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| discribe 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. 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? SEINT 4 X Yes No III Yes, and the top of the parent corporation. If Yes, are the main and identifying number of the parent corporation. If Yes, are the main and identifying number of the parent corporation. If Yes, are the main and identifying number of the parent corporation. If Yes, are the main and identifying number of the parent corporation. If Yes, are the main and identifying number of the parent corporation. If Yes, are the main and identifying number of the parent corporation. If Yes, are the main and identifying number of the parent corporation. If Yes, are the main and dentifying number of the parent corporation. If Yes, are the parent corporation in t | | - | | | 9 | | - , , | | |
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| 09121005 746301 HOSP 2019.04030 INOVA HEALTH CARE SERVICES HOSP $C1^{0.0}$ | 09121005 74630 | 1 HC | SP . | 2019.04030 | IN | OVA HEALTH (| CARE SERV | ICE | s HOSP_C1 |

| | 2019 INOVA HEALTH CARE SERVICES | 54 | -0620889 Page 2 |
|--------------|---|----------------|----------------------------|
| Part I | | 1 | |
| . 32 L To | otal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 32 | 1,832,367. |
| , 33 Ar | nounts paid for disaflowed fringes | 33 | |
| 34 CI | naritable contributions (see instructions for limitation rules) | 34 | 0. |
| | otal unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and | ∠ —— | 1,832,367. |
| | | 5 (0 36 | 1,832,367. |
| | otal of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | 37 | |
| | pecific deduction (Generally \$1,000, but see line 38 instructions for exceptions) | 2 38 | 1,000. |
| • | nrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, | 4 | 1,000. |
| | ter the smaller of zero or line 37 | | ^ |
| Part | | 39 | 0. |
| \ | | | |
| | rganizations Taxable as Corporations. Multiply line 39 by 21% (0.21) | ▶ 40 | 0. |
| 41 Tr | usts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: | _ _ | |
| | Tax rate schedule or Schedule D (Form 1041) | ▶ 41 | |
| 42 Pi | oxy tax. See instructions | ▶ 42 | |
| 43 At | ternative minimum tax (trusts only) | 43 | |
| 44 Ta | x on Noncompliant Facility Income. See instructions | 44 | |
| 45 _ To | otal Add lines 42, 43, and 44 to line 40 or 41, whichever applies | 45 | 0. |
| √ Part V | Tax and Payments | | |
| \ 46a Fo | reign tax credit (corporations attach Form 1118; trusts attach Form 1116) | | |
| | her credits (see instructions) | | |
| | eneral business credit. Attach Form 3800 | [] | |
| | edit for prior year minimum tax (attach Form 8801 or 8827) | | |
| | otal credits. Add lines 46a through 46d | | |
| | ubtract line 46e from line 45 | 46e | 0. |
| | | 47 | 0. |
| | · | | |
| | otal tax. Add lines 47 and 48 (see instructions) | . 49 | 0. |
| | 119 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | . 50 | 0. |
| | syments: A 2018 overpayment credited to 2019 | | |
| | 119 estimated tax payments 5 tb | | |
| c Ta | x deposited with Form 8868 | | |
| d Fo | reign organizations: Tax paid or withheld at source (see instructions) | | |
| e Ba | ickup withholding (see instructions) 5 e | | |
| f Cr | edit for small employer health insurance premiums (attach Form 8941) | | |
| g Ot | her credits, adjustments, and payments: Form 2439 | | |
| | ☐ Form 4136 ☐ Other Total ► 53g | | |
| 52 To | otal payments. Add lines 51a through 51g | 52 | |
| 53 Es | stimated tax penalty (see instructions). Check if Form 2220 is attached | 53 | |
| | x due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | ▶ 54 | |
| | verpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | 55 | |
| | oter the amount of line 55 you want. Credited to 2020 estimated tax | 56 | |
| | Statements Regarding Certain Activities and Other Information (see instructions) | <u> </u> | |
| | any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority | | Yes No |
| | ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | 168 110 |
| | | | |
| | nCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | |
| | ore > | | X |
| | uring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | X |
| | "Yes," see instructions for other forms the organization may have to file. | | |
| 59 Er | nter the amount of tax-exempt interest received or accrued during the tax year 🕨 💲 | | |
| 0: | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of n correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | ny knowledge a | nd belief, it is true, |
| Sign | | May the IR | S discuss this return with |
| Here | 11/9/2020 · CFO | | er shown below (see |
| | Signature of officer () Date Title | instruction | s)? X Yes No |
| | Print/Type preparer's name Preparer's signature Date Check | ıf PTI | N |
| Daid | setf- empt | | • |
| Paid | THE T CONDEC [] 4 / 4 / 11/08/2020 | | 01268401 |
| Prepa | rer Control & PONCE & VOING UI & LID | | 4-6565596 |
| Use O | 221 E. 4th St., Suite 2900 | | |
| | i | . 512 | 612-1400 |
| 000741 11 | | , JIJ- | |
| 923711 01 | 21-20 | | Form 990-T (2019) |

