

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

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

C Name of organization
INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC
% CRAIG J JONES
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
950 N MERIDIAN STREET Suite 300

City or town, state or province, country, and ZIP or foreign postal code
INDIANAPOLIS, IN 46204

D Employer identification number
35-1814660

E Telephone number
(317) 963-4842

G Gross receipts \$ 263,141,497

F Name and address of principal officer:
KENNETH D PUCKETT
950 N MERIDIAN ST STE 300
INDIANAPOLIS, IN 46204

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

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ SEE SCHEDULE O

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1990

M State of legal domicile: IN

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	7
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	1,314
6 Total number of volunteers (estimate if necessary)	159
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	259	98,500
9 Program service revenue (Part VIII, line 2g)	239,113,407	249,530,253
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,843,697	11,131,716
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,727,372	2,155,905
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	247,684,735	262,916,374
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	20,000	30,000
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)	61,297,448	64,539,644
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)	127,925,448	135,406,926
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	189,242,896	199,976,570
19 Revenue less expenses. Subtract line 18 from line 12	58,441,839	62,939,804
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	521,438,931	589,101,817
21 Total liabilities (Part X, line 26)	120,515,303	125,263,338
22 Net assets or fund balances. Subtract line 21 from line 20	400,923,628	463,838,479

Part II Signature Block

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

Sign Here Signature of officer: _____ Date: 2020-11-08
CARA L BREIDSTER CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
Check if self-employed PTIN: P00395735
Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ _____
Firm's address ▶ 111 MONUMENT CIRCLE SUITE 4000 Phone no. (317) 681-7000
INDIANAPOLIS, IN 46204

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 163,693,033 including grants of \$ 30,000) (Revenue \$ 248,438,240)
See Additional Data

4b (Code:) (Expenses \$ 247,145 including grants of \$) (Revenue \$ 375,243)
See Additional Data

4c (Code:) (Expenses \$ 472,084 including grants of \$) (Revenue \$ 716,770)
See Additional Data

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

4e Total program service expenses ▶ 164,412,262

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 main columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Form 990 (2019) - Part V: Statements Regarding Other IRS Filings and Tax Compliance. Includes sections 2a through 16 with various questions and input fields. Key values include 1,314 for 2a and 'No' for 12a, 14a, 15, and 16.

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



Section A. Governing Body and Management

Table with 5 main rows (1a-1b, 2-9) and 3 sub-columns (1a, 1b, and Yes/No). Row 1a: 12 members. Row 1b: 7 independent members. Rows 2-9 contain various governance questions with Yes/No responses.

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

Table with 10 main rows (10a-16b) and 3 sub-columns (10a, 10b, and Yes/No). Rows 10a-16b contain various policy questions with Yes/No responses.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: CRAIG J JONES 950 N MERIDIAN ST STE 300 INDIANAPOLIS, IN 46204 (317) 963-4842

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

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

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

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

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

See instructions for the order in which to list the persons above.

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			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							1,662,434	6,968,933	1,049,038	

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 ▶ 48

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK HEALTHCARE MANAGEMENT SERVI, 2300 WARRENVILLE RD DOWNERS GROVE, IL 60515	FACILITIES	3,291,571
Ermco Inc, 1625 Thompson Rd INDIANAPOLIS, IN 46217	Maintenance	532,428
TRIMEDX LLC, 5451 LAKEVIEW PKWY S DR INDIANAPOLIS, IN 46268	CLINICAL ENGINEERING	1,308,432
Turner Construction Company, 55 E Monroe Suite 1430 CHICAGO, IL 60603	Construction	25,590,241
United Hospital Services LLC, 9948 PARK DAVIS DR INDIANAPOLIS, IN 462352394	Laundry	447,174

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 19

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	98,500		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	0		
	g Noncash contributions included in lines 1a - 1f:\$	1g			
	h Total. Add lines 1a-1f		98,500		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a NET PATIENT SERVICE REVENUE		622110	248,438,240	248,438,240		
b SHARED SERVICES		541900	375,243	375,243		
c RENT FROM RELATED 501(C)(3) ORGS.		532000	716,770	716,770		
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			249,530,253			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,004,098			11,004,098	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	6a	(i) Real	302,414			
			(ii) Personal				
		b Less: rental expenses	6b	225,123			
		c Rental income or (loss)	6c	77,291	0		
	d Net rental income or (loss)			77,291			77,291
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities		127,618		
			(ii) Other				
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c		127,618		
	d Net gain or (loss)			127,618			127,618
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		0			
			b Less: direct expenses	8b	0		
			c Net income or (loss) from fundraising events		0		
	9a Gross income from gaming activities. See Part IV, line 19	9a		0			
			b Less: direct expenses	9b	0		
			c Net income or (loss) from gaming activities		0		
	10a Gross sales of inventory, less returns and allowances	10a		0			
b Less: cost of goods sold			10b	0			
c Net income or (loss) from sales of inventory				0			
Miscellaneous Revenue		Business Code					
11a CAFETERIA/FOOD SERVICE		721110	1,065,866			1,065,866	
b GIFT SHOP		453220	332,855			332,855	
c TELEPHONE		517000	99,486			99,486	
d All other revenue			580,407			580,407	
e Total. Add lines 11a-11d			2,078,614				
12 Total revenue. See instructions			262,916,374	249,530,253		13,287,621	

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	30,000	30,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,100,541	1,000,658	99,883	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	50,851,987	46,236,742	4,615,245	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,824,024	1,658,479	165,545	0
9 Other employee benefits	7,072,210	6,430,348	641,862	0
10 Payroll taxes	3,690,882	3,355,903	334,979	0
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	2,518	0	2,518	0
d Lobbying	1,018	0	1,018	0
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	54,313,242	27,668,158	26,645,084	
12 Advertising and promotion	324,894	312,566	12,328	0
13 Office expenses	566,855	458,577	108,278	0
14 Information technology	156,313	113,885	42,428	0
15 Royalties	0			
16 Occupancy	3,583,407	3,196,662	386,745	0
17 Travel	53,693	23,896	29,797	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	28,804	5,975	22,829	0
20 Interest	5,334,634	5,334,634	0	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	8,511,745	7,341,775	1,169,970	0
23 Insurance	1,328,059	315,259	1,012,800	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DRUGS AND MEDICAL SUPPLIES	27,626,196	27,626,196		
b BAD DEBT	17,815,476	17,815,476		
c HOSPITAL ASSESSMENT FEE	13,206,414	13,206,414		
d INSTITUTIONAL DUES/LICENSES	113,570	113,570		
e All other expenses	2,440,088	2,167,089	272,999	
25 Total functional expenses. Add lines 1 through 24e	199,976,570	164,412,262	35,564,308	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	391,044,274	2	424,586,518
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	30,077,475	4	26,180,609
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	792,506	7	0
	8 Inventories for sale or use	1,420,805	8	1,330,092
	9 Prepaid expenses and deferred charges	761,440	9	897,837
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 238,751,533		
	b Less: accumulated depreciation	10b 102,644,772	97,342,431	10c 136,106,761
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	521,438,931	16	589,101,817	
Liabilities	17 Accounts payable and accrued expenses	15,072,181	17	24,135,388
	18 Grants payable	0	18	0
	19 Deferred revenue	131,478	19	7,290
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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	105,311,644	25	101,120,660
	26 Total liabilities. Add lines 17 through 25	120,515,303	26	125,263,338
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	400,923,628	27	463,838,479
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	400,923,628	32	463,838,479	
33 Total liabilities and net assets/fund balances	521,438,931	33	589,101,817	

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	262,916,374
2	Total expenses (must equal Part IX, column (A), line 25)	2	199,976,570
3	Revenue less expenses. Subtract line 2 from line 1	3	62,939,804
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	400,923,628
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-24,953
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	463,838,479

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 35-1814660

Name: INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC

Form 990 (2019)

Form 990, Part III, Line 4a:

Indiana University Health West Hospital, Inc. ("IU Health West Hospital") is a 127-bed multidisciplinary healthcare facility located in Avon, IN. The hospital offers a full range of services, including maternity, orthopedics and cancer care. Built with a specific goal to meet the needs of our patients, families and visitors, IU Health West Hospital includes features designed to ensure privacy and create a quiet, soothing atmosphere in patient spaces. From all-private rooms and intimate, comfortable family waiting areas to separate corridors and elevators away from public spaces for staff and supply movement, IU Health West Hospital delivers on our goals to create a healing sanctuary for patients.

Form 990, Part III, Line 4b:

IU Health West Hospital provides services to related tax-exempt organizations.

Form 990, Part III, Line 4c:

IU Health West Hospital receives rent from a related exempt organization, Indiana University Health Care Associates ("IU Health Physicians"), for space in their Medical Office Building that's connected to the Hospital and the Ortho, Sport & Spine Center.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michelle A Janney RN Director (Part Year)	2.0 53.0	X						0	1,285,983	23,935
MATTHEW R COOK DIRECTOR	2.0 53.0	X						0	884,838	150,078
Elizabeth Dunlap Director (Part Year)	2.0 53.0	X						0	817,175	139,814
KENNETH D PUCKETT Dir/PRES. - Indy Suburban Reg	10.0 45.0	X		X				0	749,896	145,910
David A Ingram MD Director (Part Year)	2.0 53.0	X						0	780,543	107,628
KEVIN L SMITH MD DIRECTOR	2.0 53.0	X						0	520,724	12,547
Harpreetinder Singh M VP & CMO West Hospital	45.0 10.0				X			400,241	35,030	43,378
MEGAN CRITTENDON MD DIRECTOR	2.0 53.0	X						0	374,099	11,362
ARTHUR VASQUEZ Pres West (Part Year)/ COO ISR	10.0 45.0			X				316,788	0	48,361
CARA L BREIDSTER CFO - Indy Suburban Region	10.0 45.0			X				0	321,380	41,748

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEREK E EMPJE SECRETARY	5.0 50.0			X				0	268,310	45,345
MATTHEW D BAILEY FORMER Officer	0.0 0.0						X	0	290,903	0
LISA A SPARKS RN CNO - Indy Suburban Region	10.0 45.0				X			231,548	0	43,717
TAMARAH D BROWNLEE VP-HR - Indy Suburban Region	10.0 45.0				X			0	192,896	40,664
JAMES R BILLMAN PHARMACIST	40.0 0.0					X		192,203	0	29,642
PAMELA CHAPMAN Former Key Employee	0.0 55.0						X	0	171,551	42,426
ANNE K STEGEMOLLER DIRECTOR - PHARMACY	40.0 0.0					X		168,159	0	40,335
Anne Fara-Erny ACNO-IUH West/DIR-CE (PART YR)	40.0 0.0					X		48,064	110,790	34,401
KAPRI D AMES ASSOC CNO (PART YEAR)	40.0 0.0					X		149,567	0	30,115
Eric D Peak Senior Pharmacist	40.0 0.0					X		155,864	0	17,632

