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Form <b>990-T</b>	Exempt Organization Business Income Tax Return	OMB No. 1545-0887							
	(and proxy tax under section 6033(e)) For, calendar year 2018 or other tax year beginning and ending	2018							
Department of the Treesury	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).	501(c)(3) Organizations Only							
A Check box if address changed	Name of organization (								
B Exempt under section	Print INC HEALTH SERVICES, INC.	94-2854057							
x 501(c <b>()</b> 3 )	Tune   Number, Suces, and footh of Suite no. If a P.O. box, see insudebons.	Unrelated business activity code (See instructions )							
408(e) 220(e)	36 S STATE STREET, SUITE 2200								
408A530(a)   529(a)	City or town, state or province, country, and ZIP or foreign postal code  SALT LAKE CITY OT 84111 53	31120							
C Book value of all sessets	F Group exemption number (See instructions.)								
at end of year 11,156,105,	, 364. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust	ust Other trust							
	organization's unrelated trades or businesses.   14 Describe the only (or first) unrelated trades or businesses.								
trade or business here 🗦	DEBT-FINANCED INCOME . If only one, complete Parts I-V. If r	nore than one,							
describe the first in the bl	lank 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		· · · · · · · · · · · · · · · · · · ·							
	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STAT 2	」Yes               No							
J The books are in care of	and identifying number of the parent corporation.	41440 3404							
	▶ COLIN QUINCY     Telephone number     ▶ (80       Trade or Business Income     (A) Income     (B) Expenses	(C) Net							
1a Gross receipts or sale		(0) 100							
b Less returns and allow	· · · · · · · · · · · · · · · · · · ·	į							
	chedule A, line 7)								
3 Gross profit. Subtract									
4a Capital gain net incom	ne (attach Schedule D) 4a								
b Net gain (loss) (Form.	4797, Part.II, lipe 17) (attach Form 4797) 4b								
c Capital loss deduction	for trusts 4c								
5 Income (loss) from a	partnership or an S corporation (attach statement) 5								
6) (Rent income (Schedu									
	ed income (Schedule E) 7 162,008. 108,5	08. 53,500.							
	ratties, and refits from a controlled organization (Schedule F) 8	<del></del>							
9 Investment income of	a section 501(c)(7), (9), or (17) organization (Schedule G) 9 vity-income (Schedule I) 10	<del></del>							
	Schedule J) 11	<del></del>							
12 Other income (See ins	structions; attach schedule) 12								
	3 through 12	08. 53,500.							
Part II Deduction	ns Not Taken Elsewhere (See instructions for limitations on deductions.)								
(Except for c	contributions, deductions must be directly connected with the unrelated business income.)								
		14							
		15							
		16							
17 Bad debts	······································	<u> </u>							
		19							
20 Charitable contribution		20							
	Form 4562)								
22 Less depreciation cla		25							
		23							
24 Contributions to defe		24							
		25							
	(Second 1)	26							
27 Excess readership co	osts (Şchedule J)	27							
28 Other deductions (at	tach schedule)	28							
		29 0.							
		53,500.							
_	clairly 1000 to to the your Doguming on the training of the tr	31 53,500.							
	axable income. Subtract line 31 from line 30								

Part II	Total Unrelated Business Taxable Income		
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	5,146,522.
	Amounts paid for disallowed fringes	34	1,932,750.
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  STMT 4	35	7,079,272.
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		1,015,212.
	lines 33 and 34	36	
		37	1,000.
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	3/	
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	ا م	•
	enter the smaller of zero or line 36	38	0.
Part IV		T T	
	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:		
	Tax rate schedule or L Schedule D (Form 1041)	40	<del></del>
	Proxy tax. See instructions	41	
	Alternative minimum tax (trusts only)	42	<del></del>
	Tax on Noncompliant Facility Income See instructions	43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part V			
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  45a		
b	Other credits (see instructions)		
C	General business credit. Attach Form 3800		
đ	Credit for prior yoar minimum tax (attach Form 8801 or 8827) 45d		
6	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach 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 50a		
b	2018 estimated tax payments		
	Tax deposited with Form 8868		<del></del>
d	Foreign organizations: Tax paid or withheld at source (see instructions) . 50d	1	
е	Backup withholding (see instructions) 50e 19,299.	1 1	
	Credit for small employer health insurance premiums (attach Form 8941) 50f	1 1	
	Other credits, adjustments, and payments: Form 2439	1 1	
Ĭ	Form 4136 Other Total 50g	1 1	
51	Total payments. Add lines 50a through 50g	51	19,299.
	Estimated tax penalty (see Instructions). Check If Form 2220 Is attached	52	
	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	19,299.
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	19,299.
Part V			<del></del>
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		1.
	here ▶ SEE STATEMENT 3		x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		х
	If "Yes," see instructions for other forms the organization may have to file.	• •	
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$ 1,590.		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schodules and statements, and to the boot of my kno correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	wledge and belie	, It la true,
Sign		au the IDC die	s this return with
Here		ay the IHS discus e preparer shown	
	Signature of officer Dale / Title	structions)?	Yes X No
	Print/Type preparer's name Preparer's signature Date Checki	f PTIN	
Paid	self- employed		
	PLA NITURA SULLANDO VILLO 11/09/10	P01286	320
Prepa	I Cirm's name . PRINCE C. VOTING TIC. L.I.D.	34-656	5596
Use O	560 MISSION STREET, STE 1600	^	
	Firm's address SAN FRANCISCO, CA 94105 Phone no (	415)894-80	6001
823711 01-			n 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory val	uation N/A					
1 Inventory at beginning of year	1		6 I	nventory at end of year	Г		6		
2 Purchases	2		7 (	Cost of goods sold Su	ıbtract I	ine 6			
3 Cost of labor	3		f	rom line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			1	ine 2		Ĺ	7	·····	
(attach schedule)	4a			Do the rules of section	•		Yes	No	
b Other costs (attach schedule)	4b		t	property produced or a	cquired	l for resale) apply to			
5 Total Add lines 1 through 4b	5			he organization?		······································			Х
Schedule C - Rent Income ( (see instructions)	From Real	Property and	l Pers	sonal Property	Leas	ed With Real Prop	perty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)						<del>,</del>			
		ed or accrued				3(a) Deductions directly	connected wil	th the income in	n
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	than	of rent for pe	ersonal pr	nal property (if the percenta roperty exceeds 50% or if I on profit or income)	ıge	columns 2(a) and	d 2(b) (attach	schedule)	
(1)									
(2)									
(3)									
(4)				· · · · · · · · · · · · · · · · · · ·					
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	<b>&gt;</b>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		٥.
Schedule E - Unrelated Deb	t-Financec	<b>l Income</b> (see II	nstruct	tions)					
			2.	Gross income from		3. Deductions directly cont to debt-finance	ed property		
1 Description of debt-fine	anced property			r allocable to debt- financed property	(a) Straight line depreciatio (attach schedule)		(D) Other deductions (attach schedule)		s
					SE	E STATEMENT 5	SEE STATEMENT 6		
(1) INTERMOUNTAIN EAST BAY, I	LC			473,154.		167,962	<u>.</u>	148,	942.
(2)							1		
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) SEE STATEMENT 7	of or a	adjusted basis illocable to nced property nschedula) EMENT 8	6.	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column	ocable deducte 6 x total of col 3(a) and 3(b))	
(1) 1,501,083.	<del></del>	4,383,485.	-	34.24%		162,008		108,	508.
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		ere and on page ine 7, column (6	
Totals				<b>▶</b>		162,008	.	108,	508.
Total dividends-received deductions inc	luded in column	18		- 1		<b></b>		·	0.
								Form <b>990-T</b> (	(20 10)