| Schedule A - Cost of Good | s Sold. Enter | method of inve | ntory v | raluation > N/A | | | | · ·· | | |
|---|-------------------|--|----------|--|----------|--|---|--|-------------|--|
| 1 Inventory at beginning of year | 1 | · · · · · · · · · · · · · · · · · · · | 6 | | | | | 1 | | |
| 2 Purchases | 2 | | 7 | Cost of goods sold. Su | | ine 6 | | | | |
| 3 Cost of labor | 3 | | 7 | from line 5. Enter here | | | l | | | |
| 4a Additional section 263A costs | | | 1 | line 2 | | | 7 | | | |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (v | with respect to | | Yes | No | |
| b Other costs (attach schedule) | 4b | | | property produced or a | acquired | l for resale) apply to | | | | |
| 5 Total. Add lines 1 through 4b | 5 | | | the organization? | | | | | | |
| Schedule C - Rent Income (see instructions) | (From Real | Property an | d Pe | rsonal Property | Leas | ed With Real Pro | per | ty) | | |
| 1. Description of property | | | | | | | | | | |
| (1) | | • | | · · · · · · · · · · · · · · · · · · · | | , | | | | |
| (2) | | | | | | • | | · | | |
| (3) | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| (4) | | · | | | | | | | | |
| | 2. Rent receiv | ed or accrued | | | | 0(-)- | | | | |
| rent for personal property is more than of rent for p | | | personal | conal property (if the percental property exceeds 50% or if and on profit or income) | age | 3(a) Deductions directles columns 2(a) a | y conn nd 2(b) | ected with the income (attach schedule) | in | |
| (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 | | ter | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | | | 0. | |
| Schedule E - Unrelated Del | | Income (see | ınstrı | ictions) | | Part I, Inte V, Colonii (B) | | · · · · · · · · · · · · · · · · · · · | | |
| | | | T | 2. Gross income from | | 3. Deductions directly conto debt-finan | | | | |
| 1. Description of debt-fi | nanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (b) Other deduction (attach schedule) | | | |
| (1) | | ···· | 1 | | | | \top | | | |
| (2) | | - | 1 | | | | 1 | · ·· · · · · · · · · · · · · · | | |
| (3) | | | † | | | ····· | \top | | | |
| (4) | | | 1- | | | · ··· · · · · · · · · · · · · · · · · | \neg | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a | adjusted basis allocable to inced property in schedule) | • | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 8) | | 8. Allocable deduct (column 6 x total of co 3(a) and 3(b)) | | |
| (1) | | | | % | | | $oldsymbol{oldsymbol{oldsymbol{oldsymbol{\Box}}}$ | | | |
| (2) | | | | % | | | \int | | | |
| (3) | | | | % | | | | | | |
| (4) | | | | % | | | | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | | Enter here and on pag Part I, line 7, column | | |
| Totals | | | | | | 0 | | | 0. | |
| Total dividends-received deductions in | ncluded in columi | 18 · | • | | |) | _ | | 0. | |
| | | ······································ | | | | | | Form 000-T | | |

| Schedule F - Interest, / | | | | | Controlled O | | | | - (000 1110 | | 7 |
|--------------------------------------|---|---------------------------------------|--|-------------------------------|--|---|--|---------------------|---|---|---|
| Name of controlled organizate | . Name of controlled organization | | oyer ation er | 3. Net unre (loss) (see | elated income instructions) | 4. Tot payr | al of specified nents made | includ | rt of column 4 led in the cont tation's gross | rolling | 6. Deductions directly connected with income in column 5 |
| (1) | | · · · · · · · · · · · · · · · · · · · | | | | | | | • | | |
| (2) | | | | | | | | 1 | | | |
| (3) | | | * | | | | | | | | |
| (4) | | | | | | | | | | | |
| Nonexempt Controlled Organiz | zations | | | | | | | · | | | |
| 7. Taxable Income | 8. Net ui | nrelated income ee instructions) | | 9. Total | of specified pay made | ments | 10. Part of colu in the controll gross | | nization's | 11. Dec with | ductions directly connected income in column 10 |
| (1) | | | | | | *** | _, | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | ······ | | | | | | |
| (4) | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| Totals | | , | | | · · · · · · · · · · · · · · · · · · · | | Add colur Enter here and line 8, | | e 1, Part I, | Enter h | d columns 6 and 11. ere and on page 1, Part I, line 8, column (B) |
| | nt Incor | | | E04/-\(| 7) (0) | <u> </u> | | _ | <u> </u> | | 0. |
| Schedule G - Investme (see instr | | ne or a 5 | ection | 301(C)(| /), (9), or | (17) Or | ganization | 1 | | | |
| | iption of inco | me | | | 2. Amount of | ıncome | 3. Deduction directly connect (attach scheduction) | ected | 4. Set- | asides chedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | - | | | (diliani dalle) | | | | (cor o pias cor 4) |
| (2) | | ···· | | | | | | | | | |
| (3) | | | ······································ | | | | | | | • | |
| (4) | | | | | | | | | <u> </u> | | |
| | | | | | Enter here and Part I, line 9, co | | | | <u> </u> | | Enter here and on page 1, Part I, line 9, column (B) |
| Totals | | | | • | | 0. | | | | | 0. |
| Schedule I - Exploited (see instru | | Activity | Incom | e, Other | Than Ac | | ng Incom | 9 | | | |
| 1. Description of exploited activity | 2. G unrelated income trade or t | business e from | 3. Exp directly co with pro- of unre- business | onnected duction plated | 4. Net incon from unrelated business (co minus colum gain, comput through | trade or dumn 2 n 3), if a e cols 5 | 5. Gross inco from activity is not unrela business inco | that te d | 6. Exp attribut colur | able to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | - | | | | | | | |
| (4) | | | * | | | | | | | | |
| | Enter her page 1, line 10, | , Part I, col. (A) | Enter here page 1, line 10, c | Partl, col(B) | | ·· | | | | | Enter here and on page 1, Part II, line 25 |
| Totals ► Schedule J - Advertisin | a lece | 0. | etn iction | 0. | | | | | | | 0. |
| Part I Income From F | | | | | solidated | Basis | | | | | • |
| 1. Name of periodical | | 2. Gross advertising income | | Direct | or (loss) (cool 3), if a g | ising gain of 2 minus ain, comput arough 7 | 5. Circula e income | | 6. Reade | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) (2) | | | | | | | | | | | • |
| (3) (4) | | | | | - | | | | | $\overline{}$ | |
| Totals (carry to Part II, line (5)) | • | 0 | | 0 | | | | | | | 0. |
| | | | | | | | *********** | | | | Form 990-T (2019 |

923731 01-27-20

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

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|--|---|--|-----------------------|---------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | [| |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B). | | | | Enter here and on page 1, Part II, line 26 |
| Totals, Part II (lines 1-5) | 0. | 0. | 1 | | | 0. |

