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Form 990

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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable:
- [ ] Address change
- [X] Name change
- [ ] Initial return
- [ ] Final return/ terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: VERSITI INDIANA, INC

Doing business as:

Number and street (or P O box if mail is not delivered to street address): 3450 NORTH MERIDIAN STREET

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: INDIANAPOLIS, IN 46208

D Employer identification number: 35-0991629

E Telephone number: (317) 916-5010

G Gross receipts $: 68,067,141

F Name and address of principal officer: CHRIS MISKEL
638 N 18TH STREET, MILWAUKEE, WI 53233-2121

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

H(b) Are all subordinates included? [ ] Yes [ ] No

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

H(c) Group exemption number ▶

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

J Website ▶ WWW VERSITI ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1952

M State of legal domicile: IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE A CONTINUOUS, SAFE, AND ADEQUATE SUPPLY OF BLOOD PRODUCTS AND TESTING SERVICES FIRST TO OUR OWN COMMUNITIES, THEN WHEREVER OUR PRODUCTS AND SERVICES ARE NEEDED

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	493
6	Total number of volunteers (estimate if necessary)	6	9
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	40,971	32,624
9	Program service revenue (Part VIII, line 2g)	67,246,177	67,413,846
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	555,112	565,093
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,243	52,797
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	67,899,503	68,064,360
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,752	33,200
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)	24,511,458	23,897,228
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	42,571,355	41,487,810
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	67,115,565	65,418,238
19	Revenue less expenses Subtract line 18 from line 12	783,938	2,646,122

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	43,159,200	44,700,229
21	Total liabilities (Part X, line 26)	8,039,098	8,066,515
22	Net assets or fund balances Subtract line 21 from line 20	35,120,102	36,633,714

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

▶ Chris Miskel — Signature of officer — Date 11/14/2019

▶ CHRIS MISKEL CEO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MICHELLE L WEBER	Preparer's signature: Michelle Weber	Date: 11/8/19	Check [ ] if self-employed	PTIN: P00556798
Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶ 36-6055558	
Firm's address ▶ 100 E WISCONSIN AVE MILWAUKEE, WI 53202			Phone no 414-289-8200	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

JSA
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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

ATTACHMENT 1

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 54,450,773 including grants of $ 39,600) (Revenue $ 63,714,958)

THE BLOOD BANKING UNIT HAS ACCOMPLISHED A CONTINUOUS, SAFE, AND ADEQUATE SUPPLY OF BLOOD PRODUCTS BY EDUCATING AND RECRUITING BLOOD DONORS, PROVIDING ACCESSIBLE DONATION SITES, ENSURING A HEALTHY DONOR IS DRAWN, AND TESTING DONATIONS FOR VIRAL MARKERS IN THE YEAR ENDED 2018, 134,131 PRODUCTIVE UNITS OF BLOOD WERE COLLECTED

4b (Code _____) (Expenses $ 2,473,544 including grants of $ _____) (Revenue $ 3,698,888)

THE TESTING UNIT PROVIDES A SAFE SUPPLY OF BLOOD PRODUCTS BY STRICT ADHERENCE TO THE FDA, CLIA, AABB, OSHA, GMP, ETC GUIDELINES TO RELEASE A COMPLETELY SAFE PRODUCT ON AN ON-GOING BASIS THE UNIT UPDATES REAGENTS USED TO PERFORM TESTS FOR VIRAL MARKERS

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 56,924,317

Part IV **Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax 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	24		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
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 493			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		X

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ IN,

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶
DEBRA QUALKENBUSH 3450 N MERIDIAN STREET INDIANAPOLIS, IN 46208 317-916-5010

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) L ALAN WHALEY	1 00									
CHAIR	4 00	X		X				0	0	0
(2) JAMES F AUSTIN	1 00									
VICE CHAIR	0	X		X				0	0	0
(3) E RANDALL WRIGHT	1 00									
SECRETARY	4 00	X		X				0	0	0
(4) TIMOTHY P ROBINSON, J D	1 00									
TREASURER	0	X		X				0	0	0
(5) NANCY AHLRICHS	1 00									
DIRECTOR	0	X						0	0	0
(6) CONNIE DANIELSON, M D	1 00									
DIRECTOR	0	X						0	0	0
(7) GREGORY N LARKIN M D	1 00									
DIRECTOR	4 00	X						0	0	0
(8) JOHN MYRLAND	1 00									
DIRECTOR	0	X						0	0	0
(9) JAMES L RICE	1 00									
DIRECTOR	0	X						0	0	0
(10) CHARLES MIRAGLIA, M D	55 00									
PRESIDENT	0	X		X				360,989	0	28,764
(11) DAN WAXMAN	55 00									
EVP & CHIEF MEDICAL OFFICER	0			X				361,959	0	28,644
(12) WENDY MEHRINGER	55 00									
VP BLOOD SERVICES	0			X				230,764	0	22,805
(13) LORA POORE	55 00									
VP LABORATORY SERVICES	0			X				223,631	0	22,089
(14) CHRIS MISKEL	7 00									
CEO	48 00			X				119,912	839,388	42,389

