

Form 990-T

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

OMB No 1545-0687

**2018**

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

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

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

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

Department of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)		<b>D</b> Employer identification number (Employees' trust, see instructions)	
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		<b>INOVA HEALTH CARE SERVICES</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>8110 GATEHOUSE ROAD, SUITE 400W</b> City or town, state or province, country, and ZIP or foreign postal code <b>FALLS CHURCH, VA 22042</b>		<b>54-0620889</b> <b>541700</b>	
<b>C</b> Book value of all assets at end of year <b>5,112,809,613.</b>		<b>F</b> Group exemption number (See instructions)		<b>G</b> 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. **10** Describe the only (or first) unrelated trade or business here **See Statement 1**. 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-subsidary controlled group? Stmt 4 ☒ Yes ☐ No  
 If "Yes," enter the name and identifying number of the parent corporation **INOVA 54-1071867**

**J** The books are in care of **Inova Health Care Services** Telephone number **703-289-2433**

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				
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)				
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) <b>Statement 2</b>		<b>6,797,542.</b>		<b>6,797,542.</b>
13 Total. Combine lines 3 through 12		<b>6,797,542.</b>		<b>6,797,542.</b>

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

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	<b>1,533,282.</b>
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	<b>109,954.</b>
20 Charitable contributions (See instructions for limitation rules)		20	
21 Depreciation (attach Form 4562)		21	
22 Less depreciation claimed on Schedule A and elsewhere on return		22a	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	<b>68,259.</b>
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess leadership costs (Schedule J)		27	
28 Other deductions (attach schedule)		28	<b>1,641,416.</b>
29 Total deductions. Add lines 14 through 28		29	<b>3,352,911.</b>
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	<b>3,444,631.</b>
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31	
32 Unrelated business taxable income. Subtract line 31 from line 30		32	<b>3,444,631.</b>

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See Statement 3

**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	4,299,325.
34	Amounts paid for disallowed fringes	34	2,393,927.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Stmt 5	35	6,693,252.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.

**Part IV Tax Computation**

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	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)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded	55	

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

56	At any time during the 2018 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	Yes	No
57	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
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

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.

Signature of officer Debra K. Pope Date 11/13/19 Title CFO

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

Paid Preparer Use Only	Print/Type preparer's name <b>JULIE L. SPARKS</b>	Preparer's signature <u>Julie L. Sparks</u>	Date <u>11/11/19</u>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01268401</b>
	Firm's name <b>ERNST &amp; YOUNG U.S. LLP</b>	Firm's EIN <b>34-6565596</b>			
	Firm's address <b>221 E. 4th St., Suite 2900 CINCINNATI, OH 45202</b>	Phone no. <b>513-612-1400</b>			

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

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

**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		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(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)

0.

0.

**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)
			0.	0.
Total dividends-received deductions included in column 8				0.

Form 990-T (2018)

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

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

  

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
<b>Totals</b>			0.	0.

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	
<b>Totals</b>		0.	0.	

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	Enter here and on page 1, Part II, line 26		
<b>Totals</b>		0.	0.	0.		

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col. (A) <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B) <b>0.</b>				Enter here and on page 1, Part II, line 27 <b>0.</b>

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

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

Form 990-T (2018)

Form 990-T	Description of Organization's Primary Unrelated Business Activity	Statement	1
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## TESTING OF DRUGS FOR PHARMACEUTICAL COMPANIES

To Form 990-T, Page 1

Form 990-T	Other Income	Statement	2
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Description	Amount
PHARMACEUTICAL CONTRACTS	6,797,542.
Total to Form 990-T, Page 1, line 12	6,797,542.

Form 990-T	Other Deductions	Statement	3
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Description	Amount
FEES AND SERVICES	1,641,416.
Total to Form 990-T, Page 1, line 28	1,641,416.

Form 990-T	Parent Corporation's Name and Identifying Number	Statement	4
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Corporation's Name	Identifying No
INOVA HEALTH SYSTEM FOUNDATION	54-1071867

Form 990-T	Net Operating Loss Deduction	Statement	5
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Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/05	2,178,742.	2,178,742.	0.	0.
12/31/06	2,601,046.	376,650.	2,224,396.	2,224,396.
12/31/07	2,378,744.	0.	2,378,744.	2,378,744.
12/31/08	3,146,250.	0.	3,146,250.	3,146,250.
12/31/09	1,937,568.	0.	1,937,568.	1,937,568.
12/31/10	360,893.	0.	360,893.	360,893.
12/31/11	988,646.	0.	988,646.	988,646.