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT E EVARD MD DIRECTOR	2.0 12.0	X						0	79,612	0
JAY L HESS MD DIRECTOR	1.0 7.0	X						0	44,000	0
CHARLES E SCHALLIOL Director	2.0 2.0	X						0	18,750	0
CLAUDIA J SOMES MD DIRECTOR	2.0 2.0	X						0	14,375	0
PAUL IVKOVICH President - IUH West (PART YR)	55.0 0.0			X				0	8,078	0
MARSHA A STONE DIRECTOR/CHAIRMAN	2.0 2.0	X		X				8,000	0	0
MARK R BENSON DO DIRECTOR	2.0 2.0	X						7,000	0	0
MICHELE M KAWIECKI DIRECTOR	2.0 2.0	X						0	6,500	0
REV KAREN E DEVAISHE DIRECTOR (Part Year)	2.0 2.0	X						3,500	0	0
JOHN D GOLDENBERG M DIRECTOR	2.0 2.0	X						0	3,000	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
CINDA L KELLEY DIRECTOR (Part Year)	2.0 0.0	X						750	0	0	
Jill McCrory Director (Part Year)	2.0 0.0	X						750	0	0	

SCHEDULE A
(Form 990 or 990-EZ)

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
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC

Employer identification number
35-1814660

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 35-1814660

Name: INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		1,018
j Total. Add lines 1c through 1i			1,018
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Lines 1i - Other Activities	IU Health West Hospital paid institutional membership dues to the Indiana Hospital Association ("IHA") during 2019 in the amount of \$15,589. Each membership organization notified IU Health West Hospital that a portion of the dues it paid were used for lobbying purposes. The IHA used 6.53%, or \$1,018 of the 2019 membership dues paid by IU Health West Hospital, for lobbying expenditures. The total membership dues paid to this organization by IU Health West Hospital during 2019 that were attributable to lobbying expenditures was \$1,018.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC

Employer identification number
35-1814660

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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				
b Buildings		107,710,384	41,449,596	66,260,788
c Leasehold improvements		1,188,608	823,720	364,888
d Equipment		71,252,565	54,704,069	16,548,496
e Other		58,599,976	5,667,387	52,932,589
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				136,106,761

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	0
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	101,120,660

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 35-1814660

Name: INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 - FIN 48 (ASC 740) Footnote	<p>IU Health West Hospital is a subsidiary in Indiana University Health, Inc.'s ("IU Health") Consolidated Audited Financial Statements. The Internal Revenue Service (IRS) has determined that Indiana University Health and certain of its affiliated entities are tax-exempt organizations as defined in Section 501(c)(3) of the Internal Revenue Code (IRC). Indiana University Health and its tax-exempt affiliates are, however, subject to federal and state income taxes on unrelated business income under the provisions of IRC Section 511. The Tax Cuts and Jobs Act (TCJA) was enacted on December 22, 2017. For tax-exempt entities, TCJA requires organizations to pay an excise tax on compensation above certain thresholds and record income or losses for tax determination purposes from unrelated business activities on an activity-by-activity basis, among other provisions. Proposed regulations and interim guidance, necessary for implementation, have been issued on most aspects of TCJA. It is expected that proposed regulations will be issued as final regulations by the IRS in 2020. As of and for the year ended December 31, 2019, Indiana University Health has made reasonable estimates of the provision for income taxes, the compensation excise tax, and the effects, if any, on existing deferred tax balances. Indiana University Health will continue to refine its calculations in future periods, as additional regulations and guidance are issued by the IRS. Deferred income taxes that, as of December 31, 2019 and 2018, have no net carrying value reflect the net tax effect of temporary differences between the carrying amounts of assets and liabilities for financial reporting and the amounts used for income tax purposes. As of December 31, 2019 and 2018, the Indiana University Health System had gross deferred tax assets of \$143,157,000 and \$119,965,000 respectively, primarily relating to net operating loss carryovers. Management determined that a full valuation allowance at December 31, 2019 and 2018, was necessary to reduce the deferred tax assets to the amount that would more likely than not be realized. Based on the weight of the evidence, if it is more likely than not that some portion or all of the deferred tax assets will not be realized, a valuation allowance to reduce the deferred tax assets is recorded. The change in the valuation allowance for the current year is \$23,192,000. At December 31, 2019, the Indiana University Health System has available net operating loss carryforwards of \$575,596,000. Net operating losses generated from 1999 through 2017 will expire between 2020 and 2037. Net operating losses generated after 2017 do not expire. Certain subsidiaries of Indiana University Health are taxable entities. The tax expense and liabilities of these subsidiaries are not material to the consolidated financial statements.</p>

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No. 1545-0047
2019
Open to Public Inspection

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Name of the organization
INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC

Employer identification number
35-1814660

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b		No
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		4,127	3,612,522	0	3,612,522	1.980 %
b Medicaid (from Worksheet 3, column a)		6,574	35,459,025	20,908,144	14,550,881	7.990 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		0	0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs		10,701	39,071,547	20,908,144	18,163,403	9.970 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	7	3,156	1,460,879	0	1,460,879	0.800 %
f Health professions education (from Worksheet 5)	2	219	156,033	0	156,033	0.090 %
g Subsidized health services (from Worksheet 6)	1	0	323,009	91,346	231,663	0.130 %
h Research (from Worksheet 7)		0	0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	9,162	126,861	0	126,861	0.070 %
j Total. Other Benefits	12	12,537	2,066,782	91,346	1,975,436	1.090 %
k Total. Add lines 7d and 7j	12	23,238	41,138,329	20,999,490	20,138,839	11.060 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing		0	0	0	0	0 %
2 Economic development		0	0	0	0	0 %
3 Community support	2	61	16,000	0	16,000	0.010 %
4 Environmental improvements		0	0	0	0	0 %
5 Leadership development and training for community members		0	0	0	0	0 %
6 Coalition building		0	0	0	0	0 %
7 Community health improvement advocacy	1	51	192	0	192	0 %
8 Workforce development		0	0	0	0	0 %
9 Other		0	0	0	0	0 %
10 Total	3	112	16,192	0	16,192	0.010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	38,334,546
6 Enter Medicare allowable costs of care relating to payments on line 5	6	42,641,302
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-4,306,756
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
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11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

1

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

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE PART V, SECTION C</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

IU HEALTH WEST HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____% and FPG family income limit for eligibility for discounted care of 0. _____%		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

IU HEALTH WEST HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

IU HEALTH WEST HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

Form and Line Reference	Explanation
<p>Schedule H, Part I, Line 3c - Other Factors Used in Determining Elig.</p>	<p>IU Health West Hospital uses several factors other than Federal Poverty Guidelines ("FPGs") in determining eligibility for free care under its FAP. These factors include the following: 1. Indiana Residency Requirement Financial Assistance will only be made available to residents of the State of Indiana and those eligible for assistance under 42 U.S.C.A. 1396 b(v). IU Health West Hospital will employ the same residency test as set forth in Indiana Code 6-3-1-12 to define an Indiana resident. The term Resident includes any individual who was domiciled in Indiana during the taxable year, or any individual who maintains a permanent place of residence in Indiana and spends more than one hundred eighty-three (183) days of the taxable year in Indiana. Patients residing in the state of Indiana while attending an institution of higher education may be eligible for assistance under the FAP if they meet the aforementioned residency test and are not claimed as a dependent on a parent's or guardian's federal income tax return. 2. IU Health's Individual Solutions Department Prior to seeking Financial Assistance under the FAP, all patients or their guarantors must consult with a member of IU Health's Individual Solutions department to determine if healthcare coverage may be obtained from a government insurance/assistance product or from the Health Insurance Exchange Marketplace. 3. Uninsured Patients All Uninsured Patients presenting for services at IU Health West Hospital eligible under the FAP will not be charged more than the AGB as described in the FAP. 4. Services Rendered by Individual Providers The FAP does not cover services rendered by individual providers. A full listing of providers and services not covered by the FAP is available at https://iuhealth.org/pay-a-bill/financial-assistance and is updated on a quarterly basis. 5. Alternate Sources of Assistance When technically feasible, a patient will exhaust all other state and federal assistance programs prior to receiving an award from IU Health West Hospital's Financial Assistance Program. Patients who may be eligible for coverage under an applicable insurance policy, including, but not limited to, health, automobile, and homeowners, must exhaust all insurance benefits prior to receiving an award from IU Health West Hospital's Financial Assistance Program. This includes patients covered under their own policy and those who may be entitled to benefits from a third-party policy. Patients may be asked to show proof that such a claim was properly submitted to the proper insurance provider at the request of IU Health West Hospital. Eligible patients who receive medical care from IU Health West Hospital as a result of an injury proximately caused by a third party, and later receive a monetary settlement or award from said third party, may receive Financial Assistance for any outstanding balance not covered by the settlement or award to which IU Health West Hospital is entitled. In the event a Financial Assistance Award has already been granted in such circumstances, IU Health West Hospital reserves the right to reverse the award in an amount equal to the amount IU Health West Hospital would be entitled to receive had no Financial Assistance been awarded. 6. Alternate Methods of Eligibility Determination IU Health West Hospital will conduct a quarterly review of all accounts placed with a collection agency partner for a period of no less than one hundred and twenty (120) days after the account is eligible for an ECA. Said accounts may be eligible for assistance under the FAP based on the patient's individual scoring criteria. To ensure all patients potentially eligible for Financial Assistance under the FAP may receive Financial Assistance, IU Health West Hospital will deem patients/guarantors to be presumptively eligible for Financial Assistance if they are found to be eligible for one of the following programs, received emergency or direct admit care, and satisfied his/her required co-pay/deductible: - Indiana Children's Special Health Care Services - Medicaid - Healthy Indiana Plan - Patients who are awarded Hospital Presumptive Eligibility (HPE) - Enrolled in a state and/or federal program that verifies the patient's gross household income is less than or equal to 200% of the Federal Poverty Level 7. Additional Considerations Financial Assistance may be granted to a deceased patient's account if said patient is found to have no estate. Additionally, IU Health West Hospital will deny or revoke Financial Assistance for any patient or guarantor who falsifies any portion of a Financial Assistance application. 8. Patient Assets IU Health West Hospital may consider patient/guarantor Assets in the calculation of a patient's true financial burden. A patient's/guarantor's primary residence and one (1) motor vehicle will be exempted from consideration in most cases. A patient's primary residence is defined as the patient's principal place of residence and will be excluded from a patient's</p>