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MAUREEN KWIECINSKI	8 00									
EVP & GEN COUNSEL - THRU 8/18	47 00			X				91,542	518,740	9,804
(16) BRIAN BAUTISTA	14 00									
EVP & COO - AS OF 4/18	41 00			X				82,075	246,225	25,750
(17) JAMES WEIDNER	11 00									
EVP & CHIEF HR OFFICER	44 00			X				67,711	274,265	36,254
(18) GITESH DUBAL	8 00									
EVP & CHIEF MARKETING OFFICER	47 00			X				63,417	359,361	38,616
(19) LYNNE BRIGGS	8 00									
VP & CHIEF INFORMATION OFFICER	47 00			X				50,366	285,406	39,304
(20) ANTHONY WATKINS	5 00									
EVP & CHIEF FINANCIAL OFFICER	50 00			X				49,692	447,228	39,219
(21) MARGARET MCELLIGOTT	7 00									
VP & CHIEF QUALITY OFFICER	48 00			X				35,562	260,790	32,239
(22) GILBERT C WHITE, M D	0									
EXECUTIVE VP OF RESEARCH	55 00			X				0	632,149	39,859
(23) THOMAS ABSHIRE, M D	0									
EVP MSI & CHIEF MED OFFICER	55 00			X				0	592,745	27,967
(24) ILKE PANZER	0									
EVP & CIO - THRU 10/18	55 00			X				0	456,667	21,491
(25) BRADLEY PIETZ	0									
EVP & CIO - AS OF 10/18	55 00			X				0	242,151	23,754
1b Sub-total ▶								1,297,255	839,388	144,691
c Total from continuation sheets to Part VII, Section A ▶								1,262,356	4,490,266	452,747
d Total (add lines 1b and 1c) ▶								2,559,611	5,329,654	597,438

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 ▶ 15

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 4

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			
(26) JULIE CRUZ, M D	46 00									
ASSISTANT MEDICAL DIRECTOR	9 00				X			235,389	46,054	18,626
(27) DAMON CLEMENTS	55 00									
ASSISTANT MEDICAL DIRECTOR	0					X		124,461	0	24,066
(28) DEBRA QUALKENBUSH	55 00									
DIRECTOR ACCOUNTING	0					X		121,582	0	12,631
(29) BETH HUGHES	55 00									
DIRECTOR QA	0					X		118,825	0	21,881
(30) LINDA K WHITE	55 00									
DIRECTOR DONOR MANAGEMENT	0					X		114,303	0	21,675
(31) HARRY O'DELL	55 00									
DATABASE ANALYST	0					X		107,431	0	12,290
(32) SANDI LEMONS	0									
FORMER VP & CHIEF HR OFFICER	0						X	0	128,485	7,321
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 15

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ [redacted]0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	32,624			
	g	Noncash contributions included in lines 1a-1f $					
	h	Total. Add lines 1a-1f		32,624			
Program Service Revenue			Business Code				
	2a	BLOOD BANKING FEES	900099	62,892,383	62,892,383		
	b	TESTING SERVICE FEES	621500	3,698,888	3,698,888		
	c	MEDICAL SERVICES	962150	801,749	801,749		
	d	MISCELLANEOUS INCOME	900099	20,826	20,826		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		67,413,846			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		490,460			490,460
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	3,219 / 74,195				
	b	Less cost or other basis and sales expenses	2,781				
	c	Gain or (loss)	438 / 74,195				
	d	Net gain or (loss)		74,633			74,633
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a 0				
	b	Less cost of goods sold	b 0				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	PATRONAGE DIVIDENDS	900099	52,600			52,600
	b	MISCELLENEOUS INCOME	900099	197			197
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		52,797			
	12	Total revenue. See instructions		68,064,360	67,413,846		617,890

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	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	33,200	33,200		
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	2,130,754	1,705,902	424,852	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	16,936,024	13,559,144	3,376,880	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	526,434	446,947	79,487	
9 Other employee benefits	3,027,014	2,557,767	469,247	
10 Payroll taxes	1,277,002	1,077,363	199,639	
11 Fees for services (non-employees)				
a Management	0			
b Legal	104,756		104,756	
c Accounting	116,527		116,527	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	15,369		15,369	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,310,909	3,183,302	1,127,607	
12 Advertising and promotion	192,912	124,955	67,957	
13 Office expenses	602,432	448,999.	153,433	
14 Information technology	856,638	531,302.	325,336	
15 Royalties	0			
16 Occupancy	2,127,488	1,317,010	810,478	
17 Travel	397,900	397,641	259	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	421,126	344,923	76,203	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,299,020	559,719	739,301	
23 Insurance	312,250		312,250	
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 MEDICAL LAB SUPPLIES	29,316,276	29,314,396	1,880	
b DONOR EDUCATION/RECRUITMENT	883,653	883,653		
c IMPORTED BLOOD COMPONENTS	271,016	271,016		
d DUES & MEMBERSHIP	166,142	103,592.	62,550	
e All other expenses	93,396	63,486	29,910	
25 Total functional expenses Add lines 1 through 24e	65,418,238	56,924,317	8,493,921	
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		400	1	0
	2	Savings and temporary cash investments		7,178,675	2	7,254,557
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		8,482,140	4	9,614,787
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		2,113,005	8	3,664,190
	9	Prepaid expenses and deferred charges		865,229	9	834,779
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 34,964,199			
	b	Less accumulated depreciation	10b 27,406,584	8,043,079	10c	7,557,615
	11	Investments - publicly traded securities		16,135,613	11	15,497,547
	12	Investments - other securities See Part IV, line 11		0	12	0
	13	Investments - program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		341,059	15	276,754
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		43,159,200	16	44,700,229
Liabilities	17	Accounts payable and accrued expenses		7,637,402	17	7,706,007
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		401,696	25	360,508
	26	**Total liabilities.** Add lines 17 through 25		8,039,098	26	8,066,515
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		34,661,075	27	36,158,678
	28	Temporarily restricted net assets		398,714	28	414,681.
	29	Permanently restricted net assets		60,313	29	60,355
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		35,120,102	33	36,633,714
	34	Total liabilities and net assets/fund balances		43,159,200	34	44,700,229

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	68,064,360
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,418,238
3	Revenue less expenses Subtract line 2 from line 1	3	2,646,122
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,120,102
5	Net unrealized gains (losses) on investments	5	-1,132,510
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36,633,714

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
VERSITI INDIANA, INC	35-0991629

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

09

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations . . . . . ☐

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2018.** 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 . . . . . ▶ ☐

b **33 1/3 % support test - 2017.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2018.** 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 . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2017.** 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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	16,187	345,250	61,621	40,971	32,624	496,653
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	29,148,968	50,299,398	60,016,732	67,246,177	67,413,846	274,125,121
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total** Add lines 1 through 5	29,165,155	50,644,648	60,078,353	67,287,148	67,446,470	274,621,774
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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	16,021,273	26,560,237	33,404,428	40,111,391	39,237,398	155,334,727
c Add lines 7a and 7b	16,021,273	26,560,237	33,404,428	40,111,391	39,237,398	155,334,727
8 **Public support** (Subtract line 7c from line 6)						119,287,047

