

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
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

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

C Name of organization: Indiana University Health Foundation Inc
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1633 N CAPITOL AVE 1200
 City or town, state or province, country, and ZIP or foreign postal code: INDIANAPOLIS, IN 46202

D Employer identification number: 35-6043086
E Telephone number: (317) 962-1777
G Gross receipts \$ 118,336,049

F Name and address of principal officer:
 CRYSTAL MILLER
 1633 N CAPITOL AVE 1200
 INDIANAPOLIS, IN 46202

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/IU-HEALTH-FOUNDATION](https://iuhealth.org/iu-health-foundation)

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1961 **M** State of legal domicile: IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 INDIANA UNIVERSITY HEALTH FOUNDATION LEVERAGES THE POWER OF PHILANTHROPY TO SUPPORT THE IU HEALTH GOAL OF MAKING INDIANA ONE OF THE HEALTHIEST STATES IN THE NATION.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	80
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,637,349	13,646,736
9 Program service revenue (Part VIII, line 2g)	2,223,361	2,351,261
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,072,217	15,236,541
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-260,887	-40,458
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,672,040	31,194,080
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,050,221	14,230,813
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)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	94,125	255,829
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,469,887		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,443,041	7,306,220
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18,587,387	21,792,862
19 Revenue less expenses. Subtract line 18 from line 12	-5,915,347	9,401,218

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	164,396,915	280,904,824
21 Total liabilities (Part X, line 26)	9,916,955	9,802,785
22 Net assets or fund balances. Subtract line 21 from line 20	154,479,960	271,102,039

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: 2021-11-08

CRYSTAL MILLER, PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ERNST & YOUNG US LLP
 Preparer's signature: [Signature]
 Date: 2021-11-15
 Check if self-employed
 PTIN: P00395735
 Firm's name: ERNST & YOUNG US LLP
 Firm's EIN: 34-6565596
 Firm's address: 111 MONUMENT CIR STE 4000
 Phone no. (317) 681-7000
 INDIANAPOLIS, IN 46204

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

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:

INDIANA UNIVERSITY HEALTH FOUNDATION LEVERAGES THE POWER OF PHILANTHROPY TO SUPPORT THE IU HEALTH GOAL OF MAKING INDIANA ONE OF THE HEALTHIEST STATES IN THE NATION.

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 \$ 14,230,813 including grants of \$ 14,230,813) (Revenue \$ 0)
See Additional Data

4b (Code:) (Expenses \$ 2,108,276 including grants of \$ 0) (Revenue \$ 2,351,261)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 16,339,089

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)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

<p>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</p>	2a	0		
<p>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)</p>			2b	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	No
<p>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></p>			3b	
<p>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)?</p>			4a	No
<p>b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>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?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
<p>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?</p>			7a	Yes
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	
<p>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?</p>			8	
9 Sponsoring organizations maintaining donor advised funds.				
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
10 Section 501(c)(7) organizations. Enter:				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter:				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>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.</p>			13a	
<p>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</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b	
<p>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.</p>			15	No
<p>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.</p>			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 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: CRAIG J JONES 950 N MERIDIAN ST STE 300 INDIANAPOLIS, IN 46204 (317) 963-4842

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE NOBLES BOARD CHAIR	1.0 6.0	X		X				0	37,500	0
(2) CRYSTAL MILLER PRESIDENT/SECRETARY	55.0 0	X		X				0	385,731	21,569
(3) GARY D HENRIOTT VICE-CHAIR	1.0 4.0	X		X				0	9,000	0
(4) alan henderson DIRECTOR (PART YEAR)	1.0 0	X						0	0	0
(5) Aman Brar Director (Part Year)	1.0 0	X						0	0	0
(6) DEBORAH F TOBIAS DIRECTOR	1.0 0	X						0	0	0
(7) DENNIS M MURPHY DIRECTOR	1.0 60.0	X						0	3,283,197	382,342
(8) Denny Sponsel DIRECTOR (Part Year)	1.0 0	X						0	0	0
(9) GINA GIACONE DIRECTOR	1.0 0	X						0	0	0
(10) Jim Marcuccilli DIRECTOR (PART YEAR)	1.0 0.0	X						0	0	0
(11) MICHAEL J FISHER Director (Part Year)	1.0 4.0	X						0	0	0
(12) Mitesh Shah MD Director (Part Year)	1.0 55.0	X						0	1,034,971	12,540
(13) SHELLY SCHWARZ DIRECTOR	1.0 0	X						0	0	0
(14) STEPHEN MOORE MD DIRECTOR	1.0 0	X						0	0	0
(15) WILLIAM R RINGO DIRECTOR	1.0 0	X						0	0	0
(16) LAURA PICKETT Treasurer	55.0 0			X				0	248,964	39,791
(17) Heather Perdue Director, ISR / Interim Director, Indy Metro Region	50.0 0.0					X		0	132,594	28,717

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMA PRYOR DIRECTOR, COMMUNICATIONS	50.00...					X		0	144,189	22,797
(19) JAMI MARSH EXEC DIR, PHILANTHROPIC STRGY	50.00...					X		0	134,770	41,409
(20) MARYA JONES DIRECTOR, PLANNED GIVING	50.00...					X		0	141,461	32,039
(21) NICHOLAS OYLER CHIEF DEVELOPMENT OFFICER (Part Yr)	50.00...					X		0	328,469	25,953
(22) KEVIN R ARMSTRONG FORMER OFFICER	0.0 55.0						X	0	691,633	132,669
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	6,572,479	739,827

