

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 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
35-1955872
E Telephone number
(317) 963-4842
G Gross receipts \$ 10,324,567,775

F Name and address of principal officer:
DENNIS M MURPHY
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: ▶ <https://iuhealth.org/>

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1995

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)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	21,386
6 Total number of volunteers (estimate if necessary)	3,922
7a Total unrelated business revenue from Part VIII, column (C), line 12	42,278,498
7b Net unrelated business taxable income from Form 990-T, line 39	311,517

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,094,779	20,606,319
9 Program service revenue (Part VIII, line 2g)	3,814,410,091	3,914,132,333
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	109,423,287	174,679,910
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,078,273	55,316,150
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,994,006,430	4,164,734,712

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,222,147	159,582,650
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)	1,254,297,171	1,342,602,210
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,500,783		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,094,008,744	2,095,859,334
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,363,528,062	3,598,044,194
19 Revenue less expenses. Subtract line 18 from line 12	630,478,368	566,690,518

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	8,335,546,825	9,596,487,824
21 Total liabilities (Part X, line 26)	3,815,421,512	4,264,793,540
22 Net assets or fund balances. Subtract line 21 from line 20	4,520,125,313	5,331,694,284

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: 2020-11-04
JENNIFER M ALVEY TREASURER/SVP & 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 CIR STE 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 \$ 1,514,510,937 including grants of \$ 159,582,650) (Revenue \$ 2,311,098,660)
 See Additional Data

4b (Code:) (Expenses \$ 429,114,815 including grants of \$ 0) (Revenue \$ 654,816,447)
 See Additional Data

4c (Code:) (Expenses \$ 346,987,603 including grants of \$ 0) (Revenue \$ 529,492,763)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 297,059,725 including grants of \$ 0) (Revenue \$ 453,304,305)

4e Total program service expenses ▶ 2,587,673,080

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3,407	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<table border="1"> <tr> <td style="text-align: center;">2a</td> <td style="text-align: right;">21,386</td> </tr> </table>	2a	21,386			
2a	21,386					
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .			3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i>			3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .			4a	Yes		
b If "Yes," enter the name of the foreign country: ▶ CJ , UK , CA , KS						
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b			
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d					
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
9 Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?			9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b			
10 Section 501(c)(7) organizations. Enter:						
a Initiation fees and capital contributions included on Part VIII, line 12	10a					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11 Section 501(c)(12) organizations. Enter:						
a Gross income from members or shareholders	11a					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		12a			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b					
c Enter the amount of reserves on hand	13c					
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . .</i>			14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15	Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.			16		No	

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 and 3 sub-columns (1a, 1b, and Yes/No). Row 1a: 15. Row 1b: 13. Rows 2-9 contain various questions about governance and management with Yes/No columns.

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

Table with 16 rows (10a-16b) and 3 columns (Question, Yes, No). Contains questions about local chapters, conflict of interest, whistleblower policies, etc.

Section C. Disclosure

Table with 4 rows (17-20) and 2 columns (Question, Answer). Row 17: IN. Row 18: Own website, Another's website, Upon request, Other. Row 19: Describe in Schedule O. Row 20: CRAIG J JONES 950 N MERIDIAN STREET SUITE 300 INDIANAPOLIS, IN 46204 (317) 963-4842

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a NET PATIENT SERVICE REVENUE, 2b REFERENCE LABORATORY, 2c MEMBER PREMIUM REVENUE, 2d SHARED SERVICES, 2e PHARMACY, 2f All other program service revenue, and 2g Total.

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain or loss from sales of assets, 8a-8b Net income from fundraising events, 9a-9b Net income from gaming activities, 10a-10b Net income from sales of inventory, and 11a-11e Miscellaneous Revenue.

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	159,138,818	159,138,818		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	443,832	443,832		
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	14,075,859	9,245,239	4,830,620	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	3,258,265	2,140,079	1,118,186	
7 Other salaries and wages	1,054,155,643	688,232,466	361,774,150	4,149,027
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	89,047,161	58,487,553	30,559,608	
9 Other employee benefits	107,437,539	70,143,344	36,841,930	452,265
10 Payroll taxes	74,627,743	48,722,630	25,622,583	282,530
11 Fees for services (non-employees):				
a Management	2,253,686		2,253,686	
b Legal	4,714,287		4,714,287	
c Accounting	2,581,664		2,581,664	
d Lobbying	674,060		674,060	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	9,622,179		9,622,179	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	383,523,449	220,739,705	162,109,514	674,230
12 Advertising and promotion	18,385,980	1,071,729	17,053,240	261,011
13 Office expenses	31,968,507	16,042,454	15,847,168	78,885
14 Information technology	111,541,844	27,431,740	84,033,485	76,619
15 Royalties	0			
16 Occupancy	74,476,564	573,572	73,902,611	381
17 Travel	3,948,036	1,527,796	2,351,557	68,683
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	526,864	215,471	295,129	16,264
20 Interest	44,692,640	27,958	44,664,682	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	155,066,773	97,336,811	57,729,962	
23 Insurance	18,923,469	892,627	18,030,842	
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	732,224,801	732,224,801		
b HEALTH CLAIMS TO PROVIDERS	166,927,008	166,927,008		
c BAD DEBT	109,084,903	109,084,903		
d HOSPITAL ASSESSMENT FEE	80,632,624	80,632,624		
e All other expenses	144,089,996	96,389,920	47,259,188	440,888
25 Total functional expenses. Add lines 1 through 24e	3,598,044,194	2,587,673,080	1,003,870,331	6,500,783
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	105,418	1	100,618
	2 Savings and temporary cash investments	370,411,669	2	350,388,474
	3 Pledges and grants receivable, net	1,166,869	3	2,209,321
	4 Accounts receivable, net	505,620,007	4	488,417,666
	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	642,250,736	7	616,167,486
	8 Inventories for sale or use	68,739,798	8	68,620,652
	9 Prepaid expenses and deferred charges	56,347,176	9	102,088,358
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,801,146,797		
	b Less: accumulated depreciation	2,242,948,081		
	11 Investments—publicly traded securities	2,764,003,286	11	3,808,215,947
	12 Investments—other securities. See Part IV, line 11	2,024,026,049	12	2,206,426,397
	13 Investments—program-related. See Part IV, line 11	352,987,114	13	372,705,442
	14 Intangible assets	7,586,056	14	7,586,056
	15 Other assets. See Part IV, line 11	47,223,383	15	15,362,691
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,335,546,825	16	9,596,487,824	
Liabilities	17 Accounts payable and accrued expenses	488,713,438	17	482,010,046
	18 Grants payable	0	18	0
	19 Deferred revenue	19,920,534	19	16,834,082
	20 Tax-exempt bond liabilities	1,473,351,615	20	1,686,053,000
	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	99,720,053	23	121,402,399
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,733,715,872	25	1,958,494,013
	26 Total liabilities. Add lines 17 through 25	3,815,421,512	26	4,264,793,540
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	4,518,269,449	27	5,329,838,420
	28 Net assets with donor restrictions	1,855,864	28	1,855,864
	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	4,520,125,313	32	5,331,694,284	
33 Total liabilities and net assets/fund balances	8,335,546,825	33	9,596,487,824	

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	4,164,734,712
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,598,044,194
3	Revenue less expenses. Subtract line 2 from line 1	3	566,690,518
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,520,125,313
5	Net unrealized gains (losses) on investments	5	486,103,045
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	-241,224,592
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,331,694,284

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	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 35-1955872

Name: INDIANA UNIVERSITY HEALTH INC

Form 990 (2019)

Form 990, Part III, Line 4a:

Indiana University Health, Inc. ("IU Health") is an academic health center comprised of IU Health Methodist Hospital, IU Health University Hospital, and Riley Hospital for Children at IU Health (together referred to as "IU Health Academic Health Center"), IU Health Saxony Hospital, and IU Health Morgan. It also offers pharmacy, home care, outpatient, and emergency transport services throughout the central Indiana area. IU Health incorporates a unique partnership with Indiana University School of Medicine ("IU School of Medicine"), one of the nation's leading medical schools, to give patients access to innovative treatments and therapies, all without regard to their ability to pay. IU Health is also the parent organization of the IU Health System, Indiana's most comprehensive health care system. IU Health Methodist and IU Health University Hospitals IU Health Methodist and IU Health University Hospitals, located in Indianapolis, Indiana, are a 1,152-bed adult Academic Health Center in partnership with the IU School of Medicine. IU Health Methodist Hospital and IU Health University Hospital are designated as Magnet hospitals, recognized for excellence in nursing services and high-quality clinical outcomes for patients. IU Health University Hospital is a leading academic medical center with a commitment to disseminating research findings while improving the quality of life for people on a local, regional, national and international basis. IU Health Methodist Hospital and IU Health University Hospital both serve an adult population. These hospitals lead the way in community benefit initiatives. A substantial piece of community benefit is providing excellent care to patients, regardless of their ability to pay. Riley Hospital for Children at IU Health Riley Hospital for Children at IU Health, located in Indianapolis, Indiana, is a 335-bed children's hospital that is Indiana's largest and most comprehensive pediatric hospital. It is regularly ranked among the top children's hospitals in the county by U.S. News & World Report's Best Children's Hospitals. In addition to clinical expertise, Riley Hospital for Children at IU Health's partnership with the IU School of Medicine ensures that patients have access to the most innovative treatments and the latest research and technology. Riley Hospital for Children at IU Health provides comprehensive, family-centered care to more than 290,000 children annually through its statewide primary and specialty care offices, and inpatient and outpatient services at its flagship hospital. Pediatric patients and their families travel from all 92 Indiana counties, the region and the world to access the nationally recognized clinical programs of Riley Hospital for Children at IU Health. Riley Hospital for Children at IU Health is also designated as a Magnet hospital, recognized for excellence in nursing services and high-quality clinical outcomes for patients. IU Health Saxony Hospital IU Health Saxony Hospital, located in Fishers, Indiana, is a 38-bed specialty care hospital primarily focusing on surgical services for cardiovascular and orthopedics. It opened in 2011 and includes six operating rooms, a full emergency department, a helipad for medical transport and a medical office complex. IU Health Saxony Hospital is also home to the Indiana University Health Hip and Knee Center. Here, the team of fellowship trained surgeons perform more hip and knee replacements than any other IU Health facility in the state. IU Health Morgan IU Health Morgan, an outpatient department of the IU Health Academic Health Center located in Martinsville, Indiana, offers coverage in adult and pediatric care; specialty care; emergency and urgent care; diagnostic imaging including 3D mammography; lab testing; outpatient surgical services; cancer care, including medical and radiation oncology; cardiac, physical, speech and occupational therapies; sleep lab; and community health and wellness, including medical nutrition therapy and diabetes care.

Form 990, Part III, Line 4b:

Lab Services provided to patients and non-patients.

Form 990, Part III, Line 4c:

IU Health provides services to related tax-exempt organizations.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:)	(Expenses \$	102,908,768	including grants of \$	0)	(Revenue \$	157,035,720)
Member premium revenue						

(Code:)	(Expenses \$	130,880,405	including grants of \$	0)	(Revenue \$	199,719,606)
PHARMACY						

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code:) (Expenses \$ 63,270,552 including grants of \$ 0) (Revenue \$ 96,548,979)
ALL OTHER PROGRAM SERVICE REVENUE

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			
RYAN C KITCHELL EVP & CAO	55.0 0.0				X			1,671,478	0	1,605,248
DENNIS M MURPHY DIRECTOR/PRESIDENT & CEO	60.0 1.0	X		X				2,898,820	0	369,440
MARK A LANTZY SVP & CIO/PRES. (HEALTH PLANS)	30.0 25.0					X		899,634	0	1,057,561
JONATHAN E GOTTLIEB EVP & CME	55.0 0.0				X			1,466,484	0	28,431
Kristy A Schulhof President (IUH North)(Part Yr)	0.0 55.0					X		1,022,070	0	423,160
ALFONSO W GATMAITAN FORMER KEY EMPLOYEE	0.0 0.0						X	1,406,477	0	4,922
MICHELLE A JANNEY RN EVP & COO	55.0 0.0				X			1,285,983	0	23,935
JOHN F FITZGERALD MD FORMER HIGHEST COMPENSATED EMP	0.0 55.0						X	0	1,154,540	18,755
JENNIFER M ALVEY TREASURER / SVP & CFO	55.0 0.0			X				970,249	0	155,681
RYAN D NAGY MD PRESIDENT (AAHC)	25.0 30.0				X			0	923,735	123,973

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			
MATTHEW R COOK PRESIDENT (RILEY)	45.0 10.0				X			884,838	0	150,078
RONALD L STIVER PRESIDENT (SCS)	55.0 0.0					X		863,327	0	146,162
ELIZABETH DUNLAP SVP, CHIEF HR OFFICER	55.0 0.0					X		817,175	0	139,814
Kenneth D Puckett President (ISR)	0.0 55.0				X			749,896	0	145,910
KEVIN R ARMSTRONG FORMER KEY EMPLOYEE	55.0 0.0						X	580,286	0	120,262
Erin R Lewis SECR/SVP& GEN COUNSEL(Part Yr)	55.0 0.0			X				525,859	0	123,810
LARRY H STEVENS MD DIRECTOR	6.0 50.0	X						37,500	531,406	12,600
PARVEEN CHAND FORMER KEY EMPLOYEE	55.0 0.0						X	491,078	0	43,457
PAUL R HAUT MD FORMER KEY EMPLOYEE	55.0 0.0						X	0	395,195	11,497
MICHAEL L HARLOWE FORMER KEY EMPLOYEE	25.0 30.0						X	0	291,075	35,860

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			
DAWN M MOORE FORMER KEY EMPLOYEE	55.0 0.0						X	243,492	0	30,077
JONATHAN R GOBLE FORMER KEY EMPLOYEE	0.0 0.0						X	208,726	0	0
ERIC S WILLIAMS MD FORMER KEY EMPLOYEE	0.0 55.0						X	0	189,612	13,358
MARY BETH CLAUS SECR/SVP& GEN COUNSEL(Part yr)	55.0 0.0			X				112,834	0	9,944
J SCOTT DAVISON BOARD CHAIR / DIRECTOR	6.0 0.0	X		X				50,000	0	0
JAY L HESS MD DIRECTOR	6.0 2.0	X						37,500	6,500	0
MAUREEN BISOGNANO DIRECTOR	6.0 0.0	X						37,500	0	0
JAMES A DAVLIN V DIRECTOR	6.0 0.0	X						37,500	0	0
THOMAS V EASTERDAY DIRECTOR	6.0 0.0	X						37,500	0	0
KYLE L GRAZIER DIRECTOR	6.0 0.0	X						37,500	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY A HARRISON DIRECTOR	6.0 0.0	X						37,500	0	0
ROBERT A PALMER DIRECTOR	6.0 0.0	X						37,500	0	0
ANNE NOBLES DIRECTOR	6.0 1.0	X						35,000	0	0
MICHAEL A MCROBBIE VICE-CHAIR	6.0 0.0	X		X				35,000	0	0
BISHOP JULIUS C TRIMB VICE-CHAIR	6.0 0.0	X		X				35,000	0	0
HARRY L GONSO DIRECTOR	6.0 0.0	X						35,000	0	0
HON SARAH EVANS BARKE DIRECTOR	6.0 0.0	X						0	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 INC

Employer identification number
35-1955872

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

The organization is not a private foundation because it is: (For lines 1 through 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		