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	29,165,155	50,644,648	60,078,353	67,287,148	67,446,470	274,621,774
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	226,164	422,179	378,163	485,008	490,460	2,001,974
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	226,164	422,179	378,163	485,008	490,460	2,001,974
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) ATCH 1				57,243	52,797	110,040
13 **Total support.** (Add lines 9, 10c, 11, and 12)	29,391,319	51,066,827	60,456,516	67,829,399	67,989,727	276,733,788

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	43 11 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	44 33 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	72 %
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	69 %

19a **331/3% support tests - 2018** If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **331/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b 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		

Part IV Supporting Organizations *(continued)*

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

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions)***

a ☐ The organization satisfied the Activities Test *Complete* ***line 2*** *below*

b ☐ The organization is the parent of each of its supported organizations *Complete* ***line 3*** *below*

c ☐ The organization supported a governmental entity *Describe in* ***Part VI*** *how you supported a government entity (see instructions)*

			Yes	No
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? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
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*	3b		

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**) See instructions	
7	**Total annual distributions** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

	Section E - Distribution Allocations (see instructions)	(i) **Excess Distributions**	(ii) **Underdistributions Pre-2018**	(iii) **Distributable Amount for 2018**
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in **Part VI**) See instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D, line 7 $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in **Part VI** See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in **Part VI.** See instructions			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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)

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
PATRONAGE DIVIDENDS				54,726	52,600	107,326
MISCELLANEOUS INCOME				2,517	197	2,714
TOTALS				57,243	52,797	110,040

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

VERSITI INDIANA, INC

Employer identification number

35-0991629

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? ☐ Yes ☐ No

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

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 a 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 Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	60,313	60,267	60,217	60,107	60,016
b Contributions	42	46.	50	110	91
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	60,355	60,313	60,267	60,217	60,107

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

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ 100 0000 %
- c Temporarily restricted endowment ▶ _____ %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,380,724		1,380,724
b Buildings		18,413,502	14,175,185	4,238,317
c Leasehold improvements		16,245	16,245	
d Equipment		14,170,753	12,572,827	1,597,926
e Other		982,975	642,327	340,648
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				7,557,615

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

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

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

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

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

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

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

1 (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	186,839
(3) LEASE OBLIGATION	162,649
(4) SUBLESSEE SECURITY DEPOSIT	11,020
(5)	
(6)	
(7)	
(8)	
(9)	
Total *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	360,508

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

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

1	Total revenue, gains, and other support per audited financial statements			1	66,842,286
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-1,132,510		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	-1,132,510
3	Subtract line 2e from line 1			3	67,974,796
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,369		
b	Other (Describe in Part XIII)	4b	74,195		
c	Add lines 4a and 4b			4c	89,564
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	68,064,360

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

1	Total expenses and losses per audited financial statements			1	65,328,674
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	-74,195		
e	Add lines 2a through 2d			2e	-74,195
3	Subtract line 2e from line 1			3	65,402,869
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,369		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	15,369
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	65,418,238

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

PART V

ENDOWMENTS

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO PERPETUATE THE MISSION OF VERSITI INDIANA, INC ADDITIONALLY, THE FILING ORGANIZATION IS A BENEFICIARY OF THE VERSITI BLOOD RESEARCH INSTITUTE FOUNDATION'S ("VBRIF") ENDOWMENT AS A SUPPORTED ORGANIZATION THE VBRIF BOARD DESIGNATED ENDOWMENT FUNDS ARE DESIGNATED BY THE BOARD AS ENDOWMENT FUNDS TO ENSURE THE CONTINUING AVAILABILITY OF FUNDS FOR RESEARCH PURPOSES

THE AMOUNT OF THE VBRIF TOTAL ENDOWMENT AS OF 12/31/2018 WAS $77,632,272 AND WAS ALL BOARD RESTRICTED

PART X

INCOME TAXES

THE FOLLOWING FINANCIAL STATEMENT INCOME TAX FOOTNOTE REPRESENTS A MODIFIED VERSION OF WHAT WAS PRESENTED IN THE FINANCIALS TO ACCURATELY REFLECT UNRELATED BUSINESS INCOME TAX RETURN FILINGS

VERSITI, WISCONSIN, ILLINOIS, MICHIGAN, INDIANA AND THE FOUNDATION HAVE ALL RECEIVED TAX DETERMINATION LETTERS CONFIRMING THAT THE ORGANIZATIONS QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC)

THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION

Part XIII Supplemental Information *(continued)*

AND MEASUREMENT THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED

VERSITI, WISCONSIN, ILLINOIS, MICHIGAN, INDIANA AND THE FOUNDATION ARE EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH THEY ARE SUBJECT TO TAX ON INCOME UNRELATED TO THEIR EXEMPT PURPOSES, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS, TO IDENTIFY AND REPORT UNRELATED INCOME, TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS, AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS WISCONSIN AND THE FOUNDATION HAVE FILED FEDERAL AND STATE OF WISCONSIN INCOME TAX RETURNS TO REPORT UNRELATED BUSINESS INCOME THROUGH 2009 AND ARE NO LONGER SUBJECT TO TAX AUTHORITY EXAMINATIONS FOR YEARS PRIOR TO 2010 UNDER THE FEDERAL AND STATE STATUTE MANAGEMENT HAS DETERMINED THAT THERE IS NO UNRELATED BUSINESS INCOME TO REPORT FOR WISCONSIN OR THE FOUNDATION FOR 2010 THROUGH 2017, HOWEVER INCOME TAX RETURNS ARE EXPECTED TO BE FILED FOR 2018 AS THE STATUTE OF LIMITATIONS WILL REMAIN OPEN FOR RETURNS NOT FILED, TAX YEARS 2010 THROUGH 2017 WILL REMAIN OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES MICHIGAN HAS NOT HISTORICALLY FILED ANY UNRELATED BUSINESS INCOME TAX RETURNS BUT IS EXPECTED TO FILE FOR 2018 TAX YEARS REMAIN OPEN FOR YEARS IN WHICH AN INCOME TAX RETURN HAS NOT BEEN FILED IN YEARS PRIOR TO 2014, ILLINOIS FILED BOTH FEDERAL AND

