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	ment of the Treasury  I Revenue Service	<b>&gt;</b> 0-		w.irs.gov/Form990					1/0)/2)	-	pen to Pu	oblic Inspection for
A	Check box if	<u> </u>	Name of organiz	ation ( Check be		ne changed and se						ation number
^ _	address changed		Traine or organiz	allon (	ν II . ι ω .	no onangos ans oc		· ,				instructions)
B Exer	mpt under section		INDIANA	UNIVERSITY H	HEAL'	TH, INC.						
_	501( C)( <b>↑</b> 3)	Print	<del></del>	and room or suite no 1			 ns		<del>-</del> ∃ 3	5-195	5872	
$\overline{}$	408(e) 220(e)	or							Ε	Unrelated	busines	ss activity cod
-	408A 530(a)	Type	950 N. M	ERIDIAN STR	EET			300		(See instru	ctions)	
$\vdash$	529(a)		City or town, sta	ate or province, country	y, and Z	ZIP or foreign postal	code		_			
	k value of all assets		INDIANAP	OLIS, IN 462	204			~	`   5	25990		
at e	nd of year	F Gro		umber (See instructi		<b>&gt;</b>			. <u> </u>			
9	596487824.			type ▶ X 501			501(c)	) trust	40	)1(a) tru:	st	Other tr
		·		ited trades or busine						only (or		
		-		(INVESTMENT			only one.	complete Parts		,		
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	ade or business, the		•	mode contende, con	прісто	r and randin, od	mpioto a o	onodalo III Ioi V	Juu u			
				ubsidiary in an affili	ated or	roup or a parent-		controlled arous	12		<b>•</b>	Yes X
	-			ber of the parent co			ioosiaidi y c	ortholica group	•			
	ne books are in care				poratio	OII P	Telephon	e number ► 3	317-	963-48	342	
	t l' Unrelated					(A) Inco		(B) Exp		T		(C) Net
	Gross receipts or s		J. Duomicoo			(1,7,11100		(=, =p				~
	Less returns and allowa			c Balance ▶	1c							
			(ulo A. lino 7)	C Balance >	2							
3	-	•			3	<del> </del>				<del></del>		
	Capital gain net in				4a	1.33	3,851.					1,338,85
					4a 4b	1,55	,,001.			-		
				ttach Form 4797)								
	*				4c 5	-9	1,470.	ATCH	1			-91,4
				tach statement)	6		-, 1, 0.	AICII		-		
					7							
7			•	E)								
	-			organization (Schedule F)		<del>  - · · · · ·</del> -						
				rganization (Schedule G)	10							
10				el)	$\vdash$	<u> </u>		<del></del>				
	Advertising incom				11							
12	,			nedule)	12	1 24	7,381.					1,247,38
40	Total Combine in	ies 3 thro			1 13 1							1,24,,0
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	t II Deduction	ns Not	Taken Elsew	here (See instr	ructio			leductions)	(Dec	luction	s must	be directi
Part	t II Deduction connected	ns Not	Taken Elsew ne unrelated	here (See instr business incom	ructio e )			leductions)	(Dec		s must	be directi
Part	connected  Compensation of	ns Not d with the	Taken Elsew ne unrelated directors, and tru	where (See instruction business incomustees (Schedule K)	uctio e)	ons for limitati		leductions )	(Dec	14	s must	be directi
Part 14 15	Compensation of Salaries and wage	ns Not a d with the officers, a	Taken Elsew ne unrelated directors, and tru	where (See instribusiness incomustees (Schedule K).  RECE	uctio e)	ons for limitati	ons on d			14	s must	be directi
Part 14 15 16	connected Compensation of Salaries and wage Repairs and main	ns Not d with the officers, es	Taken Elsew ne unrelated directors, and tru	where (See instruction business incompustees (Schedule K)	uctio e)	ns for limitati	ons on d			14 15 16	s must	be directi
14 15 16	connected  Compensation of Salaries and wage Repairs and main	ns Not d with the officers, es	Taken Elsewne unrelated directors, and tru	where (See instruction business incomposites (Schedule K)	e)	Ons for limitati	ons on d			14 15 16 17	s must	be directi
14 15 16 17	Compensation of Salaries and wage Repairs and main Bad debts Interest (attach so	ns Not d with the officers, es	Taken Elsew he unrelated directors, and tru	where (See instribusiness incompustees (Schedule K) RECE	e)	Ons for limitati	ons on d			14 15 16 17 18	s must	be directi
Part 14 15 16 17 18	Compensation of Salaries and wage Repairs and mains Bad debtsInterest (attach so Taxes and licenses	ns Not downth the officers, we tenance chedule) (s	Taken Elsewne unrelated directors, and tru	where (See instribusiness incomustees (Schedule K) RECE	iVE	D SO	ons on d			14 15 16 17	s must	be directi
Part 14 15 16 17 18 19	Compensation of Salaries and wage Repairs and main: Bad debts Interest (attach so Taxes and licenses Depreciation (atta	ns Not d with the officers, es tenance chedule) ( s ach Form	Taken Elsewhe unrelated directors, and tru	where (See instribusiness incompustees (Schedule K) RECE NOV 1	IVE 8 20	Ons for limitations of the second sec	ons on d			14 15 16 17 18 19	s must	be direct
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Part 14 15 16 17 18 19 20 21	Compensation of Salaries and wage Repairs and mains Bad debts Interest (attach so Taxes and licenses Depreciation (atta Less depreciation Depletion	ns Not d with the officers, es tenance chedule) (s che Form claimed	Taken Elsew he unrelated directors, and tru	where (See Instribusiness Incombustees (Schedule K) RECE NOV 1 OGDE and elsewhere on Te	N,	D S20	ons on d			14 15 16 17 18 19 21b	s must	be directl
Part 14 15 16 17 18 19 20 21 22 23	Compensation of Salaries and wage Repairs and mains Bad debts Interest (attach so Taxes and licenses Depreciation (attaless depreciation Depletion Contributions to describe the contributions the contributions to describe the contributions the contributions the contributions the contributi	ns Not d with the officers, es	Taken Elsewhe unrelated directors, and tructions (see instructions)	where (See Instribusiness Incompustees (Schedule K) RECE NOV 1 OGDE and elsewhere on Te	N,	D SS	ons on d			14	s must	be directl
Part 14 15 16 17 18 19 20 21 22 23 24	Compensation of Salaries and wage Repairs and mains Bad debts Interest (attach so Taxes and licenses Depreciation (atta Less depreciation Depletion Contributions to demployee benefit	ns Not d with the officers, es	Taken Elsewhe unrelated directors, and trude true true true true true true true tru	where (See Instribusiness Incompustees (Schedule K) RECE NOV 1 OGDE and elsewhere on Te	8 20	D 320 32	ons on d			14	s must	be directl
Part 14 15 16 17 18 19 20 21 22 23 24 25	Compensation of Salaries and wage Repairs and main: Bad debts Interest (attach so Taxes and licenses Depreciation (attaless depreciation Depletion Contributions to demployee benefit Excess exempt ex	ns Not d with the officers, es	Taken Elsew the unrelated directors, and tru	where (See Instribusiness Incompustees (Schedule K) RECE NOV 1 OGDE and elsewhere on Te	8 20	D SS	ons on d			14	s must	be directl
Part 14 15 16 17 18 19 20 21 22 23 24 25 26	Compensation of Salaries and wage Repairs and mains Bad debts Interest (attach so Taxes and licenses Depreciation (atta Less depreciation Depletion Contributions to demployee benefit Excess exempt excess readership	ns Not d with the officers, es	Taken Elsew the unrelated directors, and tru	where (See Instribusiness Incompustees (Schedule K) RECE NOV 1 OGDE and elsewhere on Te	N,	D SS	ons on d			14	s must	be direct
Part 14 15 16 17 18 19 20 21 22 23 24 25 26 27	Compensation of Salaries and wage Repairs and mains Bad debts Interest (attach so Taxes and licenses Depreciation (atta Less depreciation Depletion Contributions to demployee benefit Excess exempt ex Excess readership Other deductions	ns Not d with the officers, es	Taken Elsew the unrelated directors, and tru	where (See Instribusiness Incomustees (Schedule K) RECE NOV 1 OGDE and elsewhere on Te	N,	D SS	ons on d			14	s must	be direct
Part 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Compensation of Salaries and wage Repairs and mains Bad debts Interest (attach so Taxes and licenses Depreciation (atta Less depreciation Depletion Contributions to demployee benefit Excess exempt ex Excess readership Other deductions.	ns Not d with the officers, es	Taken Elsew the unrelated directors, and tru	where (See Instribusiness Incomustees (Schedule K) RECE NOV 1 OGDE and elsewhere on Te	N,	D SS	ons on d			14		
Part 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Compensation of Salaries and wage Repairs and mains Bad debts Interest (attach so Taxes and licenses Depreciation (atta Less depreciation Depletion Contributions to demployee benefit Excess exempt ex Excess readership Other deductions.	ns Not d with the officers, es	Taken Elsew the unrelated directors, and tru	where (See Instribusiness Incomustees (Schedule K) RECE NOV 1 OGDE and elsewhere on Te	N,	D SS	ons on d			14		1,247,38
Part 14 15 16 17 18 19 20 21 22 23 24 25 26 227 28 29 30	Compensation of Salaries and wage Repairs and mains Bad debts Interest (attach so Taxes and licenses Depreciation (attal Less depreciation Depletion Contributions to demployee benefit Excess exempt ex Excess readership Other deductions. Unrelated busines Deduction for net	ns Not d with the officers, es tenance tenance chedule) (s che Form claimed chemed che	Taken Elsewhe unrelated directors, and tructions, and tructions; (see instructions; 4562)	where (See Instribusiness Incompustees (Schedule K) RECE NOV 1 OGDE and elsewhere on re ore net operating it axy years beginning	8 20	deduction Subprafter January 1	ons on d	28 from line		14		1,247,38
Pari 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Compensation of Salaries and wage Repairs and mains Bad debts Interest (attach so Taxes and licenses Depreciation (attal Less depreciation Depletion Contributions to demployee benefit Excess exempt ex Excess readership Other deductions. Unrelated busines Deduction for net	ns Not d with the officers, is seen ance chedule) (is seen ance ched	Taken Elsewhe unrelated directors, and trude direct	where (See Instribusiness Incompustees (Schedule K) RECE NOV 1 OGDE and elsewhere on re ans ore net operating a tax years beginning act line 30 from line	8 20	deduction Subprafter January 1	ons on d	28 from line		14   15   16   17   18   19   21b   22   23   24   25   26   27   28   29		1,247,38 1,247,38