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **0**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	5,512,909				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,133,827				
	g Noncash contributions included in lines 1a - 1f:\$	1g	63,004				
	h Total. Add lines 1a-1f			13,646,736			
Program Service Revenue	2a PROFESSIONAL FEES REVENUE	Business Code					
		900099	2,351,261	2,351,261			
	b						
	c						
	d						
	e						
	f All other program service revenue.			0	0	0	0
g Total. Add lines 2a-2f.		2,351,261					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,764,575			2,764,575	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6b Less: rental expenses					
		6c Rental income or (loss)	0	0			
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7b Less: cost or other basis and sales expenses					
		7c Gain or (loss)	12,471,966	0			
		d Net gain or (loss)		12,471,966			12,471,966
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18						
		8b Less: direct expenses		325,736			
		c Net income or (loss) from fundraising events		-325,736			-325,736
	9a Gross income from gaming activities. See Part IV, line 19						
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a ALL OTHER REVENUE	900099	285,278			285,278		
b							
c							
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d		285,278					
12 Total revenue. See instructions		31,194,080	2,351,261	0	15,196,083		

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	14,230,813	14,230,813		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	1,870	0	1,870	0
c Accounting	100,000		100,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	255,829			255,829
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,281,895	2,108,276	1,346,102	2,827,517
12 Advertising and promotion	300,150	0	171,670	128,480
13 Office expenses	59,012	0	33,795	25,217
14 Information technology	77,246	0	44,181	33,065
15 Royalties				
16 Occupancy				
17 Travel	17,804	0	10,183	7,621
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	26,270	0	26,270	0
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 MISCELLANEOUS EXPENSES	441,973	0	249,815	192,158
b				
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	21,792,862	16,339,089	1,983,886	3,469,887
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	11,033,533	1	13,942,002
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,748,922	3	11,324,603
	4 Accounts receivable, net	641,629	4	394,626
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	0		
	b Less: accumulated depreciation	0	10c	0
	11 Investments—publicly traded securities	96,968,397	11	189,815,030
	12 Investments—other securities. See Part IV, line 11	32,943,169	12	39,759,966
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	21,061,265	15	25,668,597
16 Total assets. Add lines 1 through 15 (must equal line 33)	164,396,915	16	280,904,824	
Liabilities	17 Accounts payable and accrued expenses	5,949,030	17	5,747,834
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	3,967,925	25	4,054,951
	26 Total liabilities. Add lines 17 through 25	9,916,955	26	9,802,785
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	74,792,829	27	161,957,212
	28 Net assets with donor restrictions	79,687,131	28	109,144,827
	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	154,479,960	32	271,102,039	
33 Total liabilities and net assets/fund balances	164,396,915	33	280,904,824	

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	31,194,080
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,792,862
3	Revenue less expenses. Subtract line 2 from line 1	3	9,401,218
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	154,479,960
5	Net unrealized gains (losses) on investments	5	9,400,340
6	Donated services and use of facilities	6	8,511,442
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	89,309,079
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	271,102,039

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID: 20011424

Software Version: 2020v4.0

EIN: 35-6043086

Name: Indiana University Health Foundation Inc

Form 990 (2020)

Form 990, Part III, Line 4a:

AS A SUPPORTING ORGANIZATION FOR IU HEALTH INC. AND ITS AFFILIATED ORGANIZATIONS, THE INDIANA UNIVERSITY HEALTH FOUNDATION, INC. PROVIDED OVER \$14 MILLION IN FUNDING TO IU HEALTH INC. AND ITS AFFILIATED ORGANIZATIONS FOR IMPORTANT COMMUNITY HEALTH INITIATIVES DURING 2020.

Form 990, Part III, Line 4b:

INDIANA UNIVERSITY HEALTH FOUNDATION SUPPORTS INDIANA UNIVERSITY HEALTH AND THE MEDICAL EDUCATION THAT FUNDS PHYSICIAN FELLOWSHIPS, PROFESSIONAL DEVELOPMENT AND OTHER TYPES OF MEDICAL EDUCATION. THIS ALLOWS EXPERIENCED SPECIALISTS AND LESS TENURED PHYSICIANS TO WORK TOGETHER WHILE PROVIDING OPPORTUNITIES FOR RESEARCH, RECRUITMENT, MULTI-SPECIALTY COLLABORATION AND NATIONAL EXPOSURE.

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
2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Indiana University Health Foundation Inc

Employer identification number
35-6043086

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 15

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		
See Additional Data Table						
Total	15				14,093,245	0

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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>		No
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>		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		No
4a			No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		No
5a			No
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b			
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	Yes	
6		Yes	
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>		No
7			No
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>		No
8			No
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>		No
9a			No
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>		No
9b			No
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>		No
9c			No
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>		No
10a			No
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b			

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		
		11a	No
		11b	No
		11c	No

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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>		
		1	Yes
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>		
		2	Yes