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c - Other Factors Used in Determining Elig.	<p>nt's extraordinary asset calculation so long as the patient's equity is less than five-hundred thousand dollars (\$500,000) and the home is occupied by the patient/guarantor, patient's/guarantor's spouse or child under twenty-one (21) years of age. One (1) motor vehicle may be excluded as long as the patient's equity in the vehicle is less than fifty-thousand dollars (\$50,000). IU Health West Hospital reserves the right to request a list of all property owned by the patient/guarantor and adjust a patient's award of Financial Assistance if the patient demonstrates a claim or clear title to any extraordinary Asset not excluded from consideration under the above guidance.</p> <p>9. Non-Emergent Services Down Payment Uninsured Patients presenting for scheduled or other non-emergent services will not be charged more than the AGB for their services. Patients will receive an estimated AGB cost of their care prior to IU Health West Hospital rendering the services and will be asked to pay a down-payment percentage of the AGB adjusted cost prior to receiving services. In the event a patient is unable to fulfill the down-payment, their service may be rescheduled for a later date as medically prudent and in accordance with all applicable federal and state laws and/or regulations.</p> <p>10. Emergency Services Non-Refundable Deposit This section will be implemented with a strict adherence to EMTALA and IU Health Policy ADM 1.32, Screening and Transfer of Emergency or Unstable Patients. Amount of Non-Refundable Deposit All Uninsured Patients presenting for services at IU Health West Hospitals Emergency Department, via transfer from another hospital facility, or direct admission, will be responsible for a one-hundred dollar (\$100.00) non-refundable deposit for services rendered. Patients/guarantors will be responsible for any copays and/or deductibles required by their plan prior to full Financial Assistance being applied. Uninsured Patients wishing to make an application for Financial Assistance greater than the AGB must fulfill their non-refundable deposit prior to IU Health West Hospital processing said application. Uninsured Patients making payments toward their outstanding non-refundable deposit balance will have said payments applied to their oldest application on file, if applicable.</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7, Column (f) - Bad Debt Expense	The amount of bad debt expense included on Form 990, Part IX, Line 25, column (A), but subtracted for purposes of calculating the percentage of total expense on Line 7, column (f) is \$17,815,476. Bad debt expense is reported at cost based on the cost-to-charge ratio derived from worksheet 2, ratio of patient care cost-to-charges.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 - Total Community Benefit Expense	Schedule H, Part I, Line 7, Column (f), Percent of Total Expense, is based on column (e) Net Community Benefit Expense. The percent of total expense based on column (c) Total Community Benefit Expense, which does not include direct offsetting revenue, is 22.58%. Schedule H, Part I, Line 7G - Subsidized Health Services IU Health West does not include any costs associated with physician clinics as subsidized health services.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II - Promotion of Health in Communities Served	<p>IU Health West participates in a variety of community-building activities that address the social determinants of health in the communities it serves. IU Health West and its related hospital entities across the state of Indiana ("IU Health statewide system") invest in economic development efforts across the state, collaborate with like-minded organizations through coalitions that address key issues, and advocate for improvements in the health status of vulnerable populations. This includes making contributions to community-building activities by providing investments and resources to local community initiatives that address issues, such as access to healthcare, community support and economic development. Several examples include IU Health West's support of the following organizations and initiatives that focus on some of the root causes of health issues, such as lack of education, insufficient access to resources, employment and poverty: - Hope Healthcare Services - Sheltering Wings - Avon and Brownsburg Education Foundations - Hendricks County Health Partnership - Susie's Place Additionally, through the IU Health statewide system's team member community benefit service program, "IU Health serves", team members across the state make a difference in the lives of thousands of Hoosiers every year.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 - Methodology Used to Est. Bad Debt Exp.	<p>The amount reported on line 2 as bad debt is reported at cost, as calculated using the cost to charge ratio methodology. Schedule H, Part III, Line 3 - Bad Debt Attributable to Patients Eligible Under the Financial Assistance Policy An uninsured patient and/or guarantor who was admitted through an eligible facility's emergency department via a direct admission from a physician's office, or transfer from another hospital facility, and whose household income is less than or equal to 200% of the Federal Poverty Level may be eligible for full charity assistance after the successful completion of the Financial Assistance Application and satisfaction of his/her non-refundable deposit. To capture all patients who are potentially eligible for Financial Assistance under the IU Health Financial Assistance Policy, IU Health will deem patients/guarantors to be presumptively eligible for financial assistance if they are found to be eligible for one of the following programs, received emergency or direct admit care, and satisfied the required co-pay/deductible: 1. Indiana Children's Special Health Care Services 2. Medicaid 3. Healthy Indiana Plan 4. Patients who are awarded Hospital Presumptive Eligibility 5. Enrolled in a state and/or federal program that verifies the patient's gross household income is less than or equal to 200% of the Federal Poverty Level (FPL). IU Health also conducts a quarterly review of all accounts placed with a collection agency partner for a period of no less than one hundred and twenty (120) days after the account is eligible for an extraordinary collection actions. Said accounts may be eligible for assistance under the financial assistance policy based on the patient's individual scoring criteria and are not included in bad debt. Due to this comprehensive methodology, IU Health does not believe any amount of bad debt is attributable to patients who may be eligible under the Financial Assistance Policy and no portion of bad debt is included as community benefit.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 - Bad Debt Expense	<p>IU Health's consolidated financial statements, Footnote 4, addresses bad debt expense as follows: The Indiana University Health System does not require collateral or other security from its patients, substantially all of whom are residents of the State, for the delivery of health care services. However, consistent with industry practice, the Indiana University Health System routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans, or policies (e.g., Medicare, Medicaid, managed care payers, and commercial insurance policies). The Indiana University Health System uses a portfolio approach to account for categories of patient contracts as a collective group, rather than recognizing revenue on an individual contract basis. The portfolios consist of major payer classes for inpatient revenue and outpatient revenue. Based on the historical collection trends and other analysis, the Indiana University Health System believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used. In support of its mission, the Indiana University Health System provides care to uninsured and underinsured patients. The Indiana University Health System provides charity care to patients who lack financial resources and are deemed to be medically indigent. Under its financial assistance policy, the Indiana University Health System provides medically necessary care to uninsured patients with inadequate financial resources at charitable discounts equivalent to the amounts generally billed, and it provides eligibility for full charity for emergent encounters for uninsured patients who earn less than 200% of the federal poverty level and who meet application criteria. Patients whose liability is deemed catastrophic relative to their annual household income are also eligible for reduced charges. Since the Indiana University Health System does not pursue collection of these amounts, the discounted amounts are not reported as patient service revenue. The Indiana University Health System uses presumptive eligibility screening procedures for free care and recognizes net patient service revenue on services provided to self-pay patients at the discounted rate at the time services are rendered. The estimated cost of charity care, using the consolidated cost to charge ratio, was \$96,693,000 and \$94,886,000 in 2019 and 2018, respectively.</p>

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
<p>Schedule H, Part III, Line 9b - Written Debt Collection Policy</p>	<p>IU Health West Hospitals FAP and Written Debt Collection Policy describe the collection practices applicable to patients, including those who may qualify for financial assistance. 1. Financial Assistance Application Patients or their guarantors wishing to apply for Financial Assistance are encouraged to submit a Financial Assistance Application within ninety (90) days of their discharge. Patients or their guarantors may submit an application up to two-hundred and forty (240) days from the date of their first billing statement from IU Health, however, accounts may be subject to ECA as soon as one hundred and twenty (120) days after having received their first billing statement. Patients or their guarantors submitting an incomplete application will receive written notification of the applications deficiency upon discovery by IU Health. The application will be pending for a period of forty-five (45) days from the date the notification is mailed. IU Health will suspend any ECA until the application is complete, or the patient fails to cure any deficiencies in their application in the allotted period. Patients with limited English proficiency may request to have a copy of the FAP, a FAP Application, and FAP Plain Language Summary in one of the below languages: - Arabic - Burmese - Burmese-Falam - Burmese-Hakha Chin - Mandarin/Chinese - Spanish The patient, and/or their representative, such as the patients physician, family members, legal counsel, community or religious groups, social services or hospital personnel may request a FAP Application to be mailed to a patients primary mailing address free of charge. IU Health West Hospital keeps all applications and supporting documentation confidential. Patients applying for assistance under the FAP will be required to complete a Financial Assistance Application. Patients must include the following documentation with their Financial Assistance Application: - All sources of Income for the last three (3) months; - Most recent three (3) months of pay stubs or Supplemental Security Income via Social Security; - Most recent three (3) statements from checking and savings accounts, certificates of deposit, stocks, bonds and money market accounts; - Most recent state and Federal Income Tax forms including schedules C, D, E, and F. In the event a patients and/or guarantors income does not warrant the filing of a federal tax return, the patient may submit a notarized affidavit attesting to the foregoing; - Most recent W-2 statement; - For patients or members of the Household who are currently unemployed, Wage Inquiry from WorkOne; and - If applicable, divorce/dissolution decrees and child custody order 2. Eligibility Determination IU Health West Hospital will inform patients or guarantors of the results of their application by providing the patient or guarantor with a Financial Assistance Determination within ninety (90) days of receiving a completed Application and all requested documentation. If a patient or guarantor is granted less than full charity assistance and the patient or guarantor provides additional information for reconsideration, IU Health Revenue Cycle Services may amend a prior Financial Assistance Determination. If a patient or guarantor seeks to appeal the Financial Assistance Determination further, a written request must be submitted, along with the supporting documentation, to the Financial Assistance Committee for additional review/reconsideration. All decisions of the Financial Assistance Committee are final. A patients Financial Assistance Application and eligibility determination are specific to each individual date(s) of service and related encounters. 3. Extraordinary Collection Actions IU Health West Hospital may refer delinquent patient accounts to a third-party collection agency after utilizing reasonable efforts to determine a patients eligibility for assistance under the FAP. IU Health West Hospital and its third-party collection agencies may initiate ECA against a patient or their guarantor in accordance with this Policy and 26 C.F.R. 1.501(r). Said ECA may include the following: - Selling a patients or their guarantors outstanding financial responsibility to a third party. - Reporting adverse information about the patient or their guarantor to consumer credit reporting agencies or credit bureaus. - Deferring or denying, or requiring a payment before providing, medically necessary care because of a patients or their guarantors nonpayment of one or more bills for previously provided care covered under the FAP. - Actions requiring a legal or judicial process, including but not limited to placing a lien on patients or their guarantors property, foreclosing on a patients or their guarantors real property attaching or seizing a patients or their guarantors bank account or other personal property, commencing a civil action against a patient or their guarantor, causing a patient or guarantors arrest, causing a patient and/or guarantor to be subject to a</p>

