Form <b>990-T</b>		Exempt Orga	nization B	usin	ess Inco	me 1	Гах Retur	n I	OMB No	1545-0687
)			ınd proxy tax u			3(e))			20	18
Department of the Treasury Internal Revenue Service	•	► Go to wwy Do not enter SSN number	v.irs gov/Form990T fo ers on this form as it					))	Open to Pub 501(c)(3) Org	olic Inspection for panizations Only
A Check box if address changed		Name of organization (	Check box if nan	ne change	ed and see instru	ictions.)		DEmpl (Emp		ation number
B Exempt under section	Print	INOVA HEALT							4-062	
X 501(C <b>f</b> 03 ) 408(e) 220(e)	or Type	Number, street, and room							lated busines instructions )	s activity code
408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code  FALLS CHURCH, VA 22042  54							700	
C Book value of all assets at end of year	L	F Group exemption num					· · ·	19		
5,112,809,6	13.	G Check organization type	pe ► X 501(c)	corporati	on 501	(c) trust	401(a	a) trust		Other trust
H Enter the number of the	-		·	10		Describe	the only (or first) u	nrelated		
		ee Statement				-	, complete Parts I-V		-	
		ice at the end of the previo	ous sentence, complete	e Parts I a	and II, complete	a Schedul	e M for each addition	nal trade	e or	
business, then complete			<del></del>		<del></del>		Object As	771		<del></del>
		ooration a subsidiary in an		arent-sut	sidiary controlle	d group?	Stmt 4	X Ye		∾ 54-1071 €
J The books are in care of		tifying number of the pare		rice	~	Teleph	none number			<u>57-1011</u> 6
Part I Unrelated				VICE	(A) Inco		(B) Expense		_	C) Net
1a Gross receipts or sale			1				, , ,		· · · ·	, , , 1
b Less returns and allow			c Balance	<b>▶</b> 1c			,		. 7	
2 Cost of goods sold (S	chedule	A, line 7)		2	1			•	*	0.40 %
3 Gross profit Subtract	line 2 f	rom line 1c		3	I					
4 a Capital gain net incon	ie (attac	h Schedule D)		4a				•		
b Net gain (loss) (Form	4797, F	art II, line 17) (attach Forr	n 4797)	4b			· ·			
c Capital loss deduction	for tru	sts		40	<u> </u>		1 1			
5 Income (loss) from a	partner	ship or an S corporation (a	attach statement)	5	ļ					
6 Rent income (Schedu	le C)			6	<del></del>					<del></del>
7 Unrelated debt-finance	ed inco	me (Schedule E)		7	<del></del> _		ļ		ļ	
		and rents from a controlled	-		<del> </del>		ļ <u></u> -		<b></b>	
		on 501(c)(7), (9), or (17) o	organization (Schedule		<del> </del>				<u> </u>	<del></del>
10 Exploited exempt acti	-	•		10	<del>                                     </del>				<u> </u>	
11 Advertising income (S			atomont 2	11	6,797,	5/12	47 19 2		5 70	7,542.
<ul><li>12 Other income (See in:</li><li>13 Total. Combine lines</li></ul>		ns; attach schedule) St	.acemenc z	13	6,797,		7 77	<i>·</i> `		7,542.
		ot Taken Elsewhe	ra (See instruction				<u> </u>		0,75	7,342.
(Except for a	ontrib	utions, deductions mus	at be directly connec	cted with	the unrelated	l busines	s income )			
		rectors, and trustees (Sch	<del></del>					14		
15 Salaries and wages	,	(	,					15	1,53	3,282.
16 Repairs and mainten	ance							16		
17 Bad debts								17		
18 Interest (attach sche	dule) (s	ee instructions)						18		
19 Taxes and licenses								19	10	9,954.
		e instructions for limitation	rules)					20		
21 Depreciation (attach					<u> </u>	21		_		
1	umed o	n Schedule A and elsewhe	re on return		ل_ا	22a		22b		
23 Depletion				_				23		0 250
24 Contributions to defe		mpensation plans	CEIVED	7				24	0	8,259.
25 Employee-benefit pro				SI .				25		<del></del>
26 Excess exempt expe		ioni	13 13	Ž				26		
27 Excess readership co 28 Other deductions (at		1-1 1/1/1/	/ <b>(275</b> ) 2019	2000 2010 2010 2010 2010 2010 2010 2010	See	Stat	ement 3	28	1.64	1,416.
29 Total deductions. A		. 1 1		<u>Ľ</u>	שכפ	Jul		29		2,911.
		ncome before net óperatin	Diessideduction Sub	tract line	29 from line 13			30		4,631.
		oss arising in tax years be				tions)		31		-
		ncome Subtract line 31 fro	•	, ,,		-,		32	3,44	4,631.
823701 01-09-19 LHA FO								1	Form 9	<b>90-T</b> (2018)
				1				(5	- 117	
111108 746301	. HO	SP	2018.0500	0 IN	OVA HEAD	LTH (	CARE SERV	ICES	HOS	SP1