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>		
		1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<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 lines 2a and 2b 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>		
		2a	
b	Did the activities described in line 2a 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>		
		2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" provide details in Part VI.</i>		
		3a	
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>		
		3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 1 Supported Orgs Listed By Name	<p>THE AMENDED AND RESTATED ARTICLES OF INCORPORATION OF IU HEALTH FOUNDATION, INC. (THE FOUNDATION) PROVIDE THAT THE FOUNDATION SUPPORTS INDIANA UNIVERSITY HEALTH AND A CLASS OF SUPPORTED ORGANIZATIONS DESIGNATED BY PURPOSE (I.E. ALL HOSPITALS IN THE STATE OF INDIANA THAT ARE DESCRIBED IN SECTIONS 509(A)(1) AND 170(B)(1)(A)(III) OF THE CODE AND OPERATED, SUPERVISED, OR CONTROLLED DIRECTLY BY OR IN CONNECTION WITH INDIANA UNIVERSITY HEALTH). THIS CLASS INCLUDES: INDIANA UNIVERSITY HEALTH, INC. INDIANA UNIVERSITY HEALTH ARNETT, INC. INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL, INC. INDIANA UNIVERSITY HEALTH BEDFORD, INC. INDIANA UNIVERSITY HEALTH BLOOMINGTON, INC. INDIANA UNIVERSITY HEALTH BLACKFORD, INC. INDIANA UNIVERSITY HEALTH JAY, INC. INDIANA UNIVERSITY HEALTH FRANKFORT, INC. INDIANA UNIVERSITY HEALTH PAOLI, INC. INDIANA UNIVERSITY HEALTH NORTH HOSPITAL, INC. INDIANA UNIVERSITY HEALTH TIPTON, INC. INDIANA UNIVERSITY HEALTH WEST, INC. INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL, INC. THIS DESIGNATION ACCOMPLISHES INDIANA UNIVERSITY HEALTH'S OBJECTIVE OF PROVIDING AN INTEGRATED, STATEWIDE APPROACH TO CHARITABLE SUPPORT FOR ITS AFFILIATED HOSPITALS THROUGHOUT THE STATE OF INDIANA.</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section A, Line 6 Support to other supported orgs	THE IU HEALTH FOUNDATION MADE GRANTS TO IU HEALTH CARE ASSOCIATES, INC. AND IU HEALTH BALL MEMORIAL PHYSICIANS, INC., 501(c)(3) organizations controlled by IU Health, Inc., WHICH EMPLOY PHYSICIANS WHO PROVIDE MEDICAL CARE AT HOSPITALS UNDER THE IU HEALTH UMBRELLA.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section B, Line 2 Benefit Of Supp. Org. Other Than The One Operating The Org.	THE FOUNDATION IS CONTROLLED BY INDIANA UNIVERSITY HEALTH, INC. AND IT OPERATES FOR THE BENEFIT OF INDIANA UNIVERSITY HEALTH AND A CLASS OF ADDITIONAL SUPPORTED ORGANIZATIONS DEFINED TO INCLUDE HOSPITALS IN THE STATE OF INDIANA THAT ARE DESCRIBED IN SECTION 509(A)(1) AND SECTION 170(B)(1)(A)(III) OF THE CODE AND OPERATED, SUPERVISED, OR CONTROLLED DIRECTLY BY OR IN CONNECTION WITH INDIANA UNIVERSITY HEALTH, INC. THE FOUNDATION'S OPERATION FOR THE BENEFIT OF THIS CLASS OF SUPPORTED ORGANIZATIONS, IN ADDITION TO OPERATING FOR THE BENEFIT OF INDIANA UNIVERSITY HEALTH, INC. CARRIES OUT INDIANA UNIVERSITY HEALTH'S PURPOSES BECAUSE EACH OF THE ADDITIONAL SUPPORTED ORGANIZATIONS BY DEFINITION IS A CODE SECTION 509(A)(1) / 170(B)(1)(A)(III) HOSPITAL THAT ITSELF IS OPERATED, SUPERVISED, OR CONTROLLED DIRECTLY BY OR IN CONNECTION WITH INDIANA UNIVERSITY HEALTH, INC. THE SUPPORT PROVIDED TO IU HEALTH CARE ASSOCIATES, INC. AND IU HEALTH BALL MEMORIAL PHYSICIANS, INC., 501(C)(3) ORGANIZATIONS, WHICH ARE CONTROLLED ENTITIES OF INDIANA UNIVERSITY HEALTH, INC., DIRECTLY SUPPORTS THE PROVISION OF MEDICAL SERVICES PROVIDED BY THE SUPPORTED ORGANIZATION THAT OPERATES, SUPERVISES, AND CONTROLS THE SUPPORTING ORGANIZATION.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 35-6043086
Name: Indiana University Health Foundation Inc

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) INDIANA UNIVERSITY HEALTH	351955872	3	Yes		8,568,873	0
(A) INDIANA UNIVERSITY HEALTH ARNETT	263162145	3		No	219,410	0
(B) INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL	350867958	3		No	3,747,969	0
(C) INDIANA UNIVERSITY HEALTH BEDFORD	237042323	3		No	3,104	0
(D) INDIANA UNIVERSITY HEALTH BLOOMINGTON	351720796	3		No	559,765	0
(E) INDIANA UNIVERSITY HEALTH FRANKFORT	815174295	3		No	308	0
(F) INDIANA UNIVERSITY HEALTH JAY	822736786	3		No	24,856	0
(G) INDIANA UNIVERSITY HEALTH NORTH HOSPITAL	351932442	3		No	317,728	0
(H) INDIANA UNIVERSITY HEALTH PAOLI	352090919	3		No	3,710	0
(I) INDIANA UNIVERSITY HEALTH TIPTON HOSPITAL	262772226	3		No	123,738	0
(J) INDIANA UNIVERSITY HEALTH WEST HOSPITAL	351814660	3		No	94,843	0
(K) INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL	273532963	3		No	51,313	0
(L) INDIANA UNIVERSITY HEALTH BLACKFORD	010646166	3		No	13,831	0
(M) INDIANA UNIVERSITY HEALTH CARE ASSOCIATES	351747218	9		No	252,716	0
(N) INDIANA UNIVERSITY HEALTH BALL MEMORIAL PHYSICIANS	351925641	9		No	111,081	0

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

Supplemental Financial Statements

OMB No. 1545-0047 2020 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 Foundation Inc

Employer identification number 35-6043086

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year.

