	,,,,		EXT	ENDED TO DEC	EMBE	R 16, 2019			
Form	990-T	E	Exempt Orga	anization Bu	sine	ss Income	Tax Return)	OMB No 1545-0687
	-			and proxy tax und			1901		0040
		Força	lendar year 2018 or other tax	year beginning FBB 1	<u>, 20</u>	18 , and ending $$ $$ $$	<u>AN 31, 201</u>	<u>9</u>	2018
Depart	tment of the Treasury			-				<u> </u>	Open to Public Inspection for
			Do not enter SSN num	bers on this form as it ma	y be ma	de public if your organ	<u>ization is a 501(c)(3).</u>		501(c)(3) Organizations Only
A	Check box if		Name of organization (Check box if name	changed	and see instructions.)		(Empl	oyer identification number oyees' trust, see
									ctions)
							 		3-0568762 ated business activity code
Δ	-	Туре			nstructions)				
				1					
	, ,				•	•			
C Boo	ok value of all assets	•	E Croup avamation au	mbar (Can instructions)				•	
	27,324,2	36.	G Check organization t	ype 🕨 🗶 501(c) co	rporation	501(c) trus	t 401(a) trust	Other trust
H En	ter the number of the	organiza	ition's unrelated trades o	r businesses. 🕨	1	Descri	be the only (or first) ur	related	
tra	de or business here 🕨	-				If only or	ne, complete Parts I-V	If more	than one,
des	scribe the first in the b	lank spa	ace at the end of the prev	ious sentence, complete P	arts I an	d II, complete a Schedi	ule M for each addition	al trade	or
									
				_	ent-subs	diary controlled group	▶	Ye	s X No
				ent corporation.		Talas	phone number 3	21	420_5001
				come	_	(A) Income	(B) Expenses		(C) Net
				1	7	(A) moonic	(b) Expense.	•	(0) Het
	•			c Balance	1c				
			A. line 7)		2			-	
	- '		•		3				
	For calendar year 2018 or other tax year beginning FE				4a				
b	Net gain (loss) (Form	4797, F	Part II, line 17) (attach Fo	rm 4797)	4b				
C	Capital loss deduction	for tru	sts ·		4c				
5	Income (loss) from a	partner	ship or an S corporation	(attach statement)	5				
6	Rent income (Schedu	le C)			6	,			
			` '		7_				
_	-			-					
				organization (Schedule G			 		
		-	, ,		10	-			
	• ,		•		12				
	•		•		13	0			
				ere (See instructions f					
	(Except for o	contrib	utions, deductions mu	st be directly connecte	d with t	he unrelated busine:	ss income)		
14	Compensation of off	icers, di	rectors, and trustees (Sc	hedule K)	RE(EIVED,		14	
15	Salaries and wages			[- [3]	15	
16	•	ance		A06	SEP	1 6 2020		16	
				ĬŠ.	OL.	2,0 2020		17	
	•	dule) (s	ee instructions)	-	OGI	DEN, UT	-	18	
		(0-	tt far ltat.		<u> </u>	JE14, U 1		19	
		•		on rules)		` 		20	
	•		•	ere on return		`` 21 22a		22b	
			25555.0 11 6.16 6.56411			[250]		23	
		erred co	mpensation plans					24	 :
	_							25	
26	Excess exempt expe	nses (So	chedule I)					26	
27	Excess readership co	osts (Sc	hedule J)					27	
28	Other deductions (at	tach scl	nedule)					28	
29	Total deductions. A	dd lines	14 through 28					29	0.
			•	•				30	0.
	·	-	• •	•	ary 1, 20	18 (see instructions)		31	
32	Unrelated business t	axable i	ncome. Subtract line 31 t	rom line 30				l 32 l	0.

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

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Form **990-T** (2018)

Form 990-7		63-056	8762	Page 2
Part I	I Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.	
38	Unrelated business taxable income. Subtract line 37 from line 36.		 	
	enter the smaller of zero or line 36		38	0.
Part I	V Tax Computation		1 00_1	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		33	`
70	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax. See instructions		41	
42	Alternative minimum tax (trusts only)			
	Tax on Noncompliant Facility Income See Instructions		42	
43	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		43	0.
Part V			44	<u> </u>
			1 1	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a 45a		1	
	Other credits (see instructions) 45b		-	
-	General business credit. Attach Form 3800		∤ 	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		 	
	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47		tach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018		1 1	
	2018 estimated tax payments 50b			
C	Tax deposited with Form 8868 50c		1 1	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		1 !	
	Backup withholding (see instructions) 50e]	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f]	
9	Other credits, adjustments, and payments: Form 2439			
	Form 4136 X Other 1,818. Total ▶ 50g	<u>1,818.</u>		
51	Total payments. Add lines 50a through 50g SEE STATEMENT 1	•	51	<u> 1,818.</u>
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		_54	<u> 1,818.</u>
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	nded 🕨	55	1,818.
Part \	Statements Regarding Certain Activities and Other Information (see instruction)	ons)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here >			X_
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of taxgexempt interest received or accrued during the tax year >\$			
	Under penalties of penalty decide that have examined this return, including accompanying schedules and statements, and to the be correct, applicable packing of property (other than taxpayer) is based on all information of which preparer has any knowledge.	st of my knowled	dge and beli	ef, it is true,
Sign	CHIEF EXECUTIVE			
Here	1/8/200 OFFICER		•	iscuss this return with hown below (see
	Signature of officer Date Title		structions)?	
	Print/Type preparer's name Preparer's signature Date Cl	heck i	f PTIN	
Paid		elf- employed	,	
	TD 003		PO	0191509
Prepa Use C	LIADDUNI AVIIDIUM III.	irm's EIN		-4084437
OSE C	3815 INTERSTATE CT.	5 EII		
		Phone no 3	34-2	71-2200
823711 01				Form 990-T (2018)

Form 990-T (2018) HEALTH SERVICES, INC.