<u>INOVA HEALTH CARE SERVICES</u>		<u>54-0620889</u>
12/31/15	258,962.	0. <u>258,962.</u> <u>258,962.</u>
NOL Carryover Available This Year		<u>11,295,459.</u> <u>11,295,459.</u>

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

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

Entity 1

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service (99)

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

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

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

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

Name of the organization

INOVA HEALTH CARE SERVICES

Employer identification number

54-0620889

Unrelated business activity code (see instructions) ► 812300

Describe the unrelated trade or business ► HOSPITAL LAUNDRY SERVICES

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	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		
4 a	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	0.	

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	35,440.
29	Total deductions. Add lines 14 through 28	29	35,440.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-35,440.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-35,440.

See Statement 6

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018



Form 990-T (M)	Other Deductions	Statement	6
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Description	Amount
FEES AND SERVICES	34,853.
OCCUPANCY	587.
Total to Schedule M, Part II, line 28	35,440.

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

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

Entity 3

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service (99)

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

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

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

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

Name of the organization

INOVA HEALTH CARE SERVICES

Employer identification number

54-0620889

Unrelated business activity code (see instructions) ► 812900

Describe the unrelated trade or business ► EMPLOYEE ASSISTANCE

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	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		
4 a	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) Stmt 7	12	511,648.	511,648.
13	Total. Combine lines 3 through 12	13	511,648.	511,648.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	80,856.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions) See Statement 8	18	179.
19	Taxes and licenses	19	6,915.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	2,823.
25	Employee benefit programs	25	5,340.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 9	28	308,567.
29	Total deductions. Add lines 14 through 28	29	404,680.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	106,968.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	106,968.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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Form 990-T (M)	Other Income	Statement	7
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Description	Amount
EAP FEES	511,648.
Total to Schedule M, Part I, line 12	511,648.

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Form 990-T (M)	Interest Paid	Statement	8
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Description	Amount
MISCELLANEOUS	179.
Total to Schedule M, Part II, line 18	179.

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Form 990-T (M)	Other Deductions	Statement	9
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Description	Amount
LEGAL FEES	267.
SUPPLIES	526.
OFFICE	2,199.
OCCUPANCY	15,920.
TRAVEL	3,545.
CONFERENCES	669.
INSURANCE	335.
ADVERTISING	803.
FEES AND SERVICES	284,303.
Total to Schedule M, Part II, line 28	308,567.

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

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

Entity **4**

OMB No 1545-0087

**2018**

Department of the Treasury  
Internal Revenue Service (99)

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

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

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

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

Name of the organization

**INOVA HEALTH CARE SERVICES**

Employer identification number

**54-0620889**

Unrelated business activity code (see instructions) ► **446110**

Describe the unrelated trade or business ► **RETAIL PHARMACY**

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
<b>1 a</b>	Gross receipts or sales					
<b>b</b>	Less returns and allowances					
	<b>c Balance</b>		<b>1c</b>			
<b>2</b>	Cost of goods sold (Schedule A, line 7)		<b>2</b>			
<b>3</b>	Gross profit Subtract line 2 from line 1c		<b>3</b>			
<b>4 a</b>	Capital gain net income (attach Schedule D)		<b>4a</b>			
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>			
<b>c</b>	Capital loss deduction for trusts		<b>4c</b>			
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>			
<b>6</b>	Rent income (Schedule C)		<b>6</b>			
<b>7</b>	Unrelated debt-financed income (Schedule E)		<b>7</b>			
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>			
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>			
<b>10</b>	Exploited exempt activity income (Schedule I)		<b>10</b>			
<b>11</b>	Advertising income (Schedule J)		<b>11</b>			
<b>12</b>	Other income (See instructions, attach schedule) Stmt 10		<b>12</b>	1,856,037.		1,856,037.
<b>13</b>	<b>Total.</b> Combine lines 3 through 12		<b>13</b>	1,856,037.		1,856,037.