Pai	t III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
-	instructions)	32	34	47,241.
33	Amounts paid for disallowed fringes	33		
	Charitable contributions (see instructions for limitation rules) ATCH. 2	34		34,724.
34		34	<del>`</del>	.,,
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line		21	10 517
	34 from the sum of lines 32 and 33	35	3.	12,517.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions)	36		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	31	12,517.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		1,000.
	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,	<del>                                     </del>		• • • • • • • • • • • • • • • • • • • •
39		ا مد ا	31	11,517.
	enter the smaller of zero or line 37	39		11,517.
Pai	t IV Tax Computation			CF 410
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40		65 <b>,</b> 419.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on			
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41		
42	Proxy tax. See instructions	42		
43	Alternative minimum tax (trusts only)	43		
	Tax on Noncompliant Facility Income. See Instructions			
44	•			65,419.
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		33,417.
	t V Tax and Payments			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
b	Other credits (see instructions)			
С	General business credit Attach Form 3800 (see instructions)	] [		
d	Credit for prior year mınımum tax (attach Form 8801 or 8827)			
	Total credits. Add lines 46a through 46d	46e		
47	Subtract line 46e from line 45	47		55,419.
	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule).	48		
48				65,419.
49	Total tax. Add lines 47 and 48 (see instructions)	49		33,413.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		
	Payments: A 2018 overpayment credited to 2019			
b	2019 estimated tax payments			
С	Tax deposited with Form 8868	]		
đ	Foreign organizations Tax paid or withheld at source (see instructions) 51d			
е	Backup withholding (see instructions)	]		
f	Credit for small employer health insurance premiums (attach Form 8941) 51f			
g	Other credits, adjustments, and payments Form 2439	1		
-	Form 4136 Other Total ▶ 51g			
52	Total payments. Add lines 51a through 51g	52	1.74	19,480.
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	•	<u> </u>
53	· · · · · · · · · · · · · · · · · · ·		<del></del>	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	1 60	34,061.
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	1,00	74,001.
56	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶ 1, 684, 061. Refunded ▶	56		
Par			····	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	-	1	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts if "Yes," enter the name of the	foreigr	o country	
	here ►UK CA CJ KR			Х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trus	r L	X
	If "Yes," see instructions for other forms the organization may have to file		Γ	T
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of m	ny knowledge ar	nd belief, it is
Sigi	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
_			IRS discuss 1	
Her		h the einstructi	preparer sho	- T
				X No
Paid	Print/Type preparer's name Preparer's signature  Check		150000	
	DENNITER D'RIODERICK NUMBER /1-/20 Selle	mployed		
	Firm's name ERNSI & TOONS U.S. (ALE /	EIN >	34-6565	
	Firm's address Fill Monoment Circle, Solie 4000, Indianatolis, in 40204 Phone	en <b>6</b> 3∶	17-681-7	000
JSA 741 1 0		-	Form 99	<b>0-T</b> (2019)