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

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

Form 990-T (2019)

| Form 990-T | Description of | f Organization's Business Activit | | Statement | 1 | |
|--|--|--|--|------------------------|-----|--|
| TESTING OF | F DRUGS FOR PHARMA | CEUTICAL COMPANIE | S | | | |
| To Form 990 |)-T, Page 1 | | | | | |
| Form 990-T | | Other Income | | Statement | 2 | |
| Description | n | | | Amount | | |
| PHARMACEUT | - ICAL CONTRACTS | | | 3,507,752. | | |
| Total to Fo | orm 990-T, Page 1, | line 12 | | 3,507,7 | 52. | |
| Form 990-T | Statement | 3 | | | | |
| Description | 1 | | | Amount | | |
| FEES AND SI | - ERVICES | | | 1,288,5 | 07. | |
| Total to Fo | orm 990-T, Page 1, | line 27 | | 1,288,5 | 07. | |
| Form 990-T | Parent Corpora | tion's Name and I | dentifying Number | Statement | 4 | |
| Corporation | n's Name | | | Identifying | No | |
| INOVA HEALT | TH SYSTEM FOUNDATION | ON | | 54-1071867 | | |
| Form 990-T | Net | Operating Loss D | eduction | Statement | 5 | |
| Tax Year | Loss Sustained | Loss Previously Applied | Loss Remaining | Available This Year | • | |
| 12/31/05 12/31/06 12/31/07 12/31/08 12/31/09 | 2,178,742. 2,601,046. 2,378,744. 3,146,250. 1,937,568. | 2,178,742. 2,601,046. 2,074,929. 0. 0. | 0. 0. 303,815. 3,146,250. 1,937,568. | | 0. | |
| 12/31/10 12/31/11 | 360,893. 988,646. | 0. 0. | 360,893. 988,646. | 360,89 988,64 | 3. | |

| 'INOVA HEALTH CARE SERVICES | | | | 54-0620889 |
|-----------------------------|---------------------|----|------------|------------|
| 12/31/15 | 258,962. | 0. | 258,962. | 258,962. |
| NOL Carryover | Available This Year | _ | 6,996,134. | 6,996,134. |

Unrelated Business Taxable Income from an Unrelated Trade or Business

| OMB No | 1545- |
|------------|-------|

Entity

3

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning

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

Open to Public Inspection for

| | Do not enter 35N numbers on t | nis form as it | may b | e made publ | IC IT YOU | ır organı | zation is a | a 501(c) | 3). | ou i(c)(a) Organizat | ions Uniy |
|------|--|----------------|---------|-------------|------------|-----------|-------------|---------------------|-----------------|----------------------|-------------|
| Name | of the organization INOVA HEALTH CARE | | | | | | Emplo 5 | yer ide: 4 – 0 6 | ntification 208 | on number 89 | |
| ι | Inrelated Business Activity Code (see instructions) | 81290 | | | | | | | | | |
| D | escribe the unrelated trade or business EMP | LOYEE . | ASS | ISTANC | E | | | | | | |
| Pai | t I Unrelated Trade or Business Income | • | | (A) In | come | | (B) E | cpense | s | (C) Net | |
| 1a | Gross receipts or sales | | | | | | | | | | |
| b | Less returns and allowances c | Balance 🕨 | 1c | | | Į | | | | | |
| 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 | n 4797) | 4b | | | | | | | | |
| ¢ | Capital loss deduction for trusts | | 4c | | | | | | | | |
| 5 | Income (loss) from a partnership or an S corporation (a | ittach | | | | | | | | | |
| | statement) | | 5 | | | | | | | | |
| 6 | Rent income (Schedule C) | | 6 | | | | | | | · · · · · · | |
| 7 | Unrelated debt-financed income (Schedule E) | | 7 | | | | | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlle | d | | | | | | | | | |
| | 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) S | tmt 6 | 12 | | | 65. | | | | | 265. |
| 13 | Total. Combine lines 3 through 12 | <u></u> | 13 | 45 | <u>2,2</u> | 65. | | | | 452, | 265. |
| Pai | TII Deductions Not Taken Elsewhere (Se | e instructi | ons f | or limitati | ons c | n ded | uctions | 1 (De | ductio | ne must he | |
| | directly connected with the unrelated by | usiness in | come | e.) | 00 | 404 | 401.01.10 | ., (50 | 3000 | ono made be | |
| | | | | | | | | | , | | |
| 14 | Compensation of officers, directors, and trustees (Sch | edule K) | | | | | | | 14 | | |
| 15 | Salaries and wages | | | • | | | | | 15 | 86, | 427. |
| 16 | Repairs and maintenance | | | | | | | | 16 | <u>.</u> | |
| 17 | Bad debts | | | | - | | | ٠ ـــ | 17 | 4, | 791. |
| 18 | Interest (attach schedule) (see instructions) | • | •• | . Se | e S | tate | ment | .7. | 18 | | 172. |
| 19 | Taxes and licenses | | | | ı · ı | 1 | | ••• | 19 | 6, | 498. |
| 20 | | | | | 20 | | | | | | |
| 21 | Less depreciation claimed on Schedule A and elsewhe | ere on return | | | 21a | | | | 21b | ···- | |
| 22 | Depletion | | •• - | | | • | | | 22 | | |
| 23 | Contributions to deferred compensation plans | | | • | | | - | | 23 | | 678. |
| 24 | Employee benefit programs | | | | | | • | | 24 | 8, | 190. |
| 25 | Excess exempt expenses (Schedule I) | | | • | | - | - | | 25 | | |
| 26 | Excess readership costs (Schedule J) | | •• | 0 - | - ~ | | | • | 26 | | 006 |
| 27 | Other deductions (attach schedule) | | | se | e S | tate | ment | Ŕ | 27 | | 926. |
| 28 | Total deductions. Add lines 14 through 27 | | | | | | - | | 28 | | 682. |
| 29 | Unrelated business taxable income before net operatir | | | | | | 13 | | 29 | 79, | 583. |
| 30 | Deduction for net operating loss arising in tax years be | ginning on a | r after | January 1, | 2018 (| see _ | | | | | ^ |
| | instructions) | | | | | | | | 30 | H A | 0. |
| 31 | Unrelated business taxable income. Subtract line 30 fr | • | | | | | | | 31 | | 583. |
| LHA | For Paperwork Reduction Act Notice, see instructi | ons. | | | | | | S | chedul | e M (Form 990 | -T) 2019 |

| Form 990-T (M) | Other Income | Statement 6 | | |
|--|------------------|---|--|--|
| Description | | Amount | | |
| EAP FEES | | 452,265. | | |
| Total to Schedule M, Pa | art I, line 12 | 452,265. | | |
| Form 990-T (M) | Interest Paid | Statement 7 | | |
| Description | Amount | | | |
| MISCELLANEOUS | 172. | | | |
| Total to Schedule M, Pa | art II, line 18 | 172. | | |
| Form 990-T (M) | Other Deductions | Statement 8 | | |
| Description | | Amount | | |
| SUPPLIES OFFICE OCCUPANCY TRAVEL CONFERENCES INSURANCE ADVERTISING FEES AND SERVICES | | 960. 2,694. 13,449. 3,878. 714. 296. 1,286. 240,649. | | |
| Total to Schedule M, Pa | art II, line 27 | 263,926. | | |