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b - Written Debt Collection Policy	<p>writ of body attachment, and garnishing a patient or guarantors wages. When it is necessary to engage in such action, IU Health West Hospital and its third party collection agencies, will engage in fair, respectful and transparent collections activities. Patients or guarantors currently subject to an ECA who have not previously applied for Financial Assistance may apply for assistance up to two-hundred and forty (240) days of the date of their first billing statement from IU Health West Hospital. IU Health West Hospital and their third-party collection agencies will suspend any ECA engaged on a patient or their guarantor while an Application is being processed and considered. 4. Refunds Patients eligible for assistance under the FAP who remitted payment to IU Health West Hospital in excess of their patient responsibility will be alerted to the overpayment as promptly after discovery as is reasonable given the nature of the overpayment. Patients with an outstanding account balance on a separate account not eligible for assistance under the FAP will have their refund applied to the outstanding balance. Patients without an outstanding account balance described above will be issued a refund check for their overpayment as soon as technically feasible.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 - Needs Assessment	<p>Communities are multifaceted and so are their health needs. IU Health West Hospital understands that the health of individuals and communities are shaped by various social and environmental factors, along with health behaviors and additional influences. IU Health West Hospital assesses the health care needs of the communities it serves by conducting a Community Health Needs Assessment (CHNA). For the 2018 CHNA, IU Health West Hospital conducted the community survey data collection in collaboration with Indiana University, University of Evansville and an Indiana Hospital Collaborative, including Community Health Network, Franciscan Alliance, St. Vincent Health and other hospital partners. After completion of the CHNA, IU Health West Hospital reviewed secondary data, findings from other community health assessments of areas served by the hospital, input obtained from individuals who participated in community meetings, input obtained from key stakeholders, and a community survey to identify and analyze the needs identified by each source. The top health needs of the IU Health West Hospital community are those that are supported by multiple data sources. Additionally, the effectiveness of an intervention for each need and IU Health's ability to impact positive change was evaluated. IU Health West Hospital believes its CHNA process is comprehensive and additional assessments are not required.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 - Patient Education of Eligibility for Assist.	<p>IU Health West Hospital is committed to serving the healthcare needs of all of its patients regardless of their ability to pay for such services. To assist in meeting those needs, IU Health West Hospital has established a FAP to provide Financial Assistance to Uninsured Patients. IU Health West Hospital is committed to ensuring its patients are compliant with all provisions of the Patient Protection & Affordable Care Act. To that end, IU Health West Hospital will make a good faith effort to locate and obtain health insurance coverage for patients prior to considering patients for coverage under the FAP. IU Health West Hospital takes several measures to inform its patients of the FAP and FAP-eligibility. These measures include the following: 1. Conspicuous public displays will be posted in appropriate acute care settings such as the emergency department and registration areas describing the available assistance and directing eligible patients to the Financial Assistance Application. 2. IU Health West Hospital will include a conspicuous written notice on all patient billing statements that notifies the patient about the availability of this Policy, and the telephone number of its Customer Service Department which can assist patients with any questions they may have regarding this Policy. 3. IU Health Customer Service representatives will be available via telephone Monday through Friday, excluding major holidays, from 8:00 a.m. to 7:00 p.m. Eastern Time to address questions related to this Policy. 4. IU Health West Hospital will broadly communicate this Policy as part of its general outreach efforts. 5. IU Health West Hospital will educate its patient facing team members of the FAP and the process for referring patients to the Program.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 - Community Information	<p>IU Health West Hospital is located in Hendricks County, Indiana, a county located in central Indiana. Based on the most recent Census Bureau (2019) statistics, Hendricks County's population is 170,311 persons with approximately 50% being female and 50% male. The county's population estimates by race are 82.9% White, 7.8% Black, 4.3% Hispanic or Latino, 3.1% Asian, 0.3% American Indian or Alaska Native, 0.1% Native Hawaiian or Other Pacific Islander and 2.1% persons reporting two or more races. Hendricks County has relatively moderate levels of educational attainment. Among adults 25 and above, 93.4% completed their education with a high school diploma or equivalent. 36.3% had a bachelor's degree or higher. About 7% ended their formal education before finishing high school.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 - Promotion of Community Health	<p>IU Health West Hospital is a subsidiary of Indiana University Health, Inc., a tax-exempt healthcare organization, whose Board of Directors is composed of members, of which substantially all are independent community members. In order to help the community in accessing healthcare, IU Health West Hospital partners with Hope Healthcare Services in Avon, Indiana, to help meet the needs of Hendricks County residents who continue to be un- or under-insured. Hope Healthcare Services serves more than 800 people each year with primary medical and dental care, chronic disease management, and medication management. Multiple IU Health West physicians volunteer at the clinic, where medical and dental care is supported entirely by volunteer healthcare providers. Additionally to assist with obesity prevention, IU Health West Hospital and the Town of Brownsburg, IN partner to present the town's farmers market from May-September on the Town Hall Green. In addition to creating a venue for residents to access locally grown fresh produce, the hospital and town are committed to supporting at risk individuals and families, by accepting WIC and SNAP payments for produce, and by providing a collection location for produce donations to Brownsburg area food pantries. To improve the overall health of the community, IU Health West Hospital provided a 10-week fitness and nutrition program, Fresh & Fit, to 50 Hendricks County residents helping them to reduce their cholesterol, blood pressure, A1C and body mass index. Participants in Fresh & Fit also report additional benefits of the program including increased energy, improved mental well-being, reduced pain and a reduction in medications.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 - Affiliated Health Care System	<p>IU Health West Hospital is part of the IU Health Statewide System. The IU Health Statewide system is Indiana's most comprehensive healthcare system. With hospitals, physician offices and allied services, IU Health provides access to a full range of specialty and primary care services for adults and children. A unique partnership with Indiana University (IU) School of Medicine - one of the nation's leading medical schools - gives patients access to groundbreaking research and innovative treatments to complement high-quality care. National Recognition - Eight hospitals designated as Magnet by the American Nurses Credentialing Center recognizing excellence in nursing care. - IU Health Medical Center is honored to be nationally ranked by U.S. News & World Report for the 22nd year in a row. According to the U.S. News rankings, IU Health Medical Center is the No. 1 ranked hospital in Indiana and Indianapolis and the only nationally ranked adult hospital in the state. For 2019-2020, IU Health Medical Center was rated as high performing nationally in five specialties, with a sixth specialty achieving a top 50 national ranking: - Cancer - high performing - Gastroenterology - high performing - Geriatrics - ranked 45th in nation - Nephrology - high performing - Neurology & Neurosurgery - high performing - Urology - high performing</p> <p>Besides IU Health Medical Center, IU Health has three other hospitals among the 10 top ranked hospitals in Indiana: IU Health Ball Memorial (#5), IU Health Arnett (#8) and IU Health Bloomington (#8) hospitals. The annual rankings, now in their 30th year, are designed to assist patients and their doctors in making informed decisions about where to receive care for challenging health conditions or for common elective procedures. Education and Research As an academic health center, IU Health works in partnership with the IU School of Medicine to train physicians, blending breakthrough research and treatments with the highest quality of patient care. Each year, more than 1,000 residents and fellows receive training in IU Health hospitals. Research conducted by IU School of Medicine faculty gives IU Health physicians and patients access to the most leading-edge and comprehensive treatment options. In 2017, IU Health and the IU School of Medicine announced that they would invest \$50 million over six years in the Strategic Research Initiative, a new research collaboration that has enhanced the institutions' joint capabilities in fundamental scientific investigation, translational research and clinical trials. The initial focus is on projects in the fields of neuroscience, cancer and cardiovascular disease with the goal to fund transformative proposals that will fundamentally change the understanding of these diseases and lead to important new therapies for patients. The three target research areas represent research strengths at IU School of Medicine, key strategic service lines for IU Health, and important medical needs in a time of an aging population and rising healthcare costs: - Cancer: One of the initiative's primary goals is to enable the IU Health Melvin and Bren Simon Cancer Center to attain the National Cancer Institute's (NCI) top status of "comprehensive," which would recognize it as one of the top-tier cancer centers in the nation. This designation was achieved in August 2019 making the center the only NCI-designated Comprehensive Cancer Center in Indiana and one of just 51 in the nation. - Neuroscience: The neurosciences research program tackles a broad range of brain injuries, neurodegenerative disorders and neurodevelopmental disorders. - Cardiovascular: The cardiovascular research initiative develops a comprehensive program for the study and treatment of heart failure, from newborns to older adults. A top priority is developing a cardiovascular genetics program. The Strategic Research Initiative provides patients with access to internationally renowned physicians and to new therapies developed through translational research and clinical trials, and will make use of the latest genetic tools to develop personalized therapies that are more effective for individuals and efficient for healthcare providers. IU Health Statewide System IU Health is a part of the IU Health Statewide System which continues to broaden its reach and positive impact throughout the state of Indiana. IU Health is Indiana's most comprehensive academic health center and consists of IU Health Methodist Hospital, IU Health University Hospital, Riley Hospital for Children at IU Health, and IU Health Saxony Hospital. Other hospitals in the IU Health Statewide System include the following: - IU Health Arnett Hospital - IU Health Ball Memorial Hospital - IU Health Bedford Hospital - IU Health Blackford Hospital - IU Health Bloomington Hospital - IU Health Frankfort Hospital - IU Health Jay Hospital - IU Health North Hospital - IU Health Paoli Hospital - IU Health Tipton Hospital - IU Health West Hospital - IU Health Whit</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 - Affiliated Health Care System	<p>e Memorial Hospital Although each hospital in the IU Health Statewide System prepares and submits its own community benefit plan relative to the local community, the IU Health Statewide System considers the sum of these plans part of a statewide vision for strengthening Indiana's overall health. A comprehensive community outreach strategy and community benefit plan is in place that encompasses the academic medical center downtown Indianapolis, suburban Indianapolis and statewide entities around priority areas that focus on health improvement efforts statewide. IU Health is keenly aware of the positive impact it can have on the communities of need in the state of Indiana by focusing on the most pressing needs in a systematic and strategic way. In 2019, IU Health provided more than \$738 million in total community benefit and served more than one million individuals. Some ways we address our community health priorities as a system include: IU Health Day of Service The annual IU Health Days of Service is a high-impact event aimed at engaging IU Health team members in activities that address an identified community priority health need. Each year, more than 2,000 IU Health team members volunteer during the Days of Service. Community Health Initiatives With investments in high-quality and impactful initiatives to address community health needs statewide, IU Health is helping Indiana residents improve their health and their quality of life. In 2019, IU Health impacted many people statewide through educational presentations, health risk screenings, health education programs, and additional health educational opportunities made available to the community, especially to our community members in the greatest need of such services. Twenty-four local organizations are benefitting from grants awarded by IU Health. In 2019, IU Health Community Outreach and Engagement awarded more than \$900,000 to community organizations and institutions which - like IU Health - are addressing the health needs of the community. These needs include access to affordable healthcare, behavioral health and substance abuse, healthy weight and nutrition and social determinants of health. The grants, administered by the Indiana University Health Foundation, were awarded to the following: Behavioral Health and Substance Abuse - Volunteers of America Ohio & Indiana's (https://www.voahin.org/) (VOAHIN) Fresh Start Recovery Center received a \$75,000 grant to provide residential addiction treatment to pregnant women and mothers. It also allows up to two children ages 5 and under to live with their mother while they receive services. - Goodwill Foundation of Central and Southern Indiana(https://www.goodwillindy.org/foundation/) received \$75,000 to help Goodwill Education Initiatives (GEI) Resilience Initiative support resilience work across 15 Excel Center locations by leveraging groundbreaking research on neuroplasticity - the ability of the brain to reorganize itself - and to train staff and students on enhancing their resilience and mitigating the effects of trauma. - Additional grant winners: - Reach for Youth (https://www.reachforyouth.org/) - Lutheran Foundation (https://thelutheranfoundation.org/) - Indy Public Safety Foundation (https://indyfpsf.org/) Healthy Weight and Nutrition - United Way of Central Indiana, Inc.'s (https://uwci.org/) initiative Jump IN for Healthy Kids received a \$50,000 grant to address the epidemic of childhood obesity with a specific focus on implementing strategies that create healthy places, healthy neighborhoods, and healthy communities in Marion County. - Playworks (https://www.playworks.org/indiana/), a national non-profit organization that partners with Indianapolis schools and youth organizations to help them leverage play for positive outcomes, received a \$23,000 grant. - Additional grant winners: - Indianapolis Parks Foundation (https://www.indyparksfoundation.org/) Social Determinants of Health - A \$100,250 grant was awarded to Gleane</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 - State Filing of Community Benefit Report	IN