	1			
Form 990-	(2018) INOVA HEALTH CARE SERVICES	54-06	2088	9 Page
	III Total Unrelated Business Taxable Income	34-00	2000	J rago
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	·	33	4,299,325
34			34	2,393,927
35	Amounts paid for disallowed fringes	mt 5		6,693,252
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	711ic J	35	0,093,232
30				
07			36	1 000
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		•	
Dordil	V <sub>I</sub> Tax Computation	<del></del>	38	0
	<u> </u>		1 1	
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:		透明	
44	Tax rate schedule or Schedule D (Form 1041)	· .	40	<del></del>
41	Proxy tax. See instructions			<del></del>
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
	/a Tax and Payments		11	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		353	
	Other credits (see instructions)		- 紹	
	General business credit. Attach Form 3800		- ``	
	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		_ [ ]	
	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44  Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other		46	0
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
	Payments: A 2017 overpayment credited to 2018			
	2018 estimated tax payments			
C	Tax deposited with Form 8868			
	Foreign organizations: Tax paid or withheld at source (see instructions)		<b>⊣</b> ≋∷ I	
	Backup withholding (see instructions)			
	Credit for small employer health insurance premiums (attach Form 8941) 50f		- 3	
g	Other credits, adjustments, and payments: Form 2439		15.1	
	Form 4136 Other Total ▶ 50g	······································	- ž.ř.	
51	Total payments. Add lines 50a through 50g		51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	<u>,</u> .
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		funded >	55	<del> </del>
Part \				<del></del>
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authori			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	)		1 4 T
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here >			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?		Т
	If "Yes," see instructions for other forms the organization may have to file.			1,0
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$			
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	ine best of my Kn Ige	owiedge en	d belief, it is true,
Here	1 1 1 200 1 1/1/12/16 > 070	Ţ,	May the IRS	discuss this return with
TICIC	Signature of officer Date Title			shown below (see
		——————————————————————————————————————		7 X Yes No
		· —	if PTIN	l
Paid		self- employed		11000401
Prepa	rer JULIE L. SPARKS Quie J. Sparks 11/11/19			1268401
Use C	only Firm's name ► ERNST & YOUNG U.S. LLP	Firm's EIN	- 34	1-6565596
	221 E. 4th St., Suite 2900	0.	- 1	-10 1400
	Firm's address ► CINCINNATI, OH 45202	Phone no.	)-E10	512-1400

823711 01-09-19

Form 990-T (2018)

Schedule A - Cost of Good	ls Sold. Enter	method of inve	ntory va	aluation N/A	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
1 Inventory at beginning of year	1	*****	_,	Inventory at end of year	ar		6	
2 Purchases	2		<b>−</b> 1	Cost of goods sold. St		line 6		
3 Cost of labor	3		7	from line 5 Enter here				
4 a Additional section 263A costs			┪	line 2		,	7	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to	Yes No	
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply					
5 Total. Add lines 1 through 4b	5		7	the organization?				
Schedule C - Rent Income		Property an	d Per		Leas	ed With Real Pro	perty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
_(4)								
	2 Rent receiv	ed or accrued				2/2/2		
rent for personal property is more than of rent for			personal p	nal property (if the percents property exceeds 50% or if d on profit or income)	age	columns 2(a) ar	connected with the income in ad 2(b) (attach schedule)	
_(1)								
(2)				-				
(3)								
(4)								
Total	0.	Total	_		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	, , , , ,	nter -			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>•</b> 0.	
Schedule E - Unrelated Del	bt-Financed	Income (see	instruc	ctions)				
		····		Gross income from		Deductions directly connected with or allocable to debt-financed property		
1. Description of debt-fi	inanced property		or allocable to debt- financed property		(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)			1					
(2)			1	· · · · · · · · · · · · · · · · · · ·		<del></del>		
(3)	·		1			<del></del>		
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property h 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)			1	%				
(2)			1	%				
(3)	<u> </u>		<u> </u>	%				
(4)	1	·	1	%				
	<del></del>		<del></del>			nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals				•		0	. 0.	
Total dividends-received deductions in	ncluded in columi	n 8					0.	
		<u>.</u>					Form <b>990-T</b> (2018	