Unrelated Business Taxable Income from an Unrelated Trade or Business

| OMB | NO | 154 | 5 -(| Ю | 4 |
|------|----|-----|-------------|---|---|
| | | | | | |
| | | | | | |

Entity

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning

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

Open to Public Inspection for

| | Do not enter 35N numbers on this form as it | may u | e mage | public if y | our organi | 2800n IS 8 50 1(0 | ; <u>(</u> 3). | 30 (C)(3) Organizations Only |
|------|--|---------|----------|-------------|------------|-------------------|--|---|
| Vame | of the organization INOVA HEALTH CARE SERVI | | | | | Employer id | | |
| | Inrelated Business Activity Code (see instructions) 44611 | | | | | | | |
| | Describe the unrelated trade or business RETAIL PH | ARM | ACY | | | | | |
| Pa | t Unrelated Trade or Business Income | | (| (A) Incom | е | (B) Expens | 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 | L | | | | | |
| 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 | | 1 | | | | | |
| | statement) | 5 | | | | | | |
| 6 | Rent income (Schedule C) | 6 | ļ | | | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | | | |
| _ | organization (Schedule F) | 8 | ļ | | | | | |
| 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 | | 282, | 102 | | | 282,182. |
| 12 | Other income (See instructions; attach schedule) Stimt 9 | 12 | | 282, | | | | 282,182. |
| 13 | Total. Combine lines 3 through 12 | 13 | <u> </u> | | | | -, | |
| Pa | TII Deductions Not Taken Elsewhere (See instructions) | | | nitations | on ded | uctions.) (De | educti | ons must be |
| | directly connected with the unrelated business in | com | e.) | | | | | |
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | | | | 14 | |
| 15 | Salanes and wages | | | | • | | 15 | 57,930. |
| 16 | Repairs and maintenance | | | | • | | 16 | 0.7200 |
| 17 | Bad debts | • | • | | | - | 17 | 9,440. |
| 18 | Interest (attach schedule) (see instructions) | | | • | | | 18 | • |
| 19 | Taxes and licenses | | | | · · · · · | • • • • | 19 | 4,602. |
| 20 | Depreciation (attach Form 4562) | | • • • | 20 | .] | 7,673 | | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | | | 218 | | | 21b | 7,673. |
| 22 | Depletion | • | | | | | 22 | |
| 23 | Contributions to deferred compensation plans | | | | | | 23 | 2,180. |
| 24 | Employee benefit programs | | | | | | 24 | 99. |
| 25 | Excess exempt expenses (Schedule I) | | | | | | 25 | |
| 26 | Excess readership costs (Schedule J) | | •• | | | | 26 | |
| 27 | Other deductions (attach schedule) | - | | See | State | ment 10 | 27 | 183,831. |
| 28 | Total deductions. Add lines 14 through 27 | | | | - | | 28 | 265,755. |
| 29 | Unrelated business taxable income before net operating loss dedu | iction. | Subtra | act line 28 | from line | 13 | 29 | 16,427. |
| 30 | Deduction for net operating loss arising in tax years beginning on o | or afte | r Janua | ary 1, 201 | 8 (see | | | |
| | instructions) | | | _ | | Stmt 1 | 1 30 | 0. |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29 | | | | | | 31 | 16,427. |
| _HA | For Paperwork Reduction Act Notice, see instructions. | | | | | , | Schedu | le M (Form 990-T) 2019 |
| | | | | | | | | |

| Form 990-T (M) | Other | Income | | Statement | 9 |
|--|-----------------------|------------|-------------------|------------------------|-------------------------|
| Description | | | | Amount | |
| PHARMACY | | | | 282,1 | 82. |
| Total to Schedule M, Part | I, line 12 | | | 282,1 | 82. |
| Form 990-T (M) | Other | Deduction | 18 | Statement | 10 |
| Description | | | | Amount | |
| SUPPLIES TRAVEL PURCHASED SERVICES INSURANCE ADVERTISING FEES AND SERVICES OCCUPANCY CONFERENCES | | | | 7,2 3,3 | 27. 44. 5. 72. |
| Total to Schedule M, Part | II, line 27 | | | 183,8 | 31. |
| Schedule M | Wet Operating | g Loss Ded | luction | Statement | 11 |
| Tax Year Loss Sustained | Los Previo Appl | usly | Loss Remaining | Available This Year | |
| 12/31/18 236,270. | | | 236,270. | 236,27 | 0. |
| NOL Carryover Available Th | nis Year | _ | 236,270. | 236,27 | 0. |

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No. 1545-0047

For calendar year 2019 or other tax year beginning

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

Internal Revenue Service 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 INOVA HEALTH CARE SERVICES 54-0620889 Unrelated Business Activity Code (see instructions) ► ANTENNA RENTAL Describe the unrelated trade or business Part | Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 562,000. 562,000. Other income (See instructions; attach schedule) Stmt 12 12 562.000. 562,000. 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 Salaries and wages 15 15 Repairs and maintenance 16 16 17 17 Bad debts Interest (attach schedule) (see instructions) ... 18 18 19 19 Taxes and licenses Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21b 21 22 22 23 Contributions to deferred compensation plans 23 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) 25 Excess readership costs (Schedule J) 26 26 27 Other deductions (attach schedule) 27

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

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

Total deductions. Add lines 14 through 27

Schedule M (Form 990-T) 2019

28

29

28

29

0.