Additional Data**Software ID:****Software Version:****EIN:** 35-1814660**Name:** INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	IU HEALTH WEST HOSPITAL 1111 N RONALD REAGAN PKWY AVON, IN 46123 SEE PART V, SECTION C 20-003776-1	X	X		X			X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section A, Line 1 Primary Website Address	https://iuhealth.org/find-locations/iu-health-west-hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3e Prioritized Health Needs	IU HEALTH WEST HOSPITAL'S 2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT INCLUDES A PRIORITIZED DESCRIPTION OF SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY. THE CHNA REPORT IDENTIFIED THE FOLLOWING SEVEN NEEDS AS PRIORITIES FOR IU HEALTH WEST HOSPITAL: - Access to Health Care Services - Drug and Substance Abuse - Food Insecurity - Mental Health - Obesity and Diabetes - Smoking and Tobacco Usage - Social Determinants of Health

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Input from Community	<p>In conducting its most recent Community Health Needs Assessment ("CHNA") IU Health West Hospital took into account input from persons who represent the broad interests of the communities it serves. Primary data were gathered in three different methodologies for this assessment: Community Meetings, Key Stakeholder Interviews, and a Community Survey. For purposes of this CHNA, IU Health West Hospital's community is defined as Hendricks and Marion Counties, Indiana. These two counties accounted for 87.8 percent of the hospital's inpatient cases in 2016. Community Meetings - Hendricks County On July 24, 2018, a meeting of community representatives was held at the IU Health West Hospital in Avon, which is part of Hendricks County. The meeting was attended by 15 community members invited by IU Health because they represent important community organizations and sectors such as: local health departments, police/fire departments, non-profit organizations, business community, health care providers, local policymakers, faith-based organizations, and schools. Through this meeting, IU Health sought a breadth of perspectives on the community's health needs. The specific organizations represented at the meeting are listed below. - American Lung Association - Avon Community School Corporation - Avon Washington Township Fire Department - Franciscan Alliance - HOPE Healthcare Services - Hendricks County Health Department - Hendricks County Senior Services - Hendricks County Substance Abuse Task Force - Hendricks County Tobacco Coalition - Hendricks Regional Health - IU Health West Hospital - Kids Count - Mental Health American Hendricks County - Susie's Place The meeting was requested by IU Health to obtain community input into the community's health needs. The session began with a presentation that discussed the goals and status of the CHNA process and the purpose of the community meeting. Then, secondary data were presented, along with a summary of the most "unfavorable" community health indicators. For Hendricks County those indicators were (in alphabetical order): - Access to healthy food - Air pollution - Crime (violent crime) - Excessive drinking - Mental health and supply of mental health providers - Obesity and lack of physical activity Participants then were asked to discuss whether the identified, unfavorable indicators accurately identified the most significant community health issues and were encouraged to add issues that they believed were significant. Several issues were added, such as: tobacco use, low income housing, access to affordable healthcare, adverse childhood events, and aging population. Air pollution was removed from the list, and the excessive drinking line item was amended to include substance abuse. During the meeting, a range of other topics was discussed, including: - Poverty rate numbers and relationship to 'ALICE' data - Immigrants in the community and representation in data - Western part of Hendricks County where food deserts are</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Input from Community	<p>a bigger issue that didn't seem to come through in secondary data - Social associations d ata compared to abundance of churches and civic clubs in Hendricks County - Mental health services issues facing the sheriff's department/jail population - Low numbers of providers compared to the population and low number of providers who have spots available for Medic aid patients - Vaping - Trauma in childhood as a leading indicator of many of the adult is sues discussed - Challenge of finding affordable housing After discussing the needs identi fied through secondary data and adding others to the list, each participant was asked to i dentify "three" that are most significant. From this process, the group identified the fol lowing needs as most significant in Hendricks County: - Mental health and supply of mental health providers - Access to affordable healthcare - Adverse childhood events - Tobacco u se - Tied for fifth: Access to healthy food, excessive drinking & substance abuse, and agi ng population Interviews - Hendricks County An interview was also conducted with a represe ntative of the Hendricks county health department. The interview was conducted to assure t hat appropriate and additional input was received from governmental public health official s. The results of the community meetings were discussed and insights were sought regarding significant community health needs, why such needs are present, and how they can be addre ssed. The interview was guided by a structured protocol. The interview was guided by a str uctured protocol that focused on opinions regarding significant community health needs, de scribing why such needs are present, and seeking ideas for how to address them. The interv ewee confirmed that the needs identified by the community meeting participants were signi ficant. These needs were: - Mental health and supply of mental health providers - Access t o affordable healthcare - Adverse childhood events There is a lack of mental and behaviora l health providers, including psychiatrists, substance abuse specialists, inpatient care, and others. It is often difficult to locate resources for those with substance abuse issue s or suicidal ideations. In general, there is an undersupply of providers in the county, a nd more programs may be needed to incentivize providers to practice locally. Access to aff ordable care is an issue, especially with a recent closure of a facility that provided ser vices for lower-income residents. Low income populations and those that do not receive hea lthcare benefits through their employers are disproportionately affected. The need for aff ordable primary care also generates a need for more preventive health care and screenings, as many residents do not go to a provider unless an emergency situation occurs. Substance abuse and drug addiction is a major concern, particularly around opioids. Availability of opioids is high and the cost of these drugs has decreased, leading to increased usage. Ad ditionally, pill abuse is also</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Input from Community	<p>rising as it is often easy to get a prescription for an opioid. Pain management treatment in general is difficult to access in the county. Obesity and physical inactivity are concerns in the community. Certain areas of the county do not live close to stores selling healthy foods, so often go to fast food instead. Additionally, sidewalks and other healthy-living infrastructure are in short supply. Obesity is also leading to chronic issues as the population ages, including bad knees, bad backs, diabetes, hypertension, and other conditions. Housing is a concern in the community, particularly affordable housing for low income residents. Current rental units can be unclean, and environmental health issues are common. More resources are needed for public health programming, as there are fewer low income clinics, staffing issues exist, and programs are not as widely disseminated as possible.</p> <p>Community Meetings - Marion County Between May 7 and 9, 2018, three meetings of community representatives were held in Indianapolis, the county seat of Marion County. In total, the meetings were attended by 42 community members invited by IU Health because they represent important community organizations and sectors such as: local health departments, police/fire departments, non-profit organizations, local business, health care providers, mayors/local policymakers, faith-based organizations, parks and recreation departments, and schools. Through the meetings, IU Health sought a breadth of perspectives on the community's health needs. The specific organizations represented at the meetings are listed below. - Adult and Child Health - All Senior Citizens Connect - Central Indiana Council on Aging (CICOA) - City of Indianapolis - Coburn Place - Community Health Network - Gennesaret Free Clinics - Gleaners Food Bank - Health by Design - IU Health Methodist Hospital - IU Health University Hospital - Indiana Youth Institute - Indianapolis Fire Department - Indianapolis Metropolitan Police Department - Indy Hunger Network - Indianapolis Parks and Recreation - Irvington Development Organization - Jump IN for Healthy Kids - Lawrence Community Gardens - Marion County Public Health Department - New Beginnings Church - Paramount Schools of Excellence - Progress House - Purdue Extension - The Polis Center - University of Indianapolis</p> <p>The meeting began with a presentation that discussed the goals and status of the CHNA process and the purpose of the community meetings. Then, secondary data were presented, along with a summary of the most unfavorable community health indicators. For Marion County, those indicators were (in alphabetical order): - Air pollution - Communicable diseases and STDs - Crime - Mental health and supply of mental health providers - Obesity and lack of physical activity - Poverty and high 'Community Need Index' - Smoking and tobacco use Meeting participants then were asked to discuss whether the identified, unfavorable indicators accurately identified the most</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7a CHNA Website	A COPY OF IU HEALTH WEST HOSPITAL'S CHNA IS AVAILABLE ON ITS WEBSITE AT THE FOLLOWING URL: https://iuhealth.org/in-the-community/community-benefit

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 10a Implementation Strategy Website	A COPY OF IU HEALTH WEST HOSPITAL'S CHNA IMPLEMENTATION STRATEGY IS AVAILABLE ON ITS WEBSITE AT THE FOLLOWING URL: https://iuhealth.org/in-the-community/community-benefit

