	Evamnt	Organia -	otion Busin	000	Incomo To				5296 B No 1545-068	
Form 990-T	Exempt		ation Busin xy tax under			x Returi 190				
	For calendar year 2018	3 or other tax y	ear beginning 10/	01 ,2	2018, and ending	09/30 , 20	19 .	4	2018	
Department of the Treasury internal Revenue Service	▶ Go to ห	/ww.irs.gov/l	Form990T for instru	uctions	and the latest inf	ormation.			Public Inspecti	
A Check box if address changed	Name of orga	inization (Check box if name cha	anged a	nd see instructions)	-			ntification nui	
B Exempt under section	Print CARILION	MEDICAL CEI	NTER				(Empl	oyees' tr	ust, see instruct	iions)
✓ 501(C)(<u>0</u> 3)	or Number, stre	et, and room or	suite no If a P O box	, see ins	structions				506332	
408(e) 220(e)	Type PO BOX 12	385						a ted bus nstructio	siness activity o	:ode
☐ 408A ☐ 530(a)	l l '		ce, country, and ZIP or	foreign	postal code		\		,	
529(a) C Book yalue of all assets at end of year	F Group exemp		(See instructions	1				52	3000	
	G Check organiz				n 501(c)	trust [401(a)	trust	☐ Other	trust
H Enter the number							<u> </u>		irst) unrelate	
	here ▶ QUALIFIED								•	
first in the blank	space at the end o	f the previo	us sentence, com	nplete	Parts I and II, co	mplete a S	chedule	M for	each addit	lional
	then complete Pa			_						_
	, was the corporation		-			controlled g	roup?	•	☐ Yes 🗹	No
	name and identify		 _	oratio					40) 004 5400	
	d Trade or Busin				(A) Income	one numbe	r ► penses	(54	40) 224-5102 (C) Net	<u>:</u>
1a Gross receip		0		$\overline{}$	(A) Income	10, 2	penses		(0) 1461	$\overline{}$
b Less returns and		0	c Balance ▶	1c	o		1			ĺ
	sold (Schedule A,	line 7)		2	0	<u> </u>		_		
	Subtract line 2 from	· · ·		3	0				0	
•	et income (attach S			4a	0				0	-
· · · · · · · · · · · · · · · · · · ·	(Form 4797, Part II,		ach Form 4797)	4b	0				0	
c Capital loss	eduction for trusts			4c	0				0	
5 Income (loss) f	m a partnership or an	S corporation	n (attach statement)	5	87,020				87,020	_
6 Rent income	Schedule C) .			6	0	4	0		0	
	t-financed income			7			_ 이		0	
	royalties, and rents from				0		0		0	
	e of a section 501(c)(7),				0		0		0	
	mpt activity income)	10/	0		0	-	0	
_	come (Schedule J) See instructions, atta		/	12	0	_			0	
	ie lines 3 through 1		, . /.	13	87,020		0		87,020	
Part if Deduction	e Not Taken Els	owhere (Sc	e instructions for	r limits	ations on deduct	ions.) (Exce		contrib		
deductio	s must be directly	connected	with the unrelate	ed bus	iness income.	IVED			,	
14 Compensation	of officers, directo	ors, and trus	tees (Schedule K)		NECE		, 1	4	0	
15 Salaries and	ages	- , /			م نیزه م		OSC-	5	0	
16 Repairs and	aintenance	/ .			AUG 2	6 2020		6	0	
17 Bad debts	· · · · · /						X -	7	0	
·	n schedule) (see ins	structions)		•	OGDE	N: UT	_ I }	8	0	
19 Taxes and lic				•		. 1, 9 .		9	0	
	itributions (See inst attach Form 4562)		·			 ol	-	0	—— <u>"</u>	
•	tion glaimed on Scl					- 0		 2b	0	
23 Depletion .				tuiii .	. [224]			3	0	
	to deferred compe			•				4	0	
	efit programs	,					· —	5	0	
· · · /	t expenses (Sched						_	6	0	
,	ship costs (Schedu						2	7	0	
,	ons (attach schedu	•					. 2	8	0	
	ons. Add lines 14 t							9	0	
	ness taxable incom						· -	0	87,020	
	et operating loss and							1		
32 Unrelated bu	iness taxable incon	ne Subtract	line 31 from line 3	30 .	<u> </u>	. <u>.</u> . <u></u>	<u>`</u> 3	2	87,020	

For Paperwork Reduction Act Notice, see instructions.