Form 990-T (2019)										Page 3
Schedule A - Cost of G	<u>oods Sold.</u>	nter method	d of invento							
1 Inventory at beginning of	year 1			6 Inventory	at end of yea	ar	6			
2 Purchases	2			7 Cost of	goods so	ld. Subtract line				
3 Cost of labor	3			6 from lii	ne 5 Enter	here and in Part				
4a Additional section 263A c	osts			I, line 2			7			
(attach schedule)	4a			8 Do the	rules of	section 263A (w	ith re	espect to	Yes	No
b Other costs (attach sched	ule) . 4b					or acquired for				
5 Total Add lines 1 through				to the orga	anization? .	<u> </u>		<u></u>		X
Schedule C - Rent Incom	e (From Real	Property a	nd Person	al Property	Leased V	Vith Real Proper	ty)			-
(see instructions)										
1 Description of property										
(1)										
(2)										
(3)								_		
<u>(4)</u>										
_	2. Rent rece	eived or accrue	ed							
(a) From personal property (if the for personal property is more th more than 50%	nan 10% but not	percent	age of rent for	personal property personal property pased on profit or	exceeds	3(a) Deductions dir in columns 2(a				ome
(1)		T						· <u> </u>		
(2)										
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of chere and on page 1, Part I, line 6						(b) Total deduction Enter here and on Part I, line 6, colum	page 1			
Schedule E - Unrelated D			e instructio	ns)	•	<u> </u>	. \			
		<u>\</u>		ncome from or	3 0	eductions directly con			e to	
1 Description of de	bt-financed property		_ +	debt-financed	(a) Strough	debt-finance		rty o) Other deduc	4.000	
			pro	operty		ch schedule)		(attach sched		
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adj of or alloc debt-financed (attach sch	able to I property	4 d	Column Ivided olumn 5		ncome reportable		Allocable dedomn 6 x total of 3(a) and 3(b	f colum	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
						e and on page 1, e 7, column (A)		here and or I, line 7, colu		
Totals	ions included in c									