Schedule F - Interest,	Annuitie	s, Roya	lties, ar	nd Rent	s From C	ontroll	ed Organiz	zatio	<b>ns</b> (see in:	structio	ns)	
				Exempt	Controlled C	rganızatı	ons					
1. Name of controlled organizat	tion	2 Em Identifi num	cation	3 Net un (loss) (se	related income e instructions)		al of specified ments made			trolling	connec	luctions directly ited with income i column 5
(1)			·····							$\neg \dagger$		
(2)						<del></del>					<del></del>	
(3)						<b>—</b>				$\neg \uparrow$		
(4)				<del></del>		<u> </u>						
Nonexempt Controlled Organi	zations			L						I		· · · · · · · · · · · · · · · · · · ·
7. Taxable Income	T	nrelated incon	ne (loss)	Q Total	of specified pay	ments	10 Part of colu	mn 9 tha	it is included	11 0	neductions.	directly connected
, isase memo		ee instruction		0 .5	made		in the controll		nızatıon's			in column 10
(1)							<del></del>			<u> </u>		
(2)		············					<del></del>					
(3)			,	<u> </u>						<u> </u>		
(4)		·		<u> </u>							·	
(4)	<u> </u>	<del></del>	<del></del>	L	<del></del>	<del>- 1</del>	Add colun	6	d 10		\ dd aalum	o 6 and 11
							Enter here and		1, Part I,			ns 6 and 11 on page 1, Part I, olumn (B)
Totals						<b>▶</b>			0.			0.
Schedule G - Investme (see instr		me of a	Section	501(c)(	(7), (9), or	(17) Or	ganization	1				
1 Desc	ription of inco	me ,			2 Amount of	income	3 Deduction directly connected (attach scheduction)	cted	4. Set-	asides schedule)		Total deductions and set-asides col 3 plus col 4)
(1)												
(2)												
(3)												
(4)												
Totals					Enter here and Part I, line 9, co							here and on page 1, line 9, column (B)
Schedule I - Exploited	Evemnt	Activity	Incom	a Othe	r Than Δα		na Income					0.
(see instru	_	Activity	11100111	e, Otile	i illali Ac	1461 (131	ng moonie	•				
Description of exploited activity	Γ	e from		elated	4. Net incon from unrelated business (cominus colum gain, comput through	I trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	attribut	penses able to mn 5	ex 6 r	Excess exempt penses (column minus column 5, it not more than column 4)
(1)						····						
(2)	<b> </b>											
(3)										···········		
(4)						<del>-</del>						
	Enter her page 1, line 10,	, Part I col (A)	Enter her page 1 line 10,	, Part I, col (B)						•		Enter here and on page 1, Part II, line 26
Totals		0.		0.	<u> </u>							0.
Schedule J - Advertision					11 -1 -41	Daria						
Part I Income From I	Periodic	als Rep	orted o	n a Con	solidated	Basis						
1. Name of periodical		2 Gross advertising income		3 Direct	or (loss) (c		5 Circulat income		6 Reade		costs colum	cess readership (column 6 minus n 5, but not more an column 4)
(1)											L	
(2)											]	
(3)												
(4)			T.	-							1	
Totals (carry to Part II, line (5))	<b>•</b>		0.	(	0.							0.
					-						Form	990-T (2018)

Total Enter here and on page 1, Part II, line 14

Form 990-T (2018) IHC HEALTH SERVICES, INC. 94-2854057 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) 7 Excess readership costs (column 6 minus column 5, but not more than column 4) 4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7 2 Gross 3. Direct 5 Circulation 6. Readership advertising income 1. Name of periodical advertising costs costs (1) (2) (3) (4) TO WE 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 tr. Totals, Part II (lines 1-5) 0. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to business Compensation attributable to unrelated business 2. Title 1 Name (1) (2) (3)

Form 990-T (2018)

0.

%

▶

(4)

## Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	1
OMB No	1545-0687

2018

Department of the Treasury Internal Revenue Service (99)

For celendar year 2018 or other tax year beginning 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).

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

Name	of the organization  IHC HEALTH SERVICES, INC.			Employer ident	ification number 57
	Unrelated business activity code (see instructions)   446110 Describe the unrelated trade or business  PHARMACIES				
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
	Gross receipts or sales Less returns and allowances  214,554,680.  c Balance ▶	1c	214,554,680.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	214,554,680.		214,554,680.
4 a	Capital gain net income (attach Schedule D)	4a		-	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	-4,982.		-4,982.
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)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	214,549,698.		214,549,698.
	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the units of the connected with the	ons f	or limitations on deduted business income	uctions.) (Exce	ept for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14
45	Colored and waren		•		45 8 631 620

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages .	15	8,631,620.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	624,671.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	48,889.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	6,317.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 9	28	201,325,772.
29	Total deductions. Add lines 14 through 28	29	210,637,269.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	3,912,429.
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	32	3,912,429.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 000 T (0010)							ENTITI		, , , , , , , , , , , , , , , , , , ,
Form 990-T (2018) IHC HEALTH SE	RVICES INC					94-285405	7	۲	age :
Schedule A - Cost of Good			ntory v	aluation N/A					
1 Inventory at beginning of year	1		_	Inventory at end of yea	ar		6		
2 Purchases	2		7	Cost of goods sold S	ubtract	line 6			
3 Cost of labor	3			from line 5. Enter here	and in	Part I,			
4a Additional section 263A costs				line 2			7	_	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquire	for resale) apply to			
5 Total Add lines 1 through 4b	5	· · · · · · · · · · · · · · · · · · ·		the organization?					х
Schedule C - Rent Income (see instructions)	(From Real	Property an	nd Pe	rsonal Property	Leas	ed With Real Pro	perty)		
1 Description of property									
(1)									
(2)									
(3)		· · · · · · · · · · · · · · · · · · ·			_				
(4)									
(.) 5		ed or accrued				3(a) Deductions directly	connected with th	ne income in	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 509	e than	` of rent for	personal	onal property (if the percent property exceeds 50% or if ed on profit or income)		columns 2(a) an	d 2(b) (attach scho	edule)	
(1)									
(2)									
(3)		ļ		<del></del>					
(4) Total		7-4-1							
	0.	Total			0.	(b) Total deductions			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		ter			0.	Enter here and on page 1,	_		٥
Schedule E - Unrelated De		Income (see	netru	ctions)	٠.	Part I, line 6, column (B)		=	0.
ooneddie L · Omelated De	bt i manoec	i illoome (see	7	Gross income from		3. Deductions directly con to debt-finance		cable	
1. Description of debt-f	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		deductions schedule)	•
(1)			+		<b></b>			_	
(2)		·····	1		<b></b>	·		_	
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column 6 x	ble deduction total of column and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)	1			%					
						nter here and on page 1, Part I, line 7, column (A)		and on page 7, column (E	
Totals				<b>&gt;</b>	l	0	.]		٥.

Total dividends-received deductions included in column 8

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

ENTITY 3

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning , 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).

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

Name	of the organization  IHC HEALTH SERVICES, INC.			Employer iden		on number
	Inrelated business activity code (see instructions)   446199	CAL EQ	UIPMENT TO NON-PATI	ENTS		
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	s	(C) Net
	Gross receipts or sales 29,399,993.		29,399,993.			
_	Less returns and allowances c Balance	1c	25,355,553.		+	
2	Cost of goods sold (Schedule A, line 7)	3	29,399,993.			29,399,993.
3	Gross profit Subtract line 2 from line 1c	4a	25,335,333.			
4a	Capital gain net income (attach Schedule D)	4a 4b				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	46 4c				
	Capital loss deduction for trusts	40				
5	Income (loss) from a partnership or an S corporation (attach	5				
_	statement)	6				
6	Rent income (Schedule C)	7		<del></del>		
7	Unrelated debt-financed income (Schedule E)	<del>                                     </del>				<del> </del>
8	Interest, annuities, royalties, and rents from a controlled					
_	organization (Schedule F)	8			$\dashv$	
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10			$\dashv$	
11	Advertising income (Schedule J)	11 12			$\longrightarrow$	
12	Other income (See instructions, attach schedule)	13	29,399,993.			29,399,993.
13	Total. Combine lines 3 through 12					
Pai	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the	ions fo unrelat	or limitations on dedu ted business income	uctions.) (Exc :.)	ept fo	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)	·-····························			14	
15	Salaries and wages				15	4,085,260.

				T	T
14	Compensation of officers, directors, and trustees (Schedule K)			14	4 005 060
15	Salaries and wages			15	4,085,260.
16	Repairs and maintenance			16	140,416.
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	299,651.
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21	96,586	⊍	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	96,586.
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	3,350.
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)	E STA	TEMENT 10	28	26,051,325.
29	Total deductions. Add lines 14 through 28			29	30,676,588.
30	Unrelated business taxable income before net operating loss deduction. Subtract li	ne 29 f	rom line 13	30	-1,276,595.
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			32	-1,276,595.
				<del></del>	- 14 (F 000 T) 0040

LHA For Paperwork Reduction Act Notice, see instructions.