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: 35-1955872

Name: INDIANA UNIVERSITY HEALTH 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 INC	Employer identification number 35-1955872
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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-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)?	Yes		
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?	Yes		556,835
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		117,225
j Total. Add lines 1c through 1i			674,060
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 1b and g - Paid staff and direct contact	During 2019, IU Health spent a total of \$556,835 in direct federal and state lobbying expenditures. During 2019, IU Health advocated before Congress on the following issues: - Healthcare Reform Legislation (in general) - Patient Protection and Affordable Care Act Matters - Changes to Medicare/Medicaid reimbursement - Graduate Medical Education - Medicaid/Medicare Managed Care - Changes to OPPS/IPPS reimbursement - Accountable Care Organizations - 340B program - Meaningful Use - Critical Access and Rural Hospital Matters - Disproportionate Share Hospital Payments - Telemedicine/Telehealth - Electronic Health Records Interoperability - Organ Transplant Allocation and Regulatory Oversight - CMS Regulatory Requirements - Budget Matters - Price Transparency - Billing and Reimbursement During 2019, IU Health advocated at the State Level on the following issues: - Provider Reimbursements - Healthy Indiana Plan 2.0 - Medicaid Reimbursement Policies - Provider Licensure Matters - Workforce and Smoking Policies - Insurance Matters - Healthcare Reform - Hospital Licensure - Medicaid Managed Care - Telehealth/Telemedicine - Public Safety - Pricing Transparency/Surprise Bills - Regulation - Social Services - Patient Safety Matters - Access to Health Care - Opioids/Addictions Services - Upper Payment Limit Payments - Graduate Medical Education
Schedule C, Part II-B, Lines 1j - Other Activities	Several membership organizations notified IU Health during 2019 that a portion of the dues it paid would be used for lobbying purposes as follows: Indiana Hospital Association: 6.53% or \$20,689 Greater Indianapolis Chamber of Commerce: 5.0% / 10% or \$27,500 Indiana Chamber of Commerce: 10% or \$5,075 Children's Hospital Association: 24.63% or \$39,556 Association of American Medical Colleges: 2.06% or \$423 340B Health: 8% or \$1,246 America's Essential Hospitals: 11% or \$12,736 Next Gen Coalition: 100% or \$10,000 Total Portion of Dues Used for Lobbying Purposes: \$117,225

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 INC

Employer identification number
35-1955872

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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	1,855,864	4,888,281	4,888,281	4,888,281	4,888,281
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships		3,032,417			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,855,864	1,855,864	4,888,281	4,888,281	4,888,281

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 100.000 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | No | |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 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		175,236,714		175,236,714
b Buildings		1,933,758,680	1,038,188,247	895,570,433
c Leasehold improvements		30,495,772	10,990,919	19,504,853
d Equipment		1,507,001,116	1,173,233,452	333,767,664
e Other		154,654,515	20,535,463	134,119,052
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,558,198,716

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) ALTERNATIVE INVESTMENTS	2,206,426,397	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,206,426,397	

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
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,958,494,013

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: 35-1955872

Name: INDIANA UNIVERSITY HEALTH INC

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 - FIN 48 (ASC 740) Footnote	<p>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 F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
INDIANA UNIVERSITY HEALTH INC

Employer identification number
35-1955872

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	90			1,426,993,187
b Total from continuation sheets to Part I	0	2			35,800
c Totals (add lines 3a and 3b)	0	92			1,427,028,987

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3 - Activities per Region	The amounts reported on Schedule F, Part I, Line 3 include the book values of foreign investments, insurance premiums paid directly to an off-shore captive, Ebola preparedness training, humanitarian surgeries and meetings, strategic business, travel and meeting expenses paid to attend off-shore captive meetings, and travel and related expenses paid to attend and speak at seminars and conferences.

Additional Data

Software ID:

Software Version:

EIN: 35-1955872

Name: INDIANA UNIVERSITY HEALTH INC

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments	N/A	1,391,695,723
Europe (Including Iceland and Greenland)	0	0	Investments	N/A	20,513,510

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	0	Investments	N/A	717,777
East Asia and the Pacific	0	0	Investments	N/A	3,635,134

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	SELF-INSURANCE	7,225,573
Central America and the Caribbean	0	0	Conduct board meetings	n/a	17,226

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Unrelated Trade or Business	n/a	2,946,819
Sub-Saharan Africa	0	2	Program Services	Ebola Prevention	4,962

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	3	Send agents to seminar	n/a	4,247
Central America and the Caribbean	0	6	Send agents to seminar	n/a	12,690

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	2	Send agents to seminar	n/a	3,973
Europe (Including Iceland and Greenland)	0	25	Send agents to seminar	n/a	63,800

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa	0	11	Send agents to seminar	n/a	83,706
North America	0	36	Send agents to seminar	n/a	43,873

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	1	Send agents to seminar	n/a	3,610
South Asia	0	2	Send agents to seminar	n/a	9,326

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	2	Program Services	strategic business	11,238
Middle East and North Africa	0	2	Program Services	humanitarian surgeries	35,800

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

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

Name of the organization
 INDIANA UNIVERSITY HEALTH INC

Employer identification number
 35-1955872

OMB No. 1545-0047
2019
Open to Public Inspection

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)		24,777	52,728,522		52,728,522	1.510 %
b Medicaid (from Worksheet 3, column a)		83,876	964,597,157	628,193,301	336,403,856	9.640 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		108,653	1,017,325,679	628,193,301	389,132,378	11.150 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	17	64,686	17,863,747	673,155	17,190,592	0.490 %
f Health professions education (from Worksheet 5)	3	3,358	116,098,250	16,221,047	99,877,203	2.860 %
g Subsidized health services (from Worksheet 6)	1	0	20,511,580	3,031,523	17,480,057	0.500 %
h Research (from Worksheet 7)	1	0	11,000,000		11,000,000	0.320 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	67,401	12,915,863	134,742	12,781,121	0.370 %
j Total. Other Benefits	27	135,445	178,389,440	20,060,467	158,328,973	4.540 %
k Total. Add lines 7d and 7j	27	244,098	1,195,715,119	648,253,768	547,461,351	15.690 %

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						
2 Economic development						
3 Community support	1		250,000		250,000	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1		3,119		3,119	0 %
7 Community health improvement advocacy						
8 Workforce development	1	5,904	21,751		21,751	0 %
9 Other						
10 Total	3	5,904	274,870		274,870	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	405,794,875
6 Enter Medicare allowable costs of care relating to payments on line 5	6	445,525,579
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-39,730,704
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	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 SEE PART VI	AMBULATORY SURGERY CENTER	25.636 %		74.364 %
2 SEE PART VI	AMBULATORY SURGERY CENTER	25.849 %		74.151 %
3 SEE PART VI	AMBULATORY SURGERY CENTER	26.01 %		73.99 %
4 SEE PART VI	AMBULATORY SURGERY CENTER	29.695 %		70.305 %
5 SEE PART VI	AMBULATORY SURGERY CENTER	27.112 %		72.888 %
6				
7				
8				
9				
10				
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)

	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
See Additional Data Table										

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)
 INDIANA UNIVERSITY HEALTH

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	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		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	
10b	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
12b	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)

INDIANA UNIVERSITY HEALTH

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 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

INDIANA UNIVERSITY HEALTH

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)

INDIANA UNIVERSITY HEALTH

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 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? 178

Name and address	Type of Facility (describe)
1 See Additional Data Table	
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part IV, Line 1(a) Name of Entity	Beltway Surgery Centers, LLC

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part IV, Line 2(a) Name of Entity	SENATE STREET SURGERY CENTER, LLC

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part IV, Line 3(a) Name of Entity	INDIANA ENDOSCOPY CENTERS, LLC

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Form and Line Reference	Explanation
Schedule H, Part IV, Line 4(a) Name of Entity	ROC SURGERY, LLC

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part IV, Line 5(a) Name of Entity	BALL OUTPATIENT SURGERY CENTER, LLC

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Other Factors Used in Determining Elig.	<p>IU Health uses several factors other than Federal Poverty Guidelines ("FPG") 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. 1396b(v). IU Health 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 statement. 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 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's Financial Assistance Program. Patients who may be eligible for coverage under an applicable insurance policy, including, but not limited to, health, automobile, and homeowner's, must exhaust all insurance benefits prior to receiving an award from IU Health's Financial Assistance Program. This includes patients covered under their own policy and those who may be entitled to benefits from a third-party policy. Patients may be asked to show proof that such a claim was properly submitted to the proper insurance provider at the request of IU Health. Eligible patients who receive medical care from IU Health 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 is entitled. In the event a Financial Assistance Award has already been granted in such circumstances, IU Health reserves the right to reverse the award in an amount equal to the amount IU Health would be entitled to receive had no Financial Assistance been awarded. 6. Alternate Methods of Eligibility Determination IU Health 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 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 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 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 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/</p>

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Other Factors Used in Determining Elig.	<p>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 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 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's 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 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 7, Column (c) Total Community Benefit Expense	Schedule H, Part I, Line 7, Column (f), Percent of Total Expense, is based on column (e) Net Community Benefit Expense. The percent of total expense based on column (c) Total Community Benefit Expense, which excludes direct offsetting revenue, is 34.27%.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7, Column (f) Percent of Total Expense	The amount of bad debt expense subtracted for purposes of calculating the percentage of total expense on Line 7, column (f) is \$112,713,018. This amount includes the bad debt expense reported on Form 990, Part IX, Line 25, column (A), and IU Health's portion of the bad debt attributable to the joint ventures reported on Schedule H, Part IV. 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 7g Subsidized Health Services	IU Health 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 and its related hospital entities across the State of Indiana ("IU Health Statewide System") participate in a variety of community-building activities that address the health and wellness of residents in the communities it serves through investments in workforce development efforts across the state, collaboration with like-minded organizations through coalitions that address key issues, and advocacy for improvements in the health status of vulnerable populations. IU Health makes contributions to community-building activities by providing investments and resources to local partners in the community. Several examples include IU Health's support of the following organizations and initiatives that focus on community health needs, as well as the conditions and barriers that impact health, including access to healthcare, behavioral health and substance abuse, social determinants of health and nutrition and healthy weight: - Covering Kids and Families - LifeSmart Youth - Volunteers of America Ohio & Indiana - Goodwill Foundation of Central and Southern Indiana - Reach for Youth - Lutheran Foundation - Indy Public Safety Foundation - United Way of Central Indiana - Playworks - Indianapolis Parks Foundation - Gleaner's Food Bank - Indiana Legal Services - Brandywine Creek Farms - Lawrence Community Garden - Greater Indy Habitat for Humanity - Groundwork Indy - Junior Achievement of Central Indiana - Marion County Public Health Department To take volunteer service outside the walls of our facilities, Indiana University Health created IU Health Serves, a team member volunteer program, to positively impact the health of the community and foster a culture of engagement and social responsibility. In 2019, more than 3,800 IU Health team members dedicated more than 29,000 volunteer hours in their communities. IU Health also sponsors and promotes IU Health Days of Service, which are high-impact events aimed at engaging IU Health team members in activities that address identified community outreach priorities. Each year, more than 2,000 IU Health team members volunteer during Days of Service.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad Debt Expense Methodology	<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 Surplus or (Shortfall)	<p>The amount reported on Schedule H, Part III, Line 6 is calculated, in accordance with the Form 990 instructions, using "allowable costs" from the IU Health Medicare Cost Report. "Allowable costs" for Medicare Cost Report purposes, however, are not reflective of all costs associated with IU Health's participation in Medicare programs. For example, the Medicare Cost Report excludes certain costs such as billed physician services, the costs of Medicare Parts C and D, fee schedule reimbursed services, and durable medical equipment services. Inclusion of all costs associated with IU Health's participation in Medicare programs would significantly increase the Medicare shortfall reported on Schedule H, Part III, Line 7. IU Health's Medicare shortfall is attributable to reimbursements that are less than the cost of providing patient care and services to Medicare beneficiaries and does not include any amounts that result from inefficiencies or poor management. IU Health accepts all Medicare patients knowing that there may be shortfalls; therefore it has taken the position that any shortfall should be counted as part of its community benefit. Additionally, it is implied in Internal Revenue Service Revenue Ruling 69-545 that treating Medicare patients is a community benefit. Revenue Ruling 69-545, which established the community benefit standard for nonprofit hospitals, states that if a hospital serves patients with governmental health benefits, including Medicare, then this is an indication that the hospital operates to promote the health of the community.</p>

Form and Line Reference	Explanation
<p>Schedule H, Part III, Line 9b Written Debt Collection Policy</p>	<p>IU Health's 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 application's 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 patient's physician, family members, legal counsel, community or religious groups, social services or hospital personnel may request a FAP Application to be mailed to a patient's primary mailing address free of charge. IU Health 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 patient's and/or guarantor's income does not warrant the filing of a federal tax statement, 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 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 patient's Financial Assistance Application and eligibility determination are specific to each individual date(s) of service and related encounters. 3. Extraordinary Collection Actions IU Health may refer delinquent patient accounts to a third-party collection agency after utilizing reasonable efforts to determine a patient's eligibility for assistance under the FAP. IU Health 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 patient's or their guarantor's 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 patient's or their guarantor's 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 patient's or their guarantor's property, foreclosing on a patient's or their guarantor's real property attaching or seizing a patient's or their guarantor's bank account or other personal property, commencing a civil action against a patient or their guarantor, causing a patient or guarantor's arrest, causing a patient and/or guarantor to be subject to a writ of body attachment, and garnishing a patient</p>