35-1955872

Schedule F - Interest, Ann	uities, Royaltie	s, and R	tents l	From Cont	rolled O	rganiza	tions (see	e instruction	ons)	
		Ex	empt (	Controlled C	)rganızatı	ons				
Name of controlled     organization	2 Employer identification numb	er		related income ee instructions)	l l	of specifie	d included	f column 4 th in the contro ion's gross inc	olling	6 Deductions directly connected with income in column 5
(1)		-								
(2)	· · · · · · · · · · · · · · · · · · ·									
(3)										
(4)										
Nonexempt Controlled Organi	zations							_		•
7 Taxable Income	8 Net unrelated in (loss) (see instruc			9 Total of spec payments ma		ınclu	art of column ded in the co ization's gross	ntrolling		Deductions directly nected with income in column 10
(1)					-				-	
(2)							_			
(3)					•					_
(4)										
Totals					▶	Ente Part	columns 5 ar here and on I, line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, int I, line 8, column (B)
Schedule G-Investment I	ncome of a Sec	ction 50	)1(c)(7			nizatio	<b>n</b> (see inst	tructions)		
1 Description of income	2 Amount of	income		directly	luctions connected schedule)			t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)	-									
(2)										
(3)										
(4)				<u> </u>						
Totals	Enter here and Part I, line 9, c									Enter here and on page 1 Part I, line 9, column (B)
Schedule I - Exploited Ex	empt Activity In	come, C	Other	Than Adve	rtising l	ncome	(see instru	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Ex diri connec produ unre	penses ectly cted with ction of elated is income	4 Net ind from unre or busine 2 minus If a gain	come (loss) elated trade ss (column column 3) , compute hrough 7	5 Gro from a	ess income ictivity that unrelated ess income	6 Experatributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<del> </del>					<b>_</b>		1		
(1) (2)	-		-					<del>                                     </del>		
(3)						-				_
(4)	-									
Totals	Enter here and on page 1, Part I, line 10, col (A)		ere and o I, Part I, , col (B)	n		.l <u>.</u>				Enter here and on page 1, Part II, line 25
Schedule J- Advertising I	ncome (see instr	uctions)								
Part I Income From Per			Cons	olidated B	asis					
income i Tom i e		ica on a	,	4 Adv	ertising					7 Excess readership
1 Name of periodical	2 Gross advertising income	_	Direct sing costs	2 minus a gain,	(loss) (col col 3) If compute hrough 7	1	rculation come	6 Reade cost		costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										
, , , , , , , , , , , , , , , , , , ,				_		-				- 000 T (0040

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, bu not more than column 4)
1)						
2)						
3)		·				
4)						
otals from Part I ▶						
	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 26
otals, Part II (lines 1-5)						

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)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 990-T (2019)

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

For calendar year 2019 or other tax year beginning \_\_\_ \_\_\_ , 2019, and ending

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

	Revenue Service Do not enter SSN numbers on this form as	s it ma	y be made public if y	our organi	zation is a 501(c)(3	» [	Open to Public Inspection for 501(c)(3) Organizations Only
	of the organization				Emplo	yer ider	ntification number
IND	IANA UNIVERSITY HEALTH, INC.				35-	19558	372
	Unrelated Business Activity Code (see instructions) ▶ 62199	9					
	Describe the unrelated trade or business ► PARTNERSHIP		PERATING, N	ON-INV	ESTMENT)		
Pai	t   Unrelated Trade or Business Income		(A) Income		(B) Expense	5	(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					
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement) ATCH 3	5	1,546	,271.			1,546,271.
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)				<u></u>		
	organization (Schedule G)	9		Ì			
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule)	12					
13	Total. Combine lines 3 through 12	13	1,546	,271.			1,546,271.
Par	connected with the unrelated business income )						pe directly
14	Compensation of officers, directors, and trustees (Schedule K)						
15	Salaries and wages					. 15	
16	Repairs and maintenance						ļ
17	Bad debts						<u> </u>
18	Interest (attach schedule) (see instructions)						
19	Taxes and licenses		1	1	• • • • • • • •	· <u>19</u>	<u> </u>
20	Depreciation (attach Form 4562)					_	
21	Less depreciation claimed on Schedule A and elsewhere on re					21b	<u> </u>
22	Depletion						<del> </del>
23	Contributions to deferred compensation plans						ļ
24	Employee benefit programs						<del> </del>
25	Excess exempt expenses (Schedule I)						<del> </del>
26	Excess readership costs (Schedule J)						<del> </del>
27	Other deductions (attach schedule)						<del> </del>
28	Total deductions. Add lines 14 through 27						1,546,271.
29	Unrelated business taxable income before net operating						1,546,271.
30	Deduction for net operating loss arising in tax years	pegin	ning on or after	January	1, 2018 (see	1	1,340,2/1.

For Paperwork Reduction Act Notice, see instructions

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

\_ , 2019, and ending For calendar year 2019 or other tax year beginning

▶ Go to www.irs gov/Form9907 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).

Name of the 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	LAE	BORATORY SERVICES		
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
	Gross receipts or sales 8, 632, 326.		-		
b	Less returns and allowances c Balance ▶	1c	8,632,326.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	8,632,326.		8,632,326.
4a	Capital gain net income (attach Schedule D)	4a			_
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).	4b			
С	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)				
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total, Combine lines 3 through 12	13	8,632,326.		8,632,326.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions ) (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	l	
17	Bad debts	l .	
18	Interest (attach schedule) (see instructions)	t .	
19	Taxes and licenses	1	
20	Depreciation (attach Form 4562)	1	
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	_
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)	27	10,648,722.
28	Total deductions. Add lines 14 through 27		10,648,722.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-2,016,396.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions),	30	
31	Unrelated business taxable income Subtract line 30 from line 29		-2,016,396.

For Paperwork Reduction Act Notice, see instructions

# Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_\_\_, 2019, 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

Name of the 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

(C) Net Part I Unrelated Trade or Business Income (B) Expenses (A) Income 14,634,054. 1 a Gross receipts or sales 14,634,054. b Less returns and allowances 1c Cost of goods sold (Schedule A, line 7)...... 2 2 14,634,054. 14,634,054. Gross profit Subtract line 2 from line 1c . . . . . . . . . . . 3 3 4a Capital gain net income (attach Schedule D) . . . . . . . b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b Income (loss) from a partnership or an S corporation (attach 5 6 Unrelated debt-financed income (Schedule E). . . . . . . 7 8 Interest, annuities, royalties, and rents from a controlled 8 Investment income of a section 501(c)(7), (9), or (17) 9 10 Exploited exempt activity income (Schedule I) . . . . . . 10 Advertising income (Schedule J) . . . . . . . . . . . . . . . . . . 11 11 12 Other income (See instructions, attach schedule) . . . . . 12 14,634,054. 14,634,054. Total. Combine lines 3 through 12...... 13

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

	connected with the unrelated business income )		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	760,937.
16	Repairs and maintenance		
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	53,767.
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	6,209.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	108,235.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)	27	15,604,598.
28	Total deductions. Add lines 14 through 27	28	16,533,746.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-1,899,692.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
- •	instructions).	30	
31	Unrelated business taxable income Subtract line 30 from line 29		-1,899,692.