562,000.

562,000.

| Form 990-T (M) | Other Income | Statement | 12 |
|------------------------------|--------------|-----------|-----|
| Description | | Amount | |
| ANTENNA RENTAL | | 562,0 | 00. |
| Total to Schedule M, Part I, | line 12 | 562,0 | 00. |

Unrelated Business Taxable Income from an Unrelated Trade or Business

| | |
|------|--|

Entity

| For calendar year 2019 or other tax year beginning | | , and ending | | 2013 |
|---|--|-----------------------------------|------------------|---|
| epartment of the Treasury Iternal Revenue Service Go to www.irs.gov/Form990T Do not enter SSN numbers on this form as | Open to Public Inspection for 501(c)(3) Organizations Only | | | |
| lame of the organization INOVA HEALTH CARE SERV | | dentification number | | |
| Unrelated Business Activity Code (see instructions) ▶ 5313 | | | ., 3 3 3 | |
| Describe the unrelated trade or business OFFICE S | | | | |
| | | (4) (| (5) 5 | |
| 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 | | ľ | | |
| statement) | 5 | | | |
| 6 , Rent income (Schedule C) | 6 | 954,301. | 749,65 | 0. 204,651. |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | | |
| 8 Interest, annuities, royalties, and rents from a controlled | 1 1 | | | |
| organization (Schedule F) | 8 | | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) | | | | |
| organization (Schedule G) | 9 | | | |
| Exploited exempt activity income (Schedule I) | 10 | | | |
| 1 Advertising income (Schedule J) | 111 | 1 | | i |
| | '' | | | |
| 2 Other income (See instructions, attach schedule) | | | | |
| Other income (See instructions, attach schedule) Total. Combine lines 3 through 12 | 12 13 | 954,301. | 749,65 | |
| 2 Other income (See instructions, attach schedule) 3 Total, Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions) directly connected with the unrelated business | 12 13 ctions fo | or limitations on dec | ductions.) (Dedu | ctions must be |
| 2 Other income (See instructions, attach schedule) 3 Total, Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions directly connected with the unrelated business 4 Compensation of officers, directors, and trustees (Schedule K) | 12 13 ctions fo | or limitations on dec | ductions.) (Dedu | ctions must be |
| 2 Other income (See instructions, attach schedule) 3 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions directly connected with the unrelated business 4 Compensation of officers, directors, and trustees (Schedule K) 5 Salaries and wages | 12 13 ctions fo | or limitations on dec | ductions.) (Dedu | ctions must be |
| 2 Other income (See instructions, attach schedule) 3 Total, Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions directly connected with the unrelated business 4 Compensation of officers, directors, and trustees (Schedule K) 5 Salaries and wages 6 Repairs and maintenance | 12 13 ctions fo | or limitations on dec | ductions.) (Dedu | ctions must be |
| 2 Other income (See instructions, attach schedule) 3 Total, Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions directly connected with the unrelated business 4 Compensation of officers, directors, and trustees (Schedule K) 5 Salanes and wages 6 Repairs and maintenance 7 Bad debts | 12 13 ctions fo | or limitations on dec | ductions.) (Dedu | ctions must be |
| 2 Other income (See instructions, attach schedule) 3 Total, Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions) directly connected with the unrelated business 4 Compensation of officers, directors, and trustees (Schedule K) 5 Salanes and wages 6 Repairs and maintenance 7 Bad debts 8 Interest (attach schedule) (see instructions) | 12 13 ctions fo | or limitations on dec | ductions.) (Dedu | ctions must be |
| 2 Other income (See instructions, attach schedule) 3 Total, Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions) 4 Compensation of officers, directors, and trustees (Schedule K) 5 Salanes and wages 6 Repairs and maintenance 7 Bad debts 8 Interest (attach schedule) (see instructions) 9 Taxes and licenses | 12 13 ctions fo | or limitations on dec | ductions.) (Dedu | ctions must be |
| 2 Other income (See instructions, attach schedule) 3 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions) directly connected with the unrelated business 4 Compensation of officers, directors, and trustees (Schedule K) 5 Salanes and wages 6 Repairs and maintenance 7 Bad debts 8 Interest (attach schedule) (see instructions) 9 Taxes and licenses 10 Depreciation (attach Form 4562) | 12 13 etions fo income | or limitations on dec | ductions.) (Dedu | ctions must be |
| 2 Other income (See instructions, attach schedule) 3 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions) directly connected with the unrelated business 4 Compensation of officers, directors, and trustees (Schedule K) 5 Salanes and wages 6 Repairs and maintenance 7 Bad debts 8 Interest (attach schedule) (see instructions) 9 Taxes and licenses 10 Depreciation (attach Form 4562) 11 Less depreciation claimed on Schedule A and elsewhere on returns | 12 13 etions fo income | or limitations on dec | ductions.) (Dedu | ctions must be |
| 2 Other income (See instructions, attach schedule) 3 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions) directly connected with the unrelated business 4 Compensation of officers, directors, and trustees (Schedule K) 5 Salanes and wages 6 Repairs and maintenance 7 Bad debts 8 Interest (attach schedule) (see instructions) 10 Taxes and licenses 10 Depreciation (attach Form 4562) 11 Less depreciation claimed on Schedule A and elsewhere on return Depletion | 12 13 etions fo income | or limitations on dec | ductions.) (Dedu | ctions must be |
| 2 Other income (See instructions, attach schedule) 3 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions) directly connected with the unrelated business 4 Compensation of officers, directors, and trustees (Schedule K) 5 Salanes and wages 6 Repairs and maintenance 7 Bad debts 8 Interest (attach schedule) (see instructions) 9 Taxes and licenses 10 Depreciation (attach Form 4562) 11 Less depreciation claimed on Schedule A and elsewhere on return Depletion 13 Contributions to deferred compensation plans | 12 13 etions fo income | or limitations on dec | ductions.) (Dedu | ctions must be |
| 2 Other income (See instructions, attach schedule) 3 Total, Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions) directly connected with the unrelated business 4 Compensation of officers, directors, and trustees (Schedule K) 5 Salanes and wages 6 Repairs and maintenance 7 Bad debts 8 Interest (attach schedule) (see instructions) 9 Taxes and licenses 10 Depreciation (attach Form 4562) 11 Less depreciation claimed on Schedule A and elsewhere on return Depletion 12 Contributions to deferred compensation plans 13 Employee benefit programs | 12 13 etions fo income | or limitations on dec | ductions.) (Dedu | ctions must be |
| 2 Other income (See instructions, attach schedule) 3 Total, Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions) directly connected with the unrelated business 4 Compensation of officers, directors, and trustees (Schedule K) 5 Salanes and wages 6 Repairs and maintenance 7 Bad debts 8 Interest (attach schedule) (see instructions) 9 Taxes and licenses 10 Depreciation (attach Form 4562) 11 Less depreciation claimed on Schedule A and elsewhere on return Depletion 12 Contributions to deferred compensation plans 13 Employee benefit programs 15 Excess exempt expenses (Schedule I) | 12 13 etions fo income | or limitations on dec | ductions.) (Dedu | ctions must be 4 15 16 17 18 19 11 12 13 14 15 16 17 18 18 19 10 11 11 12 13 |
| Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions) directly connected with the unrelated business Compensation of officers, directors, and trustees (Schedule K) salanes and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule J) Excess readership costs (Schedule J) | 12 13 ctions for income | er limitations on dec | ductions.) (Dedu | ctions must be 4 15 16 17 18 19 11 12 23 24 25 66 |
| Total, Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions) directly connected with the unrelated business Compensation of officers, directors, and trustees (Schedule K) Salanes and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) | 12 13 ctions for income | er limitations on dec | ductions.) (Dedu | ctions must be 4 15 16 17 18 19 11 12 13 14 15 16 17 18 19 10 11 11 12 13 14 15 16 17 |
| Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions) directly connected with the unrelated business Compensation of officers, directors, and trustees (Schedule K) Salanes and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions, Add lines 14 through 27 | 12 13 ctions for income | 20 21a | ductions.) (Dedu | ctions must be 4 15 16 17 18 19 11 12 13 14 15 16 17 18 18 19 10 10 10 10 10 10 10 10 10 |
| Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions) directly connected with the unrelated business Compensation of officers, directors, and trustees (Schedule K) Salanes and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss desired. | 12 13 ctions for income | 20 21a Subtract line 28 from line | ductions.) (Dedu | ctions must be 4 |
| Total, Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions) directly connected with the unrelated business Compensation of officers, directors, and trustees (Schedule K) Salanes and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deimotions of the compensation of the | 12 13 ctions for income | 20 21a Subtract line 28 from line | ductions.) (Dedu | ctions must be 4 |
| Other income (See instructions, attach schedule) Total, Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions) Compensation of officers, directors, and trustees (Schedule K) Salanes and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss derectivistics) | 12 13 ctions for income | 20 21a Subtract line 28 from line | ductions.) (Dedu | ctions must be 4 |

