Form   SYU-1	000 т	Ex	cempt Organization			Tax Retur		OMB No 1545-0687
Decidence of the Tourism Review Service   Decidence of the Service   Decidence   Decidence of the Service   Decidence	Form <b>990-T</b>						<i>7</i>	00.10
Do not aims SNo.		For cale	ndar year 2018 or other tax year begin	ning _	10/01 , 2018, and endi	ng 09/30 , 2	019	2018
Receive changed   Receive ch	· ·		► Go to www.irs.gov/Form990	T for i	nstructions and the latest	information.	-	Open to Public Inspection for
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at end of year  1, 158, 076, 636  G Check organization hype ■ K Solice corporation  H Enter the number of the organization synapse and trade of business here ≥ 2  Describe the only (or first) unrelated trade of business here ≥ 1NVESTMENT IN LP 'S  If only one, complete Parts INV II more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I INV II more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I INV II more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I INV II more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I INV II more than one, describe the first in the parts and interest the name and identifying number of the parent corporation ≥ 1 to the part of the parent corporation ≥ 1 to the part of the parent organization of the parent corporation ≥ 1 to the part of the parent organization ≥ 1 to the part of the parent corporation ≥ 1 to the parent organization ≥ 1 to the parent ≥ 1 to the pa				•	ZIP or foreign postal code		E0506	00 454111
H. Enter the number of the organization type ▶ X 501(c) corporation    H. Enter the number of the organization is unreliefed trades or bouneses ▶ 2	at end of year	<b>-</b> 0	·				52595	454111
H Enter the number of the organizations unrelated trades or businesses by 2 Describe the only (or first) unrelated trade or business here 1NVESTIGNT 1N LP*S If only one, complete Parts IV If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I all, complete a Schedule M for each additional trade or business, then complete Parts III LP*S If only one, complete Parts IV If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts III, complete a Schedule M for each additional trade or business, then complete Parts III LP*S If only one, complete Parts IV If one, complete Parts I	1 150 676 606 F		<del>`                                    </del>				T	
trade or business here № INVESTMENT IN LP 'S 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.  During the tax year, was the corporation a subsidiary in an affiliated group or a perent-subsidiary controlled group?  I buring the tax year, was the corporation a subsidiary in an affiliated group or a perent-subsidiary controlled group?  I buring the tax year, was the corporation a subsidiary in an affiliated group or a perent-subsidiary controlled group?  I buring the tax year, was the corporation a subsidiary in an affiliated group or a perent-subsidiary controlled group?  I buring the tax year, was the corporation as ubsidiary in an affiliated group or a perent-subsidiary controlled group?  I buring the tax year, was the corporation of the parent corporation    I controlled Trade of PANC HEALTHCARE, TINC  Telephone number № 847-583-2804  Telephone number	·			• • • • • • • • • • • • • • • • • • • •				
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.∨  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  I Parts with the name and identifying number of the parent corporation by the provision of the parent corporation by the				sses			-	•
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The books are in care of PANC HEALTHCARE, INC Telephone number ▶ 847-583-2804  The books are in care of PANC HEALTHCARE, INC Telephone number ▶ 847-583-2804  (C) Net  Telephone number ▶ 847-583-2804  Telephone number ▶ 847-583-2804  (C) Net  Telephone number ▶ 847-583-2804				-44				N V V I N
The books are in care of PANC iEALTRCARE, INC  Telephone number ▶ 847-593-2804  Telephone number ▶ 847-593-2804  Telephone number ▶ 847-593-2804  Telephone number ▶ 847-593-2804  (C) Net  Telephone number ▶ 847-593-2804  (A) Income  (B) Expenses  (C) Net  Telephone number ▶ 847-593-2804  (A) Income  (B) Expenses  (C) Net  Telephone number ▶ 847-593-2804  (C) Net  Telephone number ▶ 847-593-2804  (A) Income  (B) Expenses  (C) Net  Telephone number ▶ 847-593-2804  (C) Net  Telephone number ▶ 847-593-2804  (D) Expenses  (C) Net  Telephone number ▶ 847-593-2804  (D) Expenses  (D) Expenses  (C) Net  Telephone number ▶ 847-593-2804  (D) Expenses  (E) Expenses  (C) Net  Telephone number ▶ 847-593-2804  (D) Expenses  (D) Expenses  (C) Net  Telephone number ▶ 847-593-2804  (D) Expenses  (D) Expenses  (C) Net  Telephone number ▶ 847-593-2804  (D) Expenses  (D) Expenses  (C) Net  Telephone number ▶ 847-593-2804  (D) Expenses  (D) Expenses  (C) Net  Telephone number ▶ 847-593-2804  (D) Expenses  (D) Expenses  (C) Net  Telephone number ▶ 847-593-2804  (D) Expenses  (D) Expenses  (C) Net  Telephone number ▶ 847-593-2804  (D) Expenses  (D) Expens	• • • • • • • • • • • • • • • • • • • •		•	_			iaac	