For Paperwork Reduction Act Notice, see instructions

# Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning \_\_\_\_\_\_\_\_, 2019, and ending \_\_\_\_\_\_\_, 2

▶ 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).

501(c)(3) Organizations Only

Name of the organization

Employer identification number

	·- F · J ·	
INDIANA UNIVERSITY HEALTH, INC.	35-19558	72
Unrelated Business Activity Code (see instructions) ▶ 900003		
Describe the unrelated trade or business ▶ RENT - CONTROLLE	D ORGANIZATIONS	
		<u> </u>

b Le: 2 Co 3 Gi 4a Ca b Ne c Ca 5 In str 6 Re 7 Ur	ross recepts or sales ss returns and allowances c Balance c solot of goods sold (Schedule A, line 7) ross profit Subtract line 2 from line 1c apital gain net income (attach Schedule D) et gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). apital loss deduction for trusts come (loss) from a partnership or an S corporation (attach atement)	2 3 4a 4b 4c			
2 Cd 3 Gi 4a Cd b Ne c Cd 5 In sta	ost of goods sold (Schedule A, line 7)	2 3 4a 4b 4c			
3 Gri 4a Ca b Ne c Ca 5 In- sta 6 Re 7 Ur	ross profit Subtract line 2 from line 1c	3 4a 4b 4c			
4a Ca b Ne c Ca 5 Inc sta 6 Re 7 Ur	apital gain net income (attach Schedule D)	4a 4b 4c			
b Ne c Ca 5 In- str 6 Re 7 Ur	et gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).  apital loss deduction for trusts	4b 4c			
6 Re 7 Ur	apital loss deduction for trusts	4c			
5 In- sta 6 Re 7 Ua	come (loss) from a partnership or an S corporation (attach atement)		-		
sta 6 Re 7 Ua	atement)	_	ĺ	ł	
6 Re 7 Ur		اء			
7 Ur		5			
	ent income (Schedule C)	6			
A 1	nrelated debt-financed income (Schedule E)	7			
8 In	terest, annuities, royalties, and rents from a controlled				
or	ganization (Schedule F) ATCH 6 .	8	317,332.	275,461.	41,871
	vestment income of a section 501(c)(7), (9), or (17)				
or	ganızatıon (Schedule G)	9			
10 Ex	xploited exempt activity income (Schedule I)	10			
	dvērtising income (Schedule J)	11			
	ther income (See instructions, attach schedule)	12			
13 To	otal. Combine lines 3 through 12	13	317,332.	275,461.	41,871
Part II	-	ns for lin	nitations on deductions	) (Deductions must be di	rectly

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	I	
17	Bad debts	ſ	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	41,871.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	Instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	41,871.

For Paperwork Reduction Act Notice, see instructions

# Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning \_\_\_\_\_\_, 2019, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Bubble Inspection for

Interna	Revenue Service	Do not enter SSI	I numbers on this form a	as it may	y be made p	ublic if yo	ur organız	ation is a 5	i01(c)(3)		501(c)(3) Or	ganizations Only
Name	of the organization								Employ	er ident	ification nur	nber
IND	IANA UNIVE	RSITY HEALTH,	INC.						35-1	9558	72	
	Unrelated Busine	ess Activity Code (see ii	nstructions) ► 5242	98								
	Describe the unre	elated trade or business	CAPTIVE INS	SURAN	CE AND	INVES	TMENT	INCOM	E			
Par	Unrelated	d Trade or Busine	ss Income		(A)	Income		(B) E:	penses		(4	C) Net
1a	Gross receipts or	r sales 2,82	8,205.					_				
b	Less returns and allow		c Balance ▶	▶ 1c	2	,828,2	205.					
2	Cost of goods se	old (Schedule A, line 7)		2								
3	Gross profit Su	btract line 2 from line 1	c	3	2	,828,	205.				2	,828,205.
4a	Capital gain net	income (attach Schedi	ıle D)	4a								
b	Net gain (loss) (F	Form 4797, Part II, line 1	7) (attach Form 4797), .	4b		-						
С	Capital loss ded	uction for trusts	· · · · · · · · · · · · ·	4c								
5	Income (loss) fr	om a partnership or an	S corporation (attach									
	statement)			5								
6	•	chedule C)										
7	•	financed income (Sched		-								
8		es, royalties, and rents	•								-	
		hedule F)		8								
9	=	me of a section 501(c)										
		hedule G)		9								
10	• ,	ot activity income (Sche		1								
11	•	me (Schedule J)	•									
12	_	See instructions, attach		$\overline{}$								
13	•	lines 3 through 12	• • • • • • • • • • • • • • • • • • • •	$\vdash$	2	,828,2	205.				2	,828,205.
Par	connected	ns Not Taken Elsew d with the unrelated	business income )								e directly	
14		of officers, directors, an	•							14		
15		ges								15		
16		ntenance								16_		
17		• • • • • • • • • • •								17		
18		schedule) (see instructi								18		
19		es				- 1	 i			19		
20		tach Form 4562)										
21		on claimed on Schedul								21b	-	
22		• • • • • • • • • •								22		
23		deferred compensation	•							23		
24		it programs								24		
25		expenses (Schedule I)								25		
26		ip costs (Schedule J).								26		606 307
27		s (attach schedule) .								27		606,307.
28		s. Add lines 14 through								28		606,307.
29		ess taxable income								29		,221,898.
30	Deduction for	net operating loss a	rising in tax years	begini	ning on c	or after	January	1, 2018	(see	-	2	,221,898.