| • | | | | | | | E11 | LLLLY | O |
|--|--|---|-------------------------------------|--|--|--|--|---|----------------|
| Form 990-T (2019) | TMU CADI | e copyran | | | | 54 0606 | | | Page |
| . INOVA HEA Schedule A - Cost of Good | SOID Enter | E SERVICE | .S | aluation N | | 54-0620 | 1889 | | |
| 1 Inventory at beginning of year | 1 1 | metriod of invent | | " | | | | | |
| 2 Purchases | 2 | | 1 | Inventory at end of year | | · · · · · · · • | 6 | | |
| 3 Cost of labor | 3 | | 1 | Cost of goods sold. Su | | | | | |
| 4a Additional section 263A costs | " | · | 1 | from line 5. Enter here line 2 | anu m r | art, | _ | | |
| (attach schedule) | 4a | | I | | | · L | <u> </u> | Yes | No |
| b Other costs (attach schedule) | 4b | | ł° | Do the rules of section | • | • | | 163 | 110 |
| 5 Total. Add lines 1 through 4b | 5 | | 1 | property produced or a | acquired | nor resale) apply to | | | ı |
| Schedule C - Rent Income | | Property and | | the organization? | 1 025 | ed With Real Prov | north/ | | |
| (see instructions) | (i rom near | rroperty and | a r Çi | Solial Froperty | Leas | eu willi neal Piop | er (y) | | |
| Description of property | | | | | | | | | |
| (1) OFFICE SPACE | | | | | | | | | ····· |
| (2) | | | | | | | | * | |
| (3) | | | | | | | | · | |
| (4) | | | | | | | | | |
| | 2. Rent receiv | ed or accrued | | | | . . | *** | | |
| rent for personal property is more than of rent for pe | | | personal property exceeds 50% or if | | | columns 2(a) and | ions directly connected with the income in urns 2(a) and 2(b) (attach schedule) Statement 19 | | |
| (1) | 0. | | | 954,3 | 01. | | | 49,6 | 50. |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| Total | 0. | Total | · · · · · | 954,3 | 01. | | | | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | | iter | | 954,3 | | (b) Total deductions. Enter here and on page 1, | _ 7 | 49,6 | E٥ |
| Schedule E - Unrelated De | | Income (see | netrue | tions) | 01. | Part I, line 6, column (B) | | 49,0 | 50. |
| oonedate E Officiated De | ot i manoco | inoonie (see) | | Gross income from | [| 3. Deductions directly conn to debt-finance | | cable | |
| 1. Description of debt-financed property | | | | financed property | (a) Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) | | s |
| (1) | | | | | | | · ··· | | |
| (2) | | | | | | | | | |
| (3) | | | | ······································ | · | | | | |
| (4) | ······································ | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis allocable to unced property h schedule) | 6. | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | (column 6) | able deduction total of colon and 3(b)) | |
| (1) | | | 1 | % | <u> </u> | | <u> </u> | | |
| (2) | | | Γ | % | | | 1 | • | |
| (3) | | | | % | | | | | |
| (4) | | | T | | | | 1 | | |

Form 990-T (2019)

Enter here and on page 1, Part I, line 7, column (B)

