

Amended Return

2989833100001

Form **990-T**

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

For calendar year 2019 or other tax year beginning _____, 2019, and ending 1912, 20

OMB NO 1545-0047

2019

Department of the Treasury
Internal Revenue Service

▶ 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

Print or Type	<input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions)	D Employer identification number (Employees' trust, see instructions)
	B Exempt under section	<u>INDIANA UNIVERSITY HEALTH, INC.</u>	35-1955872
	<input checked="" type="checkbox"/> 501(C)(3)	Number, street, and room or suite no. If a P O box, see instructions	E Unrelated business activity code (See instructions)
	<input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	950 N. MERIDIAN STREET 300	525990
C Book value of all assets at end of year		City or town, state or province, country, and ZIP or foreign postal code	
9596487824.		INDIANAPOLIS, IN 46204	
F Group exemption number (See instructions.) ▶			
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> 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

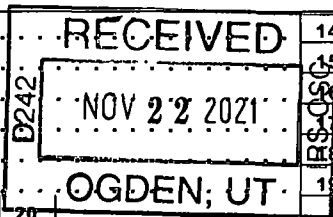
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation ▶

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

Part I Unrelated Trade or Business Income		(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)			
3	Gross profit Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)	1,338,851.		1,338,851.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)	-91,470.	ATCH 1	-91,470.
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)			
13	Total. Combine lines 3 through 12	1,247,381.		1,247,381.

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)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule) (see instructions)			
19	Taxes and licenses			
20	Depreciation (attach Form 4562)			
21a	Less depreciation claimed on Schedule A and elsewhere on return			
22	Depletion			
23	Contributions to deferred compensation plans			
24	Employee benefit programs			
25	Excess exempt expenses (Schedule I)			
26	Excess readership costs (Schedule J)			
27	Other deductions (attach schedule)			
28	Total deductions. Add lines 14 through 27			
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13			1,247,381.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			1,247,381.
31	Unrelated business taxable income Subtract line 30 from line 29			



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Part III Total Unrelated Business Taxable Income

32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	278,971.
33 Amounts paid for disallowed fringes	33	
34 Charitable contributions (see instructions for limitation rules)	34	
35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	278,971.
36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	278,971.
37 Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35	37	
38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39 Unrelated business taxable income Subtract line 38 from line 37 If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation

40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41 Trusts Taxable at Trust Rates See instructions for tax computation Income tax on the amount on line 39 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42 Proxy tax See instructions	42	
43 Alternative minimum tax (trusts only)	43	
44 Tax on Noncompliant Facility Income. See instructions	44	
45 Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	

Part V Tax and Payments

46a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a			
b Other credits (see instructions)	46b			
c General business credit Attach Form 3800 (see instructions)	46c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	46d			
e Total credits. Add lines 46a through 46d	46e			
47 Subtract line 46e from line 45	47			
48 Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48			
49 Total tax Add lines 47 and 48 (see instructions)	49			0.
50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
51a Payments A 2018 overpayment credited to 2019	51a	649,480.		
b 2019 estimated tax payments	51b	1,100,000.		
c Tax deposited with Form 8868	51c			
d Foreign organizations Tax paid or withheld at source (see instructions)	51d			
e Backup withholding (see instructions)	51e			
f Credit for small employer health insurance premiums (attach Form 8941)	51f			
g Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	51g			
52 Total payments Add lines 51a through 51g	52			1,749,480.
53 Estimated tax penalty (see instructions) Check if Form 2220 is attached.	53			
54 Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55 Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			1,749,480.
56 Enter the amount of line 55 you want Credited to 2020 estimated tax ▶ 1,749,480. Refunded ▶	56			

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

	Yes	No
57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here ▶ UK CA CJ KR	X	
58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file		X
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 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 ▶ *Jennifer M. Rhoderick* 11/1/2021 ▶ TREASURER/SVP & CFO
 Signature of officer Date Title

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

Paid Preparer Use Only

Print/Type preparer's name JENNIFER D RHODERICK	Preparer's signature <i>Jennifer D Rhoderick</i>	Date 11/01/21	Check <input type="checkbox"/> if self-employed	PTIN P00395735
Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596	
Firm's address ▶ 111 MONUMENT CIR, STE 4000, INDIANAPOLIS, IN 46204			Phone no 317-681-7000	

Amended Return

INDIANA UNIVERSITY HEALTH, INC.

