	Exempt Organization Business Income Tax Return										0687	<u>'</u>					
	990-T   Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 1906																
	· Offili		• • • • • • • • • • • • • • • • • • • •										16	3			
		.*	For calendar year 2018 or other tax year beginning 07/01 , 2018, and ending 06/30 , 20 19 .														
		ent of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.											ctio	n for		
		Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).														
	<u>A □ a</u>	Address changed INCAUS LEALTH VENTURES (E										<ul> <li>Employer identification number (Employees' trust, see instructions)</li> </ul>					
		ot under section	Print  INGALLS HEALTH VENTURES  Number, street, and room or suite no. If a P.O. box, see instructions														
	_	1( C )(03)	or	l	F Uni	36-3239703  E Unrelated business activity code				ode							
	∐ 40	_	Туре	Type ONE INGALLS DRIVE (See I									See instructions )				
		408A 530(a) City or town, state or province, country, and ZIP or foreign postal code															
		529(a) HARVEY, IL 60426-3558															
	C Book value of all assets at end of year  3,810,941  G Check organization type ► ✓ 501(c) corporation											t [	Oth	er t	rust		
	H En	3,810,941				rades or business				cribe the					_		
				nganization s ui	ii eialeu l			nly one, complete									
	tra	de or business	nere 🗲	at the end of the	o previoi	is sentence, com	, II UII nlete	Parts I and II co	raits i- molete	a Schedi	ıle M	for ea	ich ad	diti	ona		
			-	omplete Parts II		is semence, com	picto	Tarts Faria II, Co	mp.c.c	u 00110u		.0. 00					
						ın an affılıated grou	n or a	narent-subsidiani	controlle	ed group?		$\overline{}$	Yes	<u> </u>	Ñο		
						f the parent corp			COMMON	a group:	• • •		100	ب			
				► RICHARD SI		Title parent corp.	Jiano		one nur	nher <b>&gt;</b>	(708) 333-2300						
							1	(A) Income		3) Expense	s	(,,,,	(C) Net				
		Gross receipts	d Trade or Business Incor						+				· · · · ·	Т			
_	b	Less returns and			0	c Balance ▶	1c	o						.			
SEP 1 7 2020	2			Schedule A, line			2	0		REC	EIV	ED	-1	H			
1 2	3	-		t line 2 from line		3	0	4				70	0				
-	4a	•		ne (attach Sche			4a	0	8	JUL 1	11 7	<u> </u>	8	0			
۵.	b			4797, Part II, line		4b	. 0	101	<u> </u>	1 4	<del>U</del>		0				
SS	C		•	n for trusts .			4c	0	-			-	-	0	_		
	5	•					5	0		OGD	ΞN,	UT	一十	0			
<u>و</u> و	6	Income (loss) from a partnership or an S corporation (attach staten Rent income (Schedule C)						0		0			<del></del>	0			
28	7			ced income (Sch			6 7	0	<b>-</b>	0				0			
Received in	' 8				anization (Schedule F)	8	0		0				0				
છું .	9		•		-	nization (Schedule G)	9	0		0				0			
Œ	10			ivity income (Sc			10	0		0		-		0			
£2	11			Schedule J) .			11	0		0				0			
	12	-	-	tructions, attach			12	0	1					0			
	13	Total. Combin					13	0		0				0			
	Part	I Deductio	ns Not	Taken Elsewh	nere (Se	e instructions for	limita	ations on deduc	tions.) (I	Except fo	or con	tribut	ions,				
	20	deduction	is must	be directly cor	nnected	with the unrelate	d bus	siness income.)									
	145	Compensation	n of offi	cers, directors,	and trust	ees (Schedule K)					14			0			
	152	Salaries and v	vages								15			0			
	15/165	Repairs and n	nainten	ance							16			0			
	1777	Bad debts									17			0			
	187	Interest (attac	h sched	dule) (see instruc	ctions) .						18			0			
	19	Taxes and lice	enses.								19			0			
	20	Charitable coi	ntributio	ons (See instruct	tions for	lımıtation rules) .					20			0			
	9(2/1 2) 23 (2/2) 25									0							
	<u>22</u>					d elsewhere on re				0	22b			0			
	<u>F23</u>										23			0			
	24			•	•	s					24			이			
											25			이			
	26										26			이			
	27	Excess reader	rship co	sts (Schedule J	)						27			0			

OMB No 1545-0687

501(c)(3) Organizations Only

Other trust (

> Form **990-T** (2018)

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)

Other deductions (attach schedule)

For Paperwork Reduction Act Notice, see instructions.