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Written Debt Collection Policy	<p>nt or guarantor's wages. When it is necessary to engage in such action, IU Health and its third party collection agencies, will engage in fair, respectful and transparent collectio ns 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. IU Health and their th ird-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 in excess of their patient resp onsibility 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 se parate 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 understands that the health of individuals and communities are shaped by various social and environmental factors, along with health behaviors and additional influences. IU Health assesses the health care needs of the communities it serves by conducting a Community Health Needs Assessment (CHNA) for each of its hospital locations. For the 2018 CHNAs, Indiana University Health 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 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 communities 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 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 is committed to serving the healthcare needs of all of its patients regardless of their ability to pay for such services. To assist in meeting those needs, IU Health has established a FAP to provide Financial Assistance to Uninsured Patients. IU Health is committed to ensuring its patients are compliant with all provisions of the Patient Protection & Affordable Care Act. To that end, IU Health 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 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 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 will broadly communicate this Policy as part of its general outreach efforts. 5. IU Health 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 serves a large geographic area in Central Indiana. In completing CHNAs for its IU Health Academic Health Center and IU Health Saxony Hospital locations, IU Health defined "community" as the county of residence for each hospital location. Each individual hospital location serves a unique subsection of the community for which details are included below: IU Health Academic Health Center The community for IU Health Academic Health Center's primary service area is defined as Marion County, the community where IU Health Academic Health Center is located. The secondary service area is comprised of all other counties within the State of Indiana. Marion County includes zip codes within the towns of Beech Grove, Indianapolis, Lawrence, Southport, and Speedway, plus portions of Plainfield, which extends into Hendricks County. Based on the Census Bureau data estimates for 2019, Marion County's population was 964,582 and 51.8% were female. The county's population estimates by race are 54.1% White non-Hispanic, 29.1% Black non-Hispanic, 10.9% Hispanic or Latino, 3.8% Asian, 0.4% American Indian or Alaska native, and 3.0% persons reporting two or more races. A very small percentage of the population is ethnic groups other than those listed above. IU Health Saxony Hospital The community for IU Health Saxony Hospital's primary service area is defined as Hamilton County, the county where IU Health Saxony Hospital is located, plus Marion County. The secondary service area is comprised of nine contiguous counties consisting of Boone, Clinton, Hancock, Hendricks, Johnson, Madison, Morgan, Shelby and Tipton Counties. Approximately 51% of inpatient discharges originate from the primary service area. Hamilton County includes ZIP codes within the towns of Arcadia, Atlanta, Carmel, Cicero, Fishers, Noblesville, Sheridan, and Westfield. Based on Census Bureau estimates for 2019, Hamilton County's population was 338,011. Just over half (51.2%) were female and 48.8% were male. The county's population estimates by race are 82.8% White non-Hispanic, 4.5% Black, 4.3% Hispanic or Latino, 6.5% Asian, 0.2% American Indian or Alaska Native, and 2.1% two or more races. A very small percentage of the population is ethnic groups other than those listed above.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 Promotion of Community Health</p>	<p>A majority of IU Health's board of directors is comprised of independent community members who reside in IU Health's primary service areas. IU Health extends medical privileges to all physicians who meet the credentialing qualifications necessary for appointment to its medical staff. IU Health does not deny appointment on the basis of gender, race, creed, or national origin. IU Health, in conjunction with the IU School of Medicine, trains the next generation of physicians in an exceptional environment, blending breakthrough research and treatments with the highest quality of patient care. IU Health's five year strategy was updated during 2019. IU Health's vision is to make Indiana one of the healthiest states in the nation by providing the best care, designed for our patients, and the five year strategy was designed to help IU Health realize this vision. The elements of IU Health's Strategy Community Health As the largest health system in the state, and in partnership with the state's largest medical school - Indiana University School of Medicine - IU Health has a special obligation to be part of the solution to Indiana's serious health issues. For community health, IU Health's focus is on tackling four of the most pressing health issues impacting Indiana communities: high rates of smoking, obesity, infant and maternal mortality, and poor mental health. Some efforts in this area include: - Expanding access to behavioral health services across the IU Health system - The creation of a \$100M Community Impact Investment Fund to support projects that address serious health issues. Population Health This is the care IU Health provides patients for whom IU Health has accepted some financial risk. For these patients, IU Health is reimbursed on how well IU Health improves patient outcomes and manage the cost of their care, instead of on how many services IU Health provides. For example, IU Health manages more than 60,000 Medicare patients in its Next Generation Accountable Care Organization. For two years now, IU Health has reduced the costs of care for those patients, while also improving a range of quality metrics. This has resulted in better care outcomes, as well as savings for IU Health and the Medicare Advantage program. Destination Health IU Health takes care of patients with the most complex illnesses, and takes on the toughest cases that other systems across the state do not have the expertise or the resources to handle. For example, about 80 percent of the children with cancer in Indiana are treated at Riley. And more than 70 percent of all the transplants done in Indiana are performed at IU Health. Impact This is a new component of IU Health's strategy and reflects efforts to expand the impact IU Health has on patients and communities across Indiana. This includes providing exceptional care to more people at IU Health facilities. IU Health also wants to create partnerships that will extend IU Health services to more people across Indiana. For example, a strong partnership was formed with Union Hospital in Terre Haute, which uses IU Health's Cerner Electronic Medical Record system, including care guidelines and order sets, to bring IU Health caliber care to Union Hospital patients.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated Health Care System	<p>Indiana University Health (IU Health) 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 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. - Riley Hospital for Children at IU Health is honored to be ranked among the top children's hospitals in the country by U.S. News & World Report. In 2020-21, we are ranked in 10 pediatric specialties - one of only 24 pediatric hospitals to do so. We also remain the only nationally ranked children's hospital in Indiana. 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</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated Health Care System	<p>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 White 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 benefiting 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 health care, 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.voahoin.org/) (VOAOHIN) 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://indypsf.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</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:** 35-1955872**Name:** INDIANA UNIVERSITY HEALTH INC**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	INDIANA UNIVERSITY HEALTH 1701 N SENATE BLVD INDIANAPOLIS, IN 46202 https://iuhealth.org/ 20-005051-1	X	X	X	X		X	X		SEE PART V, SECTION C FOR ADDITIONAL INFORMATION	

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 Name, Address, and Website	<p>IU Health operates several hospital locations under a single hospital license issued by the Indiana State Department of Health. The names, addresses, and primary website addresses for each of these locations are as follows: IU Health Methodist Hospital 1701 N. Senate Blvd. Indianapolis, IN 46202 https://iuhealth.org/find-locations/iu-health-methodist-hospital IU Health University Hospital 550 University Blvd. Indianapolis, IN 46202 https://iuhealth.org/find-locations/iu-health-university-hospital Riley Hospital for Children at IU Health 705 Riley Hospital Dr. Indianapolis, IN 46202 https://www.rileychildrens.org/ IU Health Methodist Hospital, IU Health University Hospital, and Riley Hospital for Children at IU Health are collectively referred to as the IU Health Academic Health Center. IU Health Saxony Hospital 13000 E. 136th St. Fishers, IN 46037 https://iuhealth.org/find-locations/iu-health-saxony-hospital</p> <p>Schedule H, Part V, Section B, Line 3e - Prioritized Health Needs IU Health's 2018 Community Health Needs Assessment (CHNA) Reports include prioritized descriptions of significant health needs in the community. The CHNA reports identified the following needs to be addressed: - Access to Health Care Services - Drug and Substance Abuse - Health Care and Social Services for Seniors - Mental Health - Obesity and Diabetes - Smoking - Social Determinants of Health - Food Insecurity - Maternal and Infant Health - Violence and Injuries</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>IU Health operates four hospital locations that are licensed as a single hospital by the Indiana State Department of Health. These hospital locations are as follows: - IU Health Methodist Hospital - IU Health University Hospital - Riley Hospital for Children at IU Health - IU Health Saxony Hospital IU Health Methodist Hospital, IU Health University Hospital, and Riley Hospital for Children are located in Indianapolis, Marion County, Indiana and are referred to as the IU Health Academic Health Center. IU Health Saxony Hospital is located in Fishers, Hamilton County, Indiana. Although licensed as a single hospital, each of these facilities serve different, although sometimes overlapping, portions of the community which present their own unique health needs. In order to take into account all of these unique health needs, IU Health conducted separate Community Health Needs Assessments ("CHNAs") for each of its four hospital locations. For the 2018 Community Health Needs Assessment, Indiana University Health 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. In conducting each of its most recent CHNAs, IU Health took into account input from persons who represent the broad interests of the communities it serves by hosting several community conversation focus groups. These focus groups included public health officials and community leaders to discuss the healthcare needs of the service area and what role IU Health could play in addressing the identified needs. IU Health Academic Health Center 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 in partnership with Community Health Network because they represent important community organizations and sectors such as: local health departments, police/fire departments, nonprofit organizations, local businesses, health care providers, mayors/local policymakers, faith-based organizations, parks and recreation departments, and schools. Through these 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 -</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>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 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 significant community health issues and were encouraged to add issues that they believed were significant. Several issues were added by each group, such as: - High school graduation rates - Built environment - Access to primary care - Homelessness - Access to healthy food/food insecurity - Needs of the growing senior community - Substance abuse - Dental care - Disparities in access to basic, affordable needs - Education - Education on communicable diseases - Nutrition and cooking education - Teen pregnancy During the meetings, a range of other topics was discussed, including: - Ability to address topics such as crime, poverty, and air pollution - Aging population - Teen pregnancy - Water - Parks - Funding - Walkability - Social determinants of health - Disparities - Collaboration with community organizations - Government affairs department - Individuals with disabilities and their health needs - Effects of opioid abuse on children After discussing the needs identified through secondary data and adding others to the list, participants in each meeting were asked through a voting process to identify "three to five" they consider to be most significant. Food insecurity, substance abuse, mental health, social determinants of health, and obesity were frequently identified through the community meeting process for Marion County. Interviews - Marion County An interview also was conducted with two representatives of the Marion County Public Health Department. The interviews were conducted to assure that appropriate and additional input was received from governmental public health officials. The results of the community meetings were discussed and insights were sought regarding significant community health needs, reason(s) such needs are present, and how they can be addressed. The interviews were guided by a structured protocol that focused on opinions regarding significant community health needs, describing why such needs are present, and seeking ideas for how to address them. The interviewees confirmed that the needs identified by the community meeting participants were significant. These needs were: -</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>Access to healthy food (food insecurity) and its relation to obesity - Poverty - Mental health - Disparities in access to basic needs (housing, transportation, etc.) - Substance abuse Poverty has increased significantly since 2005, from one out of every five households to one out of every three with children in poverty. This increased poverty level has created a large issue with food insecurity. While unemployment rates are low, wages are an issue for many in the community. The minimum wage is not a living wage and many people who have low paying jobs still struggle with food insecurity and other issues. Mental health status and access to mental health care is a significant issue, with a particular focus on the lack of providers, and issues surrounding suicide among children. Since many providers receive little in reimbursement from insurance for mental health treatment, finding providers and hospitals with a focus on mental health is difficult. There is a need for navigators that could help residents find needed services and sign up for state insurance plans. Substance abuse is a significant issue, as evidenced by drug overdose deaths. Additionally, while there were 500 ambulance trips for drug overdoses in 2013, this number is over 2,000 in recent years. Communicable disease linked to substance abuse is also an issue, as rates of hepatitis C and HIV have increased in part due to intravenous drug use. Despite great progress and policy around the issue, smoking is still an issue that many are no longer paying attention to because of a misbelief that the issue is solved. The recent rise of e-cigarettes also may contribute to increased smoking due to attracting teenagers. Transportation is a barrier to care. While the city has options, the bus system is inefficient and can take a long time. Cancer is also an issue, with large disparities in incidence rates among different demographic groups. In particular the incidence rates of lung, colon, and prostate cancers are significant needs in the community. The interviewees also identified several other significant issues in the community, including: - Dental care and access to dental care providers - Violence and homicide - Infant mortality, especially with the disparities present among different racial groups - Childhood obesity - Chronic diseases, particularly diabetes Community Survey - Marion County To inform the CHNA, a community survey was conducted. The survey was sponsored by a cooperative of Indiana hospital systems, under contract with the University of Evansville and the Indiana University School of Public Health-Bloomington. Researchers from Indiana University and University of Evansville contracted with the Center for Survey Research at Indiana University to administer the survey. The survey was conducted in two phases, with Phase 1 conducted as a paper survey mailed to an address-based sample, and Phase 2 administered by some of the hospitals to a convenience sample they selected. IU Health</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	Copies of IU Health's CHNAs for its IU Health Academic Health Center and IU Health Saxony Hospital locations are 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	Copies of IU Health's CHNA implementation strategies for its IU Health Academic Health Center and IU Health Saxony Hospital locations are available on its website at the following URL: https://iuhealth.org/in-the-community

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 11 Addressing Identified Needs</p>	<p>IU Health prioritized and determined which of the community health needs identified in its most recently conducted CHNAs were most critical for it to address. 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 were reviewed to identify and analyze the needs identified by each source. IU Health Academic Health Center IU Health Methodist Hospital and IU Health University Hospital Community health needs listed by category are being addressed between 2019 and 2021 for the IU Health Methodist Hospital and IU Health University Hospital: 1. Access to Healthcare Services 2. Drug and Substance Abuse (including Opioids)* 3. Healthcare and Social Services for Seniors 4. Mental Health* 5. Obesity and Diabetes 6. Smoking, Tobacco Use and Exposure to Secondhand Smoke 7. Social Determinants of Health 8. Other statewide concerns: a. Public health funding b. Air pollution * IU Health uses the term Behavioral Health to refer to Mental Health and Drug and Substance Abuse (including Opioids). The implementation strategy to address the identified needs noted above includes the following: Behavioral Health - Implement substance abuse programming. - Work with community organizations to determine roles in programming. - Work with local police and fire departments for trainings and resources. The IU Health Methodist Hospital Addiction Treatment & Chronic Pain Recovery Center is located at Methodist Hospital. The vast majority of services are provided via intensive outpatient program. The provider team includes physicians, nurse practitioners, registered nurse, therapists, recovery coaches, physical therapists and yoga instructors and art therapists. Services of the Hospital Addiction Treatment & Chronic Pain Recovery Center include group psychotherapy, 12-step program education, connection to the recovery community, detox services, medication-assisted treatment, recovery coaching, case management, individual therapy, family therapy, relapse prevention skills, motivational interviewing, mindfulness/meditation, exercise therapy/yoga, art therapy, spirituality sessions and aftercare. In 2019, the Community Benefit Grant Program awarded funding to the following community-based organizations: - Reach for Youth to provide counseling, teen court, and other prevention program to underinsured or uninsured youth/families. - Volunteers of American Ohio & Indiana, Fresh Start Recovery Center to provide residential addiction treatment to pregnant women and mothers. - Lutheran Foundation, 2019 Look Up Faith Conference on Mental Health to increase knowledge and skills of spiritual leaders to recognize and address mental health in the community. - Goodwill Foundation of Central and Southern Indiana to enhance the resilience and mitigation of the effects of trauma in adults. - Indy Public Safety Foundation to p</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 11 Addressing Identified Needs</p>	<p>Provide resources to the Indianapolis Metropolitan Police Department to reduce needle stick injury and exposure to blood borne pathogens among officers on the job. Obesity and Diabetes - Perform cooking demonstrations, food preparation and tasting, nutrition education and planning, and tips for shopping economically for healthy foods. - Collaborate with low-income community housing projects, community organizations, and faith-based organizations to reach target population. - A nutritionist will educate the community. Population Health is still in the development phase with this program. The model is still under construction and the budget is being developed. A final recommendation will be made to the directors of Community and Population Health at the end of January 2020. In 2019, the Community Benefit Grant Program awarded funding to the following community-based organizations:</p> <ul style="list-style-type: none"> - Playworks that partners with schools and youth serving organizations to help them leverage play for positive outcomes. - Indianapolis Parks Foundation to implement sustainability strategies for local parks, trails, greenways, and public spaces. - Smoking, Tobacco Use and Exposure to Secondhand Smoke - Collectively determine which screenings will be implemented. - Provide health screenings in the community. - Refer the community member to the appropriate care provider when abnormal screening results are found. The neuroscience department offered a stroke screening to the community. - Cardiology & Cardiovascular Services offer heart scans to the community if specific conditions are met (age). - Ambulatory Services offers year-round HIV screening free of charge to the community. - Simon Cancer Center offered cancer screenings: skin, prostate, oral and head and neck, lung, and automated breast ultrasound. - Social Determinants of Health - Expand the Medical-Legal Partnership. The medical-legal partnership is being expanded at Methodist and University hospitals. Partners met several times in 2019 to determine the structure of this partnership. - Help individuals and families in need of support connect to resources available in the Indianapolis community. - Ensure staff are fluent in English and Spanish. Translation services for other languages will be available as needed. This project is on hold. A partner was secured and an implementation plan was in development. However, another hospital department is currently in the process of implementing a resource that would make resources for patients and community members more readily accessible. This department's project will take precedence. - Work with community organizations to determine roles in programming. In 2019, the Community Benefit Grant Program awarded funding to the following community-based organizations: <ul style="list-style-type: none"> - Habitat for Humanity to build a panel occurred at the Indiana State Fair. - Indy Public Safety Foundation to create winter ready kits for people who are homeless. <p>IU Health Methodist Hospital and IU Health University Hospital</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 11 Addressing Identified Needs</p>	<p>are unable to address those community health needs that do not relate directly to the hospitals' mission to deliver healthcare. These are needs that other governmental agencies and /or community organizations have the most appropriate expertise and resources to address. IU Health Methodist Hospital and IU Health University Hospital are unable to address the following community health needs identified in the 2018 Community Health Needs Assessment: - Healthcare and Social Services for Seniors - Funding for Public Health - Air Pollution Riley Hospital for Children at Indiana University Health Community health needs listed by category are being addressed between 2019 and 2021 for the Riley Hospital for Children at Indiana University Health: 1. Maternal and Infant Health 2. Mental Health** 3. Obesity and Access to Healthy Food 4. Poverty and Other Social Determinants of Health 5. Smoking, Tobacco Use and Exposure to Secondhand Smoke 6. Violence and Injuries 7. Other statewide concerns: a. Public health funding b. Air pollution ** IU Health uses the term Behavioral Health to refer to Mental Health. The implementation strategy to address the identified needs noted above includes the following: Maternal and Infant Health - Continue to collaborate with the Marion County Public Health Department in conducting the Fetal Infant Mortality Review. The Fetal Infant Mortality Review is an ongoing program that occurs on an as-needed basis. This review occurs in partnership with the Marion County Public Health Department and the Indiana State Department of Health. The FIMR is ongoing work and the contract with the MCPHD was just renewed. This program reports data one year in arrears, so no 2019 data is available. - Offer Safe Sleep parenting classes in the community. - Refer families, identified during wellness checks without a safe place for a baby to sleep, to Cribs for Kids or other local resource. - Provide continuing education to primary care providers in Indiana regarding safe sleep and available resources. Four safety showers with Nurse-Family Partnership were held, but 78 mothers were educated on safe sleep practices at the Fresh Start Recovery Center. These trainings covered approximately 138 individuals (15 families per safety shower + 78 families from Fresh Start). The program does not operate on a referral basis, so there were 0 referrals. However, all 138 families were helped with Cribs for Kids Cribettes and sleep sacks if needed (grant funding paid for Cribs for Kids products). - Provide lactation training, childcare education and well-baby checks for new mothers in the community. For 2019, IU Health provided 45 outpatient lactation consultations. The Maternity center had about a 74% breastfeeding initiation rate. Obesity and Access to Healthy Food - Perform cooking demonstrations, food preparation and tasting, nutrition education and planning, and tips for shopping economically for healthy foods. - Collaborate with low-income community housing project</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 may take into consideration a patient's income and/or ability to pay in the 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 Eligibility Criteria</p>	<p>IU Health 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's Financial Assistance Program. Patients who may be eligible for coverage under an applicable insurance policy, including, but not limited to, health, automobile, and homeowner's, must exhaust all insurance benefits prior to receiving an award from IU Health's Financial Assistance Program. This includes patients covered under their own policy and those who may be entitled to benefits from a third-party policy. Patients may be asked to show proof that such a claim was properly submitted to the proper insurance provider at the request of IU Health. Eligible patients who receive medical care from IU Health 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 is entitled. In the event a Financial Assistance Award has already been granted in such circumstances, IU Health reserves the right to reverse the award in an amount equal to the amount IU Health would be entitled to receive had no Financial Assistance been awarded. 3. Alternate Methods of Eligibility Determination IU Health 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 patient's individual scoring criteria. To ensure all patients potentially eligible for Financial Assistance under the FAP may receive Financial Assistance, 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 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 4. Additional Considerations Financial Assistance may be granted to a deceased patient's account if said p</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 Eligibility Criteria</p>	<p>atient is found to have no estate. Additionally, IU Health 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") for their services. Patients will receive an estimated AGB cost of their care prior to IU Health 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 one of IU Health's Emergency Departments, 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 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's FAP is available on its website at the following URL: 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's FAP Application is available on its website at the following URL: 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 copy of IU Health's FAP Plain Language Summary is available on its website at the following URL: 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 takes several other measures to broadly 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 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 will broadly communicate this Policy as part of its general outreach efforts. 5. IU Health will educate its patient facing team members of the FAP and the process for referring patients to the Program.