Cat No 11291J

Form **990-T** (2018)



	90-T /201				Page 2
Part	M	otal Unrelated Business Taxable Income			
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (strons)		33	87,020
34	Amou	nts paid for disallowed fringes	-	34	
35	Deduc	tion for net operating loss ansing in tax years beginning before January 1, 2018 (stions)	see		97.020
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the su	١.	35	87,020
00		s 33 and 34		36	o
37		ic deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	0
38	•	ated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3		'i 	
•••		he smaller of zero or line 36		38	o
Part	ר דולים	ax Computation			
39			>	319	0
40		Taxable at Trust Rates. See instructions for tax computation, income tax		38	
•-		ount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	. 11	40	
41		tax. See instructions	▶	41	
42	•	ative minimum tax (trusts only)	<u> </u>	42	
43		Noncompliant Facility Income. See instructions		43	
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0
		ax and Payments			
		tax credit (corporations attach Form 1/1/8; trusts attach Form 1116) . 45a	17	336	
ь		credits (see instructions)		\$\$\\\	}
c		al business credit. Attach Form 3800 (spejinstructions)			
d		for prior year minimum tax (attach Porm 8801 or 8827)	¥	75°	ł
e		credits. Add lines 45a through 45d	—— °	45e	o
46		ct line 45e from line 44	_	46	- 0
		ixes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	<u></u>	47	0
47		·		48	
48		ax. Add lines 46 and 47 (see instructions) et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	<u> </u>	49	
4 9			1.	<u> </u>	
50a	•		——[`į		
Þ		other day, notice	%		
C			——\ <u>`</u>	6.6	
d		n organizations: Tax paid or withheld at source (see instructions)		02 (V)	
e		· · · · · · · · · · · · · · · · · · ·		75	
f		the section of the se	Ş		
9		credits, adjustments, and payments: Form 2439 50g 0	13	85 9 1525	
-4	Fon		 ∫`	(14년) 라	ے
51		payments. Add lines 50a through 50g		511 522	5
52		ted tax penalty (see instructions) Check if Form 2220 is attached		43	
53		ie. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		40 1	
54/	Overp	ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid U Refunded Refunded	111	54	5 5
20		e amount of line 54 you want: Credited to 2019 estimated tax > 0 Refunded tatements Regarding Certain Activities and Other Information (see instructions)	MII.	20 1	
Part					y Yes No
56	At any	time during the 2018 calendar year, did the organization have an interest in or a signature of financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	or othe	er autnori bavo to fi	· · · · · · · · · · · · · · · · · · ·
	CinCEI	I Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	i forei	ion count	O TO THE WAY
	here >		; 10161	igi / count	The state of the state of
F-2	-		forcis		
57	_	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a " see instructions for other forms the organization may have to file.	ivietg	proubt!.	C. 50 385.07
F0		·			
<u>58</u>		ne amount of tax-exempt interest received or accrued during the tax year > \$ penalties of perfury, I declare that I have examined this return, including accompanying schedules and statements, and to the	e best r	of my knowle	doe and ballef. It is
Sign	true d	orrect, and complete Declaration of preparer (other than taxpayor) is based on all information of which preparer has any knowle	dge 🗀		
	L	RAV 1 SIY 2020 TREASURER			discuss this réturn arer shown below
Here		TREASURER Title			ns)º ⊡Yes ∐No
	Jighal				PTIN
Paid		1		k L if	P00482834
Prepa	arer	7100110	Ť	mployed	
Use (Only	Firm's name BKD, LLP	1	- 15	44-0160260
		Firm's address ► 1201 WALNUT ST , SUITE 1700, KANSAS CITY, MO 64106-2246	Phone		16) 221-6300
				For	m 990-T (2018)

