HOSPITAL INC	A	859,932	FMV
(10)	IU HEALTH WEST HOSPITAL INC	A	6,090,673	FMV
(11)	IU HEALTH WHITE MEMORIAL HOSPITAL INC	A	1,141,305	FMV
(12)	METHODIST RESEARCH INSTITUTE INC	B	494,578	FMV
(13)	EWASC HOLDINGS LLC	B	336,600	FMV
(14)	IU HEALTH PLANS HOLDING COMPANY INC	B	39,500,000	FMV
(15)	METHODIST HEALTH FOUNDATION INC	B	230,921	FMV
(16)	INDIANA RADIOLOGY PARTNERS INC	B	704,959	FMV
(17)	IU HEALTH CARE ASSOCIATES INC	B	173,694,338	FMV
(18)	UNIVERSITY FAMILY PHYSICIANS INC	B	206,872	FMV
(19)	METHODIST HEALTH FOUNDATION INC	C	6,920,559	FMV
(20)	IU HEALTH ARNETT INC	J	294,011	FMV
(21)	BELTWAY SURGERY CENTERS LLC	J	725,791	FMV
(22)	IU HEALTH BLOOMINGTON INC	J	68,644	FMV
(23)	EAGLE HIGHLANDS SURGERY CENTER LLC	J	75,000	FMV
(24)	IU HEALTH CARE ASSOCIATES INC	J	4,579,701	FMV

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
(26)	IU HEALTH NORTH HOSPITAL INC	J	1,790,628	FMV
(1)	ROC SURGERY LLC	J	816,168	FMV
(2)	IU HEALTH SOUTHERN INDIANA PHYSICIANS INC	J	315,737	FMV
(3)	SENATE STREET SURGERY CENTER LLC	J	87,000	FMV
(4)	IU HEALTH WEST HOSPITAL INC	J	410,039	FMV
(5)	IU HEALTH BALL MEMORIAL HOSPITAL INC	K	281,387	FMV
(6)	IU HEALTH NORTH HOSPITAL INC	K	284,511	FMV
(7)	IU HEALTH ARNETT INC	L	40,605,434	FMV
(8)	IU HEALTH BEDFORD INC	L	7,880,080	FMV
(9)	IU HEALTH BLACKFORD INC	L	1,119,091	FMV
(10)	IU HEALTH BALL MEMORIAL HOSPITAL INC	L	33,521,782	FMV
(11)	IU HEALTH BALL MEMORIAL PHYSICIANS INC	L	1,672,771	FMV
(12)	BALL OUTPATIENT SURGERY CENTER LLC	L	792,661	FMV
(13)	BELTWAY SURGERY CENTER LLC	L	4,115,785	FMV
(14)	IU HEALTH BLOOMINGTON INC	L	45,659,667	FMV
(15)	CLARIAN TRANSPLANT INSTITUTE INC	L	136,239	FMV
(16)	EAGLE HIGHLANDS SURGERY CENTER LLC	L	1,221,104	FMV
(17)	GOSHEN HOSPITAL ASSOCIATION INC	L	793,706	FMV
(18)	INDIANA UNIVERSITY HEALTH PLANS INC	L	344,432	FMV
(19)	INDIANA ENDOSCOPY CENTERS LLC	L	710,860	FMV
(20)	IU HEALTH CARE ASSOCIATES INC	L	30,146,944	FMV
(21)	IUHLP Liquidation Inc	L	1,740,704	FMV
(22)	MDWISE NETWORK INC	L	2,482,287	FMV
(23)	IU HEALTH MORGAN INC	L	1,436,996	FMV
(24)	IU HEALTH NORTH HOSPITAL INC	L	23,389,179	FMV

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
(51)	IU HEALTH PAOLI INC	L	3,821,170	FMV
(1)	ROC SURGERY LLC	L	1,175,076	FMV
(2)	IU HEALTH SAXONY SURGERY CENTER LLC	L	455,079	FMV
(3)	SENATE STREET SURGERY CENTER LLC	L	1,434,195	FMV
(4)	IU HEALTH TIPTON HOSPITAL INC	L	5,663,367	FMV
(5)	IU HEALTH WEST HOSPITAL INC	L	18,277,298	FMV
(6)	IU HEALTH WHITE MEMORIAL HOSPITAL INC	L	2,966,157	FMV
(7)	IU HEALTH ARNETT INC	M	883,028	FMV
(8)	IU HEALTH BALL MEMORIAL PHYSICIAN INC	M	71,608	FMV
(9)	CHV FUND I LLC	M	500,000	FMV
(10)	CHV FUND II LLC	L	295,019	FMV
(11)	CLARIAN TRANSPLANT INSTITUTE INC	M	3,430,716	FMV
(12)	HEALTHLINC INC	M	74,850	FMV
(13)	HEALTH VENTURE MANAGEMENT LLC	M	3,698,396	FMV
(14)	IU HEALTH CARE ASSOCIATES INC	M	78,309,930	FMV
(15)	METHODIST OCCUPATIONAL HEALTH CENTERS INC	M	1,403,621	FMV
(16)	IU HEALTH NORTH HOSPITAL INC	M	523,270	FMV
(17)	IU HEALTH SOUTHERN INDIANA PHYSICIANS INC	M	436,087	FMV
(18)	IU HEALTH ARNETT INC	O	1,310,266	FMV
(19)	IU HEALTH BEDFORD INC	O	1,259,696	FMV
(20)	IU HEALTH BALL MEMORIAL HOSPITAL INC	O	1,527,730	FMV
(21)	BELTWAY SURGERY CENTERS LLC	O	294,915	FMV
(22)	IU HEALTH BLOOMINGTON INC	O	678,225	FMV
(23)	IUH ASSURANCE SPC LTD	O	506,250	FMV
(24)	EAGLE HIGHLANDS SURGERY CENTER LLC	O	121,749	FMV

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
(76)	IU HEALTH PLANS INC	O	122,208	FMV
(1)	IU HEALTH CARE ASSOCIATES INC	O	13,954,905	FMV
(2)	IUHLP Liquidation Inc	O	51,200	FMV
(3)	IU HEALTH MORGAN INC	O	259,259	FMV
(4)	IU HEALTH NORTH HOSPITAL INC	O	2,563,647	FMV
(5)	IU HEALTH PAOLI INC	O	90,698	FMV
(6)	ROC SURGERY LLC	O	122,067	FMV
(7)	IU HEALTH TIPTON HOSPITAL INC	O	461,042	FMV
(8)	IU HEALTH WEST HOSPITAL INC	O	618,053	FMV
(9)	IUH ASSURANCE SPC LTD	R	5,780,173	FMV
(10)	IU HEALTH RISK RETENTION GROUP INC	R	8,059,792	FMV
(11)	BOSC HOLDINGS LLC	S	2,184,840	FMV
(12)	BSC HOLDINGS LLC	S	14,194,968	FMV
(13)	EHSC HOLDINGS LLC	S	3,763,647	FMV
(14)	IEC HOLDINGS LLC	S	3,220,688	FMV
(15)	ROCS HOLDINGS LLC	S	1,618,740	FMV
(16)	SSC HOLDINGS LLC	S	781,786	FMV
(17)	SSSC HOLDINGS LLC	S	3,369,476	FMV