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

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

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

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

Name and address	Type of Facility (describe)
1 INDIANA HAND TO SHLDR BELTWAY SRGRY CTR 8501 HARCOURT RD INDIANAPOLIS, IN 46260	AMBULATORY SURGERY
1 IU HEALTH EAST WASHINGTON SURGERY CENTER 9660 E WASHINGTON ST STE 200 INDIANAPOLIS, IN 46229	AMBULATORY SURGERY
2 IU HEALTH MERIDIAN SOUTH SURGERY CENTER 8820 S MERIDIAN ST INDIANAPOLIS, IN 46217	AMBULATORY SURGERY
3 IU HEALTH MULTI-SPECIALITY SURGERY CTR 10601 N MERIDIAN ST SUITE 250 INDIANAPOLIS, IN 46290	AMBULATORY SURGERY
4 IU HEALTH SPRING MILL SURGERY CENTER 10300 N ILLINOIS ST SUITES 1300 INDIANAPOLIS, IN 46290	AMBULATORY SURGERY
5 IU HEALTH BELTWAY SURGERY CENTER 151 PENNSYLVANIA PKWY CARMEL, IN 46280	AMBULATORY SURGERY
6 IU HEALTH SPRING MILL SURGERY CENTER 10300 N ILLINOIS ST STE 1300 CARMEL, IN 46290	AMBULATORY SURGERY
7 IU HEALTH HOME CARE 950 N MERIDIAN ST STE 700 INDIANAPOLIS, IN 46204	HOME HEALTH
8 IU HEALTH EXPRESSIONS HOME MEDICAL EQUIP 11725 N ILLINOIS ST SUITE 485 CARMEL, IN 46032	HOME HEALTH
9 IU HEALTH EXPRESSIONS HOME MEDICAL EQUIP 1701 N SENATE BLVD INDIANAPOLIS, IN 46202	HOME HEALTH
10 IU HEALTH BALL MEM OUTPATIENT SURG CTR 2401 W UNIVERSITY AVE MUNCIE, IN 47303	AMBULATORY SURGERY
11 IU HEALTH MORGAN 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	DIAGNOSTIC & OTHER OUTPATIENT
12 IU HEALTH EAGLE HIGHLANDS SURGERY CENTER 6850 PARKDALE PL INDIANAPOLIS, IN 46254	AMBULATORY SURGERY
13 BELTWAY SURGERY CENTER SPRING MILL 200 W 103RD ST STE 2400 INDIANAPOLIS, IN 46290	AMBULATORY SURGERY
14 SENATE STREET SURGERY CENTER 1801 N SENATE BLVD INDIANAPOLIS, IN 46202	AMBULATORY SURGERY

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)
16 IU HEALTH UNIVERSITY RETAIL PHARMACY 550 N UNIVERSITY BLVD INDIANAPOLIS, IN 46202	PHARMACY
1 IU HEALTH SAXONY SURGERY CENTER 13100 E 136TH ST FISHERS, IN 46037	AMBULATORY SURGERY
2 INDIANA ENDOSCOPY CENTERS 10967 ALLISONVILLE RD STE 100 FISHERS, IN 46038	AMBULATORY SURGERY
3 INDIANA ENDOSCOPY CENTERS 1115 N RONALD REAGAN PKWY STE 3 AVON, IN 46123	AMBULATORY SURGERY
4 INDIANA ENDOSCOPY CENTERS 1801 N SENATE BLVD STE 710 INDIANAPOLIS, IN 46202	AMBULATORY SURGERY
5 IU HEALTH CICC - NORTH 10212 LANTERN RD FISHERS, IN 46038	SPECIALTY CARE
6 IUH BLOOMINGTON HOSPITAL MAIN CAMPUS LAB 601 W 2ND ST 1ST FL BLOOMINGTON, IN 47403	LAB
7 IU HEALTH BALL MEMORIAL HOSPITAL LAB 2401 UNIVERSITY AVE MUNCIE, IN 47303	LAB
8 IU HEALTH CICC - EAST 6845 RAMA DR INDIANAPOLIS, IN 46219	SPECIALTY CARE
9 IU HEALTH METHODIST RETAIL PHARMACY 1801 N SENATE BLVD STE 105 INDIANAPOLIS, IN 46202	PHARMACY
10 IU HEALTH ARNETT HOSPITAL LAB 5165 MCCARTY LN LAFAYETTE, IN 47905	LAB
11 IU HEALTH WEST HOSPITAL LAB 1111 RONALD REAGAN PKWY SUITE A11 AVON, IN 46123	LAB
12 GLEN LEHMAN ENDOSCOPY SUITE 550 N UNIVERSITY BLVD STE 4100 INDIANAPOLIS, IN 46202	AMBULATORY SURGERY
13 IU HEALTH NORTH HOSPITAL LAB 11700 N MERIDIAN ST CARMEL, IN 46032	LAB
14 IU HEALTH SLEEP DISORDERS CENTER 714 N SENATE AVE STE 110 INDIANAPOLIS, IN 46202	SPECIALTY CARE

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

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

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

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

Name and address	Type of Facility (describe)
31 IU HEALTH HOSPICE 950 N MERIDIAN ST STE 700 INDIANAPOLIS, IN 46204	HOSPICE
1 IU HEALTH METHODIST MEDICAL PLAZA SOUTH 8830 S MERIDIAN ST INDIANAPOLIS, IN 46217	DIAGNOSTIC & OTHER OUTPATIENT
2 IU HEALTH SLEEP APNEA EDUCATION CENTER 6004 W KILGORE AVE MUNCIE, IN 47304	SPECIALTY CARE
3 IU HEALTH SLEEP DISORDERS CENTER 6004 W KILGORE AVE MUNCIE, IN 47304	SPECIALTY CARE
4 IU HEALTH BALL MEMORIAL HOSPICE 2401 W UNIVERSITY AVE MUNCIE, IN 47303	HOSPICE
5 IU HEALTH METHODIST MEDICAL PLAZA NORTH 151 PENNSYLVANIA PKWY INDIANAPOLIS, IN 46280	DIAGNOSTIC & OTHER OUTPATIENT
6 IU HEALTH RILEY RETAIL PHARMACY 705 RILEY HOSPITAL DR ROC 1201 INDIANAPOLIS, IN 46202	PHARMACY
7 RILEY OUTPATIENT SURGERY CENTER 575 RILEY HOSPITAL DR INDIANAPOLIS, IN 46202	AMBULATORY SURGERY
8 IU HEALTH SLEEP DISORDERS CENTER 1504 CLINIC DR BEDFORD, IN 47421	SPECIALTY CARE
9 IU HEALTH SAXONY HOSPITAL LAB 13000 E 136TH ST FISHERS, IN 46037	LAB
10 IU HEALTH NORTH RETAIL PHARMACY 11700 N MERIDIAN ST STE B106 CARMEL, IN 46032	PHARMACY
11 IU HEALTH WHITE MEMORIAL HOSPITAL LAB 720 S 6TH ST MONTICELLO, IN 47960	LAB
12 IU HEALTH BALL MEMORIAL HOME CARE 2401 W UNIVERSITY AVE MUNCIE, IN 47303	HOME HEALTH
13 IU HEALTH SLEEP DISORDERS CENTER 1411 W COUNTY LINE RD STE C GREENWOOD, IN 46142	SPECIALTY CARE
14 IU HEALTH WEST RETAIL PHARMACY 1111 N RONALD REAGAN PKWY M105 AVON, IN 46123	PHARMACY

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

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

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

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

Name and address	Type of Facility (describe)
46 IU HEALTH PAOLI HOSPITAL LAB 642 W HOSPITAL RD PAOLI, IN 47454	LAB
1 IU HEALTH BLOOMINGTON HOME CARE 333 E MILLER DR BLOOMINGTON, IN 47401	HOME HEALTH
2 IU HEALTH ARNETT HOME CARE 3900 MCCARTY LN STE 103 LAFAYETTE, IN 47905	HOME HEALTH
3 IU HEALTH SAXONY RETAIL PHARMACY 13100 E 136TH ST STE 1000 FISHERS, IN 46037	PHARMACY
4 IU HEALTH BLACKFORD HOSPITAL LAB 410 PILGRIM BLVD HARTFORD CITY, IN 47348	LAB
5 IU HEALTH TIPTON HOSPITAL LAB 1000 S MAIN ST TIPTON, IN 46072	LAB
6 IU HEALTH RADIOLOGY 9650 E WASHINGTON ST INDIANAPOLIS, IN 46229	RADIOLOGY
7 IU HEALTH LIFECARE 1633 N CAPITAL AVE STE 300 INDIANAPOLIS, IN 46202	DIAGNOSTIC & OTHER OUTPATIENT
8 IU HEALTH PHYSICAL THERAPY & REHAB 6866 W STONEGATE DR SUITE 106 ZIONSVILLE, IN 46077	REHABILITATION SERVICES
9 IU HEALTH PHYSICAL THERAPY & REHAB 404 E WASHINGTON ST STE B INDIANAPOLIS, IN 46204	REHABILITATION SERVICES
10 IUH ADDICTION TREATMENT & RECOVERY CNTR 727 W 2ND ST BLOOMINGTON, IN 47403	BEHAVIORAL HEALTH
11 IUH ADDICTION TREATMENT & RECOVERY CNTR 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	BEHAVIORAL HEALTH
12 IUH ADDICTION TREATMENT & RECOVERY CNTR 1758 W 100 S PORTLAND, IN 47371	BEHAVIORAL HEALTH
13 IUH ADDICTION TREATMENT & RECOVERY CNTR 210 N TILLOTSON AVE MUNCIE, IN 47304	BEHAVIORAL HEALTH
14 IU HEALTH OLCOTT CENTER 619 W 1ST ST BLOOMINGTON, IN 47403	DIAGNOSTIC & OTHER OUTPATIENT

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

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

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

Name and address	Type of Facility (describe)
61 IU HEALTH METHODIST MEDICAL PLAZA 6850 PARKDALE PL INDIANAPOLIS, IN 46254	DIAGNOSTIC & OTHER OUTPATIENT
1 ADULT AMBULATORY CARE CENTER 550 N UNIVERSITY BLVD STE 3500 INDIANAPOLIS, IN 46202	DIAGNOSTIC & OTHER OUTPATIENT
2 METHODIST MEDICAL PLAZA GEORGETOWN 4880 W CENTURY PLAZA RD INDIANAPOLIS, IN 46254	DIAGNOSTIC & OTHER OUTPATIENT
3 IU HEALTH METHODIST MEDICAL TOWER 1633 N CAPITAL AVE INDIANAPOLIS, IN 46202	DIAGNOSTIC & OTHER OUTPATIENT
4 IU HEALTH BLOOMINGTON HOSPITAL HOSPICE 619 W 1ST ST BLOOMINGTON, IN 47403	HOSPICE
5 IU HEALTH BLOOMINGTON HOSPICE HOUSE 2810 S DEBORAH DR BLOOMINGTON, IN 47403	HOSPICE
6 IU HEALTH ARNETT HOSPICE 3900 MCCARTY LN STE 104 LAFAYETTE, IN 47905	HOSPICE
7 IU HEALTH ARNETT SOUTHSIDE LAB 1 WALTER SCHOLER DR LAFAYETTE, IN 47909	LAB
8 IU HEALTH METHODIST MEDICAL TOWER LAB 1633 N CAPITOL AVE INDIANAPOLIS, IN 46202	LAB
9 IU HEALTH SPRINGMILL MEDICAL CLINIC LAB 10300 N ILLINOIS ST STE 1400 CARMEL, IN 46290	LAB
10 IUH JOE & SHELLY SCHWARZ CANCER CTR LAB 11700 N MERIDIAN ST CARMEL, IN 46032	LAB
11 IU HEALTH FRANKFORT LAB 1300 S JACKSON ST FRANKFORT, IN 46041	LAB
12 IUH METHODIST MED PLAZA BROWNSBURG LAB 1375 N GREEN ST STE 200 BROWNSBURG, IN 46112	LAB
13 IU HEALTH BALL MEMORIAL PHYSICIANS LAB 1420 S PILGRIM BLVD YORKTOWN, IN 47396	LAB
14 IUH METHODIST MEDICAL PLAZA NORTH LAB 151 PENNSYLVANIA PKWY CARMEL, IN 46280	LAB