Schedule A-Cost of Good	ds Sold. Ent	er method of in	nventor	y valuatior	۱ 🕨				
1 Inventory at beginning of	of year 1	0		6 Invent	tory a	t end of year .	6	(0
2 Purchases .	2	. 0	T	7 Cost	of g	goods sold. Subtract	T		
3 Cost of labor	3	0		line 6	from	line 5. Enter here and			
4a Additional section 263	BA costs			ın Par	t í, íin	e2	7	C	ונ
(attach schedule)	4	a 0		8 Do th	e rule	es of section 263A (wi	th rest	pect to Yes	No
b Other costs (attach sch	edule) 4I	0		prope	rty pr	oduced or acquired for	resale	apply	
5 Total. Add lines 1 throu	ıgh 4b 5	0		to the	orgai	nızation?			
Schedule C-Rent Income		Property and	Perso	nal Prope	rty L	eased With Real Pro	perty	()	
(see instructions)									
1. Description of property									
(1)		<u> </u>							
(2)				•					
(3)								·	
(4)									
	2. Rent received	d or accrued							
(a) From personal property (if the perconal property is more than 1 more than 50%)		(b) From real an percentage of rent 50% or if the rent	for persona	al property exc	ceeds	3(a) Deductions directly in columns 2(a) an			me
(1)			-						
(2)		-							
(3)		-							
(4)									
Total	0 -	Fotal			0	0 45 - 4 - 4 - 4 - 4			
(c) Total income. Add totals of co	lumns 2(a) and	2(b) Enter				(b) Total deductions. Enter here and on page	. 1		
here and on page 1, Part I, line 6, o		• •			C	Part I, line 6, column (B)			0
Schedule E-Unrelated De			ınstructı	ons)					
1. Description of deb	ot-financed proper	tv		s income from		3. Deductions directly co- debt-finan	ced prop	erty	
·		•		property		(a) Straight line depreciation (attach schedule)) Other deductio (attach schedule	
(1)			·				+		
(2)	·		 		$\neg \dashv$		 		
(3)	-						 		
(4)							 		
4. Amount of average	5. Average	adjusted basis	 	6. Column			—	Allocable deducti	
acquisition debt on or allocable to debt-financed property (attach schedule)	debt-finar	locable to iced property schedule)		4 divided by column 5	_	7. Gross income reportable (column 2 × column 6)		nn 6 × total of co 3(a) and 3(b))	
(1)					%				
(2)					%				
(3)					%				
(4)					%				
	•	-	-			Enter here and on page 1, Part I, line 7, column (A).		here and on particular in the	
Totals					. ▶	0			0
Total dividends-received deducti	ions included in	column 8				. >	-		
								Form 990- 1	(2018)