Part XIII Supplemental Information *(continued)*

STATE OF ILLINOIS INCOME TAX RETURNS TO REPORT A ZERO AMOUNT OF UNRELATED BUSINESS INCOME MANAGEMENT HAS DETERMINED THAT THERE IS NO UNRELATED BUSINESS INCOME TO REPORT FOR ILLINOIS FOR TAX YEARS 2014 THROUGH 2017, AND INCOME TAX RETURNS ARE EXPECTED TO BE FILED FOR 2018 AS THE STATUTE OF LIMITATIONS WILL REMAIN OPEN FOR RETURNS NOT FILED, TAX YEARS 2014 THROUGH 2017 WILL REMAIN OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES IN YEARS PRIOR TO 2014, INDIANA FILED FEDERAL UNRELATED BUSINESS INCOME TAX RETURNS TO REPORT A ZERO AMOUNT OF UNRELATED BUSINESS INCOME IN 2014 THROUGH 2016, INDIANA FILED FEDERAL AND INDIANA RETURNS TO REPORT AN UNRELATED BUSINESS LOSS IN 2017, INDIANA FILED INCOME TAX RETURNS TO REPORT A ZERO AMOUNT OF UNRELATED BUSINESS INCOME IN ORDER TO MAINTAIN THE PRIOR YEAR NET OPERATING LOSSES INDIANA IS EXPECTED TO FILE INCOME TAX RETURNS FOR 2018 THE STATUTE OF LIMITATIONS WILL REMAIN OPEN FOR BOTH FEDERAL AND STATE PURPOSES FOR ANY RETURNS NOT FILED VERSITI HAS NOT FILED ANY UNRELATED BUSINESS INCOME TAX RETURNS, THEREFORE THE YEARS SINCE 2012, THE YEAR OF INCEPTION, ARE STILL OPEN TO EXAMINATION VERSITI IS EXPECTED TO FILE INCOME TAX RETURNS IN 2018 THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS

THE ORGANIZATION RECOGNIZES, IF NECESSARY, INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN THE PROVISION FOR INCOME TAXES THERE WERE NO INTEREST OR PENALTIES RELATED TO INCOME TAXES THAT HAVE BEEN ACCRUED OR RECOGNIZED AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

Part XIII Supplemental Information *(continued)*

ON DECEMBER 22, 2017, TAX REFORM LEGISLATION COMMONLY KNOWN AS THE TAX CUTS AND JOBS ACT OF 2017 (THE ACT) WAS PASSED, RESULTING IN SIGNIFICANT MODIFICATIONS TO EXISTING TAX LAW WHILE THERE WERE NO MATERIAL EFFECTS ON THE ORGANIZATION'S FINANCIAL STATEMENTS AS A RESULT OF THE ACT, MANAGEMENT IS EVALUATING THE ONGOING IMPACT OF THE ACT ON THE ORGANIZATION

PART XI, LINE 4B

RECONCILIATION OF REVENUE

GAIN ON ASSET SALE	$74,195

PART XII, LINE 2D

RECONCILIATION OF EXPENSES

GAIN ON ASSET SALE	$(74,195)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

VERSITI INDIANA, INC

Employer identification number

35-0991629

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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	SCHOLARSHIPS	83	33,200			
2						
3						
4						
5						
6						
7						

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

PART I, LINE 2

GRANTS

THE FILING ORGANIZATION OFFERS SCHOLARSHIPS TO HIGH SCHOOL SENIORS IF CERTAIN CRITERIA ARE MET THE SCHOLARSHIPS ARE SENT TO THE COLLEGE OR UNIVERSITY WHERE THE STUDENT IS ENROLLED

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization: VERSITI INDIANA, INC

Employer identification number: 35-0991629

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b	X	
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b	X	
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	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 aren't listed on Form 990, Part VII