Schedule F - Interest,		,,		Controlled C				(555,1150)		
1. Name of controlled organiz	ation	2. Employer identification number	3. Net un (loss) (see	related income e instructions)	4. Tot payr	stal of specified ments made 5. Part of columncluded in the organization's g		the control	lling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)					<u> </u>					
Nonexempt Controlled Organ	nizations			· -						
7 Taxable Income		ed income (loss) tructions)	9. Total	of specified pay made	ments	10 Part of column the controlle gross	mn 9 that is in ng organizati s income	ncluded on's		luctions directly connected income in column 10
(1)										
(2)										
(3)										
(4)										
						Enter here and	on page 1, F	art I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, ine 8, column (B)
Totals								0.		0
Schedule G - Investm (see ins	ent Income tructions)	of a Section	on 501(c)(	(7), (9), or	(17) Or	ganization	)			
1. Des	cription of income	<del>,</del>		2 Amount of	ıncome	3 Deduction directly connection (attach sched	cted	4. Set-asi (attach sch		5. Total deductions and set-asides (col 3 plus col 4)
(1)						· <del></del>				
(2)										
(3)						•				
(4)										
				Enter here and Part I, line 9, co				<del></del>		Enter here and on page Part I line 9, column (B)
Totals			•		0.1					1 0
Schedule I - Exploited	•	tivity Incor	ne, Othe	r Than Ac		ng Income	,			<u> </u>
1 Description of exploited activity	2. Gross unrelated busin income from trade or busine	ess directly	expenses y connected production inrelated ess income	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Expenattributab	le to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<del> </del>			<u> </u>						<del>                                     </del>
(2)	· ·			<del> </del>			-+			<del> </del>
(3)	<del> </del>	_		<b></b>						<u> </u>
(4)					_					<del> </del>
	Enter here and page 1, Part line 10, col (A	page ) line 1	nere and on a 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 26
Totals	 	0.	0.	<u>L</u>						0
Schedule J - Advertis Part I Income From				solidated	Basis					
		<del></del>				<del>,</del>	<del> ,</del>			
1. Name of periodical	adve	Gross rtising ome ad	3 Direct Ivertising costs	or (loss) (c	ising gain of 2 minus ain, comput arough 7	5. Circulati	non	6 Readers costs	hip	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										· · · · · · · · · · · · · · · · · · ·
(2)					,					1
(3)				Π΄ .						
(4)				<u> </u>					$\Box$	
Totals (carry to Part II, line (5))	<b>&gt;</b>	0.	0							0
										Form 990-T (2018

Form 990-T (2018) INOVA HEALTH CARE SERVICES 54-06208

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 advertising costs income 3 Direct advertising costs advertising costs 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)	a. , ; , ·	.*		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	time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<u> </u>	0.

Form 990-T (2018)

		_			
Form 990-T	Description o	of Organization's Business Activit	Primary Unrelated	Statement	1
TESTING O	F DRUGS FOR PHARM	ACEUTICAL COMPANII	ES		
To Form 99	0-T, Page 1				
Form 990-T		Other Income		Statement	2
Descriptio	n			Amount	
PHARMACEUT	6,797,542.				
Total to F	6,797,54	2.			
Form 990-T	Statement	3			
Descriptio	n			Amount	
FEES AND S	1,641,41	6.			
Total to F	orm 990-T, Page 1,	line 28		1,641,41	6.
Form 990-T	Parent Corpora	tion's Name and D	dentifying Number	Statement	4
Corporatio	n's Name			Identifying N	Io
INOVA HEAL	TH SYSTEM FOUNDATI	CON		54-1071867	
Form 990-T	Net	Operating Loss I	Deduction	Statement	<u> </u>
		Loss Previously	Loss Remaining	Available This Year	
Tax Year	Loss Sustained	Applied	Kemaining		

INOVA HEALT	TH CARE SERVICES			54-0620889
12/31/15	258,962.	0.	258,962.	258,962.
NOL Carryover	Available This Year		11,295,459.	11,295,459.