Part   Unrelated Trade or Business Income   (A) Income   (B) Expenses   (C) Net			·	rporation		2	<u>, , , , , , , , , , , , , , , , , , , </u>	1
10 Gross recepts or sales 10 Less returns and allowances 11 C Cost of goods sold (Schedule A, line 7)								
Cost of goods old (Schedule A, Ine 7),   Cost of goods old (Schedule B),   Cost old (Schedule B),   Cost of goods old (Schedule B),   Cost of good	_		Dr Business income		(A) Income	(b) Expens	ses	(C) Net
2 Cost of goods sold (Schedule A, Inie 7). 2 3 Gross profit Subtract line 2 from line 1c. 3 3 141, 267. 141, 267. 141, 267. 141, 267. 141, 267. 141, 267. 141, 267. 141, 267. 141, 267. 141, 267. 151, 267. 27, 878. 162, 267, 267, 267, 267, 267, 267, 267, 2	•							
3 Gross profit Subtract line 2 from line 1c							-	
4a Capital gain net income (attach Schedule D) 4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b - 27, 878.  Capital loss deduction for frusts 4c - 27, 878.  Capital loss deduction for frusts 5 income (loss) from a pannership or an Scorporation (attach statement) 5 income (loss) from a pannership or an Scorporation (attach statement) 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annules, royaltes, and rents from a controlled organization (Schedule F) 8 interest, annules, royaltes, and rents from a controlled organization (Schedule F) 8 interest, annules, royaltes, and rents from a controlled organization (Schedule F) 8 threetest, annules, royaltes, and rents from a controlled organization (Schedule F) 9 threatest, annules, royaltes, and rents from a controlled organization (Schedule F) 11 Advertising income (Schedule J) 12 Cother income (Schedule J) 13 fatal Combine lines 3 through 12 13 612, 669.  Part II — Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, Incombine lines 3 through 12 13 612, 669.  Part II — Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, Incombine lines 3 through 12 13 612, 669.  Part II — Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, Incombine lines 3 through 12 13 612, 669.  Part II — Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, III — Interest (attach schedule) (see instructions) (III — Interest (attach schedule) (see instructions) (				$\vdash$		<u> </u>		- /
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).  c Capital loss deduction for trusts  income (loss) from a parimethy or an Scoparation (attach stistement).  formation (loss) from a parimethy or an Scoparation (attach stistement).  formation (loss) from a parimethy or an Scoparation (attach stistement).  formation (loss) from a parimethy or an Scoparation (attach stistement).  formation (loss) from a parimethy or an Scoparation (attach stistement).  formation (loss) from a parimethy or an Scoparation (attach stistement).  formation (loss) from a parimethy or an Scoparation (attach stistement).  formation (loss) from a parimethy or an Scoparation (Schedule E).  formation (loss) from a parimethy or an Scoparation (Schedule E).  formation (loss) from a parimethy or an Scoparation (Schedule E).  formation (loss) from a parimethy or an Scoparation (Schedule E).  formation (loss) from a parimethy or an Scoparation (Schedule E).  formation (loss) from a parimethy or an Scoparation (Schedule E).  formation (loss) from a parimethy or an Scoparation (Schedule E).  formation (loss) from a parimethy or an Scoparation (Schedule E).  formation (loss) from a parimethy or an Scoparation (Schedule E).  formation (loss) from a parimethy or an Scoparation (loss) from a parimethy or an Internal Revenue Service.  formation (loss) from a parimethy or an Internal Revenue Service.  formation (loss) from a parimethy or an Internal Revenue Service.  formation (loss) from a parimethy or an Internal Revenue Service.  formation (loss) from a parimethy or an Internal Revenue Service.  formation (loss) from a parimethy or an Internal Revenue Service.  formation (loss) from a parimethy or an Internal Revenue Service.  formation (loss) from a parimethy or an Internal Revenue Service.  formation (loss) from a parimethy or an Internal Revenue Service.  formation from the parimethy or an Internal Revenue Service.  formation from the parimethy or an Internal Revenue Service.  formation from the parimethy or an Internal Revenue S	<u>-</u>				141 267			141 267