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	CHARLES MIRAGLIA, M D PRESIDENT	(i)	297,146	63,843	0	11,089	17,675	389,753	0
		(ii)	0	0	0	0	0	0	0
2	DAN WAXMAN EVP & CHIEF MEDICAL OFFICER	(i)	321,177	28,782	12,000	10,969	17,675	390,603	0
		(ii)	0	0	0	0	0	0	0
3	WENDY MEHRINGER VP BLOOD SERVICES	(i)	190,465	16,808	23,491	7,434	15,371	253,569	0
		(ii)	0	0	0	0	0	0	0
4	LORA POORE VP LABORATORY SERVICES	(i)	202,862	20,519	250	6,667	15,422	245,720	0
		(ii)	0	0	0	0	0	0	0
5	CHRIS MISKEL CEO	(i)	76,175	29,118	14,619	2,975	2,323	125,210	0
		(ii)	533,228	203,826.	102,334	20,827	16,264	876,479	0
6	MAUREEN KWIECINSKI EVP & GEN COUNSEL - THRU 8/18	(i)	40,775	28,551	22,216	1,135	336	93,013	0
		(ii)	231,060	161,790	125,890	6,432	1,901	527,073	0
7	BRIAN BAUTISTA EVP & COO - AS OF 4/18	(i)	70,607	11,468	0	3,240	3,197	88,512	0
		(ii)	211,821	34,404	0	9,721	9,592	265,538	0
8	JAMES WEIDNER EVP & CHIEF HR OFFICER	(i)	56,945	10,766	0	3,380.	3,798	74,889	0
		(ii)	230,657	43,608	0	13,690	15,386	303,341	0
9	GITESH DUBAL EVP & CHIEF MARKETING OFFICER	(i)	51,126	12,291	0	2,915	2,878	69,210	0
		(ii)	289,714	69,647	0	16,517	16,306	392,184	0
10	LYNNE BRIGGS VP & CHIEF INFORMATION OFFICER	(i)	40,450	9,916	0	3,018	2,878	56,262	0
		(ii)	229,217	56,189	0	17,102	16,306	318,814	0
11	ANTHONY WATKINS EVP & CHIEF FINANCIAL OFFICER	(i)	38,628	11,036	28	2,003	1,919	53,614	0
		(ii)	347,652	99,324	252	18,029	17,268	482,525	0
12	MARGARET MCELLIGOTT VP & CHIEF QUALITY OFFICER	(i)	27,985	7,547	30	2,240	1,629	39,431	0
		(ii)	205,223	55,347	220	16,425	11,945	289,160	0
13	GILBERT C WHITE, M D EXECUTIVE VP OF RESEARCH	(i)	0	0	0.	0.	0	0	0
		(ii)	514,914	117,235.	0	26,158	13,701	672,008	0
14	THOMAS ABSHIRE, M D EVP MSI & CHIEF MED OFFICER	(i)	0	0	0	0	0	0	0
		(ii)	485,353	107,392	0	25,820	2,147	620,712	0
15	ILKE PANZER EVP & CIO - THRU 10/18	(i)	0	0	0	0	0	0	0
		(ii)	349,485	96,518	10,664	10,024	11,467	478,158	0
16	BRADLEY PIETZ EVP & CIO - AS OF 10/18	(i)	0	0	0	0	0	0	0
		(ii)	212,151	30,000	0	15,719	8,035	265,905	0

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	SANDI LEMONS FORMER VP & CHIEF HR OFFICER	(i)	0	0	0	0	0	0	0
		(ii)	0	0	128,485	0	7,321	135,806	0
2	JULIE CRUZ, M D ASSISTANT MEDICAL DIRECTOR	(i)	227,910	7,479	0	8,253	7,325.	250,967	0
		(ii)	44,591	1,463	0	1,615	1,433	49,102	0
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

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

PART I, LINE 4A

SEVERANCE PAYMENTS

CERTAIN INDIVIDUALS LEFT THE ORGANIZATION IN 2018 THE INDIVIDUALS RECEIVED SEVERANCE IN 2018, WHICH IS INCLUDED ON SCHEDULE J, PART II DUE TO CONFIDENTIALITY AGREEMENTS, NEITHER THE NAMES NOR THE AMOUNTS WILL BE LISTED

PART I, LINES 5B, 6B AND 7

NON-FIXED PAYMENTS

INCENTIVE PAYOUT OPPORTUNITIES, BASED ON PERCENTAGE OF BASE PAY RATE, ARE AVAILABLE TO CERTAIN EMPLOYEES OF THE FILING ORGANIZATION WHILE LEVELS OF THE INCENTIVE PAYOUT OPPORTUNITY ARE FIXED AND DETERMINED PERCENTAGES OF BASE COMPENSATION, THE INCENTIVE PAYOUT IS DETERMINED, IN PART, ON THE CONSOLIDATED REVENUE AND NET EARNINGS OF OPERATING DIVISIONS THE INCENTIVE PAYOUT IS SUBJECT TO THE REVIEW OF ACCOMPLISHMENTS/ OBJECTIVES AND THE ULTIMATE DETERMINATION OF INCENTIVE COMPENSATION IS SUBJECT TO PRESIDENT / CEO AND EXECUTIVE COMMITTEE OF THE BOARD APPROVAL

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	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*	2018 Open to Public Inspection

Name of the organization	Employer identification number
VERSITI INDIANA, INC	35-0991629

PART VI, SECTION A, LINE 4

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

THE ORGANIZATION CHANGED ITS NAME FROM CENTRAL INDIANA REGIONAL BLOOD CENTER, INC TO VERSITI INDIANA, INC

PART VI, SECTION A, LINE 6

MEMBERS OR STOCKHOLDERS

VERSITI (A 501(C)(3) ORGANIZATION) IS THE SOLE VOTING MEMBER

PART VI, SECTION A, LINES 7A AND 7B

MEMBER OR STOCKHOLDER POWERS

VERSITI HAS RESERVE POWERS, INCLUDING THE ABILITY TO ELECT A MAJORITY OF DIRECTORS

PART VI, SECTION B, LINE 11B

FORM 990 REVIEW

VERSITI INDIANA UTILIZES GRANT THORNTON LLP TO COMPLETE THE IRS FORM 990 AND RELATED SCHEDULES FOLLOWING COMPLETION, THEY ARE REVIEWED BY THE CONTROLLER AND CEO OF VERSITI THE DRAFT FORMS ARE THEN REVIEWED BY THE COMPLIANCE AND AUDIT COMMITTEE PRIOR TO SUBMISSION TO THE IRS THE FULL BOARD IS PROVIDED A COPY OF THE FORM 990 PRIOR TO FILING

PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY

Name of the organization	Employer identification number
VERSITI INDIANA, INC	35-0991629

VERSITI INDIANA MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS, CURRENT DIRECTORS AND OFFICERS ARE ASKED TO COMPLETE A DISCLOSURE FORM BASED ON IRS REQUIREMENTS THAT INCLUDES THE FOLLOWING

WHETHER THEY HAVE ANY DIRECT OR INDIRECT RELATIONSHIP EITHER THROUGH BUSINESS OR FAMILY MEMBER WITH THE ORGANIZATION

WHETHER THEY RECEIVED COMPENSATION FROM ANY ORGANIZATION THAT SHARES COMMON OWNERSHIP OR CONTROL WITH THE ORGANIZATION

WHETHER THEY HAVE SERVED AS AN OFFICER, DIRECTOR, KEY EMPLOYEE, PARTNER OR MEMBER OF AN ENTITY (OR SHAREHOLDER OF A PROFESSIONAL CORPORATION) DOING BUSINESS WITH THE ORGANIZATION