63-0568762

Page 3

Schedule A - Cost of Goods Sold	d. Enter me	thod of invent	tory va	luation N/A				
1 Inventory at beginning of year 1				Inventory at end of year			6	·
2 Purchases	7	Cost of goods sold. Si						
3 Cost of labor]	from line 5. Enter here					
4a Additional section 263A costs	1	line 2		Ĺ	7			
(attach schedule)	8	Yes	No					
b Other costs (attach schedule)	4b				7			
	5			the organization?				
Schedule C - Rent Income (From (see instructions)	n Real Pro	operty and	Pers	onal Property L	.ease	d With Real Prope	rty) 	
1. Description of property								
(1)								
(2)								
(3)			·					
(4)								
2	Rent received o							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of	of rent for p	ersonai	nal property (if the percenta property exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly co columns 2(a) and	onnected with the income 2(b) (attach schedule)	in
(1)								
(2)								-
(3)								
(4)								
Total	0 . To	tal			0.			
(c) Total income. Add totals of columns 2(a) and here and on page 1, Part I, line 6, column (A)	•	.		_	0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Debt-Fin	anced In	come (see	ınstruc	ctions)				
) ,	0		Deductions directly conne to debt-financed		
1 December of debt (married				Gross income from or allocable to debt-	(a)	Straight line depreciation	n (b) Other deductions	
Description of debt-financed pr	и орен ту			financed property	`_	(attach schedule)	` (attach schedule)
(1)								
(2)								
(3)			<u> </u>					
(4)			ļ					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	usted basis able to i property nedule)	6	6 Column 4 divided by column 5 reportable (column 2 x column 6)		reportable (column	8 Allocable deduc (column 6 x total of c 3(a) and 3(b))	olumns	
(1)		<u>-</u>		%				
(2)								
(3)				%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on pa Part I, line 7, column	
Totals				•		0.		0.
Total dividends-received deductions included	ın column 8					>		0.

Form 990-T (2018)

Form 990-T (2018) HEALTH	SERV	ICES,	INC.	-1 D 1 -			10	A*	<u>63-05</u>		
Schedule F - Interest,	Annuitie	s, Hoyai	ties, and					ition	S (see in:	struction	s)
Name of controlled organizat	2. Employer identification number		3 Net unr	related income a instructions)	tated income instructions) 4. Total payments		5. Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions directly connected with income in column 5	
/4)				_				├			
(1)										-	
(2)		-						ļ			
(3)											_
(4)		<u> </u>		<u> </u>							
Nonexempt Controlled Organi	I										
7. Taxable Income		inretated incon see instruction		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orga s income	nızatıon's		ductions directly connected income in column 10
(1)						-				_	
(2)		_								_	
(3)										-	
(4)											
							Add colum Enter here and line 8, c	on pag	e 1, Part I,	Enter h	id columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals									0.		0 .
Schedule G - Investme	nt Incor	ne of a S	Section	501(c)(7). (9). or (17) Oro	anization		<u>.</u>		
(see insti			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	001(0)(1	,, (0), 0. (.,, O.g	amzation				
1. Desc	ription of inco	me			2. Amount of	income	3. Deductions directly connected (attach schedule)		4. Set-asides (attach schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2))										
(3)											
(4)						···				_	
		,			Enter here and o Part I, lino 0, col	on page 1, umn (A)	T 77 (5		ա տոնքերբան ար ու	படை பார்சி சென்பேன் படக்க	Enter here and on page 1 Part I, line 9, column (B)
Totals				>	[0.					0.
Schedule I - Exploited		Activity	Income	, Other	Than Adv	ertisin	g Income				
(see instru	ictions)				· -				,		
1 Description of exploited activity	unrelated incom	ross business e from business	3. Exp directly co with pro of urre business	onnected duction elated	4 Net incom from unrelated business (co minus columr gain, compute through	trade or lumn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business income	hat ed	6 Exp attribut colui	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			-								
(2)											
(3)									-		
(4)			-						-		<u>-</u>
	Enter her	e and on	Enter her	e and on		1					Enter here and
	page 1 line 10,	, Part I, col (A)	page 1, line 10,								on page 1, Part II, line 26
Tatala	""" (0,	```. I	1110 10,								
Totals Schedule J - Advertisir	a Incor	0.		0.	L						0.
Part I Income From I			nstruction		hetchilos	Racie					
Turti moonic From	criodic	ais nepi	or tea on	a Cons	oondated	Dasis					
1. Name of periodical		2 Gross advertising income		. Direct rtising costs	4 Adverte or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5. Circulati	on	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							 	-			
(2)					┑				<u> </u>		
(3)					┥						
(4)			+		┥						
1.7			-		+		 				
Totals (carry to Part II, line (5))	>	(). <u> </u>	0							0.

Form 990-T (2018) HEALTH SE	63-0568762			Page 5				
Part II Income From Perio			ate Basis (For eac	ch periodical liste	d in Par	t II, fill in	<u>_</u>	_
columns 2 through 7 on a	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	minus 5 Circulation compute income		eadership costs	7 Excess readershi costs (column 6 minu column 5, but not mo than column 4)	minus t more
(1)	1	-						
(2)								
(3)			-					
(4)					1			
Totals from Part I	0.	0.	•					0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)					Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	0.	0.						0.
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see in:	structions)				_
1. Name			2. Title	3. Perce time devo busine	ted to		pensation attributable related business	
(1)					%			
(2)					%			
(3)					%			
(4)					%			
Total. Enter here and on page 1, Part II, I	line 14	-			•			0.