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OMB No 1545-0687

2018

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning 2018, and ending 20

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions)

D Employer identification number (Employees' trust see instructions)

B Exempt under section

INDIANA UNIVERSITY HEALTH, INC.

35-1955872

- 501(C)(3) 408(e) 408A 529(a)

Print or Type

Number, street, and room or suite no If a P O box, see instructions

E Unrelated business activity code (See instructions)

950 N. MERIDIAN STREET 300

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

525990

INDIANAPOLIS, IN 46204

C Book value of all assets at end of year

F Group exemption number (See instructions)

8335546825.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses 7 Describe the only (or first) unrelated trade or business here PARTNERSHIPS (INVESTMENT) If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

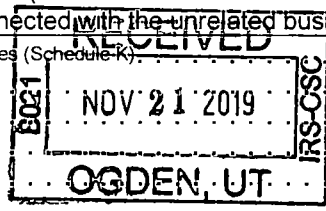
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of CRAIG J. JONES Telephone number 317-963-4842

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction for trusts, Income (loss) from a partnership or an S corporation, Rent income, Unrelated debt-financed income, Interest annuities royalties, and rents from a controlled organization, Investment income of a section 501(c)(7) (9), or (17) organization, Exploited exempt activity income, Advertising income, Other income, Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 2 columns: Line number, Amount. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest (attach schedule) (see instructions), Taxes and licenses, Charitable contributions (See instructions for limitation rules), Depreciation (attach Form 4562), Less depreciation claimed on Schedule A and elsewhere on return, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses (Schedule I), Excess readership costs (Schedule J), Other deductions (attach schedule), Total deductions. Add lines 14 through 28, Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13, Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions), Unrelated business taxable income Subtract line 31 from line 30.



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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 56-58 regarding foreign activities and tax-exempt interest.

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date (11/12/2019), Title (TREASURER/SVP & CFO), and a box for 'May the IRS discuss this return with the preparer shown below?' with Yes and No options.

Paid Preparer Use Only: Print/Type preparer's name (JENNIFER D RHODERICK), Preparer's signature, Date (11/14/19), Check if self-employed, PTIN (P00395735), Firm's name (ERNST & YOUNG U.S. LLP), Firm's EIN (34-6565596), Firm's address (111 MONUMENT CIRCLE, SUITE 4000, INDIANAPOLIS, IN 46204), and Phone no (317-681-7000).

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 8 rows and 4 columns. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total Add lines 1 through 4b, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A...

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

Table with 3 main columns: 1 Description of property, 2 Rent received or accrued (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income, (b) Total deductions.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 main columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation, (b) Other deductions, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions.

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
<b>Totals</b> . . . . . ▶				

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
<b>Totals</b> . . . . . ▶				

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
<b>Totals</b> . . . . . ▶						

**Schedule J—Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b> . . . . . ▶						

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> . . . . . ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)**

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

**SCHEDULE D  
(Form 1120)**

**Capital Gains and Losses**

OMB No 1545-0123

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

**2018**

▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

Name

INDIANA UNIVERSITY HEALTH, INC.

Employer identification number

35-1955872

**Part I Short-Term Capital Gains and Losses (See instructions.)**

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	1,282.	13,509.		-12,227.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) . . . . .				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss) Combine lines 1a through 6 in column h . . . . .				<b>7</b> -12,227.

**Part II Long-Term Capital Gains and Losses (See instructions.)**

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	1,072,974.			1,072,974.
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .				<b>11</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .				<b>13</b>
<b>14</b> Capital gain distributions (see instructions) . . . . .				<b>14</b>
<b>15</b> Net long-term capital gain or (loss) Combine lines 8a through 14 in column h . . . . .				<b>15</b> 1,072,974.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .				<b>16</b>
<b>17</b> Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .				<b>17</b> 1,060,747.
<b>18</b> Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns . . . . .				<b>18</b> 1,060,747.

Note. If losses exceed gains, see Capital losses in the instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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Open to Public Inspection for  
501(c)(3) Organizations Only

Name of organization

INDIANA UNIVERSITY HEALTH, INC.