THESE ANSWERS ARE ACCUMULATED, SUMMARIZED AND EVALUATED BY MANAGEMENT TO DETERMINE IF ANY CONFLICTS EXIST IDENTIFIED CONFLICTS ARE ADDRESSED IN ACCORDANCE WITH THE WRITTEN POLICY

PART VI, SECTION B, LINES 15A AND 15B
COMPENSATION PROCESS
THE COMPENSATION COMMITTEE OF THE VERSITI BOARD OF DIRECTORS, ACTING IN ITS CAPACITY AS THE COMPENSATION COMMITTEE, SETS AND MONITORS THE COMPENSATION PHILOSOPHY FOR VERSITI AND THE RELATED ENTITIES THAT IT SUPPORTS, INCLUDING VERSITI INDIANA OTHER THAN THE VERSITI PRESIDENT & CHIEF EXECUTIVE OFFICER, THE COMPENSATION COMMITTEE DOES NOT INCLUDE MEMBERS OF MANAGEMENT AND IS COMPRISED ENTIRELY OF INDIVIDUALS WHO DO NOT

Name of the organization	Employer identification number
VERSITI INDIANA, INC	35-0991629

HAVE A CONFLICT OF INTEREST WITH RESPECT TO VERSITI OR VERSITI INDIANA COMPENSATION ARRANGEMENTS THE VERSITI PRESIDENT AND CHIEF EXECUTIVE OFFICER RECUSES HER/HIMSELF FROM ALL DISCUSSIONS AND APPROVALS RELATED TO HER/HIS COMPENSATION

THE VERSITI COMPENSATION COMMITTEE REVIEWS VERSITI INDIANA EXECUTIVE COMPENSATION ARRANGEMENTS TO ENSURE SUCH ARRANGEMENTS ARE FAIR, REASONABLE, AND NOT EXCESSIVE WHEN COMPARED TO SIMILARLY-SITUATED EXECUTIVES EXECUTIVE COMPENSATION ARRANGEMENTS ARE REVIEWED FOR REASONABLENESS AND APPROVED BY THE COMPENSATION COMMITTEE ANNUALLY IN ACCORDANCE WITH THE VERSITI REASONABLENESS REVIEW POLICY THE COMPENSATION COMMITTEE ASSESSES THE REASONABLENESS OF EXECUTIVE COMPENSATION ARRANGEMENTS AFTER IT OBTAINS AND REVIEWS APPROPRIATE DATA FOR COMPARABILITY FROM THE HUMAN RESOURCE DEPARTMENT AND AN INDEPENDENT COMPENSATION CONSULTANT THE COMPENSATION COMMITTEE ENGAGES A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT ANNUALLY THE INDEPENDENT CONSULTANT PERFORMS AN ANALYSIS OF COMPENSATION LEVELS AT REGIONAL AND NATIONAL ORGANIZATIONS OF COMPARABLE SIZE, SCOPE AND STRUCTURE AND PROVIDES THE COMMITTEE WITH COMPREHENSIVE DATA ON THE AVAILABILITY OF SIMILAR SERVICES WITHIN THE GEOGRAPHIC AREA, COMPENSATION SURVEYS, WRITTEN OFFERS FROM SIMILAR INSTITUTIONS, AND OTHER INFORMATION RELEVANT TO COMPARABILITY OF COMPENSATION THE COMPENSATION COMMITTEE'S REVIEW, RECOMMENDATIONS AND APPROVALS ARE DOCUMENTED CONCURRENTLY IN THE COMMITTEE MINUTES, WHICH ARE SUBSEQUENTLY REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE AS REASONABLE, ACCURATE AND COMPLETE

Name of the organization	Employer identification number
VERSITI INDIANA, INC	35-0991629

VERSITI AND VERSITI INDIANA HAVE INCENTIVE PROGRAMS FOR THE CHIEF EXECUTIVE OFFICER AND OTHER CORPORATE OFFICERS DESCRIBED IN DETAILED WRITTEN POLICIES APPROVED BY THE COMPENSATION COMMITTEE ANNUALLY

EVALUATION AND COMPENSATION REVIEW

-CEO - EACH YEAR, THE EXECUTIVE/COMPENSATION COMMITTEE EVALUATES THE VERSITI/VERSITI INDIANA CEO'S PERFORMANCE AGAINST ESTABLISHED OBJECTIVES, DETERMINES INCENTIVE PAYMENT AND MERIT INCREASE BASED UPON PERFORMANCE AND MARKET DATA PROVIDED BY THE THIRD PARTY COMPENSATION CONSULTANT, AND WORKS WITH THE CEO TO ESTABLISH OBJECTIVES FOR THE NEXT YEAR

-OTHER CORPORATE OFFICERS - EACH YEAR, THE VERSITI/VERSITI INDIANA CEO REVIEWS THE PERFORMANCE AND THE ACHIEVEMENT OF INDIVIDUAL GOALS AND OBJECTIVES OF EACH VERSITI/VERSITI INDIANA CORPORATE OFFICER THE VERSITI/VERSITI INDIANA CEO PRESENTS HIS/HER RECOMMENDATIONS TO THE COMPENSATION COMMITTEE, WHICH REVIEWS AND APPROVES RECOMMENDED COMPENSATION RANGES, AND APPROVES FINAL SALARY AND INCENTIVE PAYMENTS