Total deductions. Add lines 14 through 28

Unrelated business taxable income. Subtract line 31 from line 30

Cat No 11291J

								- 280 -
Part	(I) T	otal Unrelated Business Taxable Income						
33	Total o	98						
	instruc	tions)		33		ol	i	
34		its paid for disallowed fringes		_	34		<u>-</u>	
35		tion for net operating loss arising in tax years beginning before Ja			<del>~</del> +			<del></del>
								ĺ
		tions)			35		0	
36		f unrelated business taxable income before specific deduction. Subtract	line 35 from the su	m				l
	of lines	333 and 34		- 1	36		0	ĺ
37	Specifi	c deduction (Generally \$1,000; but see line 37 instructions for exceptions	Г	37		0		
		ted business taxable income. Subtract line 37 from line 36. If line 37 is						
	enter th	ne smaller of zero or line 36	ground than into o	~,	38		ام	1
Dovt	V =	av Computation	<del></del>		30			
		ax Computation	<del></del>					
			39		0			
40		Taxable at Trust Rates. See instructions for tax computation	n 🎚			1	ĺ	
	the am	ount on line 38 from: 🛄 Tax rate schedule or 🔲 Schedule D (Form 104	<b>▶</b> [_	40				
41		tax. See instructions		▶ ˈ	41			
	-	tive minimum tax (trusts only)		-	42			<del></del>
		Noncompliant Facility Income. See instructions			43			
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44		0	
Part '	V T	ax and Payments						
45a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) .	45a					
		credits (see instructions)	45b				1	ł
		•	45c					ł
			45d					i
							_	ĺ
0	lotal c	credits. Add lines 45a through 45d		ــَـز	45e .		0	
		ct line 45e from line 44		L	46		0	L
47	Other ta:	xes. Check if from: 🔲 Form 4255 🔲 Form 8611 🔲 Form 8697 🔲 Form 8866 🔲 C	Other (attach schedule) .	_	47_		0_	
		ax. Add lines 46 and 47 (see instructions)		r	48		0	
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (		_  -	49			
		nts: A 2017 overpayment credited to 2018		ž				
			50a 0				1	
þ	2018 6	stimated tax payments	50b0_					1
C	Tax de	posited with Form 8868	50c 1,030					i
d	Foreign	n organizations: Tax paid or withheld at source (see instructions) .	50d					
0	Backup	o withholding (see instructions)	50e					
	-	for small employer health insurance premiums (attach Form 8941) .	50f				- 1	l
		credits, adjustments, and payments:   Form 2439		55 15			- 1	
			50-	2				ł
			50g 0	\ <sup>35</sup>				1
		payments. Add lines 50a through 50g			51	<del></del>	1,030	
52		ted tax penalty (see instructions). Check if Form 2220 is attached		□╚	52			
53	Tax du	e. If line 51 is less than the total of lines 48, 49, and 52, enter amount ow	red	▶ [	53		0	i
54	Overpa	syment. If line 51 is larger than the total of lines 48, 49, and 52, enter am	ount overpaid 55	▶ 「	54		1,030	
			56 Refunded		55		1,030	
Part \		tatements Regarding Certain Activities and Other Information			~~_1		.,000	<del></del>
		······································				., .,	Yes	No
		time during the 2018 calendar year, did the organization have an interes					2000	ESTATE
	over a	financial account (bank, securities, or other) In a foreign country? If "Yes	s," the organization	may	have	to file		
		I Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," er	iter the name of the	fore	ign c	ountry		
	here 🕨	451.41.41.41.41.41.41.41.41.41.41.41.41.41						1
57	During t	he tax year, did the organization receive a distribution from, or was it the grantor	of, or transferor to a	foreic	in trus	st?		1
		" see instructions for other forms the organization may have to file.	-,		<b>,</b>			
		he amount of tax-exempt interest received or accrued during the tax yea						
<u>~~</u>	Linder	penalties of perjury, I declare that I have examined this return, including accompanying schedules	and statements and to the	, bank	of		明和智慧	All and
Sign	True, c	periates of perjuly, I dectare that I have externated this return, including accompanying schedules orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	anu statements, and to the h preparer has and knowle	Dest Jöö.	or my k	nowledge	and Del	iet, ft is
-	II 2			1	May the	RS discu	ss this	return
Here		Telegrand Telegrand CFG	)			preparer tructions)? (		
	Signati	dre of officer Date Title		Ľ		. actions)/	اممداته	7.40
Paid		Print/Type preparer's name Preparer's signature	Date			" РТ	IN	
		MOLLIE P LONGHOUSE Auto 1 diagnose	6.5.2020		k 📙 mploy	11 {	00294	881
Prepa			<del></del>					
Use C	only		4204E 0200		s EIN ▶		556520	
		Firm's address > 191 WEST NATIONWIDE BLVD., STE. 500, COLUMBUS, OH	43215-2568	Phon	A DO	(614)	249-23	<b>100</b>