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

Form for Part II Conservation Easements. Includes checkboxes for preservation of land, habitat, open space, and historic structures. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets for financial gain.

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	47,104,325	46,662,192	48,193,742	44,766,080	43,298,558
b Contributions	16,968,647	455,432	726,498	518,937	332,118
c Net investment earnings, gains, and losses	5,428,950	1,865,857	-50,819	3,699,356	2,015,909
d Grants or scholarships					
e Other expenditures for facilities and programs	1,219,490	1,879,156	2,207,229	790,631	880,505
f Administrative expenses					
g End of year balance	68,282,432	47,104,325	46,662,192	48,193,742	44,766,080

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 81.93 %
 - b** Permanent endowment ▶ 18.07 %
 - c** Term 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 | Yes | |
| (ii) Related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				

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) ALLOC. OF POOLED INVESTMENTS	39,759,966	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	39,759,966	

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)		
(10)		
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) BENEFICIAL INT PERPETUAL TRUST	10,633,913
(2) BENEFICIAL INT CHART REMAIN TRUST	5,513,818
(3) CONTRIBUTIONS RECEIVABLE	6,439,542
(4) BENEFICIAL INT in Assets held by Others	2,809,634
(5) OTHER ASSETS	271,690
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	25,668,597

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE ON SPLIT INTEREST AGREEMENTS	3,144,951
(3) FUNDS HELD FOR OTHERS	910,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	4,054,951

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	19,711,233
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	8,836,458	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d		2e	8,836,458
3	Subtract line 2e from line 1		3	10,874,775
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	20,319,305	
c	Add lines 4a and 4b		4c	20,319,305
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	31,194,080

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	22,443,614
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	325,016	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	325,736	
e	Add lines 2a through 2d		2e	650,752
3	Subtract line 2e from line 1		3	21,792,862
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	0	
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	21,792,862

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: 20011424

Software Version: 2020v4.0

EIN: 35-6043086

Name: Indiana University Health Foundation Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO SUPPORT THE RESEARCH, EDUCATION PROGRAMS AND EQUIPMENT OF INDIANA UNIVERSITY HEALTH WHICH WILL ENABLE IT TO CONTINUE PROVIDING INNOVATIVE AND BEST PRACTICE PROCEDURES TO PATIENTS.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The Internal Revenue Service (IRS) has determined that the Foundation is a tax-exempt organization as defined in Section 501(c)(3) of the Internal Revenue Code (IRC).

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	SPECIAL EVENT EXPENSES RECLASSIFIED TO PART VIII: - -325736 DIVIDENDS AND INTEREST INCOME: - 2764575 REALIZED GAIN ON INVESTMENTS: - 12471966 Contribution from IUH Inc. - 5408500

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	SPECIAL EVENT EXPENSES RECLASSIFIED TO PART VIII: - 325736

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization
Indiana University Health Foundation Inc

Employer identification number
35-6043086

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Gobel Group 200 OLD FORGE LN STE 202 KENNETT SQUARE, PA 19348	Consulting, training, data analysis		No	0	9,600	-9,600
Words for Good 5694 Morris Hunt Drive Fort Mill, SC 29708	Grant application assistance		No	0	42,460	-42,460
Snavely PO Box 1139 State College, PA 168041139	Campaign Planning		No	0	102,300	-102,300
Greenstreet Ltd LLC 212 West 10th St Ste A-310 Indianapolis, IN 46202	Grant application assistance		No	0	5,000	-5,000
Plus Delta Partners 6965 EL CAMINO REAL SUITE 105-488 CARLSBAD, CA 92009	Donor Engagement Process training/consultation		No	0	20,866	-20,866
Accordant Philanthropy 105 Teal Nest Court Ponte Vedra Beach, FL 320821944	Campaign Planning		No	0	45,340	-45,340
Alexis Forman Sabloff 13406 Alfred Mill Court Herndon, VA 20171	Consulting on external annual fund program		No	0	30,263	-30,263
Total				0	255,829	-255,829

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

IN, MI, OH

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document as Filed, 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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Indiana University Health Foundation Inc