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

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b>	Salaries and wages	<b>15</b>	332,955.
<b>16</b>	Repairs and maintenance	<b>16</b>	
<b>17</b>	Bad debts	<b>17</b>	302,194.
<b>18</b>	Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b>	Taxes and licenses	<b>19</b>	25,338.
<b>20</b>	Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>	23,705.
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b>	Depletion	<b>22b</b>	23,705.
<b>24</b>	Contributions to deferred compensation plans	<b>23</b>	
<b>25</b>	Employee benefit programs	<b>24</b>	14,257.
<b>26</b>	Excess exempt expenses (Schedule I)	<b>25</b>	292.
<b>27</b>	Excess readership costs (Schedule J)	<b>26</b>	
<b>28</b>	Other deductions (attach schedule) See Statement 11	<b>27</b>	
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28	<b>28</b>	1,393,566.
<b>30</b>	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	<b>29</b>	2,092,307.
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	-236,270.
<b>32</b>	Unrelated business taxable income Subtract line 31 from line 30	<b>31</b>	
		<b>32</b>	-236,270.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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Form 990-T (M)	Other Income	Statement 10
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Description	Amount
PHARMACY	1,856,037.
Total to Schedule M, Part I, line 12	1,856,037.

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Form 990-T (M)	Other Deductions	Statement 11
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Description	Amount
SUPPLIES	1,264,701.
OFFICE	14,602.
TRAVEL	32.
PURCHASED SERVICES	1,352.
INSURANCE	116.
ADVERTISING	453.
FEES AND SERVICES	112,310.
Total to Schedule M, Part II, line 28	1,393,566.

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

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

Entity **5**

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service (99)

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

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

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

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

Name of the organization

**INOVA HEALTH CARE SERVICES**

Employer identification number

**54-0620889**

Unrelated business activity code (see instructions) ▶ **532000**

Describe the unrelated trade or business ▶ **ANTENNA RENTAL**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances				
<b>c</b> Balance ▶	<b>1c</b>			
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>			
<b>3</b> Gross profit Subtract line 2 from line 1c	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>			
<b>6</b> Rent income (Schedule C)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>			
<b>11</b> Advertising income (Schedule J)	<b>11</b>			
<b>12</b> Other income (See instructions, attach schedule) Stmt 12	<b>12</b>	<b>481,505.</b>		<b>481,505.</b>
<b>13</b> Total. Combine lines 3 through 12	<b>13</b>	<b>481,505.</b>		<b>481,505.</b>

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29</b> Total deductions. Add lines 14 through 28	<b>29</b>	<b>0.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	<b>30</b>	<b>481,505.</b>
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
<b>32</b> Unrelated business taxable income Subtract line 31 from line 30	<b>32</b>	<b>481,505.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (M)	Other Income	Statement 12
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Description	Amount
ANTENNA RENTAL	481,505.
Total to Schedule M, Part I, line 12	481,505.

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

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

Entity 6

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service (99)

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

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

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

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

Name of the organization

**INOVA HEALTH CARE SERVICES**

Employer identification number

**54-0620889**

Unrelated business activity code (see instructions) ▶ **531390**

Describe the unrelated trade or business ▶ **OFFICE SPACE**

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales	c Balance ▶	1c		
b	Less returns and allowances		2		
2	Cost of goods sold (Schedule A, line 7)		3		
3	Gross profit Subtract line 2 from line 1c		4a		
4 a	Capital gain net income (attach Schedule D)		4b		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4c		
c	Capital loss deduction for trusts		5		
5	Income (loss) from a partnership or an S corporation (attach statement)		6	805,320.	620,964.
6	Rent income (Schedule C)		7		184,356.
7	Unrelated debt-financed income (Schedule E)		8		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		9		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		10		
10	Exploited exempt activity income (Schedule I)		11		
11	Advertising income (Schedule J)		12		
12	Other income (See instructions, attach schedule)		13	805,320.	620,964.
13	Total. Combine lines 3 through 12			184,356.	