c Capital loss deduction for trusts income (loss) from a pannenthip or an Scripprinton (attach statement).  6 Rent income (Schedule C).  7 Unrelated debt-financed income (Schedule E).  7 Interest, annuales, royaltes, and rents from a controlled organization (Schedule F).  8 Interest, annuales, royaltes, and rents from a controlled organization (Schedule F).  9 Investment income of a section 501(c)(7), (8), or (17) organization (Schedule F).  10 Exploited exempt activity income (Schedule I).  11 Advertising income (Schedule J).  12 Other income (See instructions, attach schedule).  12 Other income (See instructions, attach schedule).  13 Total Combine lines 3 through 12.  13 612, 669.  Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, independent of officers, directors, and trustees (Schedule M).  15 Salaries and wages  16 Repairs and maintenance  17 Interest (attach schedule) (see instructions).  18 Bad debts.  19 Taxes and licenses  10 Depreciation (attach Form 462).  11 Taxes and incomes (See instructions).  12 Depreciation (attach Form 462).  13 Depletion  14 Contributions to deferred compensation plans  15 Employee benefit programs  16 Excess exempt expenses (Schedule I).  17 Total deductions, Add lines 14 through 28.  18 Total deductions, Add lines 14 through 28.  19 Total deductions (attach schedule)  10 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  18 January 1, 2018 (see instructions)  19 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  10 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  10 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  11 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  12 Deduction for net operating loss ar					<u> </u>			1
5 Income (Closs) from a parametrity or an S corporation (attach statement), 5 499,280. ATCH 1 499,280. 6 Rent income (Schedule C) 6 9					27,070.			21,010.
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7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuteis, royaltes, and rents from a controlled organization (Schedule F) 8 Interest, annuteis, royaltes, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Advertising income (Schedule J) 10 Advertising income (Schedule J) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 12 Interest Income (See instructions, attach schedule) 12 Interest Inter					133,200.	AICH		1337200.
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Exploited exempt activity income (Schedule I)	,,,,.,.,.,,.,,.,,,,,,,,,,,							
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12 Other income (See instructions, attach schedule)		•						
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Additional must be directly connected with the unrelated business income )  14 Compensation of officers, directors, and trustees (Schedule M)  15 Salaries and wages	Part II Deduction	s Not	Taken Elsewhere (See instr	uctio		leductions ) (F	xcept fo	
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Salaries and wages . Repairs Activities				_			14	
Repairs and maintenance Received US Bank - USB 16  17 Bad debts 716 17  18 Interest (attach schedule) (see instructions) 18  19 Taxes and licenses 19 20,942.  20 Charitable contributions (See instructions for limitation rules) 20  21 Depreciation (attach Form 462) 21  22 Less depreciation claimed on Schedule A and elsewhere on return 21  23 179,703.  24 Contributions to deferred compensation plans 24  25 Employee benefit programs 25  26 Excess exempt expenses (Schedule I) 27  27 Contendeductions (attach schedule) 27  28 Other deductions (attach schedule) 27  29 Total deductions. Add lines 14 through 28 275,323.  30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 337,346.  31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 337,346.  32 For Paperwork Reduction Act Notice, see instructions.						Service		1,625.
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Depletion							22b	1
Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I).  Excess readership costs (Schedule J).  Other edductions (attach schedule)  Total deductions. Add lines 14 through 28.  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 instructions)  Junelated business taxable income Subtract line 31 from line 30  Total deduction Act Notice, see instructions.								179,703.
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				30 .	<u> </u>	<u> </u>	32	
		on Act N	lotice, see instructions.				<i>ッ</i>	Form <b>990-T</b> (2018)