For Paperwork Reduction Act Notice, see instructions.

# Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning \_\_\_\_\_\_\_, 2019, 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

Name of the 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

Pa	Unrelated Trade or Business Income	}	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 13,072,929.				
ь	Less returns and allowances c Balance ▶	1c	13,072,929.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	13,072,929.	. ==	13,072,929
4 a	Capital gain net income (attach Schedule D)	4a			
þ	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
¢	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			
3	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			
)	Exploited exempt activity income (Schedule I)	10			
ı	Advertising income (Schedule J)	11			
2	Other income (See instructions, attach schedule) [	12			
3	Total Combine lines 3 through 12	13	13,072,929.		13,072,929

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions ) (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	4,761,086.
16	Repairs and maintenance		1,628,805.
17	Bad debts		<del></del>
18	Interest (attach schedule) (see instructions)	18	24,982.
19	Taxes and licenses	19	880,000.
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	493,606.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	1,329,149.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	3,649,931.
28	Total deductions. Add lines 14 through 27	28_	12,767,559.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	305,370.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31_	Unrelated business taxable income Subtract line 30 from line 29	31	305,370.

For Paperwork Reduction Act Notice, see instructions

# Form 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

2019

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service ( Name(s) shown on return

Identifying number

35-1955872 INDIANA UNIVERSITY HEALTH, INC. Business or activity to which this form relates GENERAL DEPRECIATION AND AMORTIZATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter-0- If marned fling separately, see instructions 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 . . . . . . . . 9 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 . . . . . . . 10 10 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... Carryover of disallowed deduction to 2020 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 | Special Depreciation Allowance and Other Depreciation (Don't include listed property See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions . . . . . 14 15 499.815 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property See instructions) Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (q) Depreciation deduction period only - see instructions) 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 vrs g 25-year property S/I MM 27 5 yrs h Residential rental MM S/L property 27 5 yrs MM S/L 39 yrs i Nonresidential real ММ S/L property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L b 12-year 12 yrs 30 yrs ММ S/L c 30-year MM d 40-vear 40 yrs S/L Part IV Summary (See instructions.) 21 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 22 499,815. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

Part V	Listed	Property	(Include	automobiles,	certain	other	vehicles,	certain	aircraft,	and	property	used	for
	entertai	inment, reci	reation, 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 Inform	nation (Caution:	See th	e instruct	ions for li	mits for p	asse	nger automobil	es)		_
248	a Do you have evidenc				Yes					nce written?	Yes	N	0
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(busine	(e) or depreciation ss/investment se only)	(f) Recovery period	(g) Metho Convent		(h) Depreciation deduction	Elected	(i) section 17 ost	79
	Special depreciation the tax year and us	ed more than 50%	in a qualified	business use S					25				
26	Property used mor	e than 50% in a qu	r		-					ı			_
			%								<u> </u>		_
			%		l								
			%										
27	Property used 50%	or less in a qualifi	ied business ι	ıse				-					
			%					S/L -			1		
			%					S/L -			7		
			%					S/L -			1		
28	Add amounts in co	lumn (h), lines 25	through 27 E	nter here and o	n line :	21, page 1			28				
29	Add amounts in co	lumn (ı), line 26 E	nter here and	d on line 7, page	1					29			
			Section	R - Informatio	n on l	ice of V	shicles						

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

30	Total business/investment miles driven during the year (don't include commuting miles)	(; Veh	a) icle 1		o) icle 2		c) icle 3		d) cle 4	(e Vehi	e) cle 5		f) Icle 6
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	Yes	No_
•	your employees?		
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 Amortii perio percer	zation d or	(f) Amortization for this year
42 Amortization of costs that begins dur	ing your 2019 tax	year (see instructions)				
SEE AMORTIZATION DETAIL						3,144,462.
43 Amortization of costs that began bef 44 Total. Add amounts in column (f) S		for where to report			43	3,816,617. 6,961,079.

Form 4562 (2019)

# 2019 Amortization

INDIANA UNIVERSITY HEALTH, INC

	Date		Beginning	Endina
Asset description	placed in service	Cost or basis	Accumulated Amortization	Accumulated Amortization
отнея				
SEC 59(E)(2) EXP	01/01/2015	2,552,000	2,041,600	2,552,000
SEC 59(E)(2) EXP	01/01/2015	129, 335	103,468	129,335
SEC 59(E)(2) EXP	01/01/2016	758,918	455,352	607, 136
SEC 59(E)(2) EXP	01/01/2016	1,129,150	677, 490	903,320
SEC 59(E)(2) EXP	01/01/2016	273,105	163,863	218,484
SEC 59(E)(2) EXP	01/01/2017	1,384,585	553, 834.	830,751
SEC 59(E)(2) EXP	01/01/2017	1,992,615	797,046	1,195,569
SEC 59(E)(2) EXP	01/01/2017	101,070	40,428	60,642
SEC 59(E)(2) EXP	01/01/2017	214,810	85,924	128,886
SEC 59(E)(2) EXP	01/01/2017	1,009,940	403,976	605,964
SEC 59(E)(2) EXP	01/01/2018	2,662,115	532, 423	1,064,846
SEC 59(E)(2) EXP	01/01/2018	2,758,147	551,629	1,103,258
SEC 59(E)(2) EXP	01/01/2018	2,059,395	411,879	823,758
SEC 59(E)(2) EXP	01/01/2019	2,953,165	NONE	590, 633
SEC 59(E) (2) EXP	01/01/2019	2,788,166	NONE	557, 633
SEC 59(E)(2) EXP	01/01/2019	78,110	NONE	15,622
SEC 59(E)(2) EXP	01/01/2019	5,835,479	NONE	1,167,096
SEC 59(E)(2) EXP	01/01/2019	4,067,390	NONE	813,478
SEC 59(E)(2) EXP	01/01/2018	2,057,900	411,580	823,160
SUBTOTAL		34,805,395	7, 230, 492	14,191,571
		-		
		,		
Less Retired Assets				