35-1955872

Form 990-T (2019)

Page **3**

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

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">1</td><td style="width: 25%;">Inventory at beginning of year</td><td style="width: 5%; text-align: center;">1</td><td style="width: 25%;"></td></tr> <tr><td style="text-align: center;">2</td><td>Purchases</td><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td>Cost of labor</td><td style="text-align: center;">3</td><td></td></tr> <tr><td style="text-align: center;">4a</td><td>Additional section 263A costs (attach schedule)</td><td style="text-align: center;">4a</td><td></td></tr> <tr><td style="text-align: center;">4b</td><td>Other costs (attach schedule)</td><td style="text-align: center;">4b</td><td></td></tr> <tr><td style="text-align: center;">5</td><td>Total. Add lines 1 through 4b</td><td style="text-align: center;">5</td><td></td></tr> </table>	1	Inventory at beginning of year	1		2	Purchases	2		3	Cost of labor	3		4a	Additional section 263A costs (attach schedule)	4a		4b	Other costs (attach schedule)	4b		5	Total. Add lines 1 through 4b	5		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">6</td><td style="width: 25%;">Inventory at end of year</td><td style="width: 5%; text-align: center;">6</td><td style="width: 25%;"></td></tr> <tr><td style="text-align: center;">7</td><td>Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2</td><td style="text-align: center;">7</td><td></td></tr> <tr><td style="text-align: center;">8</td><td>Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?</td><td style="text-align: center;">8</td><td style="text-align: center;">Yes No</td></tr> <tr><td></td><td></td><td></td><td style="text-align: center;">X</td></tr> </table>	6	Inventory at end of year	6		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	8	Yes No				X
1	Inventory at beginning of year	1																																							
2	Purchases	2																																							
3	Cost of labor	3																																							
4a	Additional section 263A costs (attach schedule)	4a																																							
4b	Other costs (attach schedule)	4b																																							
5	Total. Add lines 1 through 4b	5																																							
6	Inventory at end of year	6																																							
7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7																																							
8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	8	Yes No																																						
			X																																						

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

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

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

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 (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8 ▶				

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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 1, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part 1, line 8, column (B)

Totals ▶

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 1, line 9, column (A)	Enter here and on page 1, Part 1, line 9, column (B)	

Totals ▶

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 25.	

Totals ▶

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)						

Totals (carry to Part II, line (5)) . . . ▶

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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)						
Totals 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.
Totals, 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. ▶			

Amended Return

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

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning _____, 2019, 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 the 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)

Part I Unrelated Trade or Business Income		(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). ATTCH 2	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) 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	Total. Combine lines 3 through 12	13	1,546,271.	1,546,271.

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)				
15	Salaries and wages				
16	Repairs and maintenance				
17	Bad debts				
18	Interest (attach schedule) (see instructions)				
19	Taxes and licenses				
20	Depreciation (attach Form 4562)	20			
21	Less depreciation claimed on Schedule A and elsewhere on return	21a		21b	
22	Depletion				
23	Contributions to deferred compensation plans				
24	Employee benefit programs				
25	Excess exempt expenses (Schedule I)				
26	Excess readership costs (Schedule J)				
27	Other deductions (attach schedule)				
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	1,546,271.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			30	1,546,271.
31	Unrelated business taxable income Subtract line 30 from line 29			31	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

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

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20_____.

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Internal Revenue Service

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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) ▶ 621500

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 8,632,326.			
b	Less returns and allowances			
c Balance ▶				
		1c		
2	Cost of goods sold (Schedule A, line 7)	8,632,326.		
3	Gross profit Subtract line 2 from line 1c	8,632,326.		8,632,326.
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)			
13	Total. Combine lines 3 through 12	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)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule) (see instructions)			
19	Taxes and licenses			
20	Depreciation (attach Form 4562)	20		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a		
22	Depletion			
23	Contributions to deferred compensation plans			
24	Employee benefit programs			
25	Excess exempt expenses (Schedule I)			
26	Excess readership costs (Schedule J)			
27	Other deductions (attach schedule)		ATCH 3	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			-2,016,396.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			
31	Unrelated business taxable income Subtract line 30 from line 29			-2,016,396.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Amended Return

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

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20__.