Employer identification number 35-6043086

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 or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12
3 Enter total number of other organizations listed in the line 1 table 0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	IU HEALTH FOUNDATION USES FUNDS GENERATED FROM RETURN ON INVESTMENTS TO CREATE INTERNAL GRANT MAKING DOLLARS. A GRANTS APPLICATION PROCESS IS CONDUCTED WHERE REGIONS CAN SUBMIT PROPOSALS FOR GRANT AWARDS USED IN THE FOLLOWING FISCAL YEAR. THE PHILANTHROPY COUNCIL FOR EACH REGION REVIEWS AND APPROVES GRANT AWARDS FOR USE. IU HEALTH FOUNDATION THEN NOTIFIES APPLICANTS AND HAVE THEM SIGN AN AWARD LETTER CONFIRMING PROJECT SCOPE AND TOTAL DOLLARS AWARDED. AS REGIONAL ENTITIES EXPEND THE FUNDS, IU HEALTH FOUNDATION ISSUES REIMBURSEMENTS AND PREPARES A MID-YEAR AND FULL YEAR REPORT ONCE THE GRANT IS COMPLETED TO SHOW GRANT OUTCOMES.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 35-6043086
Name: Indiana University Health Foundation 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 HEALTH INC 950 N MERIDIAN ST STE 300 indpls, IN 46204	35-1955872	501(C)3	8,568,873				HOSPITAL PROGRAMS SUPPORT
IU HEALTH WEST HOSPITAL INC 950 N MERIDIAN ST STE 300 indpls, IN 46204	35-1814660	501(C)3	94,843				HOSPITAL PROGRAMS 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
IU HEALTH NORTH HOSPITAL INC 950 N MERIDIAN ST STE 300 indpls, IN 46204	35-1932442	501(C)3	317,728				HOSPITAL PROGRAMS SUPPORT
IU HEALTH ARNETT INC 950 N MERIDIAN ST STE 300 indpls, IN 46204	26-3162145	501(C)3	219,410				HOSPITAL PROGRAMS 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
IU HEALTH TIPTON HOSPITAL INC 950 N MERIDIAN ST STE 300 indpls, IN 46204	26-2772226	501(C)3	123,738				HOSPITAL PROGRAMS SUPPORT
IU HEALTH CARE ASSOCIATES INC 950 N MERIDIAN ST STE 300 indpls, IN 46204	35-1747218	501(C)3	252,716				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
IU HEALTH BLOOMINGTON INC 950 N MERIDIAN ST STE 300 indpls, IN 46204	35-1720796	501(C)3	559,765				HOSPITAL PROGRAMS SUPPORT
IU HEALTH WHITE MEMORIAL HOSPITAL INC 950 N MERIDIAN ST STE 300 indpls, IN 46204	27-3532963	501(C)3	51,313				HOSPITAL PROGRAMS 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
IU HEALTH BALL MEMORIAL HOSPITAL INC 950 N MERIDIAN ST STE 300 indpls, IN 46204	35-0867958	501(C)3	3,747,969				HOSPITAL PROGRAMS SUPPORT
IU HEALTH BLACKFORD HOSPITAL INC 950 N MERIDIAN ST STE 300 indpls, IN 46204	01-0646166	501(C)3	13,831				HOSPITAL PROGRAMS 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
IU HEALTH JAY INC 950 N MERIDIAN ST STE 300 indpls, IN 46204	82-2736786	501(C)3	24,856				HOSPITAL PROGRAMS SUPPORT
IU HEALTH BALL MEMORIAL PHYSICIANS INC 950 N MERIDIAN ST STE 300 indpls, IN 46204	35-1925641	501(C)3	111,081				GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Indiana University Health Foundation Inc

Employer identification number
35-6043086

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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2				
<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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:					
a Receive a severance payment or change-of-control payment?	4a	Yes			
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes			
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:					
a The organization?	5a		No		
b Any related organization?	5b		No		
If "Yes," on line 5a or 5b, describe in Part III.					
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:					
a The organization?	6a		No		
b Any related organization?	6b		No		
If "Yes," on line 6a or 6b, describe in Part III.					
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No		
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9				

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	NICHOLAS OYLER ENTERED INTO A SEVERANCE AGREEMENT WITH IU HEALTH Inc. DURING 2020. SEVERANCE OF \$113,975 THAT WAS RECEIVED DURING 2020 IS INCLUDED IN COLUMN B(III), OTHER REPORTABLE COMPENSATION.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	DENNIS M. MURPHY AND KEVIN R. ARMSTRONG PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN OF INDIANA UNIVERSITY HEALTH, INC., PROVISIONS OF WHICH ARE DESIGNED TO RETAIN ITS CRITICAL EMPLOYEES. THE PLAN PROVIDES FOR AN ADDITIONAL RETIREMENT BENEFIT FOR SERVICE THROUGH NORMAL RETIREMENT OR OTHER KEY DATES. IF THE EXECUTIVE LEAVES PRIOR TO RETIREMENT OR OTHER KEY DATES, THE BENEFIT MAY BE FORFEITED OR REDUCED. EACH OF THESE EXECUTIVES HAS AN AMOUNT INCLUDED IN COLUMN C, DEFERRED COMPENSATION, REPRESENTING THE CURRENT YEAR UNVESTED CONTRIBUTIONS MADE UNDER THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THESE AMOUNTS WERE NOT PAID TO THE EXECUTIVES DURING THE YEAR.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 35-6043086
Name: Indiana University Health Foundation 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				
1CRYSTAL MILLER PRESIDENT/SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	307,277	49,673	28,781	18,400	3,169	407,300	0
1DENNIS M MURPHY DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,645,365	1,603,239	34,593	355,872	26,470	3,665,539	0
2Mitesh Shah MD Director (Part Year)	(i)	0	0	0	0	0	0	0
	(ii)	952,463	80,186	2,322	11,400	1,140	1,047,511	0
3KEVIN R ARMSTRONG FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	411,505	251,969	28,158	107,651	25,018	824,302	0
4LAURA PICKETT Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	196,004	33,152	19,808	14,181	25,611	288,755	0
5JAMI MARSH EXEC DIR, PHILANTHROPIC STRGY	(i)	0	0	0	0	0	0	0
	(ii)	119,539	14,849	381	9,420	31,989	176,179	0
6MARYA JONES DIRECTOR, PLANNED GIVING	(i)	0	0	0	0	0	0	0
	(ii)	122,476	17,310	1,675	9,244	22,796	173,500	0
7NICHOLAS OYLER CHIEF DEVELOPMENT OFFICER (Part Yr)	(i)	0	0	0	0	0	0	0
	(ii)	168,180	26,643	133,646	13,604	12,349	354,422	0
8JAMA PRYOR DIRECTOR, COMMUNICATIONS	(i)	0	0	0	0	0	0	0
	(ii)	128,448	13,778	1,963	9,600	13,197	166,986	0
9Heather Perdue Director, ISR / Interim Director, Indy Metro Region	(i)	0	0	0	0	0	0	0
	(ii)	113,090	19,280	223	8,290	20,426	161,311	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Indiana University Health Foundation Inc