532,423 551,629

201,988

s 000 s 000 5 000 2 000

> 29E 59E

**59E** 

590, 633 557, 633

398, 523 20,214

42,962

54,621 276,917

5 000

5 000 5 000

59E 59E 59E

510,400

amortization Current-year

Life

Code

25,867 151,784 225,830

5 000 5 000 5 000 5 000

5 000

59E 59E 59E 59E 59E 26S 411,580 6,961,079

1,167,096 813,478

5 000

5 000

29E

5 000

**59E** 29E 59E

15,622

5 000

59E 29E 29E 6,961,079

35-1955872

B300

<sup>\*</sup> Assets Retired

### **SCHEDULE D** (Form 1120)

# **Capital Gains and Losses**

► 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

Department of the Treasury Internal Revenue Service

► Go to www irs gov/Form1120 for instructions and the latest information.

2019

OMB No. 1545-0123

Employer :dentification number 35-1955872 INDIANA UNIVERSITY HEALTH, INC. X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions ) (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on or loss from Form(s) Subtract column (e) from the lines below Cost Proceeds 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (g) 1a 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 . . . . . 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 19,192. 287,233. -268,041. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 -268,041. 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h. Long-Term Capital Gains and Losses (See instructions.) (g) Adjustments to gain (h) Gain or (loss) See Instructions for how to figure the amounts to enter on (e) (d) Subtract column (e) from the lines below or loss from Form(s) Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (q) whole dollars 8a 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 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 229,995. 1,836,887. 1,606,892. Enter gain from Form 4797, line 7 or 9 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 15 1,606,892. 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 1,338,851. Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 1,338,851. Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns Note: If losses exceed gains, see Capital Losses in the instructions

# Form 8949

# Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information

OMB No 1545-0074

ttachment 12A

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.

Name(s) shown on return

INDIANA UNIVERSITY HEALTH, INC.

Social security number or taxpayer identification number

35-1955872

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.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

**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) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an a enter a coo	any, to gain or loss amount in column (g), de in column (f) rate instructions	(h) Gain or (loss) Subtract column (e
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of (Mo , day, yr )	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
OAKTREE REAL ESTATE OPPORTUNITIES	VARIOUS	12/31/2019	15,083				15,083
THE VARDE FUND XIII (B) (FEEDER),	VARIOUS	12/31/2019		287,233			-287,233
ROCKPOINT R E PARALLEL FUND VI	VARIOUS	12/31/2019	4,109				4,109
			_				
		_					
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above	here and incl is checked), line	ude on your 2 (if Box B	19,192	287,233			-268,041

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

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

INDIANA UNIVERSITY HEALTH, INC.

Social security number or taxpayer identification number 35-1955872

Before you check Box D, E, or F 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 II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

**Note:** You may aggregate all long-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 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

L	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
Γ	(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions not reported to you on Form
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1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e)	If you enter an a enter a co	any, to gain or loss amount in column (g), de in column (f) irate instructions.	(h) Gain or (loss). Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo , day, yr )	(Mo , day, yr )	(see instructions)	in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
OAKTREE REAL ESTATE OPPORTUNITIES	VARIOUS	12/31/2019	165,336				165,336
RIVERSTONE GLOBAL ENERGY AND POWE	VARIOUS	12/31/2019	912,944				912,944
THE VARDE FUND XIII (B) (FEEDER),	VARIOUS	12/31/2019		229,995			-229,995
PETERSHILL II OFFSHORE LP	VARIOUS	12/31/2019	1,405				1,405
RIVERS GLOBAL E&P FUND VI (MMS)	VARIOUS	12/31/2019	757,202				757,202
		-					
<del></del>	-						
		_					
							-
						<u> </u>	
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and inclusion here and inclusion here.	ude on your 9 (if Box E	1,836,887	229, 995			1,606,892

Note: If you checked Box D 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 1