	30-1 (20 (0)								<del>age o</del>		
Sche	dule A—Cost of Goods Sold.	Enter	method of I	nventory							
1	Inventory at beginning of year	1	(			at end of year	6	0			
2	Purchases	2			goods sold. Subtract						
3	Cost of labor	3				n line 5. Enter here and					
4a	Additional section 263A costs	1				ne 2	7	0			
	(attach schedule)	4a		1 [		les of section 263A (wit		Yes	No		
b	Other costs (attach schedule)	4b			produced or acquired for						
_ 5	Total. Add lines 1 through 4b	5	(			anization?		لــــــــــــــــــــــــــــــــــــــ	✓		
Sche	dule C-Rent Income (From I	Real P	roperty and	d Persor	nal Property	Leased With Real Pro	perty)				
(see	instructions)										
1. Desc	ription of property										
(1)											
(2)											
(3)											
(4)											
	2. Rent red	ceived or	accrued								
	om personal property (if the percentage of re personal property is more than 10% but not more than 50%)	p∈	ercentage of rent	for persona	property (if the I property exceeds a profit or income)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)											
(2)											
(3)		<u> </u>									
(4)											
Total		0 Tot	al			0		_			
	al income. Add totals of columns 2(a)					(b) Total deductions. Enter here and on page	1				
	nd on page 1, Part I, line 6, column (A)	and 2(t	<i>b)</i> Litter ►			0 Part I, line 6, column (B)			0		
Sche	dule E-Unrelated Debt-Fina	nced	Income (see	instruction	ons)						
				T ·	s income from or	3. Deductions directly con		ocable t	5		
	1. Description of debt-financed p	roperty			to debt-financed	debt-financed property (a) Straight line depreciation (b) Other deductions					
					property	(attach schedule)	chedule)	3			
(1)											
(2)											
(3)											
(4)					•						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjusted basis of or allocable to debt-financed property (attach schedule)					6. Column 4 divided y column 5	7. Gross income reportable (column 2 × column 6)					
(1)					%						
(2)					%						
(3)					%						
(4)					%						
				•		Enter here and on page 1, Part I, line 7, column (A).	Enter here an Part I, line 7,				
Totals					•				0		
	dividends-received deductions include	led in c	olumn 8			, , ,	-		0		
		30 0		<u> </u>	• • • • • • • • • • • • • • • • • • • •		<del></del>	000 T			

Schedule F-Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)											
	-					Organizations					
			. Employer fication number		elated income instructions)	4. Total of specified payments made	included in the o	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)				,			1				
(2)											
(3)											
(4)											
None	xempt Controlled Organiz	zations	3								
			. Net unrelated ind loss) (see instructi			otal of specified yments made	10. Part of column included in the coorganization's gro	controlling	11. Deductions directly connected with income in column 10		
(1)	·								ļ		
(2)									<del> </del>		
(3)			<del></del>				<del> </del>		ļ		
(4)		L			<u> </u>				<del> </del>		
							Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 tere and on page 1, line 8, column (B)	
Totals		<u>.                                    </u>		<del></del>		<u> </u>	<u> </u>	0		0	
Sche	dule G-Investment	ncon	ne of a Sect	ion 501		or (17) Organi Deductions				otal deductions	
	1. Description of income		2. Amount of	income	direc	ctly connected ach schedule)	4. Set-aside (attach schedi		and set-asides (col 3 plus col 4)		
<u>(1)</u>											
(2)											
(3)	<u></u>										
(4)			Catar bara and						Enter he	ro and an page 1	
			Enter here and Part I, line 9, c		· ]					re and on page 1, ne 9, column (B)	
Totals	•			,	0					0	
	dule I-Exploited Exe	mpt	Activity Inco	nme Ot		Advertising In	come (see inst	ructions	1	<u>`</u>	
	Description of exploited activ	-	2. Gross unrelated business inco from trade o business	me con	Expenses directly nected with oduction of inrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	<b>6.</b> Exp	enses able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)	-										
(4)			<u> </u>		<del> </del>						
Totals		•	Enter here and page 1, Part line 10, col (A	I, pag	here and on ge 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 26	
Sche	dule J-Advertising I	ncom	ie (see instruc							<u> </u>	
Par					Consoli	dated Basis				***************************************	
	1. Name of penodical		2. Gross advertising income		3. Direct rtising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	<b>6.</b> Read co.	dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	<u> </u>										
(2)											
(3)	<del> </del>										
(4)			<del> </del>		<del></del>			ļ			
Totals	(carry to Part II, line (5))		•	0	0	0				0	
									F	orm 990-T (2018)	

Part II Income From Periodi 2 through 7 on a line-b		on a Separat	e Basis (For ea	ch periodical li	sted in Part II	, fill in columns
1. Name of penodical	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	-	İ		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 of	Officers, Direc	tors, and Tru	<b>stees</b> (see instru	ictions)		
1. Name	2	2. Title	3. Percent of time devoted to business		tion attributable to ed business	
(1)				%	5	
(2)				%		
(3)				%		
(4)				%		
Total. Enter here and on page 1, Part II, III	ne 14			>	•	0