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_	990-T (2			Page 2
		Total Unrelated Business Taxable Income		
		unrelated business taxable income computed from all unrelated trades or businesses (sections).		359,535.
34	Amoun	ts paid for disallowed fringes	. 34	
35	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (sections)	e   [	359,535.
36	Total o	of unrelated business taxable income before specific deduction. Subtract line 35 from the sun 33 and 34	n T	
37		c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<del> </del>	
38		ted business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36	·   <del>-   -   -   -   -   -   -   -   -   </del>	-
•		nę smaller of zero or line 36		0.
Par	_	Tax Computation		
39	-	zations Taxable as Corporations. Multiply line 38 by 21% (0,21);	▶ 39	
40	- 1	Taxable at Trust Rates See instructions for lax computation, Income tax or		
	the am	ount on line 38 from Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy t	ax. See instructions	▶ 41	
42	Alterna	tive minimum tax (trusts only)	. 42	
43	Tax on	Noncompliant Facility Income. See instructions	. 43	
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies	. 44	
Par		Tax and Payments	<u> </u>	<del>-</del>
45 a	Foreign	tax credit (corporations attach Form 1116) trusts attach Form 1116) : 45a		
b	Other	redits (see instructions)	_	
С	Genera	I business credit. Attach Form 3800 (see instructions) ♥	<b>-</b>	
		or prior year minimum tax (attach Form 8801 or 8827)	-	
		redits. Add lines 45a through 45d		<del></del>
46		st line 45e from line 44		
47		xes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule		0.
48		ax. Add lines 46 and 47 (see instructions)	48	<del></del>
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	٠ <del>  " ا</del>	
50 a	Payme	its A 2017 overpayment credited to 2018		
		still account payments	$\dashv$	
		posited with Form 8868 · · · · · · · · · · · · · · · · ·	$\dashv$ $\mid$	
a		withholding (see instructions)		
f		or small employer health insurance premiums (attach Form 8941)	-	
		redits, adjustments, and payments Form 2439		
9		orm 4136 X Other "965" Total ▶, 50g NONE	;  ,	
51		ayments. Add lines 50a through 50g	. 61	25,883.
52		ted tax penalty (see instructions). Check if Form 2220 is attached,	52	
53		e. If line 51 is less than the total of lines 48, 49, and 52 enter amount owed	▶ 53	
54		yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid $\dots \dots$	▶ 54	25,883.
25	Enter th	e amount of line 54 you want. Credited to 2019 estimated tax > 25,883. Refunded	▶ 55	
Par	t VI	Statements Regarding Certain Activities and Other Information (see Instruction		
56		time during the 2018 calendar year, did the organization have an interest in or a signature		
		financial account (bank securities, or other) in a foreign country? If "Yes," the organization		
		Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the name of the	ie foreign d	
	here 🕨	CAYMAN ISLANDS .		X
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign trust?.	· · · ·   X
	•	see instructions for other forms the organization may have to file.		
58		ne amount of tax-exempt interest received or accrued during the tax year > \$  nder penalties of perjury 1 declare that I have examined this return including accompanying schedules and statements, and to the	ne best of my k	nowledge and belief it is
Sia	l tr	ine, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Sign				discuss this return
Her			(see instructions)	eparer shown below
		Print/Type preparers name Preparers sugnature Date		PTIN
Paid		MTCURIR N MEI CUTOR 34 4 Digitally alphand by 8/17/2020	heck L if alf-employed	P00488037
	arer	Mickey Land		6-6055558
Use	Only	THE COLUMN STREET STREET STREET STREET STREET	one no. 704	-632-3500
184				Form 990-T (2018)