Employer identification number
35-6043086

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GIFT/AUCTION ITEMS)	X	2	12,004	Market value
26 Other ▶ (EVENT TICKETS)	X	1	51,000	Market value
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I NUMBER OF NON-CASH CONTRIBUTIONS	THE NUMBER OF NON-CASH CONTRIBUTIONS IS REPORTED FOR THIS SECTION.

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

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization

Indiana University Health Foundation Inc

Employer identification number

35-6043086

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	INDIANA UNIVERSITY HEALTH, A TAX-EXEMPT CHARITABLE ORGANIZATION, IS THE SOLE MEMBER OF INDIANA UNIVERSITY HEALTH FOUNDATION. IU HEALTH APPROVES THE APPOINTMENT OF ALL MEMBERS OF THE BOARD OF DIRECTORS AND APPROVES SIGNIFICANT DECISIONS OF THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	INDIANA UNIVERSITY HEALTH, A TAX-EXEMPT CHARITABLE ORGANIZATION, IS THE SOLE MEMBER OF INDIANA UNIVERSITY HEALTH FOUNDATION. INDIANA UNIVERSITY HEALTH CAN DESIGNATE AN OFFICER, DIRECTOR, OR OTHER PERSON TO VOTE OR OTHERWISE ACT ON ITS BEHALF AS THE SOLE MEMBER. WHEN VACANCIES OCCUR ON THE BOARD OF DIRECTORS, THE NOMINATING COMMITTEE OF THE FOUNDATION SHALL NOMINATE CANDIDATES AND THE MEMBER OF THE FOUNDATION ELECTS THEM INTO OFFICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	INDIANA UNIVERSITY HEALTH MUST APPROVE THE FOLLOWING DECISIONS: 1. THE ARTICLES OF INCORPORATION MAY BE ALTERED, AMENDED OR REPEALED ONLY UPON THE AFFIRMATIVE VOTE OF THE MEMBER. 2 . IF THE FOUNDATION IS DISSOLVED, ITS ASSETS MUST BE TRANSFERRED OR CONVEYED FOR CHARITABLE HEALTH CARE RELATED PURPOSES TO ONE OR MORE ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE CODE SELECTED BY THE MEMBER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	A THOROUGH PROCESS WAS USED BY INDIANA UNIVERSITY HEALTH FOUNDATION TO REVIEW THE FORM 990 AND RELATED SCHEDULES PRIOR TO ITS FILING. THE PRESIDENT REVIEWED AND APPROVED THE FORM 990. FOLLOWING THAT REVIEW AND APPROVAL, A COMPLETE COPY OF THE FORM 990 WAS MADE AVAILABLE TO EACH BOARD MEMBER PRIOR TO ITS FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>IU HEALTH FOUNDATION FOLLOWS IU HEALTH'S CONFLICT OF INTEREST POLICY. IU HEALTH'S CONFLICT OF INTEREST POLICY INCLUDES THE FOLLOWING PROVISIONS: ALL IU HEALTH EMPLOYEES, ASSOCIATES, COLLEAGUES AND CONTRACTED PERSONNEL, INCLUDING EMPLOYED PHYSICIANS AND PAID MEDICAL DIRECTORS ("IU HEALTH REPRESENTATIVES") ARE COVERED BY AND SUBJECT TO ITS CONFLICT OF INTEREST POLICY. IU HEALTH REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY THROUGH THE FOLLOWING PROCEDURES: (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
Form 990, Part VI, Line 19 Required documents available to the public	IU HEALTH FOUNDATION ARTICLES OF INCORPORATION ARE AVAILABLE FOR PUBLIC INSPECTION THROUGH THE INDIANA SECRETARY OF STATE'S WEBSITE. IU HEALTH FOUNDATION CONFLICT OF INTEREST PROCEDURES ARE DISCLOSED ON THE FORM 990, SCHEDULE O. IU HEALTH FOUNDATION IS A SUBSIDIARY IN IU HEALTH'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS. IU HEALTH'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION THROUGH ITS BOND FILINGS AND AS AN ATTACHMENT TO IU HEALTH'S FORM 990. IU HEALTH FOUNDATION'S AUDITED FINANCIAL STATEMENTS ARE POSTED ON ITS WEBSITE AT HTTPS://IUHEALTH.ORG/IU-HEALTH-FOUNDATION/ABOUT-US/ANNUAL-REPORT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	PURCHASED SERVICES - Total Expense: 5942738, Program Service Expense: 2108276, Management and General Expenses: 1166813, Fundraising Expenses: 2667649; FEES - OTHER PROFESSIONAL - Total Expense: 78854, Program Service Expense: 0, Management and General Expenses: 30409, Fundraising Expenses: 48445; CONSULTING - OTHER - Total Expense: 223197, Program Service Expense: 0, Management and General Expenses: 127657, Fundraising Expenses: 95540; CONTRACT SERVICES - OTHER - Total Expense: 37106, Program Service Expense: 0, Management and General Expenses: 21223, Fundraising Expenses: 15883; - Total Expense: , Program Service Expense : , Management and General Expenses: , Fundraising Expenses: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN VALUE OF beneficial interest and SPLIT INTEREST TRUSTS - 778459; UNCOLLECTIBLE PLEDGES - -102979; TRANSFER FROM IU Health Ball Memorial Hospital Foundation, Inc. - 88255431; OTHER - 378168;