Department of the Treasury
Internal Revenue Service

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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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 14,634,054.			
b	Less returns and allowances			
c Balance ▶		1c		
		14,634,054.		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		14,634,054.
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	Total. Combine lines 3 through 12	13	14,634,054.	14,634,054.

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		760,937.
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		53,767.
20	Depreciation (attach Form 4562)	20	6,209.	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a		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)	26		
27	Other deductions (attach schedule)	27	ATCH 4	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	31		-1,899,692.

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2019

Amended Return

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

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20____.

Department of the Treasury
Internal Revenue Service

▶ 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) ▶ 900003

Describe the unrelated trade or business ▶ RENT - CONTROLLED ORGANIZATIONS

Part I Unrelated Trade or Business Income	(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)	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) ATCH 5	8	275,461.	41,871.
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 Total. Combine lines 3 through 12	13	275,461.	41,871.

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	16		
17 Bad debts	17		
18 Interest (attach schedule) (see instructions)	18		
19 Taxes and licenses	19		
20 Depreciation (attach Form 4562)	20		
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)	26		
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		5,514.
31 Unrelated business taxable income. Subtract line 30 from line 29	31		36,357.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Amended Return

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

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20____.

Department of the Treasury
Internal Revenue Service

▶ 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) ▶ 524298

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 2,828,205.			
b	Less returns and allowances			
c Balance ▶		1c	2,828,205.	
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3	2,828,205.	2,828,205.
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	Total. Combine lines 3 through 12	13	2,828,205.	2,828,205.

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	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	
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)	26	
27	Other deductions (attach schedule) ATCH 6	27	606,307.
28	Total deductions. Add lines 14 through 27	28	606,307.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	2,221,898.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	2,221,898.
31	Unrelated business taxable income Subtract line 30 from line 29	31	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Amended Return

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

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20____.

Department of the Treasury
Internal Revenue Service

▶ **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) ▶ 900099

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 13,072,929.			
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	13,072,929.	13,072,929.
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	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	16	1,628,805.	
17	Bad debts	17		
18	Interest (attach schedule) (see instructions) ATCH 7	18	24,982.	
19	Taxes and licenses	19	880,000.	
20	Depreciation (attach Form 4562)	20	493,606.	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a		
21b		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) ATCH 8	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	62,756.	
31	Unrelated business taxable income Subtract line 30 from line 29	31	242,614.	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Amended Return

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2019

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

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

Attachment
Sequence No **179**

Name(s) shown on return

Identifying number

INDIANA UNIVERSITY HEALTH, INC.

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 2018 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 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 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	499,815.

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 2019	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 2019 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 2019 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	499,815.
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.
JSA 9X2300 2 000

Form **4562** (2019)

35-1955872

Amended Return

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	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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?												
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.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by 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) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year (see instructions):					
SEE AMORTIZATION DETAIL					3,144,462.
43 Amortization of costs that began before your 2019 tax year					43 3,816,617.
44 Total. Add amounts in column (f). See the instructions for where to report					44 6,961,079.

Amended Return

**SCHEDULE D
(Form 1120)**

Capital Gains and Losses

OMB No 1545-0123

▶ 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.

2019

Department of the Treasury
Internal Revenue Service

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

Name **INDIANA UNIVERSITY HEALTH, INC.** Employer Identification number **35-1955872**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below <small>This form may be easier to complete if you round off cents to whole dollars</small>	(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)
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 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	19,192.	287,233.		-268,041.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h				7 -268,041.

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

See instructions for how to figure the amounts to enter on the lines below <small>This form may be easier to complete if you round off cents to whole dollars</small>	(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)
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 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	1,836,887.	229,995.		1,606,892.
11 Enter gain from Form 4797, line 7 or 9				11
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions (see instructions)				14
15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h				15 1,606,892.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	1,338,851.
17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	
18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.	18	1,338,851.

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) 2019

Amended Return

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

Social security number or taxpayer identification number

INDIANA UNIVERSITY HEALTH, INC.