Page 3

IHC HEALTH SEE			94-285405	7				
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	ar	_	6		
2 Purchases	2		7 Cost of goods sold S	ubtract l	ine 6			
3 Cost of labor	3		from line 5 Enter here	and in F	Part I,	<u> </u>		
4a Additional section 263A costs			line 2		-	7		
(attach schedule)	4a		8 Do the rules of section	1263A (v	with respect to		Yes	No
<b>b</b> Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					х
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	per	ty)	
(see instructions)								
1 Description of property								
(1)				·				
(2)								
(3)								
(4)								
		ed or accrued		,	3(a)Deductions directl	v conne	ected with the income	a in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	tage f	columns 2(a) a	nd 2(b)	(attach schedule)	
(1)								
(2)								
(3)							· · · · · · · · · · · · · · · · · · ·	
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	ot-Financed	I Income (see	instructions)					
					3 Deductions directly control to debt-finan			
<b>.</b>			Gross income from or allocable to debt-	(a)	Straight line depreciation	1	ons	
Description of debt-fit	nanced property		financed property	`′	(attach schedule)		(b) Other deductio (attach schedule)	
7.		······		ļ				
(1)				ļ	············			
(2)				ļ		+		
(3)						+		
(4)						-	<u>-</u>	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction 6 x total of c 3(a) and 3(b))	columns
(1)			%					
(2)			%					
(3)			%			$\perp$		
(4)			%	<u> </u>				
					nter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, column	-
Totals			<b>&gt;</b>			٥.		0.
Total dividends-received deductions in	cluded in columr	18				<b>&gt;</b>	·	0.
							Form <b>990</b> -	T (2018)

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

SMATA	7
OMB No	1545-0687

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning , and ending

523000

IHC HEALTH SERVICES, INC.

Unrelated business activity code (see instructions)

► 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).

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

Employer identification number

94-2854057

	Describe the unrelated trade or business K-1 INVESTMEN	T FLO	V-THROUGH		·
Pa	rt 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			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	13,239,104.		13,239,104.
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach	1 1			
	statement)	5	-38,260,028.		-38,260,028.
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)	10			-
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	-25,020,924.		-25,020,924.
14	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the Compensation of officers, directors, and trustees (Schedule K)	unrela	ited business incom	e.)	T
15	Salaries and wages			15	
16	Repairs and maintenance			16	ļ
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return	1	22a	22b	
23	Depletion		<u> </u>	23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	Total deductions. Add lines 14 through 28			29	0.
30	Unrelated business taxable income before net operating loss dedu	iction :	Subtract line 29 from line	13 30	-25,020,924.
31	Deduction for net operating loss arising in tax years beginning on				
•	instructions)		· · ·	31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	-25,020,924.
	For Paperwork Reduction Act Notice, see instructions.			Schedu	ıle M (Form 990-T) 2018

			Unrelated Business
<u>K-1 #</u>	Part I, Line 5 - Income (Loss) from Partnerships	<u>EIN</u>	Income (Loss)
129	AEW Partners VII, LP	46-2156215	218,369
162	AEW Partners Real Estate Fund VIII, LP	81-3286462	(484,593)
227	AMP Capital Global Infrastructure Fund (Non-EU), LP	98-1222053	(29,553)
228	AMP Capital Global Infrastructure Fund II A, LP	98-1398614	(1,695,402)
137	Antero Midstream Partners, LP	46-4109058 27-4151603	(489,758) (1,722,201)
34 106	Andeavor Logistics, LP Bain Capital Middle Market Credit 2014, LP	46-2389040	55,325
201	BP Midstream Partners LP	82-1646774	(80,222)
58	Buckeye Partners, LP	23-2432497	(745,977)
6	Canaan Natural Gas Parallel Fund X, LP	26-2693114	(5,939)
125	Columbia Capital Equity Partners VI (QP), LP	47-0978685	(11,792)
3	Cross Creek Capital, LP	20-4822488	(377)
13	Cross Creek Capital Partners, LLC	26-1917867	13
15	Cross Creek Capital Partners II, LP	27-3037833	37
94	Cross Creek Capital Partners III, LP	46-3445880	(2,432)
165	Cross Creek Capital Partners IV LP	81-1341948	(2,838)
64	DCP Midstream, LP	03-0567133	(119,751)
142	Dominion Energy Midstream Partners, LP	46-5135781	(269,780)
16	EIG Energy Fund XV-A, LP	27-2688983	(169,783)
95	EIG Energy Fund XVI, LP	46-2825629	552,145
189	EnCap Energy Capital Fund XI, LP	81-4648210	(309,525)
211	EnCap Flatrock Midstream Fund IV, LP	82-2890021	(1,597,368)
48	Energy Transfer, LP (fka Energy Transfer Equity, LP)	30-0108820	(630,365)
49	Energy Transfer Partners, LP	73-1493906	(3,347,833)
182	Energy Transfer Operating, LP (fka Energy Transfer Partners, LP)	73-1493906	(1,587,516)
72	Enlink Midstream Partners, LP	16-1616605	(736,873)
44	Enterprise Products Partners, LP	76-0568219	(2,212,575)
156	EQGP Holdings, LP (fka EQT GP Holdings, LP)	30-0855134	(41,989)
69	EQM Midstream Partners, LP (fka EQT Midstream Partners, LP)	37-1661577	(1,954,223)
10	European Strategic Partners 2008 'B', LP	98-0524885	1,538
83	Garrison Middle Market Funding, LP	46-1158356	23,906
75	Genesis Energy, LP	76-0513049	(110,034)
208	Gold Holdings, LLC	61-1852444 46-2555171	(4) . 49,795
98	HealthBox Global Partners, LLC	27-1672060	(965,484)
133 169	iVinci Partners, LLC Kohlberg TE Investors VIII, LP	81-3324873	9,642
132	Leavitt Equity Partners I, LP	37-1762909	2,709
195	Leavitt Equity Partners II, LP	82-3207762	(56,126)
61	Magellan Midstream Partners, LP	73-1599053	(1,180,422)
65	MPLX, LP	27-0005456	(3,037,262)
180	Noble Midstream Partners, LP	47-3011449	(24,195)
226	P3 Health Group Holdings, LLC	82-1177304	(7,394,441)
102	Partners Group Secondary 2011 (USD), LP Inc	98-1048499	257,523
121	Partners Group Real Estate Secondary 2013 (USD) A, LP Inc	98-1158648	16,234
205	Partners Group Real Estate Secondary 2017 (USD) A, LP	81-4060468	(9,480)
8	Performance Venture Capital II, LP	26-1895337	(8,857)
11	Peterson Partners V, LP	26-2766801	(2,011)
73	Phillips 66 Partners, LP	38-3899432	(695,057)
32	Plains All American Pipeline, LP	76-0582150	(2,086,773)
5	RCP Fund V, LP	20-8440143	110,956
138	Shell Midstream Partners	46-5223743	(855,242)
107	Solamere Capital Fund II, LP	46-2502981	3,553
108	Solamere Capital Fund II-A, LP	46-2509123	6,147
204	Solamere Capital Fund III, LP	82-1677137	(14,407)
14	Solamere Founders Fund I, LP	26-2562137	331
187	Solamere Portfolio Company Investments II, LLC	46-4628417	(293)
56	Spectra Energy Partners, LP	41-2232463	(68,618)
53	Sunoco, LP	30-0740483	10,073
179	Tallgrass Energy Partners, LP	46-1972941	(27,150)
109	Triventures III Fund, LP	98-1200976	20 (44.975)
53 1	USA Compression Partners, LP	75-2771546	(44,975)
	USA Compression Partners, LP Utah Valley Medical Offices, LC	75-2771546 87-0407635	(333) 88,025
2 74	· · · · · · · · · · · · · · · · · · ·	90-1006559	(159,520)
74 70	Valero Energy Partners, LP Western Gas Equity Partners, LP	46-0967367	(134,028)
67	Western Gas Partners, LP	26-1075808	(2,765,963)
57	Williams Partners, LP	20-2485124	(1,777,029)
٠,		-	

Total K-1 Unrelated Business Income (Loss)

(38,260,028)

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

SNTITY	6
OMB No	1545-0687

2018

Department of the Treasury Internal Revenue Service (99) Name of the organization For calendar year 2018 or other tax year beginning \_\_\_\_\_\_\_, 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)

IHC HEALTH SERVICES, INC.