1. Description of exploited activity 1. Description of exploited activity that production of unrelated brusiness (column 2 minus column 3) 1. If a gain, compute cols 5 through 7 1. Description of exploited activity that 2 minus column 3) 1. If a gain, compute cols 5 through 7 1. Description of exploited activity that 2 minus column 3) 1. If a gain, compute cols 5 through 7 1. Description of exploited activity that 2 minus column 3) 1. If a gain, compute cols 5 through 7 1. Description of exploited activity that 2 minus column 3) 1. If a gain, compute cols 5 through 7 1. Description of exploited activity that 2 minus column 3) 1. Description of exploited activity that 2 minus column 3 1. Description of exploited activity that 2 minus column 3 1. Description of exploited activity that 2 minus column 3 1. Description of exploited activity that 2 minus column 3 1. Description of exploited activity that 2 minus column 3 1. Description of exploited activity that 2 minus column 3 1. Description of exploited activity that 2 minus column 3 1. Description of exploited activity that 2 minus column 3 2. Gross activities activity that 2 minus colu	Schedule F - In	· Amun	ies, noyaines,			d Organizations	Januzations (Se	e instru	ctions)	
Recommendation Reco							included in the	controlling	conr	ected with income
Second S	(1)									
Monexempt Controlled Organizations Solution Solut										
Nonexempt Controlled Organizations R. Net unrelated income (loss) (see instructions) P. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Description of exploited activity Part I, line 9, column (A). Part I, line 9, colu	(3)									
7. Taxable 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. Dear of column 10 11. Dear of column 10 12. Amount of income 13. Dear of column 10 14. Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column Part 1, line 9, column 10 15. Totals 10. Part of column 9 that is included in the controlling organization's gross income 10. Part of column 10 11. Dear of column 10 12. Add columns 5 and 10 Enter here and on page 1, Part 1, line 9, column Part 1, line 9, column 11. Dear of page 1, Part 1, line 9, column 6, Part 1, line 9, column 12. Amount of income 13. Deacutions of the column 5 and 10 Enter here and on page 1, Part 1, line 9, column (A). 14. Set-asides (attach schedule) 15. Total deductions of the column 10 16. Set asides (attach schedule) 17. Excess each column 10 18. Net income (loss) from unrelated frade or business (column 6) 19. Column 5. Deacution of the column 10 19. Column 5. Deacution of the column 10 10. Column 5. Deacution of the column 10 10. Column 5. Deacution of the column 10 10. Column 5. Deacution of the column 10 11. Deacutions of the column 10 12. Add columns 6 and there are an on page 1, Part 1, line 9, column (A). 10. Column 10 10. Column 10 11. Deacropion of income 12. Amount of income 13. Deacutions of the column 10 14. Net income (loss) from unrelated trade or business (column 6) 15. Gross income from activity the page 1, Part 1, line 10, col (B) 16. Readership or column 10 17. Excess each column 10 18. Column 5. Deacution of the column 10 19. Column 5. Deacution 10 19. C										
7. Taxable income (loss) (see instructions) (loss) (lo	Nonexempt Cont	rolled Organizat	ions							
(9) Totals Totals Totals Description of exploited activity 1. Description of exploited activity Description of exploited activity 1. Description of exploited activity Description of e	7. Taxable li	ncome					included in the	controlling	conne	cted with income in
Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	(1)									
Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (attach schedule) (attach schedule) (attach schedule) (attach schedule) 5. Total deductions and set-assides (col plus col s) (attach schedule) (b) (c) (c) (d) (d) Enter here and on page 1, Part I, line 9, column (A). Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 5. Total deductions and set-assides (col plus col s) (directly connected with business income from trade or business income from activity that a ron unrelated trade or business income from activity that a ron unrelated trade or business income from activity that a ron unrelated trade or business income from activity that a ron unrelated trade or business income from activity that a ron unrelated trade or business income from activity that a ron unrelated trade or business income from activity that a ron unrelated trade or business income from activity that a ron unrelated trade or business income from activity that a ron unrelated trade or business income from activity that a ron unrelated trade or business income from activity that a ron ac	(2)									
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(1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A). Totals Capture II, line 9, column (A). Schedule I — Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unrelated business income from trade or business income or business income or business income or business income from Line 10, col (A) (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) O Column 5. Enter here and on page 1, Part I, line 10, col (B) O Column 5. Circulation for page Part II, line 10, col (B) Schedule J—Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of penodical Enter here and on page 1, Part I, line 10, col (B) on page 1, Part I, line 10,					3. dire	Deductions ctly connected	4. Set-aside	es	5. To and s	et-asides (col 3
(2) (3) (4) Enter here and on page 1, Part I, line 9, column (A). Totals .					(4	2011 3011334137				pid5 001 4)
(3) (4) Enter here and on page 1, Part I, line 9, column (A). Totals .										
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Enter here and on page 1, Part I, line 9, column (A). Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity Schedule I - Exploited Exempt Activity Income Schedule I - Exploited Exempt Schedule I - Exploited Exempt Schedule I - Exploited Sched										
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(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals Totals O Schedule J—Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising gain or (loss) (col 2 minus col 3) If norme costs of the cost	1. Description of	of exploited activity	unrelated business inco from trade o	me con	directly nected with oduction of unrelated	from unrelated trade or business (column 2 minus column 3) If a gain, compute	from activity that is not unrelated	attribu	table to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals Totals Schedule J—Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising 3. Direct advertising gain or (loss) (col 2 minus col 3) If some page 1, Part I, line 2, Gross advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 2, Gross costs (columninus column page 1, Part I, line 2, Part I, line 3, Part I, line 3, Part I, line 3, Part I, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 3, Part I, line 3, Part I, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 3, Part I, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II, line 4, Advertising gain or (loss) (col 2 minus col 3) If some page Part II (line 4, Advertising gain or (loss) (col	(1)									
Enter here and on page 1, Part I, line 10, col (A) Totals To				_				<u> </u>		<u> </u>
Enter here and on page 1, Part I, line 10, col (A) Totals To						-		<u> </u>		ļ
Schedule J—Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross 1. Name of periodical 2. Gross advertising gain or (loss) (col 2 minus col 3) If income costs 3. Direct advertising costs advertising cost	(4)		page 1, Part	I, pag	ge 1, Part I,			<u> </u>		Enter here and on page 1, Part II, line 26
Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross 1. Name of periodical 2. Gross advertising advertising advertising advertising advertising advertising costs advertising advertising costs advertising advertising costs advertising advertising costs advertisi		<u> </u>	. ▶		0	<u> </u>				0
2. Gross 3. Direct gain or (loss) (col 2 minus col 3) If ncome costs advertising advertising advertising advertising advertising costs advertising advertising costs advertising advertising costs advertising cos										
2. Gross advertising advertising advertising costs advertising advertising costs adv	Part I Inco	me From Per	iodicals Repor	ted on a	a Consoli	1				1_ :-
sncome - a gain, compute not more to	1. Name	of periodical	· ·			gain or (loss) (col 2 minus col 3) If a gain, compute				7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	(1)					1				<u> </u>
(2)								<u> </u>		
(3)										. I
(4)	(4)	 			 -			 		
Totals (carry to Part II, line (5)) . 0 0 0	Totals (carry to Part	t II, line (5))	•	0	0	0	· 		· 	0 Form 990-T (2018)