Totals

Total dividends-received deductions included in column 8

Enter here and on page 1, Part I, line 7, column (A)

| Form 990-T (M) Deductions Connected | with Rental | Income | Statement | 19 |
|---------------------------------------|--------------------|----------|-----------|-----|
| Description | Activity Number | Amount | Total | |
| DIRECT OPERATING EXPENSES - Subtota | 1 - 1 | 749,650. | 749,6 | 50. |
| Total to Form 990-T, Schedule C, Colu | mn 3 | | 749,6 | 50. |

Unrelated Business Taxable Income from an Unrelated Trade or Business

| _ | |
|--------|-----------|
| OMB No | 1545-0047 |

Entity

| | For calendar year 2018 or other tax year beginning | | | ending | · · · · · · · · · · · · · · · · · · · | | |
|------|--|--------------------|---------------------------------------|-------------|--|---------|--|
| | Treasury all Revenue Service 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 SERVI | ntification number | | | | | |
| ī | Inrelated Business Activity Code (see instructions) > 61143 | 0 | | · | | | |
| | escribe the unrelated trade or business CONFERENCE | E C | ENTER | | | | |
| Pai | Unrelated Trade or Business Income | | (A) Inco | me | (B) Expense | s | (C) Net |
| 1a | Gross receipts or sales | | | | | | |
| b | Less returns and allowances c Balance ▶ | 1c | | | | | <u> </u> |
| 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 | | | - 1 | | | |
| | 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 | | 1 | | | |
| 10 | Explorted exempt activity income (Schedule I) | 10 | | | | | |
| 11 | Advertising income (Schedule J) | 11 | | | | | |
| 12 | Other income (See instructions, attach schedule) Stmt 13 | | 1,784 | ,578. | | | 1,784,578. |
| 13 | Total. Combine lines 3 through 12 | 13 | 1,784 | | | | 1,784,578. |
| | t Deductions Not Taken Elsewhere (See instruct | iono i | | | luctions \ (Do | المحددة | |
| Pai | directly connected with the unrelated business in | | | is on dec | luctions.) (De | auctio | ons must be |
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | | | 14 | |
| 15 | Salaries and wages | | • • | • | • | 15 | |
| 16 | Repairs and maintenance | | • | • | • • | 16 | |
| 17 | Bad debts | | | | | 17 | |
| 18 | Interest (attach schedule) (see instructions) | | | • | • | 18 | |
| 19 | Taxes and licenses | | | | • | 19 | |
| 20 | Depreciation (attach Form 4562) | | 2 | eo | | | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | 1 | 2 | 1a | | 21b | |
| 22 | Depletion | | | | | 22 | |
| 23 | Contributions to deferred compensation plans | | | | | 23 | |
| 24 | Employee benefit programs | | | | | 24 | |
| 25 | Excess exempt expenses (Schedule I) | | | _ | | 25 | |
| 26 | Excess readership costs (Schedule J) | | ••• | | | 26 | |
| 27 | Other deductions (attach schedule) | _ | See | State | ement 14 | 27 | 1,843,359. |
| 28 | Total deductions Add lines 14 through 27 | | ., ., ., ., | | | 28 | 1,843,359. |
| 29 | Unrelated business taxable income before net operating loss dedu | | | 8 from line | 13 | 29 | -58,781. |
| 30 | Deduction for net operating loss arising in tax years beginning on | | | | | | |
| | instructions) | | | | | 30 | 0. |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29 | | | | · · · · · · · · · · · · · · · · · · · | 31 | -58,781. |
| ΙНΔ | For Panerwork Reduction Act Notice see instructions | | | | - | - 444 | o M (Form 000 T) 0010 |

| Form 990-T (M) | Other | Income | Statement | 13 |
|--|-------------|------------|------------------|-----|
| Description | | | Amount | |
| CONFERENCE FEES | | | 1,784,5 | 78. |
| Total to Schedule M, Part | 1,784,5 | 78. | | |
| Form 990-T (M) | Other | Deductions | Statement | 14 |
| Description | | | Amount | |
| EQUIPMENT RENTAL SUPPLIES PURCHASED SERVICES FEES AND SERVICES | | | 263,0 1,579,7 | |
| Total to Schedule M, Part | II, line 27 | | 1,843,3 | 59. |