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

Employer identification number 94-2854057

	Unrelated business activity code (see instructions)   480000 Describe the unrelated trade or business  COURIER		<del></del>			
	Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales 631,580.	<u> </u>				1
b	Less returns and allowances c Balance	1c	631,580.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	631,580.			631,580.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
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	631,580.			631,580.
	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the connected wit	ions f unrela	for limitations on de ated business incon	ductions.) (Exc ne.)	· ·	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	384,709.
15	Salaries and wages				16	301,703.
16	Repairs and maintenance				17	
17	Bad debts				18	
18	Interest (attach schedule) (see instructions)				19	27,631.
19	Taxes and licenses				20	27,031.
20	Charitable contributions (See instructions for limitation rules)		1 04 1	180.	20	
21	Depreciation (attach Form 4562)		21 22a	100.	22b	180.
22	Less depreciation claimed on Schedule A and elsewhere on return		ZZa		23	100.
23	Depletion				24	
24	Contributions to deferred compensation plans				25	345.
25	Employee benefit programs				<u> </u>	343.

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Unrelated business taxable income Subtract line 31 from line 30

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

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

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Schedule M (Form 990-T) 2018

291,243.

704,108.

-72,528.

-72,528.

26 27

28

30

26

27

30

SEE STATEMENT 11

instructions)

orm 990-T (2018)					94-285405	7	ŀ	Page 3
IHC HEALTH SE			ntory valuation N/A		94-265405	<u></u>		
		metriod of inver			· · · · · · · · · · · · · · · · · · ·	6		
1 Inventory at beginning of year			6 Inventory at end of year		.no.6			
2 Purchases	2	<del> </del>	7 Cost of goods sold Su					
3 Cost of labor	3		from line 5. Enter here	ano in i	arti,	7		
4a Additional section 263A costs			line 2	00044	L		Yes	No
(attach schedule)	4a		8 Do the rules of section		· ·		163	No
<b>b</b> Other costs (attach schedule)	4b		property produced or a	cquired	for resale) apply to			
5 Total Add lines 1 through 4b	5 5	D	the organization?		- d Midh Dool Due		لــــــــــــــــــــــــــــــــــــــ	х
Schedule C - Rent Income (see instructions)	(From Real	Property and	a Personal Property	Leas	ed with Real Pro	perty)		
Description of property								
(1)		<del></del>			· · · · · · · · · · · · · · · · · · ·			
(2)								
(3)	·····		···					
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the perent for personal property is more 10% but not more than 50%	e than	of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ige	3(a) Deductions directly columns 2(a) an	connected with the digital of 2(b) (attach sche		п
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		٥.				
c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter -		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		٥.
Schedule E - Unrelated Del		Income (see	instructions)			·		
		,			3 Deductions directly con		able	
			Gross income from     or allocable to debt-	(2)	to debt-financ	<del> </del>	(b) Other deductions	
1. Description of debt-fi	nanced property		financed property	(4)	(attach schedule)		schedule)	
(1)								
(2)								
(3)								
(4)						<u> </u>		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ole deducti total of col and 3(b))	
(1)			%					
(2)			%					
(3)			%			T		
(4)			%					
					nter here and on page 1, Part I, fine 7, column (A)	Enter here a Part I, line 7		
Totals			▶		0			0.
Total dividends-received deductions in	cluded in column	n 8	- 1			i ·		0.

FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 11
DESCRIPTION			AMOUNT
GUDDI TEG			15.050
SUPPLIES			15,656. 9,713.
TELEPHONE TRAVEL			192.
RENT			73,524.
MISCELLANEOUS			344.
OUTSIDE SERVICES			3,577.
UTILITIES			8.
FREIGHT			83,985.
INDIRECT EXPENSES			104,244.
TOTAL TO SCHEDULE M, PAR	RT II, LINE 28		291,243.

## Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	,
OMB No	1545-0687

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning \_\_\_\_\_ and ending

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

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

Interna	Do not enter SSN numbers on this form as it	t may b	e made public if your organiz	eation is a 501(c)(3).	501(c)(3) Organizations Only
Name	e of the organization  IHC HEALTH SERVICES, INC.			Employer identificate 94-2854057	tion number
$\overline{}$	Unrelated business activity code (see instructions)   621910				
	Describe the unrelated trade or business AIR AMBULANCE				
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 742,019.				*
b		1c	742,019.		<b>3</b>
2	Cost of goods sold (Schedule A, line 7)	2			, ,
3	Gross profit Subtract line 2 from line 1c	3	742,019.		742,019
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
¢	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)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12	540.040		740.010
13	Total. Combine lines 3 through 12	13	742,019.		742,019
	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the Compensation of officers, directors, and trustees (Schedule K)				Tor contributions,
14 15	Salaries and wages			15	50,205
16	Repairs and maintenance			16	,
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return	1	22a	22b	
23	Depletion		<del></del>	23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)		SEE STATEMENT 1	L2 <b>28</b>	596,726
29	Total deductions. Add lines 14 through 28			29	646,931
30	Unrelated business taxable income before net operating loss dedu	iction	Subtract line 29 from line 1	<b>30</b>	95,088
31	Deduction for net operating loss arising in tax years beginning on o				
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	95,088
	The state of the s			0-14	In M /Form 000 T) 201

LHA For Paperwork Reduction Act Notice, see instructions.

IHC HEALTH SE	RVICES, INC.				94-285405	7
Schedule A - Cost of Good	s Sold. Enter	method of inve	entory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold S	ubtract I	ine 6	
3 Cost of labor	3		from line 5. Enter here	Part I,		
4a Additional section 263A costs			line 2		7	
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to	Yes No
<b>b</b> Other costs (attach schedule)	4b		property produced or	acquired	l for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?		·	x
Schedule C - Rent Income (see instructions)	(From Real	Property ar	nd Personal Property	Lease	ed With Real Pro	pperty)
1. Description of property						
(1)			<del></del> ;			
(2)		······································				
(3)						· · · · · · · · · · · · · · · · · · ·
(4)						
	2 Rent receiv	ed or accrued				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	il and personal property (if the percent r personal property exceeds 50% or if ent is based on profit or income)	tage f	columns 2(a) a	y connected with the income in nd 2(b) (attach schedule)
(1)						
(2)		·				
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns		ter			(b) Total deductions Enter here and on page 1,	
here and on page 1, Part I, line 6, column		<b>&gt;</b>		0.	Part I, line 6, column (B)	<b>)</b>
Schedule E - Unrelated Del	ot-Financec	l Income (se	e instructions)			
			2. Gross income from		3 Deductions directly cor to debt-finance	nected with or allocable ced property
1 Description of debt-fi	nanced property		or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions
- Description of debt-in	manced property		financed property		(attach schedule)	(attach schedule)
				ļ		
(1)		<del> </del>		ļ		
(2)				<del>                                     </del>		
(3)						
(4)	<b>/</b>			-		
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis illocable to nced property is schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%	ļ		
(3)			%	ļ		
(4)			%			
		<del></del>			nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			<b>•</b>			
Total dividends-received deductions in	cluded in column	18			<b>&gt;</b>	
						Form <b>990-T</b> (2018)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 12
DESCRIPTION		AMOUNT
MISCELLANEOUS INDIRECT EXPENSES		436,828. 159,898.
TOTAL TO SCHEDULE M, PART II,	LINE 28	596,726.

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

211111	
OMB No	1545-068

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning , 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).