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

•	 _	_	٠	Y		٠
	 	A1.		464	00	

		For calendar year 2018 or other tax year beginning		, and en	nding			2010
	ment of the Treasury I Revenue Service (99)	► Go to www.irs.gov/Form990T fo  Do not enter SSN numbers on this form as i					1(c)(3).	Open to Public Inspection for 50 (c)(3) Organizations Only
	of the organization	INOVA HEALTH CARE SERVI	CES			Employer		on number 89
		activity code (see instructions) 81230		<u></u> .v. 0v	<i>.</i>	<b>~</b>		
	Describe the unrelat	ted trade or business HOSPITAL	LAUI	NDRY SERV	VICE	S		
Pa	rt I Unrelated	Trade or Business Income		(A) Income	e :	(B) Expe	nses	(C) Net
1 a	Gross receipts or	sales	1 1					
b	Less returns and allo	owances c Balance >	1c					
2	Cost of goods sole	d (Schedule A, line 7)	2					
3	•	ract line 2 from line 1c	3					
	. •	come (attach Schedule D)	4a					
b	•	rm 4797, Part II, line 17) (attach Form 4797)	4b					
_ C	Capital loss deduc		4c	<del></del>				<del></del>
5	• •	a partnership or an S corporation (attach	_					
_	statement)		5	<del> </del>				<del></del>
6	Rent income (Sch	<b>'</b>	6					
7		anced income (Schedule E)	7	· · · · · · · · · · · · · · · · · · ·				······································
8		, royalties, and rents from a controlled	8					
9	organization (Sche	e of a section 501(c)(7), (9), or (17)	<del>                                     </del>					·
9	organization (Sche	******	9				ł	
10	,	activity income (Schedule I)	10					
11	Advertising incom	·	11					
12	•	e (Schedule 5) e instructions; attach schedule)	12			-		
13	Total. Combine lin	,	13		0.			
					do	ductions \ /	Cupant f	or contributions
Pai		ns Not Taken Elsewhere (See instruct s must be directly connected with the					Except i	or contributions,
14	Compensation of	officers, directors, and trustees (Schedule K)					14	
15	Salaries and wage	•					15	
16	Repairs and maint						16	
17	Bad debts						17	
18	Interest (attach so	hedule) (see instructions)					18	
19	Taxes and license	s					19	
20	Charitable contrib	utions (See instructions for limitation rules)		,			20	
21	Depreciation (atta	ch Form 4562)		21	L			
22	Less depreciation	claimed on Schedule A and elsewhere on return	1	22a	<u> </u>	<del></del>	22b	<u>.                                    </u>
23	Depletion						23	
24	Contributions to d	eferred compensation plans					24	
25	Employee benefit	programs					25	
26	Excess exempt ex	penses (Schedule I)					26	
27	Excess readership	costs (Schedule J)		<u>.</u> .			27	
28	Other deductions	(attach schedule)		See S	Stat	ement 6	28	35,440.
29	Total deductions	. Add lines 14 through 28					29	35,440.
30	Unrelated busines	s taxable income before net operating loss dedu	uction S	Subtract line 29	from lin	e 13	30	-35,440.
31	Deduction for net	operating loss arising in tax years beginning on	or after	January 1, 2018	(see			
	instructions)						31	35 442
32	Unrelated busines	s taxable income Subtract line 31 from line 30					32	-35,440.
LHA	For Paperwork F	Reduction Act Notice, see instructions.					Schedul	e M (Form 990-T) 2018

823741 01-28-19

Form 990-T (M)	Statement 6	
Description		Amount
FEES AND SERVICES OCCUPANCY		34,853. 587.
Total to Schedule M, Part II, 1	ine 28	35,440.