Employer identification number

35-1955872

Unrelated business activity code (see instructions) ▶ 621999

Describe the unrelated trade or business ▶ PARTNERSHIPS (OPERATING, NON-INVESTMENT)

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement) <b>ATTCH 2</b>	5	-2,440,785.	-2,440,785.
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	<b>Total</b> Combine lines 3 through 12	13	-2,440,785.	-2,440,785.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions ) (Except for contributions, deductions must be directly connected with the unrelated business income )

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		
20	Charitable contributions (See instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28		
29	<b>Total deductions.</b> Add lines 14 through 28	29		
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30		-2,440,785.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32	<b>Unrelated business taxable income</b> Subtract line 31 from line 30	32		-2,440,785.

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2018

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_

Department of the Treasury  
Internal Revenue Service

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501(c)(3) Organizations Only

Name of organization

INDIANA UNIVERSITY HEALTH,, INC.

Employer identification number

35-1955872

Unrelated business activity code (see instructions) ▶ 621500

Describe the unrelated trade or business ▶ NON-PATIENT LABORATORY SERVICES

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>3,942,829.</u>			
b	Less returns and allowances _____			
	<b>c Balance ▶</b>	<b>1c</b>		
		3,942,829.		
2	Cost of goods sold (Schedule A, line 7) . . . . .	<b>2</b>		
3	Gross profit Subtract line 2 from line 1c . . . . .	<b>3</b>		3,942,829.
3		3,942,829.		
4a	Capital gain net income (attach Schedule D) . . . . .	<b>4a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	<b>4b</b>		
c	Capital loss deduction for trusts . . . . .	<b>4c</b>		
5	Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b>		
6	Rent income (Schedule C) . . . . .	<b>6</b>		
7	Unrelated debt-financed income (Schedule E) . . . . .	<b>7</b>		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . . . . .	<b>8</b>		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . .	<b>9</b>		
10	Exploited exempt activity income (Schedule I) . . . . .	<b>10</b>		
11	Advertising income (Schedule J) . . . . .	<b>11</b>		
12	Other income (See instructions, attach schedule) . . . . .	<b>12</b>		
13	<b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b>	3,942,829.	3,942,829.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions ) (Except for contributions, deductions must be directly connected with the unrelated business income )

14	Compensation of officers, directors, and trustees (Schedule K) . . . . .	<b>14</b>		
15	Salaries and wages . . . . .	<b>15</b>		
16	Repairs and maintenance . . . . .	<b>16</b>		
17	Bad debts . . . . .	<b>17</b>		
18	Interest (attach schedule) (see instructions) . . . . .	<b>18</b>		
19	Taxes and licenses . . . . .	<b>19</b>		220,000.
20	Charitable contributions (See instructions for limitation rules) . . . . .	<b>20</b>		80,089.
21	Depreciation (attach Form 4562) . . . . .	<b>21</b>		
22	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22a</b>		
		<b>22b</b>		
23	Depletion . . . . .	<b>23</b>		
24	Contributions to deferred compensation plans . . . . .	<b>24</b>		
25	Employee benefit programs . . . . .	<b>25</b>		
26	Excess exempt expenses (Schedule I) . . . . .	<b>26</b>		
27	Excess readership costs (Schedule J) . . . . .	<b>27</b>		
28	Other deductions (attach schedule) . . . . .	<b>28</b>	ATCH 3	2,921,943.
29	<b>Total deductions.</b> Add lines 14 through 28 . . . . .	<b>29</b>		3,222,032.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 . . . . .	<b>30</b>		720,797.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . . .	<b>31</b>		
32	<b>Unrelated business taxable income</b> Subtract line 31 from line 30 . . . . .	<b>32</b>		720,797.

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2018



**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_

Department of the Treasury  
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Open to Public Inspection for  
501(c)(3) Organizations Only

Name of organization

INDIANA UNIVERSITY HEALTH, INC.

Employer identification number

35-1955872

Unrelated business activity code (see instructions) ▶ 446110

Describe the unrelated trade or business ▶ NON-PATIENT PHARMACY SERVICES

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 14,606,781.			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3	14,606,781.	14,606,781.
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	<b>Total.</b> Combine lines 3 through 12.	13	14,606,781.	14,606,781.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions ) (Except for contributions, deductions must be directly connected with the unrelated business income )

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		739,529.
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		53,095.
20	Charitable contributions (See instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)	21	4,666.	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b 4,666.
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		128,587.
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule) ATCH. 4	28		15,001,042.
29	<b>Total deductions</b> Add lines 14 through 28.	29		15,926,919.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30		-1,320,138.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32	<b>Unrelated business taxable income</b> Subtract line 31 from line 30	32		-1,320,138.