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

CIRCLE CENTRE PARTNERS LP (EIN: 35-1846143)	32,882.
KKR ENERGY I & G FUND I-TE LP (EIN: 68-0683554)	-801,879.
MONROE CAP. PRIV. CREDIT FD II (EIN: 47-2421840)	-29,940.
OAKTREE R.E. OPP. FUND VII, L.P. (EIN: 98-1179791)	
PETERSHILL II OFFSHORE LP (EIN: 98-1146440)	130,938.
RIVERS. GLOBAL E&P FUND VI (CAY) (EIN: 98-1223791)	268,802.
RIVERS. GLOBAL E&P FUND VI (MMS) (EIN: 98-1235014)	127,254.
RIVERS. GLOBAL E&P FUND VI, LP (EIN: 36-4789241)	3,358,030.
THE VARDE FUND XII (B) (FEEDER) (EIN: 81-0992297)	-74,835.
QUANTUM ENERGY PARTNERS VII, LP (EIN: 81-4516497)	-1,609,755.
KKR IUH INVESTORS, LP (EIN: 81-2264755)	-2,073,530.
THE VARDE FUND XIII (B) (FEEDER), LP (98-1433361)	156,482.
MONROE CAP. PRIV. CREDIT FD III (EIN: 82-1910758)	-1,981.
MONROE CAP. SR SEC DIR LOAN FUND (EIN: 46-3029744)	-108,800.
OAKTREE R.E. OPP FUND VIII, L.P. (EIN: 98-1454016)	-16,314.
ROCKPOINT R.E. PARALLEL FUND VI (EIN: 83-4293104)	-556,904.
INCOME (LOSS) FROM PARTNERSHIPS	-91,470.

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34,724.

FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS	
UNRELATED TRADE OR BUSINESS INCOME  UNRELATED TRADE OR BUSINESS INCOME (SCHEDULES M)  ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION  LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & CARRYOVER NOL  DED W/O CHARITABLE CONTRIBUTIONS & DPAD & C/O NOL (SCH M)	1,247,381. 40,755,656. 0. 0. 38,619,135.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 536,279.
CHARITABLE CONTRIBUTION	82,420,358.

CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)

35-1955872

ATTACHMENT 3

PARTNERSHIPS (OPERATING, NON-INVESTMENT)

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

HEALTH VENTURE MANAGEMENT, LLC (20-5740218)	1,397,306.
IUH URGENT CARE CENTERS LLC (47-3832952)	-168,649.
THE HEALTHCARE GROUP, LLC (35-2067373)	259,774.
UNITED HOSPITAL SERVICES, LLC (20-3088879)	57,840.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

1,546,271.

ATTACHMENT 4

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

DIRECT COSTS - NON-PATIENT LAB INDIRECT COSTS - NON-PATIENT LAB

6,027,917. 4,620,805.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

10,648,722.

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# FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

SUPPLIES & DRUGS
PURCHASED SERVICES
UTILITIES, RENT & MAINTENANCE
INDIRECT EXPENSES

13,764,511. 109,466.

54,027. 1,676,594.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

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PART II - LINE 27 - OTHER DEDUCTIONS

15,604,598.

# ATTACHMENT 6

ORGANIZATIONS	
CONTROLLED OR	
NCOME FROM	
SCHEDULE F INCOME FROM CONTROLLED ORGANIZ	
SCHEDULE M -	

								(6)	161			us	1	461
		11	DEDUCTIONS	DIRECTLY	CONNECTED	WITH	INCOME IN	COLUMN (10)	275,461		TOTAL OF	COLUMN 6 &	COLUMN 11	275, 461
RGANIZATION	10	PART OF COLUMN	(9) THAT	IS INCLUDED	IN THE	CONTROLLING	ORGANIZATION'S	GROSS INCOME	317, 332		TOTAL OF	COLUMN 5 &	COLUMN 10	317,332
NONEXEMPT CONTROLLED ORGANIZATION				თ	TOTAL OF	SPECIFIED	PAYMENTS	MADE	317, 332					TOTALS
NONEXEMP				œ	NET	UNRELATED	INCOME	(TOSS)						
						7	TAXABLE	INCOME	-12,512,316					
		9	DEDUCTIONS	DIRECTLY	CONNECTED	WITH	INCOME IN	COLUMN (5)	•					
CONTROLLED ORGANIZATION	S	PART OF COLUMN	(4) THAT	IS INCLUDED	IN THE	CONTROLLING	ORGANIZATION'S	GROSS INCOME						
				<b>4</b>	TOTAL OF	SPECIFIED	PAYMENTS	MADE						
EXEMPT						٣	NET UNRELATED	INCOME (LOSS)						
					2	EMPLOYER	IDENTIFICATION	NUMBER	46-3794815					
						1	NAME OF CONTROLLED	ORGANIZATION	IU HEALTH PLANS HOLDING CO					

ATTACHMENT	7	
	434,496.	
	171,811.	

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

COMMISSION EXPENSE
GENERAL & ADMINISTRATIVE EXPENSE

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

606,307.

	ATTACE	HMENT 8
SCHEDULE M - INTEREST DEDU	TION	
INTEREST		24,982.
	TOTAL	24,982.

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ATTACHMENT 9

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

SUPPLIES PURCHASED SERVICES 518,463. 3,131,468.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

3,649,931.

Indiana University Health, Inc. EIN: 35-1955872 2019 Form 990-T Net Operating Loss (NOL) Rollforward

Cartinerships   Partnerships (Non-   Cartinerships   Partnerships (Non-   100-   100			;	,	Support Services to
(Investment) Investment) 1 5,734,100 2,440,785 019 (1,247,381) (1,546,271)	nps   Partnerships (Non-   Non-Patient	Non-Patient	Rent - Controlled	Rent - Controlled   Captive Insurance	Related
5,734,100 2,440,785 019 (1,247,381) (1,546,271)	_	Laboratory Services   Pharmacy Services	Organizations	and Investment	Organizations
019 (1,247,381) (1,546,271)	34,100 2,440,785	1,320,138	-	2,931,719	•
	(1,546,271)	1,899,692	-	(2,221,898)	•
894,514	486,719 894,514 2,016,396	3,219,830	1	709,821	

Indiana University Health, Inc. EIN: 35-1955872 2019 Form 990-T Part III, Line 34 - Charitable Contributions