# Unrelated Business Taxable Income for Unrelated Trade or Business

	-	C J	
OM	IR N	n 154	5-06

	For calendar year 2018 or other tax year beginning		, and ending			2010
Department of the	, , , , , , , , , , , , , , , , , , , ,				1(3)	Open to Public Inspection for 501(c)(3) Organizations Only
Name of the o			nade public il your orga	Employer ide 54-0	ntificati	on number
Unrelate	d business activity code (see instructions) > 8129	00				
	e the unrelated trade or business EMPLOYEE	ASSI	STANCE			
Part I	Inrelated Trade or Business Income		(A) income	(B) Expens	es	(C) Net
1a Gross	receipts or sales					
<b>b</b> Less re	turns and allowancesc Balance	<b>▶</b> 1c				_ <u>.</u> 3i
2 Cost o	of goods sold (Schedule A, line 7)	2				
3 Gross	profit Subtract line 2 from line 1c	3				<u> </u>
4a Capita	ll gain net income (attach Schedule D)	4a				
b Net ga	un (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				·
c Capita	l loss deduction for trusts	4c		,		
5 Incom	e (loss) from a partnership or an S corporation (attach				ļ	
statem	ient)	5				<del></del>
6 Rent in	ncome (Schedule C)	6				<del></del>
	ited debt-financed income (Schedule E)	7				
	st, annuities, royalties, and rents from a controlled zation (Schedule F)	8				
9 Invest	ment income of a section 501(c)(7), (9), or (17)					-
organı	zation (Schedule G)	9				
10 Exploit	ted exempt activity income (Schedule I)	10				
11 Advert	tising 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 instructed with the directly connected with the	ctions for e unrelate	limitations on de	ductions ) (Ex ne.)	cept f	or contributions,
14 Comp	ensation of officers, directors, and trustees (Schedule K)				14	00.056
15 Salarıe	es and wages				15	80,856.
16 Repair	's and maintenance				16	
<b>17</b> Bad de	ebts		a a		17	170
	st (attach schedule) (see instructions)		See Stat	ement 8	18	179. 6,915.
	and licenses				19	0,915.
	able contributions (See instructions for limitation rules)		1 1		20	
-	ciation (attach Form 4562)		21		اا	
	lepreciation claimed on Schedule A and elsewhere on retu	ım	22a	<del></del> -	22b	····
23 Deplet					23	2,823.
	butions to deferred compensation plans				24	5,340.
-	yee benefit programs				25	
	s exempt expenses (Schedule I)				26	<del></del>
	s readership costs (Schedule J)		See State	ement 9	27	308,567.
	deductions (attach schedule)		see state	ewerre 3	28	404,680.
	deductions. Add lines 14 through 28	duation C	htraat lina 00 fram to	. 12	30	106,968.
	ted business taxable income before net operating loss dec			5 IJ	30	200,500+
	tion for net operating loss ansing in tax years beginning or	n Or aller Ja	inualy 1, 2010 (See		31	
instruction 32 Unrela	ted business taxable income. Subtract line 31 from line 30	1			32	106,968.
- Umula	LOG DECENDED MANAGED INTO CHIEF DUDINGUL INTO DI NICHI INTO DU				1	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (M)	Other Income	Statement 7
Description		Amount
EAP FEES		511,648.
Total to Schedule M, Pa	art I, line 12	511,648.
Form 990-T (M)	Interest Paid	Statement 8
Description		Amount
MISCELLANEOUS		179.
Total to Schedule M, Pa	art II, line 18	179.
Form 990-T (M)	Other Deductions	Statement 9
Description		Amount
LEGAL FEES SUPPLIES OFFICE		267. 526. 2,199. 15,920.
OCCUPANCY TRAVEL CONFERENCES INSURANCE ADVERTISING FEES AND SERVICES		3,545. 669. 335. 803. 284,303.

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

	۰	_	C y	
0	40	Nic	1646	^

D	On the state of th		, and ending				
	L Bourgery Company (00)	► 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)					
Name	of the organization		, , , , , , , , , , , , , , , , , , ,	Employer ide		501(c)(3) Organizations Only	
	INOVA HEALTH CARE SERVI	CES		54-06			
$\overline{}$	Inrelated business activity code (see instructions) > 44611	0					
	Describe the unrelated trade or business   RETAIL PH	ARM	ACY				
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(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					
4 a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5_				·	
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7_					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9		<u> </u>			
10	Exploited exempt activity income (Schedule I)	10		<del></del>			
11	Advertising income (Schedule J)	11	1 056 037			1 056 027	
12	Other income (See instructions, attach schedule) Stmt 10	_	1,856,037.			1,856,037.	
<u>13</u>	Total. Combine lines 3 through 12	13	1,856,037.			1,856,037.	
Pa	TII Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the unit of the literature of the connected with the co				cept t	for contributions,	
					T	i	
14	Compensation of officers, directors, and trustees (Schedule K)				14	332,955.	
15	Salaries and wages				15	332,333.	
16	Repairs and maintenance				16	302,194.	
17	Bad debts				17	302,174.	
18	Interest (attach schedule) (see instructions)				18	25,338.	
19	Taxes and licenses				20	23,330.	
20 21	Chantable contributions (See instructions for limitation rules)		21	23,705.			
22	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return		22a	23,,03.	22b	23,705.	
23	Depletion		[228]		23		
24	Contributions to deferred compensation plans				24	14,257.	
25	Employee benefit programs				25	292.	
26	Excess exempt expenses (Schedule I)				26		
27	Excess readership costs (Schedule J)				27		
28	Other deductions (attach schedule)		See Stat	ement 11	28	1,393,566.	
29	Total deductions. Add lines 14 through 28				29	2,092,307.	
30	Unrelated business taxable income before net operating loss dedu	ction	Subtract line 29 from lin	e 13	30	-236,270.	
31	Deduction for net operating loss arising in tax years beginning on o			J . J			
	instructions)				31	7	
32	Unrelated business taxable income Subtract line 31 from line 30				32	-236,270.	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (M)	Other	Income	Statement 10
Description		•	Amount
PHARMACY			1,856,037.
Total to Schedule M, Pa	rt I, line 12		1,856,037.
Form 990-T (M)	Other	Deductions	Statement 11
Description			Amount
SUPPLIES OFFICE TRAVEL PURCHASED SERVICES INSURANCE ADVERTISING FEES AND SERVICES			1,264,701. 14,602. 32. 1,352. 116. 453. 112,310.
Total to Schedule M, Pa	rt II, line 28		1,393,566