%

%

%

%

Enter here and on page 1,

Part I, line 7, column (A)

Form 990-T (2018)

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

(1)

(2)

(3)

(4)

Total dividends-received deductions included in column 8.

Schedule F-Interest, Annu	iities, Royalties	, and Ren	ts Fro	om Contro	led Or	ganizat	i <b>ons</b> (see	instruction	ons)	
				ntrolled Org						
Name of controlled     organization	2 Employer identification numb	er i		ated income nstructions)		of specified ints made	included	f column 4 to in the contri ion's gross in	olling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)	_				_		1			
(4)										
Nonexempt Controlled Organiz	ations			_		40.0		0.15-4.15		1. Dadustions disastly
7 Taxable Income	8 Net unrelated in (loss) (see instruc	I .		Total of specific payments made		includ	art of column led in the co zation's gros	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)				_						_
(3)									<u> </u>	
(4)						A -4 -4	columns 5 a		_	dd columns 6 and 11
Totals	come of a Sec	tion 501(	 c)(7),			Part	here and on I, line 8, colu	mn (A)		ter here and on page 1. Int I, line 8, column (B)
1 Description of income	2 Amount of	income		3 Deduction directly cortain (attach sch	nected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)			-				_			
(2)		_	-	•						
(3)			<del> </del>	_						
(4)  Totals ▶	Enter here and Part I, line 9, co				,		·			Enter here and on page 1, Part I, line 9, column (B)
Schedule I-Exploited Exe	mpt Activity In	come, Oth	ner Th	an Advert	ising Ir	come (	see instru	ictions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expen directi connected productio unrelate business in	ses y I with on of ed	4 Net incor from unrelat or business 2 minus col If a gain, o cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 Gro from a is not	ss income ctivity that unrelated ss income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				<del>                                     </del>			<u> </u>			
(2)	<del></del>			1						
(3)			_							
(4)			-							
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	art I,						-	Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J- Advertising In	come (see inst-	uctions\		<u> </u>						<u> </u>
			oneol	idated Rad	eie					
Part I Income From Per	iodicais Report	eu on a C	OHSOI	liuateu bas	515			ſ		
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute		rculation come	6. Read cos	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						1				
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										
										Form 990-T (2018)

Page 5

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)				<del>-</del> -		
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)						

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

	1 Name	2	Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)				%	
2)	`			%	
3)				%	
4)				%	
otal. Enter here	and on page 1. Part II. line 14	•		•	

Form **990-T** (2018)

### SCHEDULE M (Form 990-T)

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

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning  $\frac{10/01}{}$  , 2018, and ending  $_{-}$ 

► 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)

Name of organization ANC HEALTHCARE, INC. Employer identification number 58-1450888

Unrelated business activity code (see instructions) ▶ 454111

Describe the unrelated trade or business ► E-COMMERCE

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 256, 633.				
b	Less returns and allowances c Balance	1c	256,633.		
2	Cost of goods sold (Schedule A, line 7) ATCH. 3.	2	128,486.		
3	Gross profit Subtract line 2 from line 1c	3	128,147.		128,147.
4a	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			
10	Exploited exempt activity income (Schedule I)				
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12		128,147.		128,147.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	65,934.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs		17,287.
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)		22,737.
29	Total deductions Add lines 14 through 28		105,958.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	22,189.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30		22,189.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