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Addressing Identified Needs	<p>In conjunction with the CHNA, IU Health West Hospital's Board adopted an implementation strategy in April 2019 related to the 2018 CHNA. IU Health West Hospital prioritized and determined which of the community health needs identified in its most recently conducted CHNA were most critical for it to address. IU Health West Hospital will address the following community health needs between 2019 and 2021: - Access to Healthcare Services - Drug and Substance Abuse (including Opioids and Alcohol) - Food Insecurity - Mental Health - Obesity and Diabetes - Smoking and Tobacco Usage - Social Determinants of Health IU Health uses the term "Behavioral Health" to refer to Mental Health and Drug and Substance Abuse (including Opioids and Alcohol). Access to Healthcare IU Health West Hospital's implementation strategy to address the identified need of Access to Healthcare includes the following: - Provide operational funding to support HOPE Healthcare Services. - In 2019, IU Health West provided assistance to HOPE Healthcare Services to support healthcare services for uninsured patients in Hendricks County and the surrounding areas. - Participate in or support 4-6 Healthy Indiana Plan (HIP)/Medicaid/Medicare registration events with the Hendricks County Health Partnership. - In 2019, a coalition within the Hendricks County Health Partnership organized and hosted a live Q&A session for insurance providers related to helping patients navigate the insurance system. Attendance was light, so the strategy is being reviewed. Behavioral Health (includes Drug & Substance Abuse and Mental Health) IU Health West Hospital's implementation strategy to address the identified need of Behavioral Health includes the following: - Partner with the Hendricks County Health Partnership to create a three-minute education video for student athletes. - In 2019, the student video was viewed online by a 506 people. The parent/coach/athletic trainer video was viewed online by all 50 Hendricks County school athletic trainers and by an additional 211 community members. - Partner with the Hendricks County Health Partnership to create a three-minute education video for providers and parents. - Partner with the Hendricks County Health Partnership to host public forums about the stigma of substance use disorders. Include live testimonials from individuals with substance use disorders (SUD). - Provide funding to support safe shelter and evaluation of Sheltering Wings residents. - In 2019, IU Health West provided support to Sheltering Wings. With this support, Sheltering Wings was able to provide safe housing for 296 residents, answer 1,499 help line calls, and educate 16,398 victims. - Support Sheltering Wings educational outreach efforts. - Provide funding to support counseling for Susie's Place clients. - IU Health West provided support to Susie's Place, which saw 486 total cases (spanning the counties of Hendricks, Morgan, Putnam, and Shelby), up slightly from 2018's 477 cases.</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Addressing Identified Needs	<p>ases. During 2019 the Family Advocate made 248 counseling/therapy referrals in Hendricks County as compared to 231 referrals made in 2018. - Replicate the Academic Health Center's successful Addictions and Pain Management Program in the IU Health West service area. - In 2019, an addictions center was opened at IU Health West, and 24/7 peer counseling via telemedicine was made available for patients who present in the emergency department (ED) with substance use disorders (SUD). - Provide 24/7 peer counseling via telemedicine for patients who present in the emergency department (ED) with substance use disorders (SUD). Food Insecurity IU Health West Hospital's implementation strategy to address the identified need of Food Insecurity includes the following: - Make fresh produce affordable and accessible to low-income residents. - In 2019, the Brownsburg Farmer's Market saw attendance of 500 people per market, a significant increase over 2018 attendance. - Support Women, Infants, and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP) acceptance at all county farmers' markets. - Fund Double Up Bucks program to increase value of vouchers for participants. - IU Health West funded the Double Up Bucks program in 2019 to provide more farmers market spendable dollars to those in need. Obesity and Diabetes IU Health West Hospital's implementation strategy to address the identified need of Obesity and Diabetes include the following: - Continue current partnership with Brownsburg Farmers' Market. - Utilize bushel builders cards to encourage regular attendance. - In 2019, 580 bushel-builders cards were distributed to market attendees during the month of June, and 76 were completed and returned at the close of the market in September. - Provide 50 Hendricks County residents with a free 10-week program to improve their overall health through fitness and nutrition. - In, 2019, 30 of the 50 participants completed the 10-week program and reported a variety of successes from weight loss to improved cholesterol and A1C levels as well as reduced joint pain and a reduction in necessary medications. - Provide three health screenings during the 10-week period to measure changes in cholesterol, triglycerides, glucose, A1C, blood pressure, weight and Body Mass Index (BMI). - Support state grant to fund ten mile section of trail expansion. - Fund a 5K event and offer prep/training tips to encourage new walkers and runners. - Partner with the Brownsburg Parks & Recreation to make improvements to local parks, thus encouraging greater physical activity in the parks by Hendricks County residents and visitors. - In 2019 during the IU Health annual Days of Service, 77 IU Health West team members participated in projects at Arbuckle Park and the Green Street pathway and shelter. Smoking and Tobacco Usage IU Health West Hospital's implementation strategy to address the identified need of Smoking and Tobacco Usage include the following: - Collaborate with the Hendric</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Addressing Identified Needs	<p>ks County Health Partnership to present a template of a comprehensive smoke-free workplace policy to the Town of Brownsburg. - Collaborate with the Hendricks County Health Partners hip to reinitiate contact with school administrators and guidance counselors to ensure edu cational posters are displayed in schools. - In 2019, IU Health West provided assistance t o the Hendricks County Health Partnership to support its work, including efforts to decrea se smoking and tobacco usage. - Write and distribute press release about student outreach program. - Encourage school administrators to send educational material to all parents. So cial Determinants of Health IU Health West Hospital's implementation strategy to address t he identified need of Social Determinants of Health include the following: - Provide opera tional funding to support HOPE Healthcare Services. - In 2019, IU Health West provided ass istance to HOPE Healthcare Services to support healthcare services for UN- and under - ins ured patients in Hendricks County and the surrounding areas. - Make fresh produce affordab le and accessible to low-income residents. - Support Women, Infants, and Children (WIC) an d Supplemental Nutrition Assistance Program (SNAP) acceptance at all county farmers' marke ts. - In 2019, the Brownsburg Farmer's Market saw attendance of 500 people per market, a s ignificant increase over 2018 attendance. IU Health West also funded the Double Up Bucks p rogram in 2019 to provide more farmers market spendable dollars to those in need. - Fund D ouble Up Bucks program to increase value of vouchers for participants. - Support state gra nt to fund ten mile section of trail expansion. - Fund a 5K event and offer prep/training tips to encourage new walkers and runners. - Partner with the Brownsburg Parks & Recreatio n to make improvements to local parks, thus encouraging greater physical activity in the p arks by Hendricks County residents and visitors. IU West Hospital will address all communi ty health needs based on their 2018 Community Health Needs Assessment. There were no ident ified needs that will not be addressed.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13b Income Level Other than FPG	IN ADDITION TO FPG, IU HEALTH WEST HOSPITAL MAY TAKE INTO CONSIDERATION A PATIENT'S INCOME AND/OR ABILITY TO PAY IN CALCULATION OF A FINANCIAL ASSISTANCE AWARD.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 13h Other FAP Factors</p>	<p>IU Health West Hospital takes into consideration several other factors in determining patient eligibility for financial assistance. These factors include the following: 1. IU Health's Individual Solutions Department Prior to seeking Financial Assistance under the FAP, all patients or their guarantors must consult with a member of IU Health's Individual Solutions department to determine if healthcare coverage may be obtained from a government insurance/assistance product or from the Health Insurance Exchange Marketplace. 2. Alternate Sources of Assistance When technically feasible, a patient will exhaust all other state and federal assistance programs prior to receiving an award from IU Health West Hospitals Financial Assistance Program. Patients who may be eligible for coverage under an applicable insurance policy, including, but not limited to, health, automobile, and homeowners, must exhaust all insurance benefits prior to receiving an award from IU Health West Hospitals Financial Assistance Program. This includes patients covered under their own policy and those who may be entitled to benefits from a third-party policy. Patients may be asked to show proof that such a claim was properly submitted to the proper insurance provider at the request of IU Health West Hospital. Eligible patients who receive medical care from IU Health West Hospital as a result of an injury proximately caused by a third party, and later receive a monetary settlement or award from said third party, may receive Financial Assistance for any outstanding balance not covered by the settlement or award to which IU Health West Hospital is entitled. In the event a Financial Assistance Award has already been granted in such circumstances, IU Health West Hospital reserves the right to reverse the award in an amount equal to the amount IU Health West Hospital would be entitled to receive had no Financial Assistance been awarded. 3. Alternate Methods of Eligibility Determination IU Health West Hospital will conduct a quarterly review of all accounts placed with a collection agency partner for a period of no less than one hundred and twenty (120) days after the account is eligible for an Extraordinary Collection Action ("ECA"). Said accounts may be eligible for assistance under the FAP based on the patients individual scoring criteria. To ensure all patients potentially eligible for Financial Assistance under the FAP may receive Financial Assistance, IU Health West Hospital will deem patients/guarantors to be presumptively eligible for Financial Assistance if they are found to be eligible for one of the following programs, received emergency or direct admit care, and satisfied his/her required co-pay/deductible: - Indiana Children's Special Health Care Services - Medicaid - Health Indiana Plan - Patients who are awarded Hospital Presumptive Eligibility (HPE) - Enrolled in a state and/or federal program that verifies the patient's gross household income is less than or equal to 200% of</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 13h Other FAP Factors</p>	<p>the Federal Poverty Level 4. Additional Considerations Financial Assistance may be granted to a deceased patients account if said patient is found to have no estate. Additionally, IU Health West Hospital will deny or revoke Financial Assistance for any patient or guarantor who falsifies any portion of a Financial Assistance application. 5. Non-Emergent Services Down Payment Uninsured Patients presenting for scheduled or other non-emergent services will not be charged more than the Amounts Generally Billed ("AGB") AGB for their services. Patients will receive an estimated AGB cost of their care prior to IU Health West Hospital rendering the services and will be asked to pay a down-payment percentage of the AGB adjusted cost prior to receiving services. In the event a patient is unable to fulfill the down-payment, their service may be rescheduled for a later date as medically prudent and in accordance with all applicable federal and state laws and/or regulations. 6. Emergency Services Non-Refundable Deposit This section will be implemented with a strict adherence to EMTALA and IU Health Policy ADM 1.32, Screening and Transfer of Emergency or Unstable Patients. Amount of Non-Refundable Deposit All Uninsured Patients presenting for services at IU Health West Hospitals Emergency Department, via transfer from another hospital facility, or direct admission, will be responsible for a one-hundred dollar (\$100.00) non-refundable deposit for services rendered. Patients/guarantors will be responsible for any copays and/or deductibles required by their plan prior to full Financial Assistance being applied. Uninsured Patients wishing to make an application for Financial Assistance greater than the AGB must fulfill their non-refundable deposit prior to IU Health West Hospital processing said application. Uninsured Patients making payments toward their outstanding non-refundable deposit balance will have said payments applied to their oldest application on file, if applicable.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP Website	A copy of IU Health West Hospital's FAP is available on the following website: https://iuhealth.org/pay-a-bill/financial-assistance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application Website	A copy of IU Health West Hospital's FAP Application is available on the following website: https://iuhealth.org/pay-a-bill/financial-assistance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP PLS Website	A plain language summary of the FAP, including translated copies, is available on the following website: https://iuhealth.org/pay-a-bill/financial-assistance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16j Other Measures to Publicize	IU Health West Hospital takes several other measures to publicize its FAP within the community. These measures include the following: 1. Conspicuous public displays will be posted in appropriate acute care settings such as the emergency department and registration areas describing the available assistance and directing eligible patients to the Financial Assistance Application. 2. IU Health West Hospital will include a conspicuous written notice on all patient billing statements that notifies the patient about the availability of this Policy, and the telephone number of its Customer Service Department which can assist patients with any questions they may have regarding this Policy. 3. IU Health Customer Service representatives will be available via telephone Monday through Friday, excluding major holidays, from 8:00 a.m. to 7:00 p.m. Eastern Time to address questions related to this Policy. 4. IU Health West Hospital will broadly communicate this Policy as part of its general outreach efforts. 5. IU Health West Hospital will educate its patient facing team members of the FAP and the process for referring patients to the Program.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

**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

2019

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Name of the organization
INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC

Employer identification number
35-1814660

Part I General Information on Grants and Assistance

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

(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) HENDRICKS COUNTY ECONOMIC DEVELOPMENT PARTNERSHIP 5250 E US HIGHWAY 36 AVON, IN 46123	35-1817139	501(C)(6)	20,000				COMMUNITY ECONOMIC DEV
(2) United Way of Central Indiana 3901 N Meridian St INDIANAPOLIS, IN 46208	35-1007590	501(c)(3)	10,000				Commitment to Community

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(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.