# Unrelated Business Taxable Income for Unrelated Trade or Business

Entit	y 5
OMB No	1545-0687

		For calendar year 2018 or other tax year beginning	)	, and ending		_   2018
	ment of the Treasury Il Revenue Service (99)	► Go to www.irs.gov/Forr ► Do not enter SSN numbers on this				Open to Public Inspection for 501(c)(3) Organizations Only
Name	of the organization		· · · · · · · · · · · · · · · · · · ·		Employer identific	
		INOVA HEALTH CARE S			54-0620	0889
			32000	<del></del>		
[	Describe the unrelat	ed trade or business ANTE	NA RENTA	<u> </u>		<del></del>
Pa	rt I Unrelated	Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or	sales			,	
b	Less returns and allo	wances c Ba	lance ▶ 1c			
2	-	d (Schedule A, line 7)	2			
3	Gross profit Subt	ract line 2 from line 1c	3			
4 a	Capital gain net in	come (attach Schedule D)	4a			
b	Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach Form 4	797) <b>4b</b>			
C	Capital loss deduc	ction for trusts	4c			
5	Income (loss) from	a partnership or an S corporation (atta				
	statement)		5			
6	Rent income (Scho		6			
7		anced income (Schedule E)	7			
8	-	royalties, and rents from a controlled	8			
9	organization (Sche	e of a section 501(c)(7), (9), or (17)			<u></u>	<del></del>
•	organization (Sche		9			
10	- ·	activity income (Schedule I)	10			<del> </del>
11	Advertising income	• • •	11		<del></del>	<del> </del>
12	_		nt 12 12	481,505.	•	481,505.
13	Total. Combine lin		13	481,505.		481,505.
	deductions	s Not Taken Elsewhere (See in s must be directly connected with the state of the st	th the unrela	or limitations on de ted business incon	ductions ) (Excep	<del></del>
14		officers, directors, and trustees (Schedu	Jie K)		1:	<del></del>
15 16	Salaries and wage Repairs and maint				10	<del></del>
17	Bad debts	enance			1	
18		hedule) (see instructions)			11	<del></del>
19	Taxes and licenses	· ·			19	<del></del>
20		utions (See instructions for limitation rul	es)		20	<del></del>
21	Depreciation (attac	•	,	21		
22	•	claimed on Schedule A and elsewhere	on return	22a	22	rb
23	Depletion				2:	
24	•	eferred compensation plans			24	4
25	Employee benefit	orograms			25	5
26	Excess exempt ex	penses (Schedule I)			26	6
27	Excess readership	costs (Schedule J)			2	7
28	Other deductions	(attach schedule)			28	
29	Total deductions.	Add lines 14 through 28			29	
30	Unrelated busines	s taxable income before net operating l	oss deduction S	Subtract line 29 from line	e 13 <b>3</b> 0	481,505.
31	Deduction for net	operating loss arising in tax years begin	ning on or after	January 1, 2018 (see	_	
	instructions)				3.	
32	Unrelated busines	s taxable income Subtract line 31 from	line 30			<del></del>
LHA	For Paperwork R	eduction Act Notice, see instructions	<b>3.</b>		Sched	dule M (Form 990-T) 2018

Form 990-T (M)	Other Income	Statement	12
Description		Amount	
ANTENNA RENTAL		481,5	05.
Total to Schedule M, Part I,	line 12	481,5	05.

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

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0.	40	NIA	. 154	 00

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information.

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number Name of the organization 54-0620889 INOVA HEALTH CARE SERVICES Unrelated business activity code (see instructions) ▶ OFFICE SPACE Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) 2 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 Income (loss) from a partnership or an S corporation (attach 5 statement) 805,320. 620,964. 184,356. Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12 805,320. 620,964. 184,356. Total. Combine lines 3 through 12 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 15 Salaries and wages 16 Repairs and maintenance 16 17 **Bad debts** 17 18 18 Interest (attach schedule) (see instructions) 19 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 22b 22 Less depreciation claimed on Schedule A and elsewhere on return 23 23 Depletion 24 Contributions to deferred compensation plans 24 25 25 Employee benefit programs

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

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

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Schedule M (Form 990-T) 2018

26

27 28

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instructions)

0.

184,356.

184,356.