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7 DELEGATE BROAD AUTHORITY TO A COMM.	THE ORGANIZATION'S EXECUTIVE COMMITTEE SHALL CONSIST OF TWO OR MORE DIRECTORS OF THE GOVERNING BODY. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL THE POWERS OF THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 15 PROCESS FOR DETERMINING COMP.	IU HEALTH AND OTHER RELATED ENTITIES HAVE A PROCESS IN PLACE TO DETERMINE THE COMPENSATION FOR THE IU HEALTH FOUNDATION OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES. IU HEALTH HUMAN RESOURCES USES MARKET DATA FROM MULTIPLE COMPENSATION EXPERTS/VENDORS WHO UTILIZE A VARIETY OF METHODS AND PROCEDURES TO OBTAIN COMPENSATION RANGES FOR COMPARABLE OFFICER AND EMPLOYEE POSITIONS. THIS MARKET DATA AND MULTIPLE OTHER FACTORS (INCLUDING MARKET PAY BENCHMARKS, INTERNAL EQUITY, CANDIDATE/EMPLOYEE QUALIFICATIONS & PERFORMANCE, AND BUSINESS NEEDS) ARE USED TO RECOMMEND COMPENSATION RANGES FOR ITS OFFICERS AND OTHER EMPLOYEES, WHICH ARE THEN USED AS A GUIDE FOR SETTING REASONABLE COMPENSATION BY MANAGEMENT.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Indiana University Health Foundation Inc