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2018

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_

Department of the Treasury  
Internal Revenue Service

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▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of organization

INDIANA UNIVERSITY HEALTH, INC.

Employer identification number

35-1955872

Unrelated business activity code (see instructions) ▶ 900003

Describe the unrelated trade or business ▶ RENT - CONTROLLED ORGANIZATIONS

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
<b>c Balance ▶</b>	<b>1 c</b>			
<b>2</b>	Cost of goods sold (Schedule A, line 7)			
<b>3</b>	Gross profit Subtract line 2 from line 1c			
<b>4 a</b>	Capital gain net income (attach Schedule D)			
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
<b>c</b>	Capital loss deduction for trusts			
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)			
<b>6</b>	Rent income (Schedule C)			
<b>7</b>	Unrelated debt-financed income (Schedule E)			
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) <b>ATCH 5</b>	311,110.	255,973.	55,137.
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
<b>10</b>	Exploited exempt activity income (Schedule I)			
<b>11</b>	Advertising income (Schedule J)			
<b>12</b>	Other income (See instructions, attach schedule)			
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	311,110.	255,973.	55,137.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions ) (Except for contributions, deductions must be directly connected with the unrelated business income )

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b>	Salaries and wages	<b>15</b>	
<b>16</b>	Repairs and maintenance	<b>16</b>	
<b>17</b>	Bad debts	<b>17</b>	
<b>18</b>	Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b>	Taxes and licenses	<b>19</b>	
<b>20</b>	Charitable contributions (See instructions for limitation rules)	<b>20</b>	5,514.
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b>	Depletion	<b>23</b>	
<b>24</b>	Contributions to deferred compensation plans	<b>24</b>	
<b>25</b>	Employee benefit programs	<b>25</b>	
<b>26</b>	Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b>	Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b>	Other deductions (attach schedule)	<b>28</b>	
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>	5,514.
<b>30</b>	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	<b>30</b>	49,623.
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
<b>32</b>	<b>Unrelated business taxable income</b> Subtract line 31 from line 30	<b>32</b>	49,623.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of organization

INDIANA UNIVERSITY HEALTH, INC.

Employer identification number

35-1955872

Unrelated business activity code (see instructions) ▶ 524298

Describe the unrelated trade or business ▶ CAPTIVE INSURANCE AND INVESTMENT INCOME

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>-2,931,719.</u>			
b	Less returns and allowances _____			
c Balance ▶		1c		
				-2,931,719.
2	Cost of goods sold (Schedule A, line 7) . . . . .	2		
3	Gross profit Subtract line 2 from line 1c . . . . .	3		-2,931,719.
4a	Capital gain net income (attach Schedule D) . . . . .	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	4b		
c	Capital loss deduction for trusts . . . . .	4c		
5	Income (loss) from a partnership or an S corporation (attach statement) . . . . .	5		
6	Rent income (Schedule C) . . . . .	6		
7	Unrelated debt-financed income (Schedule E) . . . . .	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . . . . .	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . .	9		
10	Exploited exempt activity income (Schedule I) . . . . .	10		
11	Advertising income (Schedule J) . . . . .	11		
12	Other income (See instructions, attach schedule) . . . . .	12		
13	<b>Total.</b> Combine lines 3 through 12 . . . . .	13	-2,931,719.	-2,931,719.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions ) (Except for contributions, deductions must be directly connected with the unrelated business income )

14	Compensation of officers, directors, and trustees (Schedule K) . . . . .	14		
15	Salaries and wages . . . . .	15		
16	Repairs and maintenance . . . . .	16		
17	Bad debts, . . . . .	17		
18	Interest (attach schedule) (see instructions), . . . . .	18		
19	Taxes and licenses . . . . .	19		
20	Charitable contributions (See instructions for limitation rules) . . . . .	20		
21	Depreciation (attach Form 4562), . . . . .	21		
22	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	22a		22b
23	Depletion . . . . .	23		
24	Contributions to deferred compensation plans . . . . .	24		
25	Employee benefit programs . . . . .	25		
26	Excess exempt expenses (Schedule I), . . . . .	26		
27	Excess readership costs (Schedule J) . . . . .	27		
28	Other deductions (attach schedule) . . . . .	28		
29	<b>Total deductions.</b> Add lines 14 through 28, . . . . .	29		
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30		-2,931,719.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions), . . . . .	31		
32	<b>Unrelated business taxable income</b> Subtract line 31 from line 30 . . . . .	32		-2,931,719.