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

Schedule J
(Form 990)

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC

Employer identification number
35-1814660

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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, 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.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> 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	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 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	No
b Any related organization?	5b	No
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	No
b Any related organization?	6b	No
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 in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
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 are not listed on Form 990, Part VII.

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 - Comp. of the Org.'s CEO/Executive Director	IU Health West Hospital's Regional President is employed by IU Health. IU Health West Hospital's President is employed by IU Health West Hospital, Inc. IU Health, IU Health West Hospital, and other related entities have a process in place to determine the compensation for the other officers and key employees. IU Health Human Resources uses market data from multiple compensation experts/vendors who utilize a variety of methods and procedures to obtain compensation ranges for comparable officer and employee positions. This market data and multiple other factors (including market pay benchmarks, internal equity, candidate/employee qualifications & performance, and business needs) are used to recommend compensation ranges for its officers and other employees, which are then used as a guide for setting reasonable compensation by management. Please see schedule O for additional details..
Schedule J, Part I, Line 4a Severance	Matthew D. Bailey entered into a severance agreement with IU Health during 2018. Severance of \$290,903 that was received during 2019 is included in column b (iii), other reportable compensation. Deferred severance of \$290,903 was disclosed in 2018 in column C, retirement and other deferred compensation.
Schedule J, Part I, Line 4b - Supplemental Nonqualified Retirement Plan	Michelle A. Janney, R.N., Matthew R. Cook, Elizabeth Dunlap, David A. Ingram, and Kenneth D. Puckett participate in an IU Health supplemental executive retirement plan, provisions of which are designed to retain its critical employees. The plan provides for an additional retirement benefit for service through normal retirement or other key dates. If the executive leaves prior to retirement or other key dates, the benefit may be forfeited or reduced. Each of the executives listed above, with the exception of Michelle A. Janney, R.N. has an amount included in column c, deferred compensation, representing the current year unvested contributions made under the supplemental executive retirement plan. These amounts were not paid to the executives during the year. The following executives have an amount included in column B (iii), other reportable compensation, representing the current year vested amounts received under the supplemental executive retirement plan: - Michelle A. Janney, R.N. (\$146,318)
Schedule J, Part I, Line 7 - Non-Fixed Payments	AMOUNTS DISCLOSED IN COLUMN B(II) INCLUDE A LONG-TERM AND SHORT-TERM INCENTIVE FOR CERTAIN EXECUTIVES AND SHORT-TERM INCENTIVE FOR OTHER EMPLOYEES. ALTHOUGH THESE PLANS ARE BASED ON A FIXED FORMULA THAT HAS BEEN APPROVED BY THE BOARD OF DIRECTORS BASED UPON CERTAIN QUALITATIVE AND QUANTITATIVE FACTORS AND GOALS, ALL DISCRETIONARY INCENTIVE PLANS MUST BE APPROVED BY THE BOARD OF DIRECTORS PRIOR TO ANY INCENTIVE PAYOUT.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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

Department of the Treasury

Name of the Organization

INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC

Employer identification number

35-1814660

990 Schedule O, Supplemental Information

Return Reference	Explanation
Page 1, Line J Web Site:	<p>https://iuhealth.org/find-locations/iu-health-west-hospital Part VI, Section A - Governing Body and Management Line 4 - Significant Changes to Organizational Documents Indiana University Health West Hospital, Inc. ("IU Health West Hospital") filed Amended Articles of Incorporation with the Indiana Secretary of State's Office effective March 1, 2019. IU Health West Hospital also executed amended and restated bylaws effective March 1, 2019 in order to reflect its change in operation following the boards merger with IU Health North Hospital. A summary of the updated bylaws are shown on Schedule O, lines 7a and 7b. A summary of the Amended Articles of Incorporation are included below. Article II, Which defines the purposes of the legal entity was amended to specifically address: - Increasing community access to quality health care services to the indigent, poor, and underserved; - Providing health services to the community through ownership and operation of a hospital in Hendricks County, Indiana; - Engaging in and supporting health education, training and research activities, including programs for nurses, health professionals and clergy; - Engaging in any lawful activities within the purposes for which a corporation may be organized under the Act, which are in furtherance of, supportive of, allied with or incidental to the purposes of the corporation; and - Engage in all of the above mentioned activities on an interdenominational, public benefit basis while adhering to and assuring the preservation of the corporations values.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section A, Lines 6, 7a and 7b Members or Stockholders	<p>Line 6: The sole member of IU Health West Hospital is IU Health, a 501(c)(3) tax-exempt organization. Line 7A: The Board of Directors of IU Health West Hospital shall consist of up to fifteen (15) voting members all appointed by IU Health, who shall include representatives from the Medical staffs of IU Health West Hospital and IU Health North Hospital, and the President of the Indianapolis Suburban Region, who shall be an ex-officio, voting director of the Board. At all times, the IU Health West Hospital directors shall consist of the same individuals appointed by IU Health to serve as directors of IU Health North Hospital. Line 7B: The Board of Directors shall not, without the prior approval of the IU Health: - Any proposed amendment to the Corporation's Articles of Incorporation or these Bylaws; - Adoption of the Corporation's annual capital and operating budgets; - Approval of any unbudgeted operating or capital budget items or deviations, including any issuance or guarantee of any unbudgeted debt; - Approval of any strategic plan for the Corporation, including any amendments to a strategic plan; - Approval of any encumbrance, sale or conveyance of assets; - Any merger, consolidation, joint venture or affiliation involving the Corporation or any of its affiliates and any other entity; - Appointment and removal of the Corporation's President and other officers; - Construction, acquisition or lease of Hospital buildings; - Approve any management agreement for the management of all or substantial part of IU Health West Hospital's operations; - Projects or contracts that require Member approval in accordance with the Member's resolution and policy governing system-wide Contract Execution Authority and Payment Approval Limits; and - The dissolution of the Corporation or any of its affiliates.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section A, Line 11b Review of Form 990	The Indianapolis Suburban Region Chief Financial Officer reviewed and approved the Form 990. Following the CFO's review and approval, a complete copy of the Form 990 was made available to each board member prior to its filing. Each member was also informed of the availability of the IU Health Tax Department to answer any questions.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section B, Line 12c Conflict of Interest Policy	<p>IU Health West Hospital follows IU Health's Conflict of Interest Policy. IU Health's Conflict of Interest Policy includes the following provisions: All IU Health employees, associates, colleagues and contracted personnel, including employed physicians and paid medical directors ("IU Health Representatives") are covered by and subject to its Conflict of Interest Policy. IU Health regularly and consistently monitors and enforces compliance with the policy through the following procedures: (1) On an annual basis, each IU Health Representative at the level of Manager or above, together with every other person designated by the Corporate Compliance Department ("Department"), must complete, sign and submit a Conflict of Interest Questionnaire ("Questionnaire") to the Department. Governing board members, committee members, corporate officers, medical staff and researchers must comply with the administrative requirements noted in the respective policies and procedures relative to those areas. (2) An IU Health Representative must supplement a Questionnaire in writing, if after completion of the original Questionnaire, a situation arises, or may reasonably be expected to arise, that would change any answer or information on the original Questionnaire if the situation had existed or been anticipated at the time of completion of the original Questionnaire. (3) If a fully and properly completed Questionnaire reveals facts or other information that might reasonably indicate a Conflict of Interest or violation of the policy, the IU Health Representative completing the questionnaire must secure approval by his/her supervisor, evidenced in writing. (4) The Department will review each Questionnaire and determine whether a Conflict of Interest exists and, if so, whether and how it should or may be eliminated, avoided or managed in order to comply with the spirit of the policy and with the best interests of IU Health and its patients. In making the determination, the Corporate Compliance Department may consult with the IU Health Representatives supervisor and other appropriate individuals and groups. (5) The scope of the policy is not limited to those who are required to complete Questionnaires. If an IU Health Representative is involved in a situation or relationship that would constitute a violation of the policy in the absence of disclosure and approval as described above, then the IU Health Representative must disclose the matter to his/her supervisor, secure his/her supervisor's approval in writing, and disclose the matter to the Department. Otherwise, the IU Health Representative is in violation of the policy and subject to corrective action, up to and including termination. (6) The Chief Compliance Officer, in consultation with onsite Compliance personnel, may from time to time appoint standing or ad hoc committees to assist in resolving issues that arise under provisions of the policy.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Part VI, Section B, Line 15a & 15b - Process for Determining Compens.</p>	<p>IU Health West Hospital's Regional President is employed by IU Health, Inc. IU Health West Hospital's President is employed by IU Health West Hospital. IU Health's process for determining compensation is as follows: (1) The Board of Directors ("Board") has established a Talent Management and Executive Compensation Committee ("TMECC"), the purpose of which includes reviewing and making recommendations regarding executive (Senior Vice Presidents and above) pay and benefits (collectively referred to as "compensation") on an annual basis. The TMECC is made up of members of the Board that are neither physicians nor employees and do not otherwise have a conflict of interest regarding any of IU Health's compensation arrangements. The TMECC reviews an executive's entire compensation package including base salary, short-term and long-term incentives, health and welfare benefits, qualified and non-qualified retirement plans, as well as any additional fringe benefits. As deemed appropriate, the Committee on Finance, which is also made up of members of the Board, may also review executive compensation and benefits. (2) The TMECC engages an independent compensation consulting firm on an annual basis to conduct a compensation analysis for its executive group, which consists of employees at the level of senior vice president and above. The current compensation advisor is SullivanCotter. SullivanCotter performs its analysis in the form of a compensation survey ("survey") that includes relevant comparability data for compensation levels paid by similarly situated organizations (both governmental and tax exempt) for functionally comparable positions as well as the availability of similar services in the geographic area. SullivanCotter then prepares a survey report and provides recommendations to the TMECC, if deemed appropriate, on changes in executive compensation. A separate analysis using the same methodology is done for the President and Chief Executive Officer. (3) The TMECC then reviews SullivanCotter's report and recommendations and, if appropriate, votes on whether to recommend any changes in executive compensation to the Board. The TMECC will only recommend changes to the Board if they are consistent with the Board's philosophy on compensation matters and are deemed reasonable based upon the independent analysis provided by SullivanCotter. The TMECC's review, discussion and vote are documented in the minutes for the meeting. There are no executives present during the final discussion and approval. (4) The Board then reviews the report prepared by SullivanCotter as well as the recommendations of the TMECC as to any changes in executive compensation. As deemed appropriate, the Committee on Finance may also provide its review of the TMECC's recommendations on any changes in executive compensation. This review and discussion are documented in the minutes. (5) The Board then votes on whether to accept the TMECC's recommendations on any changes in executive comp</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section B, Line 15a & 15b - Process for Determining Compen.	<p>ensation. Changes in executive compensation are made if approved by the TMECC and Board on an annual basis, or as necessary throughout the year. The discussion and approval are documented in the minutes of the meeting. There are no executives present during the final discussion and approval. IU Health's General Counsel also prepares a formal written opinion reviewing the executive compensation approval process, comparing it to the Intermediate Sanctions Test of IRC Section 4958. If warranted, IU Health's General Counsel may also provide comments regarding the executive compensation approval process as it relates to meeting the requirements for a rebuttable presumption of reasonableness as provided in the Intermediate Sanctions Test. (6) After the end of each year, the TMECC and Board also review the achievements of the executive group as it relates to the long-term and short-term shared and individual goals developed by the executives and the Board. These achievements may also be reviewed with the Committee on Finance. The Board, at its discretion, may approve bonus payments based upon the achievement of the goals. The discussion and vote of the TMECC and Board is documented in the minutes for each such meeting. The bonuses are not paid until approval is made by the Board. (7) The TMECC and Audit Committee also review Form 990 disclosures related to executive compensation as well as the organization's practices and approval processes prior to the filing of the Form 990 return with the Internal Revenue Service. IU Health West Hospital and other related entities have a process in place to determine the compensation for the other officers and key employees. IU Health Human Resources uses market data from multiple compensation experts/vendors who utilize a variety of methods and procedures to obtain compensation ranges for comparable officer and employee positions. This market data and multiple other factors (including market pay benchmarks, internal equity, candidate/employee qualifications & performance, and business needs) are used to recommend compensation ranges for its officers and other employees, which are then used as a guide for setting reasonable compensation by management.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section C, Line 19 Public Disclosure	<p>IU Health West Hospital's Articles of Incorporation are available to the public through the Indiana Secretary of State's web-site. IU Health West Hospital's conflict of interest policy is described on Form 990, Schedule O. IU Health West Hospital is a consolidated subsidiary in the consolidated financial statements for IU Health. The consolidated financial statements for IU Health are available to the public through its bond filings and as an attachment to the form 990 as well as IU Health West's Form 990. Part VII, Section B, Attach 2 Comp of the Five Highest Pd Ind. Contractors The amounts paid to Messer Construction Co. totaling \$25,590,241 include both goods and services associated with the construction of IU Health West expansion project. This project will add three floors to two of its three-story towers, allowing it to increase its inpatient capacity. The amounts for goods vs. services were not readily available for reporting on the 990, Part VII, Section B, Independent contractors.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	IU Health West Hospital recorded the following other changes in net assets or fund balances in 2019: EQUITY TRANSFER (SETTLEMENT OF DEBT): (24,953)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:SHARED SERVICES/PROF. FEES TOTAL FEES:54313242