CORPORATE OFFICERS ARE POSITIONED WITHIN THE APPROPRIATE SALARY RANGE BASED UPON

-EXECUTIVE'S KNOWLEDGE, COMPETENCIES, AND EXPERIENCE,

-PERFORMANCE OF THE EXECUTIVE'S AREAS OF RESPONSIBILITY,

-THE EXECUTIVE'S CONTRIBUTION TO OVERALL PERFORMANCE,

Name of the organization: VERSITI INDIANA, INC

Employer identification number: 35-0991629

-THE IMPORTANCE OF RETAINING THE EXECUTIVE,

-INTERNAL EQUITY CONSIDERATIONS,

-THE FINANCIAL RESOURCES AVAILABLE, AND

-EXECUTIVE BASE SALARY INCREASES IN THE COMPETITIVE MARKET

PART VI, SECTION C, LINE 19

ORGANIZATION'S DOCUMENTS OPEN TO THE PUBLIC

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST DURING NORMAL BUSINESS HOURS AND AT THE ORGANIZATION'S LOCATION

PART VII

AVERAGE HOURS

THE HOURS LISTED ON FORM 990, PART VII ARE REPRESENTATIVE OF AN AVERAGE FOR THE OFFICERS AND EXECUTIVE TEAM EACH INDIVIDUAL PERSON'S WEEKLY TALLY MAY BE GREATER OR LESSER PER WEEK BASED ON THEIR INDIVIDUAL ROLES AND RESPONSIBILITIES WITHIN THE FILING ORGANIZATION AND RELATED PARTIES

ATTACHMENT 1

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

STEWARDS OF INDIANA'S BLOOD SUPPLY, LINKING VOLUNTEER DONORS TO HOOSIER PATIENTS IN NEED BY RECRUITING, COLLECTING, PROCESSING, TESTING, LABELING AND DISTRIBUTING BLOOD TO HOSPITALS EVERY DAY

A COMMUNITY BLOOD PROGRAM, SUPPLYING FIRST IN INDIANA THEN WHEREVER THE LIFE-SAVING RESOURCE IS NEEDED

Name of the organization: VERSITI INDIANA, INC

Employer identification number: 35-0991629

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MEDSPEED LLC 655 WEST GRAND AVENUE #320 ELMHURST, IL 60126	DELIVERY	541,079
NOW COURIER 111 EAST MCCARTY INDIANAPOLIS, IN 46225	DELIVERY	436,943
CITY WIDE MAINTENANCE INDY 5155 N SHADELAND AVENUE, SUITE 300 INDIANAPOLIS, IN 46226	CLEANING	155,360
BLUE LINE SECURITY SYSTEMS 2302 EAST TROY AVENUE INDIANAPOLIS, IN 46203	SECURITY	140,049

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

VERSITI INDIANA, INC

Employer identification number

35-0991629

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) VERSITI, INC 45-4675354 P O BOX 2178, 638 NORTH 18TH MILWAUKEE, WI 53201	SUPPORTING	WI	501(C)(3)	12B	N/A		X
(2) VERSITI WISCONSIN, INC 39-0807235 638 NORTH 18TH MILWAUKEE, WI 53233-2121	BLOOD	WI	501(C)(3)	07	VERSITI		X
(3) VERSITI MICHIGAN, INC 38-1550001 P O BOX 1704 GRAND RAPIDS, MI 49501	BLOOD	MI	501(C)(3)	10	VERSITI		X
(4) VERSITI BLOOD RESEARCH INSTITUTE FNDN 39-1372542 P O BOX 2178, 638 NORTH 18TH MILWAUKEE, WI 53201	SUPPORTING	WI	501(C)(3)	12B	VERSITI		X
(5) VERSITI ILLINOIS, INC 36-2179768 1200 N HIGHLAND AVENUE AURORA, IL 60506	BLOOD	IL	501(C)(3)	10	VERSITI		X
(6)							
(7)							

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? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g	X	
h Purchase of assets from related organization(s)	1h	X	
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII **Supplemental Information**

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

Approved and Filed
192821A109/7996426
Filing Date 08/15/2018
Effective 08/13/2018 11 00
CONNIE LAWSON
Indiana Secretary of State

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION (NONPROFIT)

State Form 4161 (R17 / 6-18) / Corporate Form 364-2

Indiana Code 23-17-17-1 *et seq.*
23-0.5-9-15

FILING FEE: $30.00

The undersigned officer of the Nonprofit Corporation named in Article I below (hereinafter referred to as the "Corporation") desiring to give notice of corporate action effectuating Amendment(s) to the Articles of Incorporation, certifies the following facts

ARTICLE I – AMENDMENT(S)

SECTION 1 The name of the Corporation is

Central Indiana Regional Blood Center, Inc

SECTION 2 The date of incorporation of the Corporation *(month, day, year)*

January 30, 1952

SECTION 3 The name of the Corporation following this amendment to the Articles of Incorporation is

Versiti Indiana, Inc

SECTION 4

The exact text of Article(s) _____ of the Articles of Incorporation is now as follows

Please see attached.

2018 AUG 13 AM 7:19

SECRETARY OF STATE
RECEIVED

SECTION 5

The date of adoption of the amendment to the Article(s) _____ was May 23, 20 18.

Approved and Filed
192821A109/7996426
Filing Date 08/15/2018
Effective 08/13/2018 11 00
CONNIE LAWSON

ARTICLE II – MANNER OF ADOPTION AND VOTE

SECTION 1: Action by the Board of Directors

The Board of Directors duly adopted a resolution proposing to amend the Article(s) of Incorporation *(Select one)*

☑ At a meeting held on May 23, 20 18, at which a quorum of such Board was present

☐ By written consent executed on _____, 20 _____, and signed by all members of such Board

SECTION 2: Action by members

IF APPROVAL OF MEMBERS WAS NOT REQUIRED:

The Amendment(s) were approved by a sufficient vote of the Board of Directors or incorporators and approval of members was not required.
☐ Yes ☐ No

The Amendment(s) were approved by a person other than the members and that approval pursuant to Indiana Code 23-17-17-1 was obtained
☑ Yes ☐ No

IF APPROVAL OF MEMBERS WAS REQUIRED:	TOTAL	MEMBERS OR DELEGATES ENTITLED TO VOTE AS A CLASS		
		1	2	3
MEMBERS OR DELEGATES ENTITLED TO VOTE	1			
MEMBERS OR DELEGATES VOTED IN FAVOR	1			
MEMBERS OR DELEGATES VOTED AGAINST	0			

☑ The manner of the adoption of the Articles of Amendment and the vote by which they were adopted constitute full legal compliance with the provisions of the Act, the Articles of Incorporation, and the By-Laws of the Corporation

ARTICLE III – REGISTERED AGENT INFORMATION

To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to INBIZ.in.gov

Electronic Service of Process Information

Sending an e-mail to the e-mail address provided by a registered agent is NOT sufficient to effectuate valid service of process.