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.

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

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-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	
	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.
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				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

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)	1,108,080.
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	<u>-91,470.</u>

Amended Return

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	<u>1,546,271.</u>

Amended Return

ATTACHMENT 3

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.

PART II - LINE 27 - OTHER DEDUCTIONS

10,648,722.

Amended Return

ATTACHMENT 4

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

SUPPLIES & DRUGS	13,764,511.
PURCHASED SERVICES	109,466.
UTILITIES, RENT & MAINTENANCE	54,027.
INDIRECT EXPENSES	1,676,594.

PART II - LINE 27 - OTHER DEDUCTIONS	<u>15,604,598.</u>
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Amended Return

35-1955872

ATTACHMENT 5

SCHEDULE M - SCHEDULE F INCOME FROM CONTROLLED ORGANIZATIONS

1 NAME OF CONTROLLED ORGANIZATION	2. EMPLOYER IDENTIFICATION NUMBER	5. EXEMPT CONTROLLED ORGANIZATION		6. DEDUCTIONS DIRECTLY CONNECTED WITH INCOME IN COLUMN (5)		7 TAXABLE INCOME (LOSS)		8. NET UNRELATED INCOME (LOSS)		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)	
		3. NET UNRELATED INCOME (LOSS)	4 TOTAL OF SPECIFIED PAYMENTS MADE	5. GROSS INCOME	6. INCOME IN COLUMN (5)	7. INCOME (LOSS)	8. UNRELATED INCOME (LOSS)	9. TOTAL OF SPECIFIED PAYMENTS MADE	10. GROSS INCOME	11. INCOME IN COLUMN (10)					
IU HEALTH PLANS HOLDING CO.	46-3794815						-12,512,316.				317,332.		317,332.		275,461.
TOTALS													<u>317,332.</u>		<u>275,461.</u>

TOTAL OF COLUMN 5 &	TOTAL OF COLUMN 6 &
COLUMN 10	COLUMN 11
<u>317,332.</u>	<u>275,461.</u>

INDIANA UNIVERSITY HEALTH, INC.

Amended Return

ATTACHMENT 6

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

COMMISSION EXPENSE	434,496.
GENERAL & ADMINISTRATIVE EXPENSE	171,811.

PART II - LINE 27 - OTHER DEDUCTIONS	<u>606,307.</u>
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Amended Return

ATTACHMENT 7

SCHEDULE M - INTEREST DEDUCTION

INTEREST

24,982.

TOTAL

24,982.

Amended Return

ATTACHMENT 8

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

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

PART II - LINE 27 - OTHER DEDUCTIONS	<u>3,649,931.</u>
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Amended Return

ATTACHMENT 9

Indiana University Health, Inc.
EIN: 35-1955872
2019 Amended Form 990-T, Line 36

Deduction for net operating loss arising in tax years beginning before January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Year	Amount Used in Current Year	Amount Remaining
2017	2,583,827	0	1,282,075	278,971	1,022,781

Amended Return

ATTACHMENT 10

Indiana University Health, Inc.
 EIN: 35-1955872
 2019 Amended Form 990-T

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Line of Business	Year Generated	Amount Generated	Converted Contributions	Amount Used in Current Year	Amount Remaining
PARTNERSHIPS (INVESTMENTS)	2018	5,734,100	0	1,247,381	4,486,719
PARTNERSHIPS (OPERATING, NON-INVESTMENT)	2018	2,440,785	0	1,546,271	894,514
NON-PATIENT LABORATORY SERVICES	2018	0	59,938	0	59,938
	2019	2,016,396	0	0	2,016,396
NON-PATIENT PHARMACY SERVICES	2018	1,320,138	0	0	1,320,138
	2019	1,899,692	0	0	1,899,692
RENT - CONTROLLED ORGANIZATIONS	2018	0	5,514	5,514	0
	2019	0	3,636	0	3,636
CAPTIVE INSURANCE AND INVESTMENT	2018	2,931,719	0	2,221,898	709,821
SUPPORT SERVICES TO RELATED ENTITIES	2018	0	62,756	62,756	0
	2019	0	24,261	0	24,261