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)
76 IUH METHODIST PROFESSIONAL CENTER LAB 1801 N SENATE BLVD INDIANAPOLIS, IN 46202	LAB
1 IU HEALTH MORGAN LAB 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	LAB
2 IU HEALTH ARNETT WESTSIDE LAB 253 SAGAMORE PKWY W WEST LAFAYETTE, IN 47906	LAB
3 IU HEALTH ARNETT FERRY ST LAB 2600 FERRY ST LAFAYETTE, IN 47904	LAB
4 IU HEALTH ARNETT GREENBUSH LAB 2600 GREENBUSH ST LAFAYETTE, IN 47904	LAB
5 IU HEALTH BEDFORD HOSPITAL LAB 2900 W 16TH ST BEDFORD, IN 47421	LAB
6 IU HEALTH SIP BEDFORD LAB 2900 W 16TH ST BEDFORD, IN 47421	LAB
7 IU HEALTH PATHOLOGY LAB 350 W 11TH ST INDIANAPOLIS, IN 46202	LAB
8 IU HEALTH ARNETT CANCER CARE LAB 420 N 26TH ST LAFAYETTE, IN 47904	LAB
9 IU HEALTH GEORGETOWN MEDICAL PLAZA LAB 4880 CENTURY PLAZA RD STE 125 INDIANAPOLIS, IN 46254	LAB
10 ARLINGTON DIAGNOSTIC CENTER LAB 4935 W ARLINGTON RD BLOOMINGTON, IN 47404	LAB
11 IU HEALTH JAY HOSPITAL OUTPATIENT LAB 500 W VOTAW ST PORTLAND, IN 47371	LAB
12 UNIV HOSP AMBULATORY OUTPATIENT CNTR LAB 550 N UNIVERSITY BLVD RM 1005 INDIANAPOLIS, IN 46202	LAB
13 IU HEALTH LANDMARK OUTPATIENT LAB 550 LANDMARK AVE BLOOMINGTON, IN 47403	LAB
14 IU HEALTH BETHEL LAB 5501 W BETHEL AVE SUITE C MUNCIE, IN 46304	LAB

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)
91 IUH METHODIST MED PLAZA EAGLE HIGHLANDS 6850 PARKDALE PL INDIANAPOLIS, IN 46254	LAB
1 IU HEALTH MOORESVILLE LAB 820 SAMUEL MOORE PKWY MOORESVILLE, IN 46158	LAB
2 IUH METHODIST MEDICAL PLAZA SOUTH LAB 8820 S MERIDIAN ST INDIANAPOLIS, IN 46217	LAB
3 IUH METHODIST MEDICAL PLAZA EAST LAB 9650 E WASHINGTON ST INDIANAPOLIS, IN 46229	LAB
4 IU HEALTH ADVANCED THERAPIES PHARMACY 355 W 16TH ST STE 1600 GH 1074 INDIANAPOLIS, IN 46202	PHARMACY
5 CONNECTED CARE-IU HEALTH SAXONY HOSPITAL 13000 E 136TH ST SUITE 3400 FISHERS, IN 46037	PRIMARY CARE
6 IU HEALTH MORGAN WALK-IN 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	PRIMARY CARE
7 IU HEALTH RADIOLOGY 13000 E 136TH ST FISHERS, IN 46037	RADIOLOGY
8 IU HEALTH CANCER RADIATION CENTER 9149 STATE RD 37 BEDFORD, IN 47421	RADIOLOGY
9 IU HEALTH RADIOLOGY 820 SAMUEL MOORE PKWY MOORESVILLE, IN 46158	RADIOLOGY
10 IU HEALTH RADIOLOGY 362 W 15TH ST INDIANAPOLIS, IN 46202	RADIOLOGY
11 IU HEALTH MORGAN RADIOLOGY 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	RADIOLOGY
12 IU HEALTH RADIOLOGY 550 N UNIVERSITY BLVD UN 0663 INDIANAPOLIS, IN 46202	RADIOLOGY
13 IU HEALTH RADIOLOGY 893 S DELAWARE ST DC 2111 INDIANAPOLIS, IN 46285	RADIOLOGY
14 IU HEALTH RADIOLOGY 404 E WASHINGTON ST STE B INDIANAPOLIS, IN 46204	RADIOLOGY

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

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

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

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

Name and address	Type of Facility (describe)
106 IU HEALTH RADIOLOGY 1801 N SENATE BLVD RM A 1157A INDIANAPOLIS, IN 46202	RADIOLOGY
1 IU HEALTH RADIOLOGY 714 N SENATE AVE STE 100 INDIANAPOLIS, IN 46202	RADIOLOGY
2 IU HEALTH RADIOLOGY 151 PENNSYLVANIA PKWY SUITE 160 INDIANAPOLIS, IN 46280	RADIOLOGY
3 IU HEALTH RADIOLOGY 2598 W WHITE RIVER BLVD MUNCIE, IN 47303	RADIOLOGY
4 IU HEALTH RADIOLOGY 1111 N RONALD REAGAN PKWY AVON, IN 46123	RADIOLOGY
5 IU HEALTH RADIOLOGY 1000 S MAIN ST TIPTON, IN 46072	RADIOLOGY
6 IU HEALTH RADIOLOGY 1375 N GREEN ST STE 200 BROWNSBURG, IN 46112	RADIOLOGY
7 IU HEALTH RADIOLOGY 11700 N MERIDIAN ST STE 160 CARMEL, IN 46032	RADIOLOGY
8 IUH ADULT SPEECH-LANGUAGE PATHOLOGY 550 N UNIVERSITY BLVD INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
9 IUH ADULT PHYSICAL THERAPY & REHAB SRVCS 13000 E 136TH ST SUITE 2100 FISHERS, IN 46037	REHABILITATION SERVICES
10 IUH REHAB & SPORTS MEDICINE CENTER EAST 328 S WOODCREST DR BLOOMINGTON, IN 47401	REHABILITATION SERVICES
11 IU HEALTH OCCUPATIONAL SERVICES 3443 W 3RD ST BLOOMINGTON, IN 47404	REHABILITATION SERVICES
12 IUH REHAB & SPORTS MEDICINE CENTER WEST 2650 COTA DR BLOOMINGTON, IN 47403	REHABILITATION SERVICES
13 IU HEALTH PHYSICAL THERAPY & REHAB 4935 W ARLINGTON RD BLOOMINGTON, IN 47404	REHABILITATION SERVICES
14 IU HEALTH PHYSICAL THERAPY & REHAB 1801 N SENATE BLVD STE 240 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES

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)
121 IUH OCCUP THRPY SVCS AT METHODIST HOSP 1801 N SENATE BLVD STE 530 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
1 NEUROREHABILITATION AND ROBOTICS 355 W 16TH ST STE 1078 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
2 IU HEALTH OCCUPATIONAL SERVICES 2900 W 16TH ST BEDFORD, IN 47421	REHABILITATION SERVICES
3 IU HEALTH MORGAN REHABILITATION 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	REHABILITATION SERVICES
4 IU HEALTH PHYSICAL THERAPY & REHAB 550 N UNIVERSITY BLVD RM 4175 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
5 IUH ADULT PHYSICAL THERAPY & REHAB SVCS 1801 N SENAE BLVD STE 535 INDIANAPOLIS, IN 46202	REHABILITATION SERVICES
6 IUH PT OCCUPATIONAL THRPY& SPEECH THRPY 1300 S JACKSON ST FRANKFORT, IN 46041	REHABILITATION SERVICES
7 IU HEALTH PHYSICAL THERAPY & REHAB 2401 W UNIVERSITY AVE MUNCIE, IN 47303	REHABILITATION SERVICES
8 IU HEALTH PHYSICAL THERAPY & REHAB 1010 S MAIN ST SUITE 110 TIPTON, IN 46072	REHABILITATION SERVICES
9 IU HEALTH PHYSICAL THERAPY & REHAB 9670 E WASHINGTON ST STE 115 INDIANAPOLIS, IN 46229	REHABILITATION SERVICES
10 IU HEALTH PHYSICAL THERAPY & REHAB 2476 E 116TH ST G-100 CARMEL, IN 46032	REHABILITATION SERVICES
11 IU HEALTH PHYSICAL THERAPY & REHAB 410 PILGRIM BLVD HARTFORD CITY, IN 47348	REHABILITATION SERVICES
12 IUH PEDIATRIC PHYSICAL THERAPY & REHAB 6820 PARKDALE PL STE 109 INDIANAPOLIS, IN 46254	REHABILITATION SERVICES
13 IU HEALTH PHYSICAL THERAPY & REHAB 14645 HAZEL DELL RD NOBLESVILLE, IN 46062	REHABILITATION SERVICES
14 IU HEALTH HIP & KNEE CENTER 13000 E 136TH ST SUITE 2000 FISHERS, IN 46037	SPECIALTY CARE

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)
136 IU HEALTH ADVANCED HEART & LUNG CARE 1801 N SENATE BLVD STE 2000 INDIANAPOLIS, IN 46202	SPECIALTY CARE
1 IU HEALTH SLEEP APNEA EDUCATION CENTER 601 W 2ND ST RM C1037 BLOOMINGTON, IN 47403	SPECIALTY CARE
2 IU HEALTH SLEEP DISORDERS CENTER 601 W 2ND ST RM 24-5 BLOOMINGTON, IN 47403	SPECIALTY CARE
3 IU HEALTH CARDIOVASCULAR SURGERY 707 W 2ND ST BLOOMINGTON, IN 47403	SPECIALTY CARE
4 IU HEALTH ADVANCED PAIN CENTER 888 AUTO MALL RD BLOOMINGTON, IN 47401	SPECIALTY CARE
5 IU HEALTH ORTHOPEDICS & SPORTS MEDICINE 2605 E CREEKS EDGE DR BLOOMINGTON, IN 47401	SPECIALTY CARE
6 IU HEALTH CICC - METHODIST 1701 N SENATE BLVD C6 INDIANAPOLIS, IN 46202	SPECIALTY CARE
7 IU HEALTH CICC - SOUTH 8820 S MERIDIAN ST SUITE 230 INDIANAPOLIS, IN 46217	SPECIALTY CARE
8 IUH UNIV HOSP INTRVNTNAL& ADV PAIN THRPY 550 N UNIVERSITY BLVD STE 2007 INDIANAPOLIS, IN 46202	SPECIALTY CARE
9 IU HEALTH PRECISION GENOMICS PROGRAM 1030 W MICHIGAN ST STE 3307 INDIANAPOLIS, IN 46202	SPECIALTY CARE
10 IU HEALTH MELVIN & BREN SIMON CANCER CTR 1030 W MICHIGAN ST INDIANAPOLIS, IN 46202	SPECIALTY CARE
11 IU HEALTH NEUROSCIENCE CENTER 362 W 15TH ST INDIANAPOLIS, IN 46202	SPECIALTY CARE
12 IU HEALTH SLEEP APNEA EDUCATION CENTER 1411 W COUNTY LINE RD STE C GREENWOOD, IN 46142	SPECIALTY CARE
13 IU HEALTH SLEEP DISORDERS CENTER 714 N SENATE AVE STE 110 INDIANAPOLIS, IN 46202	SPECIALTY CARE
14 IU HEALTH SLEEP APNEA EDUCATION CENTER 714 N SENATE AVE STE 110 INDIANAPOLIS, IN 46202	SPECIALTY CARE

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

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

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

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

Name and address	Type of Facility (describe)
151 IU HEALTH SLEEP DISORDERS CENTER 13100 E 136TH ST STE 3200 FISHERS, IN 46037	SPECIALTY CARE
1 IU HEALTH SLEEP DISORDERS CENTER 3900 MCCARTY LN STE 101 LAFAYETTE, IN 47905	SPECIALTY CARE
2 IU HEALTH ARNETT SLEEP APNEA EDUC CTR 3900 MCCARTY LN STE 102 LAFAYETTE, IN 46202	SPECIALTY CARE
3 MIDWEST EYE INSTITUTE 555 COUNTY LINE RD STE 102-103 GREENWOOD, IN 46143	SPECIALTY CARE
4 IU HEALTH SLEEP APNEA EDUCATION CENTER 13100 E 136TH ST STE 3200B FISHERS, IN 46037	SPECIALTY CARE
5 IU HEALTH SLEEP DISORDERS CENTER 2209 JOHN R WOODEN DR MARTINSVILLE, IN 46151	SPECIALTY CARE
6 IU HEALTH SLEEP DISORDERS CENTER 720 S 6TH ST MONTICELLO, IN 47960	SPECIALTY CARE
7 IU HEALTH SLEEP DISORDERS CENTER 1300 S JACKSON ST FRANKFORT, IN 46041	SPECIALTY CARE
8 IU HEALTH SLEEP DISORDERS CENTER 500 W VOTAW ST PORTLAND, IN 47371	SPECIALTY CARE
9 IU HEALTH SLEEP DISORDERS CENTER 642 W HOSPITAL RD PAOLI, IN 47454	SPECIALTY CARE
10 IU HEALTH SLEEP DISORDERS CENTER 1000 S MAIN ST TIPTON, IN 46072	SPECIALTY CARE
11 IU HEALTH SLEEP DISORDERS CENTER 1115 N RONALD REAGAN PKWY STE 3 AVON, IN 46123	SPECIALTY CARE
12 IU HEALTH SLEEP APNEA EDUCATION CENTER 1115 N RONALD REAGAN PKWY STE 3 AVON, IN 46123	SPECIALTY CARE
13 IU HEALTH VOICE CENTER 1185 W CARMEL DR D-1A CARMEL, IN 46032	SPECIALTY CARE
14 IU HEALTH SLEEP DISORDERS CENTER 11700 N MERIDIAN ST CARMEL, IN 46032	SPECIALTY CARE

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

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

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

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

Name and address	Type of Facility (describe)
166 IU HEALTH SLEEP APNEA EDUCATION CENTER 11725 N ILLINOIS ST SUITE 485 CARMEL, IN 46032	SPECIALTY CARE
1 IU HEALTH EXECUTIVE HEALTH 11590 N MERIDIAN ST SUITE 410 CARMEL, IN 46032	SPECIALTY CARE
2 IU HEALTH SLEEP DISORDERS CENTER 11590 N MERIDIAN ST SUITE 300 CARMEL, IN 46032	SPECIALTY CARE
3 IU HEALTH URGENT CARE - BLOOMINGTON 326 S WOODCREST DR BLOOMINGTON, IN 47401	URGENT CARE
4 IU HEALTH URGENT CARE - GREENWOOD 996 S SR 135 SUITE P GREENWOOD, IN 46143	URGENT CARE
5 IU HEALTH URGENT CARE - AVON 10853 E US HWY 36 AVON, IN 46123	URGENT CARE
6 IU HEALTH URGENT CARE - BROAD RIPPLE 1036 BROAD RIPPLE AVE INDIANAPOLIS, IN 46220	URGENT CARE
7 IU HEALTH URGENT CARE - DOWNTOWN INDPLS 222 W WASHINGTON ST INDIANAPOLIS, IN 46204	URGENT CARE
8 IU HEALTH URGENT CARE - BROWNSBURG 90 E GARNER RD STE A BROWNSBURG, IN 46112	URGENT CARE
9 IU HEALTH URGENT CARE - NOBLESVILLE 14645 HAZEL DELL ROAD SUITE 120 NOBLESVILLE, IN 46062	URGENT CARE
10 IU HEALTH URGENT CARE - LAFAYETTE 1 WALTER SCHOLER DR LAFAYETTE, IN 47909	URGENT CARE
11 IU HEALTH URGENT CARE - FORT WAYNE 9821 LIMA RD STE 103 FORT WAYNE, IN 46818	URGENT CARE
12 IU HEALTH URGENT CARE - WEST LAFAYETTE 253 SAGAMORE PKWY W WEST LAFAYETTE, IN 47906	URGENT CARE