Form 990-T (2018)  INOVA HEA	ותע כאף	F SERVIC	T C		54-062	Page
Schedule A - Cost of Good	Sold Enter	method of invo	nton valuation		34-002	0003
1 Inventory at beginning of year	1	metriod of live	6 Inventory at end of year			6
2 Purchases	2		7 Cost of goods sold. Se			
3 Cost of labor	3		<b>-</b>		-	
· · · ·	-		from line 5. Enter here	anu in i	arti,	<del></del>
4a Additional section 263A costs			line 2			7 Yes No
(attach schedule)	4a		8 Do the rules of section	•	•	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	
5 Total, Add lines 1 through 4b	5		the organization?		- Jarre B. J.B.	
Schedule C - Rent Income (see instructions)	(From Real	Property ar	ia Personai Property	Leas	ed with Real Pro	perty)
Description of property						
(1) OFFICE SPACE	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>			
(2)						
(3)						
(4)						
	2. Rent receiv	ed or accrued	<del></del>			
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	and personal property (if the percent personal property exceeds 50% or if ent is based on profit or income)	age	3(a) Deductions directly columns 2(a) an See State	connected with the income in d 2(b) (attach schedule)
(1)	0.		805,3	20.		620,964.
(2)						
(3)			· · · · · · · · · · · · · · · · · · ·		j ~	<del></del>
(4)						<del></del>
Total	0.	Total	805,3	20.		<del></del>
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter			(b) Total deductions.	
here and on page 1, Part I, line 6, column	· · · · · ·	<b>&gt;</b>	805,3	20.	Enter here and on page 1, Part I, line 6, column (B)	<b>▶</b> 620,964.
Schedule E - Unrelated De	<u> </u>	Income (see			L <u></u>	<del></del>
	··		T .		3. Deductions directly con-	nected with or allocable
			Gross income from     or allocable to debt-	/21	to debt-financ Straight line depreciation	(b) Other deductions
1. Description of debt-f	nanced property		financed property	(",	(attach schedule)	(attach schedule)
(1)			-			
(2)	_ <del></del>		<del></del>			
(3)			<del> </del>			
(4)					<del></del>	<del></del>
4 Amount of average acquisition	5 Average	adjusted basis	6. Column 4 divided		7 Gross income	8 Allocable deductions
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to inced property in schedule)	by column 5		reportable (column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)

Totals

Total dividends-received deductions included in column 8

Form 990-T (M) Deductions Connect	ed with Rental	Income	Statement	18
Description	Activity Number	Amount	Total	
DIRECT OPERATING EXPENSES - SubTo	tal - 1	620,964.	620,9	64.
Total to Form 990-T, Schedule C, Co	lumn 3		620,9	64.

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

Entity	7
OMB No. 1545-0	697

	ment of the Treasury I Revenue Service (99)  Do not enter SSN numbers on this form as				(3).	Open to Public Inspection for 501(c)(3) Organizations Only	
Name					ntıfıcat	tification number	
	Inrelated business activity code (see instructions) > 61143						
	Describe the unrelated trade or business CONFERENCE	CE C	ENTER				
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(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		ļ			
3	Gross profit Subtract line 2 from line 1c	3		<u> </u>			
4 a	Capital gain net income (attach Schedule D)	4a		ļ			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		ļ			
C	Capital loss deduction for trusts	4c		<u> </u>			
5	Income (loss) from a partnership or an S corporation (attach statement)	5					
6	Rent income (Schedule C)	6	<del></del>	<u> </u>			
7	Unrelated debt-financed income (Schedule E)	7		1			
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8	I				
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.	<u></u>		614,774.	
Pai	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the				cept f	or contributions,	
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)		1 1		20	<del></del>	
21	Depreciation (attach Form 4562)		21				
22	Less depreciation claimed on Schedule A and elsewhere on return	ו	22a		22b 23	<del></del>	
23	Depletion  Contributions to deferred companyation plans				24	<del></del>	
24 25	Contributions to deferred compensation plans				25	<del></del>	
26	Employee benefit programs  Excess exempt expenses (Schedule I)				26		
27	Excess readership costs (Schedule J)				27		
28	Other deductions (attach schedule)		See Stat	ement 14	28	571,779.	
29	Total deductions. Add lines 14 through 28			<del>-</del>	29	571,779.	
30	Unrelated business taxable income before net operating loss dedi	uction	Subtract line 29 from lii	ne 13	30	42,995.	
31	Deduction for net operating loss arising in tax years beginning on					<del></del>	
	instructions)	-	, . , ,		31		
32	Unrelated business taxable income Subtract line 31 from line 30				32	42,995.	
ΙΗΔ	For Paperwork Reduction Act Notice see instructions	-		S	chedul	e M (Form 990-T) 2018	

Form 990-T (M)	Other Income	Statement 13
Description		Amount
CONFERENCE FEES		614,774.
Total to Schedule M, Part I	, line 12	614,774.
Form 990-T (M)	Other Deductions	Statement 14
Description		Amount
EQUIPMENT RENTAL SUPPLIES PURCHASED SERVICES FEES AND SERVICES		4,222. 169,349. 395,323. 2,885.
Total to Schedule M, Part I	I, line 28	571,779.