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

Name of the organization IHC HEALTH SERVICES, INC.		Employer identification number   94-2854057			
Unrelated business activity code (see instructions) 541610					······································
Describe the unrelated trade or business  MANAGEMENT FEI	2	<del></del>			
					(0) 11 1
Part I Unrelated Trade or Business Income		(A) Income	(B) Expen	ses	(C) Net
1a Gross receipts or sales 274,904.					
b Less returns and allowances c Balance	1c	274,904.		ļ	
	2				
	3	274,904.			274,904.
•	4a	2,2,243.			
4a Capital gain net income (attach Schedule D)	4b			<del></del>	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4c				
c Capital loss deduction for trusts	+				
5 Income (loss) from a partnership or an S corporation (attach	_				
statement)	6				
6 Rent income (Schedule C)	7				
7 Unrelated debt-financed income (Schedule E)	<del>                                     </del>				
8 Interest, annuities, royalties, and rents from a controlled					
organization (Schedule F)	8				
9 Investment income of a section 501(c)(7), (9), or (17)					
organization (Schedule G)	9				
10 Exploited exempt activity income (Schedule I)	10				<del></del>
11 Advertising income (Schedule J)	11				
12 Other income (See instructions, attach schedule)	12	274,904.			274,904,
13 Total. Combine lines 3 through 12	13	<del></del>			
Part II Deductions Not Taken Elsewhere (See Instruct	ions fo	r limitations on dec	luctions.) (E	Except for o	contributions,
deductions must be directly connected with the	unrelat	ed business incom-	e)		
14 Compensation of officers, directors, and trustees (Schedule K)				14	
				15	
<ul><li>15 Salaries and wages</li><li>16 Repairs and maintenance</li></ul>				16	
•				17	
· · · · · · · · · · · · · · · · · · ·				18	
<ul> <li>18 Interest (attach schedule) (see instructions)</li> <li>19 Taxes and licenses</li> </ul>				19	
				20	
•		21			
21 Depreciation (attach Form 4562)		22a			
22 Less depreciation claimed on Schedule A and elsewhere on return		220		23	
23 Depletion				24	
24 Contributions to deferred compensation plans				<del></del>	
25 Employee benefit programs				25	<u>.</u>
26 Excess exempt expenses (Schedule I)				27	
27 Excess readership costs (Schedule J)		SEE STATEMENT	13	28	216,141.
Other deductions (attach schedule)		OPP DIVIDUDAT		29	216,141.
29 Total deductions. Add lines 14 through 28		ubtract line 00 from tra-	10		58,763.
Unrelated business taxable income before net operating loss dedu			13	30	30,703.
31 Deduction for net operating loss arising in tax years beginning on	or arter J	anuary 1, 2018 (see			
instructions)				31	58,763.
32 Unrelated business taxable income Subtract line 31 from line 30			· · · · · · · · · · · · · · · · · · ·		(Form 990-T) 2018

823741 01-28-19

IHC HEALTH SE	RVICES INC				94-2854057	raye
Schedule A - Cost of Good			ntory valuation N/A		· · · · · · · · · · · · · · · · · · ·	<del></del>
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold. Si	ubtract l	line 6	
3 Cost of labor	3		from line 5. Enter here	and in f	Part I,	
4a Additional section 263A costs			line 2		L	7
(attach schedule)	4a		8 Do the rules of section	263A (	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	d for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			х
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Prop	perty)
Description of property						
(1)		<del></del>	<del></del>			
(2)		·				
(3)						
(4)						
	2 Rent receiv	ed or accrued			0/0)0-1-1-1-1	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)		1				
(2)						
(3)						
(4)	•					
Total	0.	Total		0.		
c) Total income. Add totals of columns		nter			(b) Total deductions Enter here and on page 1,	
nere and on page 1, Part I, line 6, column		<b></b>		0.	Part I, line 6, column (B)	0.
Schedule E - Unrelated Del	ot-Finance	l Income (see	instructions)			
			2 Gross income from		3 Deductions directly conn to debt-finance	ected with or allocable of property
1 Description of debt-fil	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)			<del></del>	·····		
(3)						
(4)						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	a adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		<del> </del>	%			
(2)			%			
(3)			%			
(4)			%			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0.	.l o.
Total dividends-received deductions in	icluded in columi	1 8		-		0.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 13
DESCRIPTION		AMOUNT
MISCELLANEOUS		216,141.
TOTAL TO SCHEDULE M, PART	II, LINE 28	216,141.

## Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY

2018

For calendar year 2018 or other tax year beginning , and ending

Depart Interna	i).	Open to Public Inspection for 501(c)(3) Organizations Only					
Name	e of the organization  IHC HEALTH SER	VICES, INC.			Employer ident		on number
$\overline{}$	Unrelated business activity code (see ins	tructions) > 531120					1
	Describe the unrelated trade or business		ELAT	ED HOSPITAL			
Pa	rt I Unrelated Trade or Busin	ess Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales	291,800.	$\neg$				,
b			1c	291,800.			
2	Cost of goods sold (Schedule A, line 7)	·	2				
3	Gross profit Subtract line 2 from line 1	f	3	291,800.			291,800.
4 a	Capital gain net income (attach Schedi	ıle D)	la				
	Net gain (loss) (Form 4797, Part II, line	·	ŧь				
	Capital loss deduction for trusts	· ·	łc				
5	Income (loss) from a partnership or an	S corporation (attach					
	statement)		5				
6	Rent income (Schedule C)	(	6				
7	Unrelated debt-financed income (Sche	dule E)	7				
8	Interest, annuities, royalties, and rents	from a controlled					
	organization (Schedule F)	<u>                                     </u>	8				
9	Investment income of a section 501(c)(	7), (9), or (17)					
	organization (Schedule G)	<u>  '</u>	9				
10	Exploited exempt activity income (Sche	edule I) 1	10				
11	Advertising income (Schedule J)		11				
12	Other income (See instructions, attach	· · · · · · /	12				201 000
<u>13</u>	Total. Combine lines 3 through 12		13	291,800.			291,800.
Pa	rt II Deductions Not Taken Els deductions must be directl	sewhere (See instruction y connected with the uni	ns fo rela	or limitations on dec ted business incom	ductions.) (Exce e )		or contributions,
14	Compensation of officers, directors, an	d trustees (Schedule K)			-	14	
15	Salanes and wages				_	15	
16	Repairs and maintenance				-	16	
17	Bad debts	,			-	17	
18	Interest (attach schedule) (see instructi	ons)			-	18 19	
19	Taxes and licenses	f (			-	20	
20	Charitable contributions (See instruction Depreciation (attach Form 4562)	ins for limitation rules)		21	-	20	
21 22	Less depreciation claimed on Schedule	A and alcowhere on return		22a	·	22b	
23	Depletion	A and eisewhere of fetuni		220		23	
24	Contributions to deferred compensation	n nlans				24	
25	Employee benefit programs	··· piano				25	
26	Excess exempt expenses (Schedule I)				F	26	
27	Excess readership costs (Schedule J)					27	
28	Other deductions (attach schedule)			SEE STATEMENT	14	28	252,822.
29	Total deductions. Add lines 14 through	h 28			Ī	29	252,822.
30	Unrelated business taxable income bef		on S	Subtract line 29 from line	<sub>: 13</sub>	30	38,978.
31	Deduction for net operating loss arising				ľ		
	instructions)	. •		•		31	
32	Unrelated business taxable income Su	btract line 31 from line 30			<u></u>	32	38,978.

LHA For Paperwork Reduction Act Notice, see instructions.

Dana	

IHC HEALTH SE	RVICES, INC				94-2854057	rage c
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ìr		6
2 Purchases	2		7 Cost of goods sold Su	ubtract I	line 6	
3 Cost of labor	3		from line 5. Enter here	and in I	Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	263A (	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	
5 Total Add lines 1 through 4b	5	<del></del>	the organization?	·		X
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Leas	ed With Real Prop	erty)
(see instructions)	•					
Description of property						
(1)						
(2)						
(3)						
(4)						
	2 Rent receiv	red or accrued			0/0)5-1-1-1-1	
(a) From personal property (if the personal property is mor 10% but not more than 50%	e than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	columns 2(a) and	onnected with the income in 2(b) (attach schedule)
(1)						
(2)			··			
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		nter		0.	(b) Total deductions Enter here and on page 1, Part I line 6, column (B)	<b>o</b> .
Schedule E - Unrelated De		Income (see	instructions)			· · · · · · · · · · · · · · · · · · ·
			2 0		3 Deductions directly conne	
4			2 Gross income from or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions
1 Description of debt-fi	inanced property		financed property	`´	(attach schedule)	(attach schedule)
(1)						
(2)	,					
(3)						
(4)						
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or debt-fine	e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	†		%			
(2)	† · · · · ·		%			
(3)	<u> </u>		%			
(4)	1		%			
V.					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			▶		0.	0.
Total dividends-received deductions in	actuded in column	n 8		1	<b>b</b>	0.
TOTAL GITTAGINGS TOUGHTCO GCGGGUIONS II	.c.adou in coldini					5

FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 1
DESCRIPTION			AMOUNT
SUPPLIES			14,065
PHARMACEUTICALS MISCELLANEOUS			12,985 96,412
OUTSIDE SERVICES			128,843
UTILITIES			517
TOTAL TO SCHEDULE M, PART	II, LINE 28		252,822

## Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	10
OMB No	1545-0687

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning \_\_\_\_\_\_, 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)