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 INC

Employer identification number

35-1955872

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SEE PART IV	4	443,832			
(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 does not monitor the use of grant funds once distributed, through due diligence the organization has reasonably confirmed that the entities to which the contributions are made are highly reputable in the community and use the funds for the purposes intended.
SCHEDULE I, PART III, LINE 1 - GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS	THE AMOUNT REPORTED ON SCHEDULE I, PART III, LINE 1 REPRESENTS FUNDS PROVIDED BY IU HEALTH TO IU SCHOOL OF MEDICINE TO SUPPORT MANAGEMENT POSITIONS.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY 400 E 7th St Rm 501 Bloomington, IN 47405	35-6001673	GOV'T ENTITY	145,000,000				Medical/Education research bldg
INDIANA UNIVERSITY SCHOOL OF MEDICINE 714 N SENATE AVE INDIANAPOLIS, IN 46202	35-6001673	GOV'T ENTITY	11,000,000				RESEARCH/TRAINING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHNET INC 3401 RAYMOND ST INDIANAPOLIS, IN 46203	35-1579827	501(C)(3)	1,797,980				GENERAL SUPPORT
IU HEALTH FOUNDATION INC 1633 N Capitol Ave 1200 INDIANAPOLIS, IN 46202	35-6043086	501(C)(3)	219,127				SPIRITUAL VALUES FD.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAYWORKS EDUCATION ENERGIZED 380 WASHINGTON ST OAKLAND, CA 94607	94-3251867	501(C)(3)	23,000				COMMUNITY BENEFIT
GLEANERS FOOD BANK OF INDIANA INC 3737 WALDEMERE AVE INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)	100,250				COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF CENTRAL INDIANA INC 9449 PRIORITY WAY INDIANAPOLIS, IN 46240	35-1003695	501(C)(3)	35,000				COMMUNITY BENEFIT
HABITAT FOR HUMANITY OF GREATER INDPLS 3135 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-1715910	501(C)(3)	45,250				COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GROUNDWORK INDY INC 1107 BURDSAL PKWY INDIANAPOLIS, IN 46208	47-3863928	501(C)(3)	10,000				GENERAL SUPPORT
SOCIAL HEALTH ASSOCIATION OF INDIANA INC 615 N Alabama St Indianapolis, IN 46204	35-0869056	501(c)(3)	50,000				Bullying Prevention

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENNESARET FREE CLINIC INC 615 N Alabama St Indianapolis, IN 46204	35-1776518	501(c)(3)	30,000				Health Access
GOODWILL OF CENTRAL AND SOUTHERN INDIANA 1635 W Michigan St Indianapolis, IN 46222	35-0893506	501(c)(3)	75,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR AT-RISK ELDERS 120 E Market St 1190 Indianapolis, IN 46204	45-2980122	501(c)(3)	50,600				General Support
CONNECT2HELP 3833 N Meridian St 302 Indianapolis, IN 46208	31-1216792	501(c)(3)	80,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL INDIANA COMMUNITY FOUNDATION 615 N Alabama St 119 Indianapolis, IN 46204	35-1793680	501(c)(3)	51,000				Community Benefit
BRANDYWINE CREEK FARM 5332 N 400 E Greenfield, IN 46140	000000000	N/A	25,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA PUBLIC HEALTH ASSOCIATION 615 N Alabama St 426 Indianapolis, IN 46204	23-7092694	501(c)(3)	35,000				Community Benefit
INDIANAPOLIS PARKS FOUNDATION INC 615 N ALABAMA ST INDIANAPOLIS, IN 46204	35-1860468	501(C)(3)	40,000				COMMUNITY BENEFIT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Volunteers of America Ohio & Indiana 1776 E Broad Street Columbus, OH 43203	34-0861121	501(C)(3)	75,000				Fresh Start Recovery Center
500 Festival Inc 21 Virginia Ave Ste 500 Indianapolis, IN 46204	35-1004320	501(C)(4)	32,000				Community Benefit

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Indy Public Safety Foundation Inc 200 E Washington St Ste 241 Indianapolis, IN 46204	46-2975046	501(C)(3)	55,000				Community Benefit
Marion County Public Health Department 3838 North Rural Street Indianapolis, IN 46205	000000000	Gov't Entity	61,000				Community Benefit

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alliance for Health Promotion Inc 615 N Alabama St Ste 426 Indianapolis, IN 46204	35-1843266	501(C)(3)	10,000				Community Benefit
Indiana Legal Services Inc 151 N Delaware St Ste 1800 Indianapolis, IN 46204	35-6059654	501(C)(3)	75,000				Community Benefit

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dove Recovery House for Women Inc 3351 N Meridian St Ste 110 Indianapolis, IN 46208	35-2120680	501(C)(3)	40,000				General Support
Mental Health Association in Indiana Inc 1431 N Delaware St Indianapolis, IN 46202	35-0896905	501(c)(3)	6,250				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROGRESS HOUSE INC 201 S Shelby Street Indianapolis, IN 46202	35-6042602	501(c)(3)	5,600				General Support
Greater Indianapolis Chamber of Commerce 111 Monument Cir Ste 1950 Indianapolis, IN 46204	35-0412920	501(c)(6)	25,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CENTRAL INDIANA INC PO BOX 88409 INDIANAPOLIS, IN 46208	35-1007590	501(C)(3)	50,000				GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INDIANA UNIVERSITY HEALTH INC

Employer identification number
35-1955872

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b Yes									
<p>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?</p>	2 Yes									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a Yes	4b Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	5b								
		No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	6b								
		No								
<p>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.</p>	7 Yes									
<p>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.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Listed Benefits	Tax gross-ups were provided to four officers, five key employees, five highest compensated employees, two former key employees, and a former highest compensated employee listed on IU Health's Form 990, Part VII, Section A. The tax gross-ups were treated as taxable compensation. FIRST-CLASS TRAVEL WAS PROVIDED TO A DIRECTOR, DIRECTOR/OFFICER, AND KEY EMPLOYEE LISTED IN IU HEALTH'S FORM 990, PART VII, SECTION A. THE COST OF THE FIRST-CLASS TRAVEL WAS NOT TREATED AS TAXABLE COMPENSATION BECAUSE IT WAS A BUSINESS EXPENSE OF IU HEALTH RATHER THAN PERSONAL IN NATURE. TRAVEL FOR A COMPANION WAS PROVIDED TO A DIRECTOR LISTED IN IU HEALTH'S FORM 990, PART VII, SECTION A. THE COST OF THE TRAVEL WAS NOT TREATED AS TAXABLE COMPENSATION BECAUSE IT WAS A BUSINESS EXPENSE OF IU HEALTH RATHER THAN PERSONAL IN NATURE.
Schedule J, Part I, Line 4a Severance	Alfonso W. Gatmaitan entered into a severance agreement with IU Health during 2018. Severance of \$915,479 that was received during 2019 is included in column b(iii), other reportable compensation. Deferred severance of \$999,283 was disclosed in 2018 in column C, retirement and other deferred compensation. Jonathan R. Goble entered into a severance agreement with IU Health during 2018. Severance of \$208,726 that was received during 2019 is included in column b(iii), other reportable compensation. Deferred severance of \$231,294 was disclosed in 2018 in column C, retirement and other deferred compensation. Kristy A. Schulhof entered into a severance agreement with IU Health during 2019. Severance of \$55,348 that was received during 2019 is included in column b(iii), other reportable compensation. Deferred severance of \$374,645 is included in column C, retirement and other deferred compensation. Ryan C. Kitchell entered into a severance agreement with IU Health during 2019. No severance was received during 2019. Deferred severance of \$1,562,480 is included in column C, retirement and other deferred compensation. This amount includes total severance of \$2,654,628 less \$1,092,148 which was previously reported as deferred compensation. Mark A. Lantzy entered into a severance agreement with IU Health during 2019. No severance was received during 2019. Deferred severance of \$908,360 is included in column C, retirement and other deferred compensation.
Schedule J, Part I, Line 4b Supplemental Nonqualified Retirement Plan	Dennis M. Murphy, Michelle A. Janney, R.N., Jonathan E. Gottlieb, M.D., Matthew R. Cook, Ronald L. Stiver, Jennifer M. Alvey, Mark A. Lantzy, Kevin R. Armstrong, Ryan D. Nagy, M.D., Elizabeth Dunlap, John F. Fitzgerald, M.D., Kristy A. Schulhof, Erin R. Lewis, and Kenneth D. Puckett, participate in a supplemental executive retirement plan, provisions of which are designed to retain these critical employees. The plan provides for an additional retirement benefit for service through normal retirement or other key dates. If the executive leaves prior to retirement or other key dates, the benefit may be forfeited or reduced. Each of the executives listed above, with the exception of Jonathan E. Gottlieb, M.D., JOHN F. FITZGERALD, M.D., MICHELLE A. JANNEY, R.N., and Kristy A. Schulhof have 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: - Jonathan E. Gottlieb, M.D. (\$160,315) - John F. Fitzgerald, M.D. (\$376,472) - Michelle A. Janney, R.N. (\$146,318) - Kristy A. Schulhof (\$461,442)
Schedule J, Part I, Line 7 Non-Fixed Payments	Amounts disclosed in Column B(ii) include a long-term and short-term incentive for certain executives and short-term incentive for other employees. Although these plans are based on a fixed formula that has been approved by the Board of Directors based upon certain qualitative and quantitative factors and goals, all discretionary incentive plans must be approved by the Committee on Personnel and Compensation and Board of Directors prior to any incentive payout.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1DENNIS M MURPHY DIRECTOR/PRESIDENT & CEO	(i)	1,550,957	1,136,690	211,173	339,451	29,989	3,268,260	0
	(ii)	0	0	0	0	0	0	0
1LARRY H STEVENS MD DIRECTOR	(i)	37,500	0	0	0	0	37,500	0
	(ii)	480,342	47,500	3,564	11,200	1,400	544,006	0
2RYAN C KITCHELL EVP & CAO	(i)	974,894	558,658	137,926	1,580,555	24,693	3,276,726	0
	(ii)	0	0	0	0	0	0	0
3ALFONSO W GATMAITAN FORMER KEY EMPLOYEE	(i)	0	490,998	915,479	4,922	0	1,411,399	915,479
	(ii)	0	0	0	0	0	0	0
4MICHELLE A JANNEY RN EVP & COO	(i)	686,415	358,023	241,545	18,075	5,860	1,309,918	0
	(ii)	0	0	0	0	0	0	0
5JONATHAN E GOTTLIEB MD EVP & CME	(i)	783,617	432,638	250,229	18,075	10,356	1,494,915	0
	(ii)	0	0	0	0	0	0	0
6RYAN D NAGY MD PRESIDENT (AAHC)	(i)	0	0	0	0	0	0	0
	(ii)	608,921	251,452	63,362	123,700	273	1,047,708	0
7MATTHEW R COOK PRESIDENT (RILEY)	(i)	581,502	248,092	55,244	126,007	24,071	1,034,916	0
	(ii)	0	0	0	0	0	0	0
8JONATHAN R GOBLE FORMER KEY EMPLOYEE	(i)	0	0	208,726	0	0	208,726	208,726
	(ii)	0	0	0	0	0	0	0
9RONALD L STIVER PRESIDENT (SCS)	(i)	538,906	242,704	81,717	114,823	31,339	1,009,489	0
	(ii)	0	0	0	0	0	0	0
10JENNIFER M ALVEY TREASURER / SVP & CFO	(i)	621,785	276,383	72,081	126,153	29,528	1,125,930	0
	(ii)	0	0	0	0	0	0	0
11MARK A LANTZY SVP & CIO/PRES. (HEALTH PLANS)	(i)	558,455	253,310	87,869	1,029,938	27,623	1,957,195	0
	(ii)	0	0	0	0	0	0	0
12ERIC S WILLIAMS MD FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	179,595	500	9,517	0	13,358	202,970	0
13PAUL R HAUT MD FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	345,150	47,723	2,322	11,452	45	406,692	0
14MICHAEL L HARLOWE FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	256,500	32,253	2,322	11,657	24,203	326,935	0
15DAWN M MOORE FORMER KEY EMPLOYEE	(i)	168,962	42,120	32,410	15,886	14,191	273,569	0
	(ii)	0	0	0	0	0	0	0
16KEVIN R ARMSTRONG FORMER KEY EMPLOYEE	(i)	377,923	174,111	28,252	96,428	23,834	700,548	0
	(ii)	0	0	0	0	0	0	0
17PARVEEN CHAND FORMER KEY EMPLOYEE	(i)	411,020	59,816	20,242	17,241	26,216	534,535	0
	(ii)	0	0	0	0	0	0	0
18JOHN F FITZGERALD MD FORMER HIGHEST COMPENSATED EMP	(i)	0	0	0	0	0	0	0
	(ii)	404,730	314,530	435,280	18,075	680	1,173,295	221,505
19ELIZABETH DUNLAP SVP, CHIEF HR OFFICER	(i)	542,355	247,707	27,113	114,940	24,874	956,989	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Erin R Lewis SECR/SVP& GEN COUNSEL (Part Yr)	(i)	461,256	41,264	23,339	94,684	29,126	649,669	0
	(ii)	0	0	0	0	0	0	0
1 Kristy A Schulhof President (IUH North)(Part Yr)	(i)	302,984	148,510	570,576	392,112	31,048	1,445,230	60,777
	(ii)	0	0	0	0	0	0	0
2 Kenneth D Puckett President (ISR)	(i)	462,981	211,080	75,835	116,713	29,197	895,806	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ 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 INC

Employer identification number

35-1955872

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A INDIANA FINANCE AUTHORITY	35-1602316	45471AEB4	04-19-2011	228,195,000	SERIES 2011A, B, C, D, AND E BONDS		X		X		X
B INDIANA FINANCE AUTHORITY	35-1602316	000000000	10-12-2017	125,270,000	SERIES 2011H AND I BONDS		X		X		X
C INDIANA FINANCE AUTHORITY	35-1602316	45471AEN8	05-05-2016	107,790,000	SERIES 2011L AND M BONDS		X		X		X
D INDIANA FINANCE AUTHORITY	35-1602316	45471AFX5	12-07-2011	221,617,127	SERIES 2011N BONDS	X			X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		116,385,000		85,090,000		0		121,160,000
2 Amount of bonds legally defeased		0		0		0		60,500,000
3 Total proceeds of issue		228,203,281		125,270,000		107,790,000		221,624,068
4 Gross proceeds in reserve funds		0		0		0		0
5 Capitalized interest from proceeds		0		0		0		0
6 Proceeds in refunding escrows		0		0		0		0
7 Issuance costs from proceeds		740,000		0		0		2,148,553
8 Credit enhancement from proceeds		0		0		0		0
9 Working capital expenditures from proceeds		0		0		0		0
10 Capital expenditures from proceeds		70,008,281		0		0		24,728,315
11 Other spent proceeds		157,455,000		125,270,000		107,790,000		194,747,200
12 Other unspent proceeds		0		0		0		0
13 Year of substantial completion	2012		2017		2016		2013	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Page 1a, Part I, Line A, Column (f) - Description of Purpose	The Series 2011A, B, C, D, and E Bonds were issued to provide funding for the new construction of buildings and structures and the purchase of equipment. Additionally, the Bonds were issued in order to refund the Series 2008A, C, and D Bonds and pay off a taxable line of credit that refunded the Series 2008B Bonds. The Series 2008A, B, C, and D Bonds were issued on September 11, 2008. A portion of the proceeds of the Series 2011N Bonds was used to refund a portion of the Series 2011E Bonds in the amount of \$21,500,000 on December 7, 2011.