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2018

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of organization

INDIANA UNIVERSITY HEALTH, INC.

Employer identification number

35-1955872

Unrelated business activity code (see instructions) ▶ 900099

Describe the unrelated trade or business ▶ SUPPORT SERVICES TO RELATED ENTITIES

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>10,236,176.</u>			
<b>b</b>	Less returns and allowances _____			
	<b>c Balance ▶</b>	<b>1c</b>		
		10,236,176.		
<b>2</b>	Cost of goods sold (Schedule A, line 7) . . . . .	<b>2</b>		
<b>3</b>	Gross profit Subtract line 2 from line 1c . . . . .	<b>3</b>	10,236,176.	10,236,176.
<b>4a</b>	Capital gain net income (attach Schedule D) . . . . .	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts . . . . .	<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b>		
<b>6</b>	Rent income (Schedule C) . . . . .	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Schedule E) . . . . .	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) . . . . .	<b>8</b>		
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . .	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Schedule I) . . . . .	<b>10</b>		
<b>11</b>	Advertising income (Schedule J) . . . . .	<b>11</b>		
<b>12</b>	Other income (See instructions, attach schedule) . . . . .	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b>	10,236,176.	10,236,176.

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions ) (Except for contributions, deductions must be directly connected with the unrelated business income )				
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K) . . . . .	<b>14</b>		
<b>15</b>	Salaries and wages . . . . .	<b>15</b>		5,563,183.
<b>16</b>	Repairs and maintenance . . . . .	<b>16</b>		747,579.
<b>17</b>	Bad debts, . . . . .	<b>17</b>		
<b>18</b>	Interest (attach schedule) (see instructions), . . . . .	<b>18</b>		
<b>19</b>	Taxes and licenses . . . . .	<b>19</b>		
<b>20</b>	Charitable contributions (See instructions for limitation rules) . . . . .	<b>20</b>		62,756.
<b>21</b>	Depreciation (attach Form 4562), . . . . .	<b>21</b>		
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22a</b>		
		<b>22b</b>		
<b>23</b>	Depletion . . . . .	<b>23</b>		
<b>24</b>	Contributions to deferred compensation plans . . . . .	<b>24</b>		
<b>25</b>	Employee benefit programs . . . . .	<b>25</b>		1,388,596.
<b>26</b>	Excess exempt expenses (Schedule I), . . . . .	<b>26</b>		
<b>27</b>	Excess readership costs (Schedule J) . . . . .	<b>27</b>		
<b>28</b>	Other deductions (attach schedule) . . . . . <b>ATCH 6</b>	<b>28</b>		1,909,261.
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28, . . . . .	<b>29</b>		9,671,375.
<b>30</b>	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	<b>30</b>		564,801.
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions), . . . . .	<b>31</b>		
<b>32</b>	Unrelated business taxable income Subtract line 31 from line 30 . . . . .	<b>32</b>		564,801.

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2018

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment  
Sequence No **179**

Name(s) shown on return

INDIANA UNIVERSITY HEALTH, INC.

Identifying number

35-1955872

Business or activity to which this form relates

**GENERAL DEPRECIATION AND AMORTIZATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,666.

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.	22	4,666.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If "Yes," is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use See instructions							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1.							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1.								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons See instructions

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2018 tax year (see instructions)						
SEE ACTIVITY FORM DETAIL					1,495,931.	
43 Amortization of costs that began before your 2018 tax year					43	2,557,052.
44 Total. Add amounts in column (f) See the instructions for where to report					44	4,052,983.



# Sales and Other Dispositions of Capital Assets

Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.

**2018**

Department of the Treasury  
Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment  
Sequence No **12A**

Name(s) shown on return <b>INDIANA UNIVERSITY HEALTH, INC.</b>	Social security number or taxpayer identification number <b>35-1955872</b>
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Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions).

You **must** check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	THE VARDE FUND XII (B) (FEEDER),	VARIOUS	12/31/2018	1,282.				1,282
	THE VARDE FUND XIII (B) (FEEDER),	VARIOUS	12/31/2018		13,509			-13,509
<b>2 Totals</b>	Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				1,282	13,509		-12,227

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.