Employer identification number

35-6043086

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		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)		No
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)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
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: 20011424
Software Version: 2020v4.0
EIN: 35-6043086
Name: Indiana University Health Foundation Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
950 N MERIDIAN STREET Suite 300 INDIANAPOLIS, IN 46204 35-1955872	HEALTHCARE	IN	501(c)(3)	3	NA		No
950 N MERIDIAN STREET Suite 300 INDIANAPOLIS, IN 46204 26-3162145	HEALTHCARE	IN	501(c)(3)	3	IUH	Yes	
950 N MERIDIAN STREET Suite 300 INDIANAPOLIS, IN 46204 35-0867958	HEALTHCARE	IN	501(c)(3)	3	IUH	Yes	
950 N MERIDIAN STREET Suite 300 INDIANAPOLIS, IN 46204 23-7042323	HEALTHCARE	IN	501(c)(3)	3	IUH	Yes	
950 N MERIDIAN STREET Suite 300 INDIANAPOLIS, IN 46204 35-1720796	HEALTHCARE	IN	501(c)(3)	3	IUH	Yes	
950 N MERIDIAN STREET Suite 300 INDIANAPOLIS, IN 46204 81-5174295	HEALTHCARE	IN	501(c)(3)	3	IUH	Yes	
950 N MERIDIAN STREET Suite 300 INDIANAPOLIS, IN 46204 82-2736786	HEALTHCARE	IN	501(c)(3)	3	IUH	Yes	
950 N MERIDIAN STREET Suite 300 INDIANAPOLIS, IN 46204 35-1932442	HEALTHCARE	IN	501(c)(3)	3	IUH	Yes	
950 N MERIDIAN STREET Suite 300 INDIANAPOLIS, IN 46204 35-2090919	HEALTHCARE	IN	501(c)(3)	3	IUH	Yes	
950 N MERIDIAN STREET Suite 300 INDIANAPOLIS, IN 46204 35-1925641	HEALTHCARE	IN	501(c)(3)	10	IUHBMH	Yes	
950 N MERIDIAN STREET Suite 800 INDIANAPOLIS, IN 46204 31-1111784	FUNDRAISING	IN	501(c)(3)	Type I	IUHBMH	Yes	
950 N MERIDIAN STREET Suite 300 INDIANAPOLIS, IN 46204 35-1747218	HEALTHCARE	IN	501(c)(3)	10	IUH	Yes	
950 N MERIDIAN STREET Suite 800 INDIANAPOLIS, IN 46204 27-3533027	HEALTHCARE	IN	501(c)(3)	10	IUH	Yes	
950 N MERIDIAN STREET Suite 800 INDIANAPOLIS, IN 46204 46-3803873	INSURANCE	IN	501(c)(4)		IUH	Yes	
950 N MERIDIAN STREET Suite 300 INDIANAPOLIS, IN 46204 26-2772226	HEALTHCARE	IN	501(c)(3)	3	IUH	Yes	
950 N MERIDIAN STREET Suite 300 INDIANAPOLIS, IN 46204 35-1814660	HEALTHCARE	IN	501(c)(3)	3	IUH	Yes	
950 N MERIDIAN STREET Suite 300 INDIANAPOLIS, IN 46204 27-3532963	HEALTHCARE	IN	501(c)(3)	3	IUH	Yes	
340 W 10TH ST NO FS5100 INDIANAPOLIS, IN 46202 20-1093251	FUNDRAISING	IN	501(c)(3)	Type I	NA		No
950 N MERIDIAN STREET Suite 800 INDIANAPOLIS, IN 46204 35-1125434	HEALTHCARE	IN	501(c)(3)	10	IUH	Yes	
950 N MERIDIAN STREET Suite 800 INDIANAPOLIS, IN 46204 46-5270582	INSURANCE	IN	501(c)(4)		IUH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
950 N MERIDIAN STREET Suite 800 INDIANAPOLIS, IN 46204 47-2619552	INSURANCE	IN	501(c)(4)		IUH	Yes	
950 N MERIDIAN STREET Suite 800 INDIANAPOLIS, IN 46204 35-0876390	HEALTHCARE	IN	501(c)(3)	Type III-FI	NA		No
950 N MERIDIAN STREET Suite 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)	Type III-FI	NA		No
950 N MERIDIAN STREET Suite 800 INDIANAPOLIS, IN 46204 23-7427350	HEALTHCARE	IN	501(c)(3)	10	IUHCA	Yes	
950 N MERIDIAN STREET Suite 800 INDIANAPOLIS, IN 46204 13-4350599	HEALTHCARE	IN	501(c)(3)	10	IUH	Yes	
846 N SENATE AVE INDIANAPOLIS, IN 46202 36-4550324	HEALTHCARE	IN	501(c)(3)	Type I	NA		No
950 N MERIDIAN STREET Suite 300 INDIANAPOLIS, IN 46204 01-0646166	HEALTHCARE	IN	501(c)(3)	3	IUHBMH	Yes	
1220 WATERWAY BLVD INDIANAPOLIS, IN 46202 81-0853467	ECONOMIC DEVELOPMENT	IN	501(c)(3)	Type I	NA		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BMH MEDICAL PAVILION ASSOCIATION INC 2525 W UNIVERSITY AVE MUNCIE, IN 47303 35-1858408	CONDO MANAGEMENT	IN	NA	C Corporation				Yes	
CHV CAPITAL INC 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN 46204 26-0752507	VENTURE CAPITAL	IN	NA	C Corporation				Yes	
IU HEALTH 457(B) PLAN 1100 N MARKET ST WILMINGTON, DE 19890 47-6948347	INVESTMENTS	IN	NA	Trust				Yes	
IU HEALTH ACO INC 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN 46204 45-4421020	HEALTHCARE	IN	NA	C Corporation				Yes	
IU HEALTH BOARD DESIGNATED TRUST 400 HOWARD ST SAN FRANCISCO, CA 94105 30-6309021	INVESTMENTS	IN	NA	Trust				Yes	
IU HEALTH NTGI S&P500 FUND CF PO BOX 804358 CHICAGO, IL 60680 30-6298263	INVESTMENTS	IN	NA	Trust				Yes	
IU HEALTH PLANS HOLDING COMPANY INC 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN 46204 46-3794815	INSURANCE	IN	NA	C Corporation				Yes	
IU HEALTH PLANS INSURANCE COMPANY 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN 46204 81-1097215	INSURANCE	IN	NA	C Corporation				Yes	
IU HEALTH PLANS INC 950 N MERIDIAN ST SUITE 800 INDIANAPOLIS, IN 46204 26-2127080	HMO	IN	NA	C Corporation				Yes	
IU HEALTH RISK PURCHASING GROUP INC 151 MEETING ST SUITE 301 CHARLESTON, SC 29401 26-0202446	INSURANCE	IN	NA	C Corporation				Yes	
IU HEALTH RISK RETENTION GROUP INC 151 MEETING ST SUITE 301 CHARLESTON, SC 29401 20-1107674	INSURANCE	SC	NA	C Corporation				Yes	
IUH ASSURANCE SPC LTD PO BOX 69 94 SOLARIS AVE CAMANA BAY, GRAND CAYMAN CJ 98-0395429	INSURANCE	CJ	NA	C Corporation				Yes	
PROTEUO FUND LP PO BOX 31106 89 NEXUS WAY CAMANA BAY, GRAND CAYMAN CJ 98-1075227	INVESTMENTS	CJ	NA	C Corporation				Yes	
CERBERUS RESIDENTIAL OPPORT INST LTD 190 ELGIN AVENUE GEORGE TOWN, GRAND CAYMAN CJ	INVESTMENTS	CJ	NA	C Corporation				Yes	
University Surgeons Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 20-2981280	Physician Services	IN	NA	C Corporation				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
Pediatric Surgical Associates Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 35-2122922	Physician Services	IN	NA	C Corporation				Yes	
Cardiothoracic Surgeons Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 35-1416173	Physician Services	IN	NA	C Corporation				Yes	
University Vascular Surgery Inc 950 N Meridian St Ste 800 Indianapolis, IN 46204 35-1832370	Physician Services	IN	NA	C Corporation				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 WEST HOSPITAL INC	B	94,843	FMV
IU HEALTH NORTH HOSPITAL INC	B	317,728	FMV
IU HEALTH ARNETT INC	B	219,410	FMV
IU HEALTH CARE ASSOCIATES INC	B	252,716	FMV
IU HEALTH BLOOMINGTON INC	B	559,765	FMV
IU HEALTH WHITE MEMORIAL HOSPITAL INC	B	51,313	FMV
IU HEALTH BALL MEMORIAL HOSPITAL	B	3,747,969	FMV
IU Health Tipton Hospital Inc	B	123,738	FMV
IU HEALTH BALL MEMORIAL PHYSICIANS INC	B	111,081	FMV
RILEY CHEER GUILD INC	C	104,409	FMV
IU HEALTH Ball Memorial Hospital FOUNDATION INC	S	88,255,431	FMV