Return Reference	Explanation
Schedule K, Page 1a, Part I, Line B, Column (f) - Description of Purpose	The Series 2011H and I Bonds were issued in order to refund the Series 2005A, B, C, and D Bonds. The Series 2005A, B, C, and D Bonds were issued on November 15, 2005. On August 25, 2014, through the Indiana Finance Authority, IU Health reissued its Series 2011H and I bonds. The transaction was accounted for as a modification of debt. As part of the reissuance, the rate calculation methodology for each was amended resulting in a reduction to the rate applicable to each; the principal payment schedule was amended; and the bank purchase period was extended to November of 2017. As part of the reissuance, the Series 2011H and I Bonds were treated as being currently refunded on August 25, 2014. The original Series 2011H and I Bonds were issued on May 5, 2011. A 2017 reissuance of the Indiana Finance Authority Hospital Revenue Bonds, Series 2011H and 2011I occurred on October 12, 2017, and was treated as a current refunding of such bonds.

Return Reference	Explanation
Schedule K, Page 1a, Part I, Line C, Column (f) - Description of Purpose	The Series 2011L and M Bonds were issued on May 25, 2011 in order to provide funding for the new construction of buildings and structures and the purchase of equipment. A 2016 reissuance of the Indiana Finance Authority Hospital Revenue Bonds, Series 2011L and 2011M occurred on May 5, 2016, and was treated as a current refunding of such bonds.

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

Return Reference	Explanation
Schedule K, Page 2b, Part I, Line A, Column (f) - Description of Purpose	The Series 2014A Bonds were issued in order to advance refund the Series 2006 and Series 2009A Bonds of Indiana University Health Ball Memorial Hospital, Inc., a related 501(c)(3) tax-exempt organization, and to pay certain expenses related to the issuance. The Series 2006 and Series 2009A Bonds were issued on May 31, 2006 and December 8, 2009, respectively. The total proceeds of the issue exceeds the issue price due to investment earnings.

Return Reference	Explanation
Schedule K, Page 2b, Part I, Line B, Column (f) - Description of Purpose	The Series 2015A Bonds were issued in order to advance refund the Series 2006A Bonds as well as Taxable Bonds, Series 2011J and K, and a taxable bank loan. The Series 2006B Bonds were issued on January 24, 2006. The Series 2011J and K Bonds were issued on May 5, 2011. The total proceeds of the issue exceeds the issue price due to investment earnings.

Return Reference	Explanation
Schedule K, Page 2b, Part I, Line C, Column (f) - Description of Purpose	The Series 2015B and C Bonds were issued in order to advance refund the Series 2006A Bonds. The Series 2006A Bonds were issued on January 24, 2006. The total proceeds of the issue exceeds the issue price due to investment earnings.

Return Reference	Explanation
Schedule K, Page 2b, Part I, Line D, Column (f) - Description of Purpose	The Series 2016A, B, and C Bonds were issued in order to refund a portion of the Series 2006B Bonds. The Series 2006B Bonds were issued on September 14, 2006.

Return Reference	Explanation
Schedule K, Page 1a & 1b, Part II, Line 3 - Total Proceeds of Issue	<p>Total proceeds of issue disclosed on Part II, Line 3 are sometimes higher than the issue price disclosed in Part I due to the investment earnings on the bond proceeds: Schedule K, Page 1a, Column A, Series 2011A, B, C, D, and E Bonds: Issue Price: \$228,195,000 Earnings: \$8,281 Total Proceeds: \$228,203,281 Schedule K, Page 1a, Column D, Series 2011N Bonds: Issue Price: \$221,617,127 Earnings: \$6,941 Total Proceeds: \$221,624,068 Schedule K, Page 1B, Column A, Series 2014A Bonds: Issue Price: \$80,777,895 Earnings: \$1,566,784 Total Proceeds: \$82,344,679 Schedule K, Page 1B, Column B, Series 2015A Bonds: Issue Price: \$314,416,912 Earnings: \$216,402 Total Proceeds: \$314,633,314 Schedule K, Page 1B, Column C, Series 2015B and C Bonds: Issue Price: \$193,675,000 Earnings: \$271,909 Total Proceeds: \$193,946,909</p>

Return Reference	Explanation
Schedule K, Page 2a & 2b, Part III, Lines 4, 5, and 6 - P.B.U. Percentages	IU Health generally only finances a portion of each project with tax-exempt bonds. Funds other than tax-exempt bonds are sufficient to cover the amount of any private business use.

Return Reference	Explanation
Schedule K, Page 2a & 2b, Part IV, Line 2 - Date of Rebate Calculation	Page 2a, Column D: Series 2011N Bonds: May 2016 Page 2b, Column A: Series 2104A Bonds: March 2016 Page 2b, Column B: Series 2015A Bonds: May 2016 Page 2b, Column C: Series 2015 B and C Bonds: July 2016

Return Reference	Explanation
Schedule K, Page 3c, Part I, Line A, Column (f) - Description of Purpose	A MULTIPURPOSE ELECTION WAS MADE WITH RESPECT TO THE 2019ABC BONDS. THE SERIES 2019A AND B BONDS WERE ISSUED ON JULY 2, 2019 IN ORDER TO PROVIDE FUNDING FOR THE NEW CONSTRUCTION OF BUILDINGS AND STRUCTURES. THE SERIES 2019C BONDS WERE ISSUED IN ORDER TO REFUND A PORTION OF THE SERIES 2011A, 2011B, 2011C, 2011D, 2011E, 2011H, and 2011I BONDS. IF CALCULATING LINES III-4, III-5, AND III-6 FOR EACH OF THESE TWO COMPONENTS (ONE BEING 2019A AND B ("2019AB") AND ONE BEING 2019C ("2019C")), THE PERCENTAGES WOULD BE 0% WITH RESPECT TO 2019AB and 0% WITH RESPECT TO 2019C. THE TOTAL PROCEEDS OF THE ISSUE EXCEEDS THE ISSUE PRICE DUE TO INVESTMENT EARNINGS OF \$1,145,548.

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**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
INDIANA UNIVERSITY HEALTH INC

Employer identification number

35-1955872

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A INDIANA FINANCE AUTHORITY	35-1602316	45471ANR9	10-14-2014	80,777,895	SERIES 2014A BONDS		X		X		X
B INDIANA FINANCE AUTHORITY	35-1602316	45471ANY4	05-07-2015	314,416,912	SERIES 2015A BONDS		X		X		X
C INDIANA FINANCE AUTHORITY	35-1602316	000000000	05-07-2015	193,675,000	SERIES 2015B AND C BONDS		X		X		X
D INDIANA FINANCE AUTHORITY	35-1602316	45471APJ5	02-18-2016	290,611,029	SERIES 2016A, B, AND C BONDS		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired			21,370,000	0			50,000,000	25,580,000
2 Amount of bonds legally defeased			0	0			0	0
3 Total proceeds of issue			82,344,679	314,633,314			193,946,909	290,611,029
4 Gross proceeds in reserve funds			0	0			0	0
5 Capitalized interest from proceeds			0	0			0	0
6 Proceeds in refunding escrows			0	0			0	0
7 Issuance costs from proceeds			793,499	2,122,523			171,759	1,641,061
8 Credit enhancement from proceeds			0	0			0	0
9 Working capital expenditures from proceeds			0	0			0	0
10 Capital expenditures from proceeds			0	0			0	0
11 Other spent proceeds			81,551,179	312,510,791			193,775,150	288,969,968
12 Other unspent proceeds			0	0			0	0
13 Year of substantial completion	2014		2015		2015		2016	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X		X	X	
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X		X		X			X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

Employer identification number
35-1955872

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A INDIANA FINANCE AUTHORITY	35-1602316	45470YEX5	07-02-2019	370,318,185	SERIES 2019A, B AND C BONDS		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	3,590,000			
2 Amount of bonds legally defeased	0			
3 Total proceeds of issue	371,463,732			
4 Gross proceeds in reserve funds	0			
5 Capitalized interest from proceeds	0			
6 Proceeds in refunding escrows	0			
7 Issuance costs from proceeds	1,348,373			
8 Credit enhancement from proceeds	0			
9 Working capital expenditures from proceeds	0			
10 Capital expenditures from proceeds	163,344,489			
11 Other spent proceeds	113,969,813			
12 Other unspent proceeds	92,801,058			
13 Year of substantial completion				
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		
16 Has the final allocation of proceeds been made?		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. 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 INC

Employer identification number

35-1955872

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

Table with 5 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Multiple empty rows.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Multiple empty rows.

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Multiple empty rows.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JILAINE STEVENS	SPOUSE OF IUH, INC. DIRECTOR, LARRY STEVENS	42,661	COMPENSATION FOR SERVICES		No
(2) VALERIE OMICIOLI	SPOUSE OF IUH, INC. KEY EMPLOYEE JONATHAN GOTTLIEB	86,827	COMPENSATION FOR SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

INDIANA UNIVERSITY HEALTH INC

Employer identification number

35-1955872

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section A, Line 2 Family or Business Relationships	<p>Certain officers, directors or key employees of Indiana University Health, Inc. (IU Health) also serve on the boards or as officers of related or unrelated for-profit organizations, as noted below. No additional compensation was provided to these individuals for their service to related organizations. Related for-profit organization: IUH Assurance SPC, Ltd. Type of relationship: Business Directors: Jennifer Alvey, Michelle Janney, Mary Beth Claus, Erin Lewis Related for-profit organization: IU Health Risk Retention Group, Inc. Type of relationship: Business Directors: Jennifer Alvey, Michelle Janney, Erin Lewis Related for-profit organization: CHV Capital, Inc. Type of relationship: Business Director or Officer: Jennifer Alvey, Jonathan Gottlieb, M.D. Unrelated organization: American United Mutual Life Insurance Holding Company Type of relationship: Business Director or Officer: J. Scott Davison, Michael McRobbie Unrelated organization: Citizens Energy Group Type of relationship: Business Director or Officer: Anne Nobles, Jeffrey Harrison</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section A, Line 6, 7a and 7b Members or Stockholders	<p>Line 6: There shall be two classes of members of the Corporation. One class, known as the University Class, shall consist of those persons serving from time to time as the Trustees of Indiana University. The other class, known as the Methodist Class, shall consist of the Members of the Methodist Health Group, Inc. Line 7a: Except as otherwise provided in the Articles or Bylaws, each class of Members shall be entitled to one (1) vote upon each question which properly comes before a meeting of the Members. Unless otherwise specified by law or the Trustees of Indiana University, the vote of the University Class shall be determined by a majority vote of the constituents of the University Class who are present at a meeting at which a quorum is present and a quorum shall consist of a majority of the constituents of the University Class. The vote of the Methodist Class shall be determined by a two-thirds (2/3) majority of the Members of the Methodist Health Group, Inc. or otherwise as set forth from time to time in the constituent instruments of the Methodist Health Group, Inc. Both member classes may take action without a meeting if a consent in writing setting forth the action so taken shall be approved by at least eighty (80) percent of the constituents of the respective member class or such greater percentage as that member class determines to be necessary for approval of an action without a meeting. With regard to the appointment of the Board of Directors of the Corporation, the directors, each of whom shall have one vote, will be selected as follows: (a) Eight (8) at-large directors shall be jointly elected by the affirmative vote of both member classes (the "At-Large Directors"). (b) Two (2) directors shall be appointed by the Methodist Class. (c) The President of Indiana University, the Dean of Indiana University School of Medicine (the "Dean"), and the Chair of the IU Board of Trustees or another IU Trustee designated by the Chair of the Board of Trustees, shall each be a standing director of the University Class, referred to collectively as "University Standing Directors". (d) The Bishop of the Indiana Area of the United Methodist Church (the "Bishop") shall be an ex officio director. If the Bishop determines that he/she is unable to serve as director for an upcoming year, the Bishop may name a designee to serve as a director by providing notification of such designee to the Corporation at or before the annual meeting of the Corporation. Directors named in (b) and (d) above are referred to collectively as "Methodist Standing Directors." (e) The President and Chief Executive Officer of the Corporation (the "President") shall be an ex officio director. No more than twenty percent (20%) of the directors shall be physicians who are providing professional services to the Corporation. Line 7b: Notwithstanding any other provisions of the Articles of Incorporation, the following matters require the approval of the University Class prior to implementa</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Part VI, Section A, Line 6, 7a and 7b Members or Stockholders</p>	<p>tion: (a) Any sale, lease, transfer or other alienation of the Indiana University Hospital s real property, as defined in the Definitive Agreement, including any assignment of the U niversity Hospitals lease by and between the Trustees of Indiana University and the Corpor ation, except as otherwise authorized by resolution or agreement of the Trustees of Indian a University. (b) Any proposal by the Corporation which conflicts with the following princ iple: the Corporation will continue to make all patients available for medical education u nless otherwise requested by the patient or his/her family, as the major clinical teaching resource for the Indiana University School of Medicine. (c) Any change in the formula use d to calculate the amount of support provided to the Indiana University School of Medicine , as referenced in the Articles of Incorporation. (d) Any proposed action regarding the op eration of Indiana University Hospitals, including the James Whitcomb Riley Hospital for C hildren, which would conflict with or be contrary to the requirements set forth in the Tru stees Resolutions. (e) Any sale or other alienation of all or substantially all of the ass ets or operations of the Corporation, and any merger, consolidation, change of voting cont rol or other reorganization of the Corporation. (f) Amendment, alteration or repeal of the Articles of Incorporation (g) Any dissolution of the Corporation, except as otherwise req uired by law. (h) Any revision to, or modification or revocation of the Core Values. (i) A ny transfer of the membership of either of the member classes. (j) Any amendment to the De finitive Agreement. Notwithstanding any other provisions of the Articles of Incorporation, the following matters require the approval of the Methodist Class prior to implementation : (a) Any sale, lease, transfer or other alienation of the Methodist Hospital, Inc. ("MHI") Real Property, as defined in the Definitive Agreement, including any assignment of that certain MHI Lease by and between MHI and the Corporation, except as otherwise authoriz ed by resolution or agreement of Methodist Health Group, Inc. (b) Any sale or other alienation of all or substantially all of the assets or operations of the Corporation, and any merge r, consolidation, change of voting control, or other reorganization of the Corporation. (c) Amendment, alteration or repeal of the Articles of Incorporation. (d) Any dissolution of the Corporation, except as otherwise required by law. (e) Any revisions to, or modificati ons or revocation of the Core Values. (f) Any transfer of the membership of either of the member classes. (g) Any amendment to the Definitive Agreement.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Part VI, Section B, Line 15 Process for Determining Compens.</p>	<p>IU Health uses a thorough process to determine the compensation of its President and Chief Executive Officer, other officers, and key employees. The process includes the following: (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 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 nonqualified 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 compensation. Changes in executive compensation are made if approved by th</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part VI, Section B, Line 15 Process for Determining Compen.	<p>e 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.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	DURING 2019, IU HEALTH RECORDED THE FOLLOWING OTHER CHANGES IN NET ASSETS OR FUND BALANCES: EQUITY TRANSFER (SETTLEMENT OF DEBT/RESERVE): -239,529,128 EQUITY TRANSFERS (ADDITIONAL PAID-IN-CAPITAL): -5,589,493 INCOME/(LOSS) - RELATED 501(C)(3) ORGANIZATIONS: 7,690,223 MARK-TO-MARKET ON INTEREST RATE SWAPS: -2,045,275 CHANGE IN PENSION OBLIGATION: -1,710,992 OTHER: -39,927 TOTAL OTHER CHANGES IN NET ASSETS: -241,224,592

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:SHARED SERVICES TOTAL FEES:167834528

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:INFORMATION SERVICES TOTAL FEES:40487343