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	<b>Total deductions.</b> Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	184,356.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	<b>Unrelated business taxable income</b> Subtract line 31 from line 30	32	184,356.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018



INOVA HEALTH CARE SERVICES

54-0620889

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

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

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

(see instructions)

## 1. Description of property

(1) OFFICE SPACE

(2)

(3)

(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	See Statement 18
(1) 0.	805,320.	620,964.
(2)		
(3)		
(4)		
Total 0.	Total 805,320.	
(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)
805,320.		620,964.

**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				

Form 990-T (2018)

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Form 990-T (M)      Deductions Connected with Rental Income      Statement 18

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Description	Activity Number	Amount	Total
DIRECT OPERATING EXPENSES		620,964.	
- SubTotal -	1		620,964.
Total to Form 990-T, Schedule C, Column 3			620,964.

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

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

Entity 7

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service (99)

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

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

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

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

Name of the organization

INOVA HEALTH CARE SERVICES

Employer identification number

54-0620889

Unrelated business activity code (see instructions) ▶ 611430

Describe the unrelated trade or business ▶ CONFERENCE CENTER

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	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		
4 a	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) Stmt 13	12	614,774.	614,774.
13	Total. Combine lines 3 through 12	13	614,774.	614,774.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 14	28	571,779.
29	Total deductions. Add lines 14 through 28	29	571,779.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	42,995.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	42,995.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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Form 990-T (M)	Other Income	Statement 13
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Description	Amount
CONFERENCE FEES	614,774.
Total to Schedule M, Part I, line 12	614,774.

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Form 990-T (M)	Other Deductions	Statement 14
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Description	Amount
EQUIPMENT RENTAL	4,222.
SUPPLIES	169,349.
PURCHASED SERVICES	395,323.
FEES AND SERVICES	2,885.
Total to Schedule M, Part II, line 28	571,779.

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

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

Entity 8

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service (99)

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

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

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

Name of the organization

INOVA HEALTH CARE SERVICES

Employer identification number

54-0620889

Unrelated business activity code (see instructions) ▶ 541380

Describe the unrelated trade or business ▶ REFERENCE LAB

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)	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) Stmt 15	12	422,412.	422,412.
13	Total. Combine lines 3 through 12	13	422,412.	422,412.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	123,882.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	10,396.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	14,444.
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	22b	14,444.
24	Contributions to deferred compensation plans	23	
25	Employee benefit programs	24	4,975.
26	Excess exempt expenses (Schedule I)	25	14,659.
27	Excess readership costs (Schedule J)	26	
28	Other deductions (attach schedule) See Statement 16	27	
29	Total deductions. Add lines 14 through 28	28	215,186.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	29	383,542.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	38,870.
32	Unrelated business taxable income Subtract line 31 from line 30	31	
		32	38,870.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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Form 990-T (M)	Other Income	Statement 15
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Description	Amount
LAB FEES	422,412.
Total to Schedule M, Part I, line 12	422,412.

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Form 990-T (M)	Other Deductions	Statement 16
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Description	Amount
LEGAL FEES	33.
SUPPLIES	88,792.
OFFICE	1,593.
OCCUPANCY	3,728.
EQUIPMENT RENTAL	2,070.
TRAVEL	1,254.
CONFERENCES	67.
PURCHASED SERVICES	4,395.
INSURANCE	390.
ADVERTISING	81.
FEES AND SERVICES	112,783.
Total to Schedule M, Part II, line 28	215,186.

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

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

Entity 9

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service (99)

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

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

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

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

Name of the organization

INOVA HEALTH CARE SERVICES

Employer identification number

54-0620889

Unrelated business activity code (see instructions) ▶ 523000

Describe the unrelated trade or business ▶ PASSIVE PARTNERSHIP UBI

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	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		
4 a	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) Statement 17	5	-896,779.	-896,779.
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	-896,779.	-896,779.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	3,500.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	3,500.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-900,279.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-900,279.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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Form 990-T (M)	Income (Loss) from Partnerships	Statement 17
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Description	Net Income or (Loss)
Ivinci Partners LLC - Ordinary Business Income (loss)	-965,484.
Premier Healthcare Alliance, L.P. - Ordinary Business Income (loss)	157,545.
Capricorn Healthcare and Special Opp, II LP - Ordinary Business Income (loss)	-88,840.
Total Included on Schedule M, Part I, line 5	-896,779.

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