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

INATTIE	IHC HEALTH SERVICES, INC.			94-2854057	
	Inrelated business activity code (see instructions) 624100				
	Describe the unrelated trade or business DIETARY CONSU	LTING	<del></del>		
	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 6,973.				7.
b	Less returns and allowances c Balance	1c	6,973.		Tiki Tip
2	Cost of goods sold (Schedule A, line 7)	2			ч
3	Gross profit Subtract line 2 from line 1c	3	6,973.		6,973.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5	1		<u> </u>
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)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	6,973.		6,973.
Pa	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the i	ons founced	er limitations on ded led business incom	e.)	
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages .			15	
16	Repairs and maintenance .			16	<del>                                       </del>
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	380.
20	Charitable contributions (See instructions for limitation rules)		1 1	20	<u> </u>
21	Depreciation (attach Form 4562)		21	<del></del>	-
22	Less depreciation claimed on Schedule A and elsewhere on return	l	22a	22t	· · · · · · · · · · · · · · · · · · ·
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)		455 451 MANUALIM	15	100
28	Other deductions (attach schedule)		SEE STATEMENT		
29	Total deductions. Add lines 14 through 28			29	
30	Unrelated business taxable income before net operating loss dedu			13 30	/12.
31	Deduction for net operating loss arising in tax years beginning on o	or after .	January 1, 2018 (see		-
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			. 32	/12.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)							1	ENTITY	10 Page
IHC HEALTH SEF	RVICES INC					94-285405	57		raye
Schedule A - Cost of Good			tory v	valuation ► N/A		3- 30033			
1 Inventory at beginning of year	1 1			Inventory at end of year	ar		6		··
2 Purchases	2		<b>−</b> 1	Cost of goods sold Si		ine 6			
3 Cost of labor	3		1 '	from line 5. Enter here					
4 a Additional section 263A costs	<del>                                     </del>		1	line 2		•	7		
(attach schedule)	4a		8		263A (1	with respect to			Yes No
b Other costs (attach schedule)	4b	<del> </del>	7	property produced or a	•	•			
5 Total Add lines 1 through 4b	5		1	the organization?	•	,			х
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	perty	y)	
(see instructions)	•			, ,					
1. Description of property									
(1)									
(2)				<del> </del>					
(3)								_	
(4)						<u> </u>		_	
		ed or accrued				3(a)Deductions directl	v connect	ted with the i	ncome in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	persona	sonal property (if the percent I property exceeds 50% or if sed on profit or income)	age	columns 2(a) a			
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns 2	2(a) and 2(b). En	iter				(b) Total deductions Enter here and on page 1,			
here and on page 1, Part I, line 6, column		<u> </u>			0.	Part I, line 6, column (B)	<b></b>		0.
Schedule E - Unrelated Deb	t-Financed	l Income (see	ınstru	ictions)					
			Ι.	2. Gross income from		3 Deductions directly cor to debt-finan			ole
1 Description of debt-fin			'	or allocable to debt-	(a)	Straight line depreciation	1	(b) Other de	ductions
• Description of dept-in	anced property			financed property		(attach schedule)	1	(attach sch	hedule)
(1)			╁			<u>.</u>	+		
(2)		<del> </del>							
(3)		······································							
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)		6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(0	8 Allocable column 6 x to 3(a) an	tal of columns
(1)			1	%		· · · · · · · · ·			
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1,		nter here and	

Totals

Total dividends-received deductions included in column 8

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT	15
DESCRIPTION		AMOUNT	
MISCELLANEOUS			103.
TOTAL TO SCHEDULE M, PART	II, LINE 28		103.

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

ENTITY 11

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning 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).

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

Employer identification number Name of the organization 94-2854057 IHC HEALTH SERVICES, INC. 812300 Unrelated business activity code (see instructions) Describe the unrelated trade or business (B) Expenses (C) Net Part II Unrelated Trade or Business Income (A) Income 2,827,067 1a Gross receipts or sales b Less returns and allowances c Balance 2,827,067 2 2 Cost of goods sold (Schedule A, line 7) 2,827,067. 2,827,067. Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a 4b b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 11 Advertising income (Schedule J) Other income (See instructions, attach schedule) 12 2,827,067. 2,827,067. Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	1,215,917.
16	Repairs and maintenance			16	59,395.
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	86,619.
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21	105,167.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	105,167.
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	1,052.
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)	STA!	TEMENT 16	28	1,173,024.
29	Total deductions. Add lines 14 through 28			29	2,641,174.
30	Unrelated business taxable income before net operating loss deduction. Subtract lin	e 29 fi	rom line 13	30	185,893.
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			32	185,893.

LHA For Paperwork Reduction Act Notice, see instructions.

						ENTITY	11
Form 990-T (2018)						_	Page
Schedule A - Cost of Good					94-285405	7	
~ <del></del>	· · · · · · · · · · · · · · · · · · ·	r method of inver			······		
1 Inventory at beginning of year			6 Inventory at end of y		l-a C	6	
2 Purchases	2		7 Cost of goods sold				
3 Cost of labor	3		from line 5. Enter he	Parti,	7		
4a Additional section 263A costs			line 2		Yes No		
(attach schedule)	4a		8 Do the rules of secti				Yes No
b Other costs (attach schedule)	4b		<b></b>	or acquire	d for resale) apply to		- <u>-</u> -
5 Total Add lines 1 through 4b Schedule C - Rent Income	5	Dronorty	the organization?	l.o.o.o	ad With Dool Dra	norty)	X
(see instructions)	(From Real	Property an	d Personal Propert	y Leas	ed with Real Pro	perty)	
Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receiv	ved or accrued			0/->5		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for	and personal property (if the perce personal property exceeds 50% o nt is based on profit or income)	entage or if	3(a) Deductions directly columns 2(a) ai	y connected with the i nd 2(b) (attach schedu	
(1)		†	·············				
(2)		† <u> </u>					
(3)		<del></del>				<del> </del>	
(4)				***			
Total	0.	Total		٥.			
(c) Total income Add totals of columns	2(a) and 2(b). Er	nter			(b) Total deductions		
here and on page 1, Part I, line 6, column		<b>&gt;</b>		0.	Enter here and on page 1, Part I, line 6, column (8)	<b>&gt;</b>	0
Schedule E - Unrelated Deb	t-Finance	i Income (see	instructions)		· · · · · · · · · · · · · · · · · · ·		
			2. Gross income from		3 Deductions directly cor to debt-finance		ble
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other de (attach sci	
(1)	<u></u>			+-			
(2)				<del></del>			
(3)					· · · · · · · · · · · · · · · · · · ·		
(4)				<u>†</u>			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	a adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x to 3(a) an	tal of columns
(1)		* *****	%				
(2)			%				
(3)			%				
(4)			%				
					nter here and on page 1,	Enter here and	

Totals

Total dividends-received deductions included in column 8

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 16
DESCRIPTION		AMOUNT
SUPPLIES		361,812.
TRAVEL		1,459.
RENT		28,203.
MISCELLANEOUS		42,586.
OUTSIDE SERVICES		127,966.
UTILITIES		132,354.
POSTAGE AND PRINTING		29.
FREIGHT		230.
INDIRECT EXPENSES		478,385.
TOTAL TO SCHEDULE M, PART II,	LINE 28	1,173,024.

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

ENTITY	12
OMB No	1545-0687

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning , 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).

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

Name of the organization IHC HEALTH SERVICES, INC.			Employer identifica 94-2854057	tion number
Unrelated business activity code (see instructions) > 5193	100			
Describe the unrelated trade or business SALES TRAG	CINGS			
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 730,700.				
b Less returns and allowances c Balance	:e <b>▶ 1c</b>	730,700.		
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit Subtract line 2 from line 1c	3	730,700.		730,700
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797	) <b>4b</b>			
c 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)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions, attach schedule)	12			
13 Total. Combine lines 3 through 12	13	730,700.	. <u></u>	730,700
Part II Deductions Not Taken Elsewhere (See Inst deductions must be directly connected with	the unrelat			for contributions,
14 Compensation of officers, directors, and trustees (Schedule H	<b>'</b> )		15	1,980
15 Salaries and wages	•		16	
16 Repairs and maintenance 17 Bad debts			17	
			18	
18 Interest (attach schedule) (see instructions)			19	
Taxes and licenses			20	
Charitable contributions (See instructions for limitation rules)		21	20	
21 Depreciation (attach Form 4562)	roturn	21 22a		
Less depreciation claimed on Schedule A and elsewhere on r	eturn	[ 228 ]	23	
23 Depletion		•	23	
Contributions to deferred compensation plans			25	
25 Employee benefit programs			25	
26 Excess exempt expenses (Schedule I)			27	
27 Excess readership costs (Schedule J)			28	
28 Other deductions (attach schedule)			20	1 980

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

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

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

Schedule M (Form 990-T) 2018

30

32

728,720.