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

Entity	8
OMB No. 1545	-0687

	ment of the Treasury I Revenue Service (99)  Do not enter SSN numbers on this form as it					Open to Public Inspection for 501(c)(3) Organizations Only
Name	of the organization  INOVA HEALTH CARE SERVI	-	made public il your org	Employer ide 54 – 06	ntıfıcat	ion number
·	Inrelated business activity code (see instructions) > 54138					
	Describe the unrelated trade or business   REFERENCE	LAB	<u> </u>			
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1 a	Gross receipts or sales				-	
b	Less returns and allowancesc Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2		<u> </u>		
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a				
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c	···	<u> </u>		
5	Income (loss) from a partnership or an S corporation (attach	! !				
	statement)	5	<del></del>	<del></del>		
6	Rent income (Schedule C)	6		<u> </u>		
7	Unrelated debt-financed income (Schedule E)	7		ļ		<del></del>
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		1		
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.
Pa	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the				cept 1	for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	122 002
15	Salaries and wages				15	123,882.
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	10,396.
19	Taxes and licenses				19	10,330.
20	Chantable contributions (See instructions for limitation rules)		1001	14,444.	20	
21	Depreciation (attach Form 4562)		21	72,222.	22b	14,444.
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		<del>                                     </del>	
23	Depletion				23	4,975.
24	Contributions to deferred compensation plans				25	14,659.
25	Employee benefit programs				-	14,000.
26 27	Excess exempt expenses (Schedule I)				26 27	
27 29	Excess readership costs (Schedule J)  Other deductions (attach schedule)		See Stat	ement 16	28	215,186.
28	Other deductions (attach schedule)  Total deductions. Add lines 14 through 28		Dec Dear		29	383,542.
29 30	• • • • • • • • • • • • • • • • • • •	iction S	ubtract line 20 from li	ne 13	30	38,870.
30 31	Unrelated business taxable income before net operating loss dedu Deduction for net operating loss arising in tax years beginning on o			116 10	- 30	20,0,00
٠.	instructions)	י מונטו נ			31	
32	Unrelated business taxable income. Subtract line 31 from line 30				32	38,870.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (M)	Other	Income	Statement 15			
Description			Amount			
LAB FEES			422,412.			
Total to Schedule M, Par	422,412.					
Form 990-T (M)	Other	Deductions	Statement 16			
Description	•		Amount			
LEGAL FEES SUPPLIES OFFICE OCCUPANCY EQUIPMENT RENTAL TRAVEL CONFERENCES PURCHASED SERVICES INSURANCE ADVERTISING FEES AND SERVICES			33. 88,792. 1,593. 3,728. 2,070. 1,254. 67. 4,395. 390. 81. 112,783.			
Total to Schedule M, Par	t II, line 28		215,186.			

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

Entity	9
OMB No. 1545-0	687

	For calendar year 2018 or other tax year beginning		, and ending		1 20.0
	ment of the Treasury    Revenue Service (99)				Open to Public Inspection for 501(c)(3) Organizations Only
	of the organization  INOVA HEALTH CARE SERV	/ICES	made public if your organ	Employer (dentification 5 4 - 0 6 2 0 8	tion number
ī	Inrelated business activity code (see instructions) > 5230				·
	Describe the unrelated trade or business PASSIVE	PARTN	ERSHIP UBI		
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowancesc Balance	<b>▶</b> 1c		<del></del>	
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			<del></del>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			<del> </del>
C	Capital loss deduction for trusts	4c			<del> </del>
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			<u> </u>
7	Unrelated debt-financed income (Schedule E)	7		<u>-</u> -	ļ
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			<del>-</del>
9	Investment income of a section 501(c)(7), (9), or (17)				1
	organization (Schedule G)	9			ļ
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			<del> </del>
12	Other income (See instructions, attach schedule)	12	006 770		006 770
13	Total. Combine lines 3 through 12	13	-896,779.		-896,779.
Pa	t II Deductions Not Taken Elsewhere (See Instru deductions must be directly connected with th				for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)		<del></del>	14	<del></del>
15	Salaries and wages		•	15	<del>                                     </del>
16	Repairs and maintenance			16	<del> </del>
17	Bad debts			17	<del> </del>
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 reti	ım	22a	22b	
23	Depletion		<del>-</del>	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 de	duction S	ubtract line 29 from line	13 30	-900,279.
31	Deduction for net operating loss arising in tax years beginning o	n or after J	lanuary 1, 2018 (see		·
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 3	0		32	-900,279.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	ıle M (Form 990-T) 2018

Form 990-T (M) Income (Loss) from Partnerships	Statement 17
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.