The Secretary of State is currently collecting a service of process e-mail address for registered agents Until the Indiana Supreme Court writes rules and develops a technical solution, valid service may not be effectuated electronically

If you do not want to provide a service of process e-mail address, you may choose to use a commercial registered agent Because all commercial registered agents are required to have a service of process e-mail address on record with the Secretary of State, choosing to use a commercial registered agent means that you are not required to provide another service of process e-mail address

Provide either commercial registered agent or noncommercial registered agent information below

☐ Commercial registered agent — Name of registered agent *(Do not provide address)*:

OR

☑ Noncommercial registered agent — Name of registered agent: Maureen Kwiecinski

Address *(number and street) (A P O Box is not acceptable unless accompanied by a Rural Route number)*	City	State	ZIP code
3450 N Meridian Street	Indianapolis	IN	46208

E-mail address of the registered agent at which the registered agent will accept electronic service of process: maureen kwiecinski@versiti org

☑ By checking the box, the Signator(s) represent(s) that the Registered Agent named in these Articles of Amendment has consented to the appointment of Registered Agent.

I hereby verify, subject to penalties of perjury, that the facts contained herein are true

Signature	Date of signature *(month, day, year)*
Maureen Kwiecinski	July 24, 2018

Printed name	Title
Maureen Kwiecinski	EVP & General Counsel

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Ph 317-916-5265

AMENDED AND RESTATED ARTICLES OF INCORPORATION OF CENTRAL INDIANA REGIONAL BLOOD CENTER, INC.

ARTICLE I
NAME

The name of the Corporation is Versiti Indiana, Inc.

ARTICLE II
TYPE OF NONPROFIT CORPORATION AND PURPOSES

Section 1. Type of Nonprofit Corporation. This Corporation is a public benefit corporation, organized and operated exclusively for public and charitable purposes.

Section 2. Purposes. The purposes for which the Corporation is formed are.

(a) To make possible the availability of an adequate supply of human blood and anatomical tissue/organ donations for the procurement, processing, distribution or use of whole blood, plasma, blood products, blood derivatives, blood substitutes, tissue/organ, donor viral screening, testing for public safety, and other clinical services, in and for the State of Indiana and other areas that may affiliate with this Corporation to satisfy as fully as possible any demands for blood and anatomical tissue/organ donations that may arise, through education, research, development and clinical trials for the improvement, integration, expansion, increase and utilization of available services and facilities for blood drawing and anatomical tissue/organ donations services and facilities; and to have and exercise all powers conferred by law upon nonprofit corporations, including the right and power to receive gifts, bequests and contributions of all kinds and nature for the carrying out of the purposes above stated.

(b) Solely in furtherance of the aforesaid purposes, to transact any and all lawful business for which corporations may be incorporated under the Act, provided such business is not inconsistent with the Corporation being organized and operated exclusively for scientific and educational purposes.

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ARTICLE III
PERIOD OF EXISTENCE

The period during which the Corporation shall continue is perpetual.

ARTICLE IV
RESIDENT AGENT AND PRINCIPAL OFFICE

Section 1. Resident Agent. The name and address of the Resident agent is James A.L. Buddenbaum, 201 North Illinois Street, Suite 300, Indianapolis, Indiana.

Section 2. Principal Office. The post office address of the principal office of the Corporation is 3450 North Meridian Street, Indianapolis, Indiana 46208.

ARTICLE V
MEMBERSHIP

The Corporation's membership and manner of member selection shall be as prescribed in the Corporation's Bylaws.

ARTICLE VI
DIRECTORS

The number of Directors shall be not less than five (5) and not more than eighteen (18) and the exact number shall be fixed by the board of directors, from time to time, in the Bylaws of the Corporation.

ARTICLE VII
PROVISIONS FOR REGULATIONS AND CONDUCT OF THE AFFAIRS OF CORPORATION

Section 1. Power of the Board of Directors. Subject to any limitation or restriction imposed by law or by these Articles of Incorporation, the affairs of this Corporation shall be managed by a board of directors with qualifications as the Bylaws may prescribe.

Section 2. Bylaws. The board of directors shall have the power to make, alter, amend or repeal the Bylaws of the Corporation.

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Section 3. Meetings. Meetings of the board of directors of the Corporation shall be held at such places, within or without the State of Indiana, as may be specified in or fixed in accordance with the Bylaws or in the respective notices, or waivers of notice thereof.

Section 4. Indemnification of Directors, Officers, Employees and Agents. The Corporation may indemnify any person who is or was a member of the board of directors, officer, employee or agent of this Corporation pursuant to the Bylaws of the Corporation

ARTICLE VIII
DISSOLUTION

In the event of any dissolution or termination of the Corporation, the Board of Directors shall, after paying and making provision for the payment of all liabilities of the Corporation, dispose of all the assets of the Corporation to such organization or organizations that at the time qualify as exempt under Section 501(c)(3) of the Internal Revenue Code of 1986, as the member shall determine. Any such assets not disposed of as set forth above shall be distributed by the circuit court of the county in which the principal office of the Corporation is located to one or more organizations described in Section 501(c)(3) of the Internal Revenue Code, or to a governmental unit referred to in Section 170(c)(1) of the Internal Revenue Code exclusively for public purposes, as such court shall determine.

ARTICLE IX
AMENDMENT

The Corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation and to add additional articles in the manner prescribed by statute, provided any such amendment, repeal or addition is approved by the member(s).