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
INDIANA UNIVERSITY HEALTH WEST HOSPITAL
INC

Employer identification number

35-1814660

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

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

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

See Additional Data Table

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

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.

See Additional Data Table

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

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.

See Additional Data Table

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

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

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

See Additional Data Table

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

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	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
950 N Meridian St Ste 800 Indianapolis, IN 46204 13-4350599	Healthcare	IN	501(c)(3)	10	IUH	Yes	
846 N Senate Ave Indianapolis, IN 46202 36-4550324	Healthcare	IN	501(c)(3)	12 I	NA		No
950 N Meridian St Ste 300 Indianapolis, IN 46204 35-1955872	Healthcare	IN	501(c)(3)	3	NA		No
950 N Meridian St Ste 300 Indianapolis, IN 46204 26-3162145	Healthcare	IN	501(c)(3)	3	IUH	Yes	
950 N Meridian St Ste 300 Indianapolis, IN 46204 35-0867958	Healthcare	IN	501(c)(3)	3	IUH	Yes	
950 N Meridian St Ste 300 Indianapolis, IN 46204 35-1925641	Healthcare	IN	501(c)(3)	10	IUHBMH	Yes	
950 N Meridian St Ste 300 Indianapolis, IN 46204 23-7042323	Healthcare	IN	501(c)(3)	3	IUH	Yes	
950 N Meridian St Ste 300 Indianapolis, IN 46204 01-0646166	Healthcare	IN	501(c)(3)	3	IUHBMH	Yes	
950 N Meridian St Ste 300 Indianapolis, IN 46204 35-1720796	Healthcare	IN	501(c)(3)	3	IUH	Yes	
950 N Meridian St Ste 800 Indianapolis, IN 46204 31-1111784	Fundraising	IN	501(c)(3)	12 I	IUHBMH	Yes	
950 N Meridian St Ste 300 Indianapolis, IN 46204 35-1747218	Healthcare	IN	501(c)(3)	10	IUH	Yes	
950 N Meridian St Ste 800 Indianapolis, IN 46204 35-1125434	Healthcare	IN	501(c)(3)	10	IUH	Yes	
950 N Meridian St Ste 800 Indianapolis, IN 46204 31-1070868	Healthcare	IN	501(c)(3)	10	IUHLP	Yes	
950 N Meridian St Ste 800 Indianapolis, IN 46204 27-3533027	Healthcare	IN	501(c)(3)	10	IUH	Yes	
950 N Meridian St Ste 300 Indianapolis, IN 46204 35-1932442	Healthcare	IN	501(c)(3)	3	IUH	Yes	
950 N Meridian St Ste 300 Indianapolis, IN 46204 35-2090919	Healthcare	IN	501(c)(3)	3	IUH	Yes	
950 N Meridian St Ste 800 Indianapolis, IN 46204 46-3803873	Insurance	IN	501(c)(4)	N/A	IUH	Yes	
950 N Meridian St Ste 300 Indianapolis, IN 46204 26-2772226	Healthcare	IN	501(c)(3)	3	IUH	Yes	
950 N Meridian St Ste 300 Indianapolis, IN 46204 27-3532963	Healthcare	IN	501(c)(3)	3	IUH	Yes	
340 W 10th St No FS5100 Indianapolis, IN 46202 20-1093251	Fundraising	IN	501(c)(3)	12 II	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
950 N Meridian St Ste 800 Indianapolis, IN 46225 46-5270582	Insurance	IN	501(c)(4)	N/A	IUH	Yes	
950 N Meridian St Ste 800 Indianapolis, IN 46225 47-2619552	Insurance	IN	501(c)(4)	N/A	IUH	Yes	
1633 N Capitol Ave Ste 1200 Indianapolis, IN 46202 35-6043086	Fundraising	IN	501(c)(3)	12 I	IUH	Yes	
950 N Meridian St Ste 800 Indianapolis, IN 46204 35-0876390	Healthcare	IN	501(c)(3)	12 III-FI	NA		No
950 N Meridian St Ste 300 Indianapolis, IN 46204 35-1844176	Healthcare	IN	501(c)(3)	3	IUH	Yes	
705 Riley Hospital Dr Indianapolis, IN 46202 35-6018517	Fundraising	IN	501(c)(3)	12 III-FI	NA		No
950 N Meridian St Ste 800 Indianapolis, IN 46204 23-7427350	Healthcare	IN	501(c)(3)	10	IUHCA	Yes	
950 N Meridian St Ste 300 Indianapolis, IN 46204 81-5174295	Healthcare	IN	501(c)(3)	3	IUH	Yes	
950 N Meridian St Ste 300 Indianapolis, IN 46204 82-2736786	Healthcare	IN	501(c)(3)	3	IUH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BMH Medical Pavilion Association Inc 2525 W University Ave Muncie, IN 47303 35-1858408	Condo Management	IN	NA	C				Yes	
Cardinal Health Ventures Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 35-1611424	Management	IN	NA	C				Yes	
CHV Capital Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 26-0752507	Venture Capit	IN	NA	C				Yes	
IU Health 457(B) Plan 1100 N Market St Wilmington, DE 19890 47-6948347	Investments	IN	NA	T				Yes	
IU Health ACO Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 45-4421020	Healthcare	IN	NA	C				Yes	
IU Health Board Designated Trust 400 Howard St San Francisco, CA 94105 30-6309021	Investments	IN	NA	T				Yes	
IU Health NTGI S&P500 Fund CF PO Box 804358 Chicago, IL 60680 30-6298263	Investments	IN	NA	T				Yes	
IU Health Plans Holding Company Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 46-3794815	Insurance	IN	NA	C				Yes	
IU Health Plans Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 26-2127080	HMO	IN	NA	C				Yes	
IU Health Risk Purchasing Group Inc 151 Meeting St Ste 301 Charleston, SC 29401 26-0202446	Insurance	IN	NA	C				Yes	
IU Health Risk Retention Group Inc 151 Meeting St Ste 301 Charleston, SC 29401 20-1107674	Insurance	SC	NA	C				Yes	
IU Health Southern IN Physicians Inc 950 N Meridian St Ste 300 Indianapolis, IN 46204 35-1913875	Healthcare	IN	NA	C				Yes	
IUH Assurance SPC Ltd PO Box 69 94 Solaris Ave Camana Bay, Grand Cayman CJ 98-0395429	Insurance	CJ	NA	C				Yes	
Proteuo Fund LP PO Box 31106 89 Nexus Way Camana Bay, Grand Cayman CJ 98-1075227	Investments	CJ	NA	C				Yes	
SCANS Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 45-3080392	Healthcare	IN	NA	C				Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
IU Health Plans Insurance Company 950 N Meridian St Ste 800 Indianapolis, IN 46204 81-1097215	Insurance	IN	NA	C				Yes	
Cerberus Residential Opport Inst Ltd 190 Elgin Avenue George Town George Town, Grand Cayman CJ 000000000	Investments	CJ	NA	C				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
IU Health Care Associates Inc	J	716,770	FMV
IU Health Care Associates Inc	L	365,312	FMV
IU Health Care Associates Inc	M	11,538,541	FMV
Methodist Occupational Health Centers Inc	M	127,573	FMV
IU Health Care Associates Inc	O	268,913	FMV
IU Health North Hospital Inc	O	101,743	FMV
IUH Assurance SPC Ltd	R	416,748	FMV
IU Health Risk Retention Group Inc	R	636,095	FMV
IU HEALTH FOUNDATION INC	C	98,500	FMV