Unrelated Business Taxable Income from an Unrelated Trade or Business

| ł | |
|--------|---------|
| OMB No | 1545-00 |

Entity

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

| nternal | Revenue Service | Do not enter SSN numbers | on this form as it | may be n | nade public if your orga | nization is a 501(c)(| 3). | 001(c)(3) Organizations Only |
|----------|----------------------|--|--------------------|--|--------------------------|------------------------|------------|------------------------------|
| Name | of the organization | INOVA HEALTH CA | RE SERVI | CES | | Employer ider 54-06 | tification | |
| | | Activity Code (see instructions) | | | | | | |
| <u> </u> | escribe the unrela | ted trade or business R | EFERENCE | LAB | | | | |
| Par | t I Unrelated | l Trade or Business Inco | me | | (A) Income | (B) Expense: | 5 | (C) Net |
| | Gross receipts or | | | | | - | | |
| þ | Less returns and all | | c Balance | 1c | | | | |
| 2 | - | | | 2 | | <u> </u> | | |
| 3 | - | | | 3 | ···· | | | |
| 4 a | | ncome (attach Schedule D) | | 4a | | | | |
| b | | orm 4797, Part II, line 17) (attach | Form 4797) . | 4b | | <u> </u> | | |
| C | • | ction for trusts | | 4c | | | | · |
| 5 | -4-4 | n a partnership or an S corporati | • | _ | | : | | |
| | | | | 5 | | | | |
| 6 | Rent income (Sch | | • • • • | 7 | | | -+ | |
| 7 8 | | nanced income (Schedule E) . s, royalties, and rents from a con | trollad | | | | | ···· |
| 0 | | edule F) | | 8 | | | ł | |
| 9 | | ne of a section 501(c)(7), (9), or (1 | | • | | | -+ | |
| 3 | organization (Sch | | •• | 9 | | | 1 | |
| 10 | - | activity income (Schedule I) | • | 10 | | | | |
| 11 | Advertising incom | · · | | 11 | | | -+ | |
| 12 | | e instructions; attach schedule) | Stmt 15 | | 474,826. | | -† | 474,826. |
| 13 | Total. Combine li | | •• | 13 | 474,826. | | | 474,826. |
| | | ns Not Taken Elsewhere | /Soo instruct | iona fai | · limitations on de | ductions \ (Do | duction | as must be |
| Pai | | onnected with the unrelate | | | | ductions.) (De | Juction | is must be |
| | | | | | | | | |
| 14 | Compensation of | officers, directors, and trustees | (Schedule K) | | •• | | 14 | |
| 15 | Salaries and wag | es | | | | | 15 | 140,366. |
| 16 | Repairs and main | itenance | | | | | 16 | |
| 17 | Bad debts | | | | | | 17 | 760. |
| 18 | Interest (attach se | chedule) (see instructions) | | | | | 18 | |
| 19 | Taxes and license | es | | | , | . " | 19 | 11,068. |
| 20 | Depreciation (atta | ach Form 4562) | | | 20 | 14,961. | | 44.064 |
| 21 | Less depreciation | n claimed on Schedule A and els | ewhere on return | ١ | 21a | | 21b | 14,961. |
| 22 | Depletion | | | | | | 22 | = 200 |
| 23 | Contributions to | deferred compensation plans | | | | | 23 | 5,389. |
| 24 | Employee benefit | | | | | | 24 | 17,653. |
| 25 | | xpenses (Schedule I) | | | | | 25 | |
| 26 | | p costs (Schedule J) | | • | 0 | ic | 26 | 250 072 |
| 27 | | (attach schedule) | | - | See Stat | ement 16 | 27 | 258,873. |
| 28 | | Add lines 14 through 27 | | | | | 28 | 449,070. |
| 29 | | ss taxable income before net op | _ | | | ne 13 | 29 | 25,756. |
| 30 | | operating loss ansing in tax yea | rs beginning on i | or after J | anuary 1, 2018 (see | | | ^ |
| | instructions) | | | | •• | | 30 | 0. |
| 31 | | ss taxable income. Subtract line | | | | | 31 | 25,756. |
| LHA | For Paperwork | Reduction Act Notice, see inst | ructions. | | | Se | chedule | M (Form 990-T) 2019 |

| Form 990-T (M) | Other | Income | Statement 1 | |
|--|---------------|------------|--|--|
| Description | Amount | | | |
| LAB FEES | 474,826. | | | |
| Total to Schedule M, Par | 474,826. | | | |
| Form 990-T (M) | Other | Deductions | Statement 1 | |
| Description | | | Amount | |
| SUPPLIES OFFICE OCCUPANCY EQUIPMENT RENTAL TRAVEL CONFERENCES PURCHASED SERVICES INSURANCE ADVERTISING FEES AND SERVICES | | | 101,493 3,402 3,492 2,117 1,674 74 25,449 432 228 120,512 | |
| Total to Schedule M, Par | t II, line 27 | | 258,873 | |

Unrelated Business Taxable Income from an Unrelated Trade or Business

| İ | 2010 |
|---|------|
| | |

OMB No 1545-0047

For calendar year 2019 or other tax year beginning

| | partment of the Treasury renal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) | | | | | (3). | Open to Public Inspection for 501(c)(3) Organizations Only |
|------|---|-------------|--------------|-------------|---------------------------------------|----------|--|
| Name | of the organization INOVA HEALTH CARE SERVI | | | , , | Employer ide | ntificat | |
| | Inrelated Business Activity Code (see instructions) 52300 escribe the unrelated trade or business PASSIVE P | | NERSHII | P UBI | | • | |
| Pai | | | (A) Inc | | (B) Expense | s | (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 | | | | | 1 |
| 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) Statement 17 | 5 | -924 | 1,314. | | | -924,314. |
| 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 | | | | | 1 |
| 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 | -924 | 1,314. | | | -924,314. |
| Pai | Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in | | | ons on de | ductions.) (De | ducti | ons must be |
| 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 | | 1 | 1 . | | 19 | 7,100. |
| 20 | Depreciation (attach Form 4562) | | | 20 | | | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | ٠. | . L | 21a | | 21b | |
| 22 | Depletion | | | | | 22 | |
| 23 | Contributions to deferred compensation plans | | • | | | 23 | |
| 24 | Employee benefit programs | | • | | | 24 | <u> </u> |
| 25 | Excess exempt expenses (Schedule I) | | | • | | 25 | |
| 26 | Excess readership costs (Schedule J) | | • | | | 26 | |
| 27 | Other deductions (attach schedule) | | | •• | | 27 | 7 100 |
| 28 | Total deductions. Add lines 14 through 27 | | | | | 28 | 7,100. |
| 29 | Unrelated business taxable income before net operating loss dedu | | | | e 13 | 29 | -931,414. |
| 30 | Deduction for net operating loss arising in tax years beginning on o | or after | January 1, 2 | 2018 (see | Chart 10 | | _ |
| | instructions) | | | | Stmt 18 | | 0. |
| 31 | Unrelated business taxable income. Subtract line 30 from line 29 | | · · · · · · | | | 31 | -931,414. |
| LHA | For Paperwork Reduction Act Notice, see instructions. | | | | S | chedu | le M (Form 990-T) 2019 |

| Form 990-T | (M) | Income (Loss) from Partnerships | | artnerships | Statement | 17 | |
|--|---|---------------------------------|-------------------------------|-------------------|------------------------|-------------|-----|
| Descriptio | Net Income or (Loss) -1,071,794. 175,924. -28,444. -924,314. | | | | | | |
| Ivinci Partners LLC - Ordinary Business Income (loss) Premier Healthcare Alliance, L.P Ordinary Business Income (loss) Capricorn Healthcare and Special Opp, II LP - Ordinary Business Income (loss Total Included on Schedule M, Part I, line 5 | | | | | | | |
| | | | | | Schedule M | | Net |
| Tax Year | Loss | Sustained | Loss Previously Applied | Loss Remaining | Available This Year | | |
| 12/31/18 | 31/18 900,279. 900,27 | | | | 900,279. | | |
| NOL Carryover Available This Year | | 900,279. | 900,279. | | | | |