ATTACHMENT 1FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

CIRCLE CENTRE PARTNERS LP (EIN: 35-1846143)	30,774.
KKR ENERGY I & G FUND I-TE LP (EIN: 68-0683554)	-270,708.
MONROE CAP. PRIV. CREDIT FD II (EIN: 47-2421840)	-1,167.
OAKTREE R.E. OPP. FUND VII, L.P. (EIN: 98-1179791)	379,466.
PETERSHILL II OFFSHORE LP (EIN: 98-1146440)	55,815.
RIVERS. GLOBAL E&P FUND VI (CAY) (EIN: 98-1223791)	225,416.
RIVERS. GLOBAL E&P FUND VI (MMS) (EIN: 98-1235014)	-8,764.
RIVERS. GLOBAL E&P FUND VI, LP (EIN: 36-4789241)	-3,477,781.
THE VARDE FUND XII (B) (FEEDER) (EIN: 81-0992297)	-159,142.
QUANTUM ENERGY PARTNERS VII, LP (EIN: 81-4516497)	-1,424,275.
KKR IUH INVESTORS, LP (EIN: 81-2264755)	-2,136,997.
THE VARDE FUND XIII (B) (FEEDER), LP (98-1433361)	-7,484.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-6,794,847.</u>

PARTNERSHIPS (OPERATING, NON-INVESTMENT)

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

HEALTH VENTURE MANAGEMENT, LLC (20-5740218)	1,849,541.
IUH URGENT CARE CENTERS LLC (47-3832952)	-447,221.
LA PORTE HEALTH SYSTEM, LLC (81-0713794)	-4,133,936.
THE HEALTHCARE GROUP, LLC (35-2067373)	172,016.
UNITED HOSPITAL SERVICES, LLC (20-3088879)	118,815.
INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS	<u>-2,440,785.</u>

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DIRECT COSTS - NON-PATIENT LAB	1,965,449.
INDIRECT COSTS - NON-PATIENT LAB	956,494.

PART II - LINE 28 - OTHER DEDUCTIONS	<u>2,921,943.</u>
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SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES & DRUGS	13,598,271.
PURCHASED SERVICES	115,843.
UTILITIES, RENT & MAINTENANCE	32,749.
INDIRECT EXPENSES	1,254,179.

PART II - LINE 28 - OTHER DEDUCTIONS

15,001,042.



SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES	35,809.
PURCHASED SERVICES	1,863,658.
CHARGEBACK EXPENSES	9,794.

PART II - LINE 28 - OTHER DEDUCTIONS

1,909,261.

Indiana University Health, Inc.  
 EIN: 35-1955872  
 2018 Form 990-T  
 Net Operating Loss (NOL) Rollforward

	Partnerships (Investment)	Operating Partnerships (Non- Investment)	Non-Patient Laboratory Services	Non-Patient Pharmacy Services	Rent - Controlled Organizations	Captive Insurance and Investment	Support Services to Related Organizations
NOL Generated YE 12/31/2018	5,734,100	2,440,785	-	1,320,138	-	2,931,719	-
Carried forward to 2019	5,734,100	2,440,785	-	1,320,138	-	2,931,719	-



Indiana University Health, Inc.  
 EIN: 35-1955872  
 2018 Form 990-T  
 Part II, Line 20 - Charitable Contributions

	Total
5 Year Contribution Carryover	
Charitable Contribution Generated - Year Ending 12/31/2013	58,044,986
Charitable Contribution Generated - Year Ending 12/31/2017	9,394,693
Charitable Contribution Carryover from 2017	67,439,679
Unrelated Trade or Business Income	
Charitable Contribution Limitation (Limited to 10% of UBTI + STD + NOL)	(148,359)
Charitable Contribution Utilized	(148,359)
Charitable Contribution Generated - Year Ending 12/31/2018	15,129,038
Charitable Contribution Carryover to 2019	82,420,358

Indiana University Health, Inc. 2018 Form 990, Part IX, Lines 1 & 2, Grants paid	Partnerships (Investment)	Operating Partnerships (Non-Investment)	Non-Patient Laboratory Services	Non-Patient Pharmacy Services	Rent - Controlled Organizations	Captive Insurance and Investment	Support Services to Related Organizations
	(5,734,100)	(2,440,785)	800,886	-	55,137	(2,931,719)	627,559
	-	-	80,089	-	5,514	-	62,756
	-	-	80,089	-	5,514	-	62,756
15,122,147	-	6,891	-	-	-	-	-