728,720.

instructions)

-Orm 990-1 (2016) IHC HEALTH SEI	RVICES INC.			94-2	854057	raye 3
Schedule A - Cost of Good		method of inver	ntory valuation N/A	<del>, , , , , , , , , , , , , , , , , , , </del>		
1 Inventory at beginning of year	1 1		6 Inventory at end of yea	r		6
2 Purchases	2		7 Cost of goods sold Su	btract line 6		
3 Cost of labor	3		from line 5. Enter here	and in Part I,		
4 a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	<b></b>	Yes No
b Other costs (attach schedule)	4b		<del></del>	cquired for resale) apply	to to	
5 Total Add lines 1 through 4b	5		the organization?	, , , , , , , , , , , , , , , , , , , ,		x
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Leased With Rea	al Prop	erty)
(see instructions)	•					
1 Description of property						
(1)			· · · · · · · · · · · · · · · · · · ·			
(2)						
(3)				·.		
(4)						
		d or accrued		3(a) Deduction	ne dimentily co	onnected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` 'of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)			2(b) (attach schedule)
(1)						
(2)						
(3)				i		
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er •		(b) Total deduction  Enter here and on Part I, line 6, column	page 1,	• 0.
Schedule E - Unrelated Deb	bt-Financed	Income (see	instructions)			
				3 Deductions di	rectly conne	ected with or allocable
4			Gross income from or allocable to debt-	(a) Straight line depred		(b) Other deductions
1 Description of debt-fit	nanced property		financed property	(attach schedule		(attach schedule)
				· · · · · · · · · · · · · · · · · · ·		
(1)	·····-					
(2)						
(3)						
(4)						- <u>-</u>
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finar	adjusted basis locable to iced property schedule)	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	1	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	ĺ		%			
(2)			%			
(3)			%			
(4)			%			
				Enter here and on pag Part I, line 7, column		Enter here and on page 1, Part I, line 7, column (B)
Totals			<b>▶</b>		٥.	0.
Total dividends-received deductions in	icluded in column	8	- 1		<b>■</b>	0.
						Form 990-T (2018)

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

ENTITY 13 OMB No 1545-0687

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

Open to Public Inspection for 501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of the organization IHC HEALTH SERVICES, INC.	1	Employer identification number 94-2854057			
Unrelated business activity code (see instructions) 53200	00				
Officiated business activity code (see instructions)		 D ENTITIES & PERS	ONAL PROPERTY		
Part I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a Gross receipts or sales 92,307.			ž		
b Less returns and allowances c Balance	1c	92,307.	ii i		
2 Cost of goods sold (Schedule A, line 7)	2		ĭ .		. 1
3 Gross profit Subtract line 2 from line 1c	3	92,307.	Į		92,307.
4 a Capital gain net income (attach Schedule D)	4a		š.		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		<b>y</b>		
c Capital loss deduction for trusts	4c		é.		
5 Income (loss) from a partnership or an S corporation (attach			ì		
statement)	5		, <sup>7</sup>		
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)	10		<del> </del>		
11 Advertising income (Schedule J)	11				
12 Other income (See instructions, attach schedule)	12	92,307,			
13 Total. Combine lines 3 through 12	<u> </u>	92,307.			
Part II Deductions Not Taken Elsewhere (See instrudeductions must be directly connected with the	uctions fo ne unrelat	r limitations on de ed business incor	ductions ) (Exc ne )	cept for o	contributions,
14 Compensation of officers, directors, and trustees (Schedule K)				14	
15 Salaries and wages				15	
16 Repairs and maintenance				16	2,000.
17 Bad debts				17	
18 Interest (attach schedule) (see instructions)				18	· · · · · · · · · · · · · · · · · · ·
19 Taxes and licenses				19	
20 Charitable contributions (See instructions for limitation rules)		21	20 225	20	
21 Depreciation (attach Form 4562)	39,335.		20 225		
22 Less depreciation claimed on Schedule A and elsewhere on re	turn	22a		22b	39,335.
23 Depletion				23	
24 Contributions to deferred compensation plans	24				
25 Employee benefit programs	25				
26 Excess exempt expenses (Schedule I)	26				
27 Excess readership costs (Schedule J)	27				
Other deductions (attach schedule)		28	41,335.		
29 Total deductions. Add lines 14 through 28		uhtun at luna 00 funan lun	- 10	<del></del>	50,972.
Unrelated business taxable income before net operating loss of			e 13	30	30,312.
31 Deduction for net operating loss arising in tax years beginning	on or aπer .	January 1, 2018 (see		31	· · · · · · · · · · · · · · · · · · ·
instructions)	20			32	50,972.
32 Unrelated business taxable income Subtract line 31 from line 3  LHA For Paperwork Reduction Act Notice, see instructions.	30		9/		(Form 990-T) 2018
LITA FOI FADELWOIK NEULCHOIT MULTUUCC, SEE IIISU UULUUIS.				<del></del>	

-orm 990-1 (2018) IHC HEALTH SEI	RVICES INC				94-2854057	Page 3		
Schedule A - Cost of Good		method of inve	ntory valuation N/A					
1 Inventory at beginning of year	111		6 Inventory at end of year	ar		6		
2 Purchases	2		7 Cost of goods sold S	ubtract l	ine 6			
3 Cost of labor	3		from line 5. Enter here		d in Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	1 263A (\	vith respect to	Yes No		
<b>b</b> Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?			Х		
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Prop	erty)		
1. Description of property								
(1)								
(2)								
(3)						·		
(4)			<del></del>					
7-15	2. Rent receive					onnected with the income in		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` of rent for	and personal property (if the percent personal property exceeds 50% or if int is based on profit or income)	tage f	columns 2(a) and	2(b) (attach schedule)		
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.	[			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		er <b>&gt;</b>		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>.</b> 0.		
Schedule E - Unrelated Deb	ot-Financed	Income (see	nstructions)					
			2 Gross income from		3 Deductions directly conne to debt-financed			
1 Description of debt-fit			or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions		
· Description of descrip	nanced property		financed property		(attach schedule)	(attach schedule)		
(1)								
(2)								
(3)								
(4)								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or all debt-finan	adjusted basis locable to ced property schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, art I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals			<b>•</b>		0.	0.		
Total dividends-received deductions in	cluded in column	8				0.		
				· ·		Form 990-T (2018)		

## Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY 14

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service (99)

Name of the organization For calendar year 2018 or other tax year beginning . and ending

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

IHC HEALTH SERVICES, INC.

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

Employer identification number 94-2854057

	Inrelated business activity code (see instructions)	T A CATO	 STIC LABORATORIES 1	O NON-DATTENT	rc	
	COOTION (II) Officiated (II) Official (II)	LAGNO	STIC LABORATORIES 1			
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales 12,080,207.					
	Less returns and allowances c Balance	1c	12,080,207.			
2	Cost of goods sold (Schedule A, line 7)	2			+	
3	Gross profit Subtract line 2 from line 1c	3	12,080,207.			12,080,207.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	-10,537.			-10,537.
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)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12 13	12,069,670.			
13	Total. Combine lines 3 through 12	<del></del>		12,069,670.		
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the	unrela	ated business incom	ie)		,
14	Compensation of officers, directors, and trustees (Schedule K)				14	4,719,779.
15	Salaries and wages				15	213,573.
16	Repairs and maintenance				16	213,373.
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	337,408.
19	Taxes and licenses				20	337,400.
20	Charitable contributions (See instructions for limitation rules)		1 04 1	400,741.	20	
21	Depreciation (attach Form 4562)		21 22a	100,711.	22b	400,741.
22	Less depreciation claimed on Schedule A and elsewhere on return	l	224		23	
23	Depletion Contributions to deferred compensation plans				24	311,649.
24	·		25	995,449.		
25	Employee benefit programs  Excess exempt expenses (Schedule I)		26			
26 27	Excess readership costs (Schedule J)				27	
27 28	Other deductions (attach schedule)	17	28	5,679,504.		
	Total deductions. Add lines 14 through 28	•	29	12,658,103.		
29 30	Unrelated business taxable income before net operating loss dedu	iction	Subtract line 29 from line	13	30	-588,433.
31	Deduction for net operating loss arising in tax years beginning on a				<del>                                     </del>	,
31	instructions)	J. 41161	. Sandary 1, 2010 (306		31	
32	Unrelated business taxable income Subtract line 31 from line 30				32	-588,433.
LHA				So		/I (Form 990-T) 2018