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONTRACT SERVICES TOTAL FEES:52152942

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:COLLECTION FEES TOTAL FEES:13407792

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER PROFESSIONAL FEES TOTAL FEES:27846437

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:FEES - PHYSICIAN ADMIN TOTAL FEES:5119744

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:FEES - REFERENCE LAB TOTAL FEES:15977742

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER FEES TOTAL FEES:60696921

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
INDIANA UNIVERSITY HEALTH INC

Employer identification number
35-1955872

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HEART PARTNERS OF INDIANA LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 20-1123537	HEALTHCARE	IN	0	0	IUH
(2) IU HEALTH MANAGEMENT LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 80-0141954	MANAGEMENT	IN	6,735,210	0	IUH
(3) IUH POPULATION HEALTH MANAGEMENT LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 46-3913461	HEALTHCARE	IN	26,859,087	29,328,484	IUH
(4) ONCOLOGY AND HEMATOLOGY ASSOCIATES LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1348013	HEALTHCARE	IN	352	0	IUH
(5) 1402 Capitol Partners LLC 950 N MERIDIAN ST STE 800 Indianapolis, IN 46204 83-4187736	Real Estate	IN	0	0	iuh
(6) 1234 Capitol Partners LLC 950 N MERIDIAN ST STE 800 Indianapolis, IN 46204 83-4053020	Real Estate	IN	0	0	iuh

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	Yes	
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
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)	Yes	

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

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: 35-1955872

Name: INDIANA UNIVERSITY HEALTH INC

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
HEART PARTNERS OF INDIANA LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 20-1123537	HEALTHCARE	IN	0	0	IUH
IU HEALTH MANAGEMENT LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 80-0141954	MANAGEMENT	IN	6,735,210	0	IUH
IUH POPULATION HEALTH MANAGEMENT LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 46-3913461	HEALTHCARE	IN	26,859,087	29,328,484	IUH
ONCOLOGY AND HEMATOLOGY ASSOCIATES LLC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 35-1348013	HEALTHCARE	IN	352	0	IUH
1402 Capitol Partners LLC 950 N MERIDIAN ST STE 800 Indianapolis, IN 46204 83-4187736	Real Estate	IN	0	0	iuh
1234 Capitol Partners LLC 950 N MERIDIAN ST STE 800 Indianapolis, IN 46204 83-4053020	Real Estate	IN	0	0	iuh

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
950 N Meridian St Ste 800 Indianapolis, IN 46204 13-4350599	Healthcare	IN	501(c)(3)	10	IUH	Yes	
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 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	
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 35-1814660	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	
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	IUHL P	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
950 N MERIDIAN ST STE 800 Indianapolis, IN 46204 46-5270582	Insurance	IN	501(c)(4)	N/A	IUH	Yes	
950 N MERIDIAN ST STE 800 Indianapolis, IN 46204 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	
846 N SENATE AVE INDIANAPOLIS, IN 46202 36-4550324	HEALTHCARE	IN	501(C)(3)	12 I	NA		No
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 III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
Ball Outpatient Sur Ctr LLC 569 Brookwood Village Ste 901 Birmingham, AL 35244 27-0275794	Healthcare	IN	NA									
Beltway Surgery Centers LLC 569 Brookwood Village Ste 901 Birmingham, AL 35244 35-2072586	Healthcare	IN	NA									
BOSC Holdings LLC 950 N Meridian St Ste 800 Indianapolis, IN 46204 45-4147343	Healthcare	IN	IUH	RELATED	2,418,818	6,621,119		No	0		No	51.000 %
BSC Holdings LLC 950 N Meridian St Ste 800 Indianapolis, IN 46204 45-2314634	Healthcare	IN	IUH	RELATED	40,053,723	91,452,680		No	0		No	51.000 %
CHV Fund I LLC 950 N Meridian St Ste 800 Indianapolis, IN 46204 26-2523206	Venture Capital	IN	IUH	EXCLUDED	90,924	3,353,990		No	0		No	100.000 %
CHV Fund II Management LLC 950 N Meridian St Ste 800 Indianapolis, IN 46204 37-1717823	Venture Capital	IN	NA									
CHV Fund II LLC 950 N Meridian St Ste 800 Indianapolis, IN 46204 80-0902337	Venture Capital	IN	IUH	EXCLUDED	-1,525	13,234,132		No	0		No	100.000 %
CHV Fund Management LLC 950 N Meridian St Ste 800 Indianapolis, IN 46204 26-2523151	Venture Capital	IN	NA									
Health Venture Management LLC 950 N Meridian St Ste 800 Indianapolis, IN 46204 20-5740218	Management	IN	IUH	UNRELATED	3,005,150	4,887,044		No	1,397,306		No	99.000 %
IEC Holdings LLC 950 N Meridian St Ste 800 Indianapolis, IN 46204 45-4148032	Healthcare	IN	IUH	RELATED	4,149,160	3,701,064		No	0		No	51.000 %
Indiana Endoscopy Centers LLC 569 Brookwood Village Ste 901 Birmingham, AL 35244 20-8398421	Healthcare	IN	NA									
ROC Surgery LLC 569 Brookwood Village Ste 901 Birmingham, AL 35244 27-1497960	Healthcare	IN	NA									
ROCS Holdings LLC 950 N Meridian St Ste 800 Indianapolis, IN 46204 45-4148369	Healthcare	IN	IUH	RELATED	3,248,257	4,128,156		No	0		No	51.000 %
Senate St Surgery Center LLC 569 Brookwood Village Ste 901 Birmingham, AL 35244 42-1709357	Healthcare	IN	NA									
SSSC Holdings LLC 950 N Meridian St Ste 800 Indianapolis, IN 46204 45-4148167	Healthcare	IN	NA	RELATED	3,996,580	6,134,494		No	0		No	51.000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) 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	
Indiana University Health Fort Wayne LLC 950 N Meridian St Ste 800 INDIANAPOLIS, IN 46204 83-1224627	Clinic Entrprnr	IN	IUH	RELATED	-4,103,876	28,182,686		No	0	Yes		67.370 %
Eagle Highlands Surgery Center LLC 569 Brookwood Village Ste 901 Birmingham, AL 35244 35-2259204	Healthcare	IN	NA									
EHSC Holdings LLC 950 N Meridian St Ste 800 Indianapolis, IN 46204 45-4147879	Healthcare	IN	IUH	Related	0	0		No	0		No	51.000 %
EWASC Holdings LLC 950 N Meridian St Ste 800 Indianapolis, IN 46204 47-3087761	Healthcare	IN	IUH	Related	0	0		No	0		No	51.000 %
IU Health EWA Surgery Center LLC 569 Brookwood Village Ste 901 Birmingham, AL 35244 47-3102482	Healthcare	IN	na									
IU Health Saxony Surgery Center LLC 569 Brookwood Village Ste 901 Birmingham, AL 35244 27-5271091	Healthcare	IN	NA									
SSC Holdings LLC 950 N Meridian St Ste 800 Indianapolis, IN 46204 46-4472887	Healthcare	IN	IUH	RELATED	0	0		No	0		No	51.000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
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 CAPITAL	IN	IUH	C	17,410	733,587	100.000 %	Yes	
IU Health 457(B) Plan 1100 N Market St Wilmington, DE 19890 47-6948347	Investments	IN	IUH	T	1,012,813	40,736,601	100.000 %	Yes	
IU Health ACO Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 45-4421020	Healthcare	IN	IUH	C	9,876,856	14,406,611	100.000 %	Yes	
IU Health Board Designated Trust 400 Howard St San Francisco, CA 94105 30-6309021	Investments	IN	IUH	T	46,220,462	700,784,406	100.000 %	Yes	
IU Health NTGI S&P500 Fund CF PO Box 804358 Chicago, IL 60680 30-6298263	Investments	IN	IUH	T	17,258,252	1,056,086,348	100.000 %	Yes	
IU Health Plans Holding Company Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 46-3794815	Insurance	IN	IUH	C	62,072,516	24,371,429	100.000 %	Yes	
IU Health Risk Purchasing Group Inc 151 Meeting St Ste 301 Charleston, SC 29401 26-0202446	Insurance	IN	IUH	C	0	10,429	100.000 %	Yes	
IU Health Risk Retention Group Inc 151 Meeting St Ste 301 Charleston, SC 29401 20-1107674	Insurance	SC	IUH	C	122,561	58,697,476	98.000 %	Yes	
IU Health Southern IN Physicians Inc 950 N Meridian St Ste 300 Indianapolis, IN 46204 35-1913875	Healthcare	IN	IUHB	C	0	0	0 %	Yes	
IUH Assurance SPC Ltd PO BOX 69 SOLARIS AVE CAMANA BAY, GRAND CAYMAN CJ 98-0395429	Insurance	CJ	IUH	C	16,232,809	111,161,669	100.000 %	Yes	
Proteuo Fund LP PO Box 31106 89 Nexus Way CAMANA BAY, GRAND CAYMAN CJ 98-1075227	Investments	CJ	IUH	C	19,163,085	314,270,367	100.000 %	Yes	
SCANS Inc 950 N Meridian St Ste 800 INDIANAPOLIS, IN 46204 45-3080392	Healthcare	IN	NA	C				Yes	
BMH MEDICAL PAVILION ASSOCIATION INC 2525 W UNIVERSITY AVE MUNCIE, IN 47303 35-1858408	CONDO MGMT	IN	NA	C				Yes	
IU HEALTH PLANS INC 950 N MERIDIAN ST STE 800 INDIANAPOLIS, IN 46204 26-2127080	HMO	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 Res OpPInstitutional LTD 190 Elgin Avenue George Town Grand Cayman N/A CJ 000000000	Investments	CJ	IUH	C	6,115,979	58,787,148	75.472 %	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 ARNETT INC	A	11,336,383	FMV
IU HEALTH BALL MEMORIAL HOSPITAL INC	A	2,233,999	FMV
IU HEALTH BLOOMINGTON INC	A	1,079,509	FMV
IU HEALTH NORTH HOSPITAL INC	A	12,816,024	FMV
IU HEALTH TIPTON HOSPITAL INC	A	702,326	FMV
IU HEALTH WEST HOSPITAL INC	A	5,334,001	FMV
IU HEALTH WHITE MEMORIAL HOSPITAL INC	A	1,029,475	FMV
IU HEALTH FOUNDATION INC	B	219,127	FMV
IU HEALTH FOUNDATION INC	C	10,171,900	FMV
IU HEALTH ARNETT INC	J	294,011	FMV
BELTWAY SURGERY CENTERS LLC	J	676,347	FMV
IU HEALTH PLANS INC	J	128,966	FMV
IU HEALTH CARE ASSOCIATES INC	J	5,832,355	FMV
IU HEALTH PLANS NFP INC	J	216,363	FMV
IU HEALTH NORTH HOSPITAL INC	J	2,038,010	FMV
ROC SURGERY LLC	J	598,392	FMV
IU HEALTH SOUTHERN INDIANA PHYSICIANS INC	J	491,798	FMV
IU HEALTH TIPTON HOSPITAL INC	J	77,185	FMV
IU HEALTH WEST HOSPITAL INC	J	569,260	FMV
IU HEALTH BALL MEMORIAL HOSPITAL INC	K	264,912	FMV
IU HEALTH NORTH HOSPITAL INC	K	371,973	FMV
IU HEALTH ARNETT INC	L	79,307,368	FMV
IU HEALTH BEDFORD INC	L	11,945,223	FMV
IU HEALTH BLACKFORD INC	L	3,787,626	FMV
IU HEALTH BALL MEMORIAL HOSPITAL INC	L	66,233,098	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
IU HEALTH BALL MEMORIAL PHYSICIANS INC	L	9,628,350	FMV
BALL OUTPATIENT SURGERY CENTER LLC	L	995,835	FMV
BELTWAY SURGERY CENTER LLC	L	5,541,035	FMV
IU HEALTH BLOOMINGTON INC	L	67,976,446	FMV
EAGLE HIGHLANDS SURGERY CENTER LLC	L	1,434,876	FMV
IU HEALTH EAST WASH SURG CTR LLC	L	439,711	FMV
IU HEALTH FRANKFORT HOSPITAL INC	L	4,557,167	FMV
INDIANA UNIVERSITY HEALTH PLANS INC	L	1,182,611	FMV
HEALTH VENTURE MANAGEMENT LLC	L	86,637	FMV
INDIANA ENDOSCOPY CENTERS LLC	L	834,562	FMV
IU HEALTH CARE ASSOCIATES INC	L	132,040,014	FMV
METHODIST OCCUPATIONAL HEALTH CENTERS INC	L	309,487	FMV
IU HEALTH PLANS NFP INC	L	2,018,401	FMV
IU HEALTH NORTH HOSPITAL INC	L	33,767,310	FMV
IU HEALTH PAOLI INC	L	5,337,768	FMV
ROC SURGERY LLC	L	1,266,660	FMV
IU HEALTH RISK RETENTION GROUP INC	L	2,276,121	FMV
IU HEALTH SOUTHERN INDIANA PHYSICIANS INC	L	23,784,810	FMV
IU HEALTH SAXONY SURGERY CENTER LLC	L	911,833	FMV
SENATE STREET SURGERY CENTER LLC	L	1,136,214	FMV
IU HEALTH TIPTON HOSPITAL INC	L	6,851,161	FMV
IU HEALTH WEST HOSPITAL INC	L	33,844,099	FMV
IU HEALTH WHITE MEMORIAL HOSPITAL INC	L	5,533,035	FMV
IU HEALTH ARNETT INC	M	67,500	FMV
HEALTH VENTURE MANAGEMENT LLC	M	5,036,247	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
IU HEALTH CARE ASSOCIATES INC	M	144,970,307	FMV
METHODIST OCCUPATIONAL HEALTH CENTERS INC	M	2,071,219	FMV
IU HEALTH NORTH HOSPITAL INC	M	513,155	FMV
IU HEALTH SOUTHERN INDIANA PHYSICIANS INC	M	1,052,118	FMV
IU HEALTH ARNETT INC	O	453,929	FMV
IU HEALTH BALL MEMORIAL HOSPITAL INC	O	438,100	FMV
IU HEALTH BLOOMINGTON INC	O	1,028,729	FMV
IUH ASSURANCE SPC LTD	O	550,000	FMV
IU HEALTH PAOLI INC	O	62,791	FMV
IU HEALTH TIPTON HOSPITAL INC	O	135,689	FMV
IU HEALTH SOUTHERN INDIANA PHYSICIANS INC	O	168,731	FMV
IU HEALTH CARE ASSOCIATES INC	O	6,575,467	FMV
IU HEALTH NORTH HOSPITAL INC	O	1,819,766	FMV
IU HEALTH BALL MEMORIAL PHYSICIANS	O	258,662	FMV
IUH ASSURANCE SPC LTD	R	7,140,963	FMV
IU HEALTH RISK RETENTION GROUP INC	R	8,838,520	FMV
BOSC HOLDINGS LLC	S	2,142,000	FMV
BSC HOLDINGS LLC	S	35,502,201	FMV
IEC HOLDINGS LLC	S	3,837,775	FMV
ROCS HOLDINGS LLC	S	2,791,740	FMV
SSSC HOLDINGS LLC	S	3,346,212	FMV
IU HEALTH ACO INC	L	409,607	FMV
IU HEALTH JAY INC	L	6,581,695	FMV
IU HEALTH FORT WAYNE LLC	L	1,103,970	FMV
BALL OUTPATIENT SURGERY CENTER LLC	O	68,824	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
IU HEALTH BLOOMINGTON INC	M	1,464,843	FMV
IU HEALTH BALL MEMORIAL PHYSICIANS	M	96,633	FMV