ANC HealthCare, Inc EIN: 58-1450888

INCOME (LOSS) FROM PARTNERSHIPS FOR THE YEAR ENDED 9/30/2019

### FORM 990-T PART I - INCOME (LOSS) FROM PARTNERSHIPS

SILO: #1 - QUALIFIED PARTNERSHIP INVESTMENTS

INVESTMENT FUND #	Other Income	ST Capital Gain (Loss)	LT Capital T Gain (Loss)	Total Capital Gain (Loss)	Net Section 1231 Gain (Loss)
4	(7,348)	00111 (1003)			(388)
5	(36,601)	_	_	-	(113)
6	2,859	_	_	_	-
8	(19,997)	_	=	_	-
13	(624)	_	_	_	_
17	(02.)	_	_	-	-
28	(2,925)	_	-	-	_
30	(0)	_	2,149	2,149	_
32	(57,930)	_	-,	-	11
33	(536,275)	-	_	_	(5,387)
38	(296,555)	-	-	-	-
49	435	_	-	_	_
53	(398)	-	-	-	-
54	(4,887)	_	_	-	-
55	1,283,475	-	88,607	88,607	-
60	91,811	-	-	-	-
62	50	-	-	-	(22)
69	2,753	-	-	-	2,364
70	12,185	-	-	_	(122)
71	139	-	872	872	(15,030)
72	(2,150)	-	-	<u>-</u>	9,329
81	(17,053)	-	-	-	(10,596)
84	26,390	_	-	-	-
94	(1,774)	-	18,944	18,944	-
96	16,921	_	9,663	9,663	(405)
97	(18)	-	<u>-</u>	-	-
98	73,638	(57)	(246)	(303)	(7,705)
99	(357)	-	-	-	-
100	(448)	-	34	34	-
102	(22,306)	9,399	11,902	21,301	. 311
103	(3,730)	· •	· •	-	(125)
Totals	499,280	9,342	131,925	141,267	(27,878)
	TO LINE 5	TO SCHED D	TO SCHED D		TO 4797

ATTACHMENT	2

## FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES
AMORTIZATION OF IDC (ATCH 6)

42,415.

30,638.

PART II - LINE 28 - OTHER DEDUCTIONS

73,053.

ATTACHMENT	3

E-COMMERCE

# SCHEDULE M LINE 2: SCHEDULE A COST OF GOODS SOLD

2 3 4A B	INVENTORY AT BEGINNING OF YEAR  PURCHASES		
6 7	INVENTORY AT END OF YEAR	128,	486.
8	DO THE RULES OF SECTION 263A (WITH RESPECT TO PROPERTY PRODUCED OR ACQUIRED FOR RESALE)	YES	NO X

CHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS	
SHIPPING	7,845.
TAX PREPARATION FEES	7,485.
PURCHASED SERVICES	. 2,933.
JTILITIES	128.
OTHER EXPENSES	4,346.

PART II - LINE 28 - OTHER DEDUCTIONS

ATTACHMENT 4

22,737.

359,535	405	359,940
NOL utilized by current year activities	Reduction of NOL for Section 965 Inclusion	Total NOL utilized in current year