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	▶ 0	0				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 0	0				0

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

1. Name		2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(5)			%	
(3)			%	
(4)			%	
Total. Enter here and on page 1, Part II, line	14	 	▶	0

Form **990-T** (2018)

Form 990T Part I, Line 5

Income (loss) from Partnership and S Corporations

Name of Partnership	EIN	UBI	
QUALIFIED PARTNERSHIP INTERESTS			
(1) PREMIER HEALTHCARE ALLIANCE L P	33-0387407	•	51,855
(2) COMMONWEALTH UROLOGIC SERVICES LLC	31-1814762		35,165
	Total for Part I, Line 5		87,020

Form 990T Part III, Line 35	Deduction for net operating loss arising in tax years beginning before January 1, 2018
Form 9901 Part III, Line 35	Deduction for het operating loss ansing in tax years beginning before bandary 1, 2010

Year Generated `	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
1998	560,859		451,619	87,020	22,220	2018
1999	636,080				636,080	2019
2000	801,144				801,144	2020
2001	1,034,011				1,034,011	2021
2002_	1,158,535				1,158,535	2022
2003	1,562,360				1,562,360	2023
2004	2,448,025				2,448,025	2024
2005	905,075				905,075	2025
2008	14,458				14,458	2028
Totals	9,120,547	0	451,619	87,020	8,581,908	