### **SCHEDULE D** (Form 1120)

# **Capital Gains and Losses**

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

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

Employer Identification number Name ANC HEALTHCARE, INC. 58-1450888

	FKA. MISSION HEALTH SYSTEM, INC.				9	58-1450888	
Part	1 Short-Term Capital Gains and Losses	(See instructions	)				
-	See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Fom 8949, Part I, line column (g)	1(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1 t	o Totals for all transactions reported on Form(s) 8949 with Box A checked						
2	Totals for all transactions reported on Form(s) 8949 with Box B checked		· !				
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	9,342.				9,342.	
4	Short-term capital gain from installment sales from F Short-term capital gain or (loss) from like-kind exchar				4 5		
6					6	( )	
-	Net short-term capital gain or (loss) Combine lines 1					9,342.	
Pari				· · · · · · · · · · · · · · · · · · ·			
, a	See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Form 8949, Part II, line column (g)	ı(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 109-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
8 b	Totals for all transactions reported on Form(s) 8949 with Box D checked						
9	Totals for all transactions reported on Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	131,925.				131,925.	
11	Enter gain from Form 4797, line 7 or 9				11		
12	Long-term capital gain from installment sales from F	form 6252, line 26 or 37	·		12		
13	13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824						
14	14 Capital gain distributions (see instructions)				14		
15 Parí	Net long-term capital gain or (loss) Combine lines 8.  Summary of Parts I and II	a through 14 in column	h		15	131,925.	
i en	- Cammary of Farts Faria ii	<del></del> _					
16	16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)				16	9,342.	
17 18	Net capital gain. Enter excess of net long-term capit				17 18	131,925. 141,267.	
.0	Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns						

# Form 8949

### Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Attachment

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number Name(s) shown on return ANC HEALTHCARE, INC. FKA. MISSION HEALTH SYSTEM, INC. 58-1450888 Before you check Box A. B. or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions) For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A. B. or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS Х (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (g) (e) (h) enter a code in column (f) Cost or other basis Gain or (loss) (C) (b) See the separate instructions See the Note below Proceeds Date sold or Subtract column (e) Date acquired Description of property and see Column (e. disposed of (sales nace) from column (d) and (Example 100 sh XYZ Co) (Mo, day, yr) in the separate (g) (Mo, day, yr) (see instructions) combine the result instructions Code(s) from Amount of with column (a) instructions adjustment VAR 9.342 SHORT-TERM CAPITAL LOSS FROM LP'S VAR 9.342

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D. line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked)

9,342

Form 8949 (2018)	Attachment Sequence No 12A	Page			
Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side	Social security number or taxpayer identification number				
ANC HEALTHCARE, INC.	58-1450888				
Refere you should have D. E. or E. helay, and whather you received any Form (a) 1000 B. or substitute statement (a) from your hypker. A substitute					

statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions) For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

11010	e of the boxes, complete as many forms with the same box enceived as you need
	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
	(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of (Mo , day, yr )	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if if you enter an a enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the resul with column (g)
LONG-TERM CAPITAL GAIN FROM LP'S	VAR	VAR	131,925				131,925
			<b></b>				
					<u> </u>		
			_				
					,		_
2 Totals Add the amounts in columns negative amounts) Enter each total							
Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	131,925				131,925		

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

## ANC HEALTHCARE, INC. FKA. MISSION HEALTH SYSTEM, INC. 58-1450888

#### Federal Elections

Regulation Reference: Internal Revenue Section 59(e)

Statement attached to and made part of U.S. Income Tax Return for the year ended September 30, 2016.

Taxpayer: ANC Healthcare, Inc. FKA Mission Health System, Inc.

EIN: 58-1450888

Regulation Reference: 59(e) - Election to amortize intangible drilling and development costs over 60 months

The taxpayer herby elects under Section 59(e) of the Internal Revenue Code to capitalize certain intangible drilling costs and to amortize such expenditures ratably over the five year period beginning with the taxpayer's taxable year ending September 30, 2016. Such expenditures were paid by the taxpayer during the said taxable year and are otherwise deductible under IRC Section 263(c). The total amount of the intangible drilling costs capitalized by the taxpayer during the taxable year was \$153,193.

9/30/2016: \$30,639

9/30/2017: \$30,639

9/30/2018: \$30,639

9/30/2019: \$30,638

9/30/2020: \$30,638