Form 990-T (2018) IHC HEALTH SEF	RVICES INC				94-2854057	Page 3
Schedule A - Cost of Good		method of inver	ntory valuation N/A	-	2, 000.100.	
Inventory at beginning of year	1	netriod of inver	6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold S		ne 6	<u> </u>
3 Cost of labor	3		from line 5. Enter here		1	
4a Additional section 263A costs	-		line 2	and mi	airi,  -	7
	40		8 Do the rules of section	2624 (	with respect to	Yes No
(attach schedule)	4a 4b		property produced or	•	•	100   110
b Other costs (attach schedule)	5	· · · · · · · · · · · · · · · · · · ·	the organization?	acquireu	ioi resale) apply to	<del> </del> -
5 Total Add lines 1 through 4b Schedule C - Rent Income		Property an		Lagge	d With Real Prop	
(see instructions)	(i i oiii rieai i	rioperty an	d reisonari roperty	Lease	sa with hear rop	
Description of property						
(1)					····· <del>·</del>	
(2)						
(3)						
(4)						
	<ol><li>Rent receive</li></ol>	d or accrued			2(0)0-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than !	` of rent for	and personal property (if the percent personal property exceeds 50% or it nt is based on profit or income)	tage f	columns 2(a) and	onnected with the income in 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income Add totals of columns there and on page 1, Part I, line 6, column	1 (A)	<b>&gt;</b>		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>0.</b>
Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)			
			2. Gross income from		3 Deductions directly conne to debt-financed	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				····		
(2)						
(3)						
(4)				1		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or al debt-finan	adjusted basis locable to ced property schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
					nter here and on page 1, art I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			<b>•</b>		0.	0.
Total dividends-received deductions in	cluded in column	8			<b>&gt;</b>	0.
					<u> </u>	Form 990-T (2018)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 17
DESCRIPTION		AMOUNT
SUPPLIES		3,090,564.
TELEPHONE		2,798.
RENT		51,979.
MISCELLANEOUS		305,283.
OUTSIDE SERVICES		1,623,081.
UTILITIES		43,480.
POSTAGE AND PRINTING		5,397.
INDIRECT EXPENSES		556,922.
TOTAL TO SCHEDULE M, PART	II, LINE 28	5,679,504.

# SCHEDULE M (Form 990-T)

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

SNTITY	15
OMB No	1545-0687

2018

Department of the Treasury Internal Revenue Service (99)

For calendar year 2018 or other tax year beginning \_\_\_\_\_\_, 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).

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

Employer identification number Name of the organization 94-2854057 IHC HEALTH SERVICES, INC. Unrelated business activity code (see instructions) MENTAL HEALTH INTEGRATION Describe the unrelated trade or business (C) Net Part I Unrelated Trade or Business Income (A) income (B) Expenses 68 887. 1a Gross receipts or sales 68,887 b Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 2 68,887. 68,887. 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) 11 11 Advertising income (Schedule J) Other income (See instructions, attach schedule) 12 12 68,887. 68,887. Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 47,420. 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 22h Less depreciation claimed on Schedule A and elsewhere on return 22

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Employee benefit programs

Schedule M (Form 990-T) 2018

47,420.

21,467.

21 467.

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Depletion

instructions)

Form 990-1 (2018) IHC HEALTH SE	RVICES INC				94-2854057	Page 3
Schedule A - Cost of Good			ntory valuation N/A			······································
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold Si	ubtract I	ine 6	
3 Cost of labor	3		from line 5. Enter here			
4a Additional section 263A costs			line 2		, j	7
(attach schedule)	4a		8 Do the rules of section	263A (	with respect to	Yes No
<b>b</b> Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?		,,	X
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Prop	perty)
1. Description of property						
(1)		· · · · · · · · · · · · · · · · · · ·	<u>.</u>			
(2)						
(3)						
(4)						
	2 Rent receiv	ed or accrued			04.35	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for p	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(2) Deductions directly columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.	<b>.</b> <u>.</u>	
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		iter		0.	(b) Total deductions Enter here and on page 1.	•
Schedule E - Unrelated Del		Uncome /sss	upotruotiono)	٠.	Part I, line 6, column (8)	0.
Scriedule E - Officialed Dei	bt-Finance	income (see	instructions)		3 Deductions directly conn	nected with or allocable
			2. Gross income from		to debt-finance	
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				·		
(2)	<del></del>	7-1		·		
(3)						
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
					nter here and on page 1, Part I line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			<b>&gt;</b>	<u> </u>	0.	. 0.
Total dividends-received deductions in	ncluded in columi	18	•		<b>&gt;</b>	0.

# Form 3800

### **General Business Credit**

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.
 ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No 1545-0895

2018
Attachment
Sequence No 22

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

IHC Health Services, Inc.

Identifying number 94-2854057

Part I		T)	
	(See instructions and complete Part(s) III before Parts I and II.)	1	150,000
1	General business credit from line 2 of all Parts III with box A checked	-	130,000
2 3	Enter the applicable passive activity credits allowed for 2018 See instructions	3	
ა 4	Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with	-	
4	box C checked See instructions for statement to attach	4	1,304,728
5	Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with	<del>                                     </del>	1,304,120
5	box D checked See instructions	5	
6	Add lines 1, 3, 4, and 5	6	1,454,728
Part II			1/101/120
7			
,	Regular tax before credits		
	• Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2	ı ı	
	(Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 ● Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the	1	
	applicable line of your return	7	0
	• Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G,		<u> </u>
	lines 1a and 1b, or the amount from the applicable line of your return		
8	Alternative minimum tax:		
Ū	Individuals Enter the amount from Form 6251, line 11		
	• Corporations Enter -0-	8	0
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 56	į.	
	C Estates and trasts. Effect the amount from concedent (Form 1041), who continues the		
9	Add lines 7 and 8	9	0
ŭ	Add miles Fand O 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		-
10a	Foreign tax credit	5	
	Certain allowable credits (see instructions).	11	
	Add lines 10a and 10b	10c	0
_			
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	0
		4	
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-	]	
		ļ	
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See	ĺ	
	instructions	]	
14	Tentative minimum tax		
	• Individuals Enter the amount from Form 6251, line 9		
	• Corporations Enter -0	1	
	Estates and trusts    Enter the amount from Schedule I	,	
	(Form 1041), line 54		
15	Enter the greater of line 13 or line 14	15	0
16	Subtract line 15 from line 11 If zero or less, enter -0	16	0
17	Enter the smaller of line 6 or line 16 · · · · · · · · · · · · · · · · · ·	17	0
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,	N. 3	
	or reorganization		

Page 2

Part			
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter	er -0- o	n line 26
18	Multiply line 14 by 75% (0.75) See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11 If zero or less, enter -0	20	0
21	Subtract line 17 from line 20 If zero or less, enter -0	21	0
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2018 See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11 If zero or less, enter -0	27	0
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27 If zero or less, enter -0	29	0
30	Enter the general business credit from line 5 of all Parts III with box A checked,	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2018 See instructions	33	0
34	Carryforward of business credit to 2018 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach	34	0
35	Carryback of business credit from 2019 Enter the amount from line 5 of Part III with box D checked See instructions	35	0
36	Add lines 30, 33, 34, and 35	36	0
37	Enter the smaller of line 29 or line 36	37	0
38	Credit allowed for the current year. Add lines 28 and 37  Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return  Individuals Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51		
	• Estates and trusts Form 1041, Schedule G, line 2b	38	Form <b>3800</b> (2018)
			FOILI 2000 (2010)

Form 3800 (2018) Identifying number Name(s) shown on return 94-2854057 IHC HEALTH SERVICES, INC. General Business Credits or Eligible Small Business Credits (see instructions) Part III Complete a separate Part III for each box checked below. See instructions. Α l x General Business Credit From a Non-Passive Activity Reserved Reserved В General Business Credit From a Passive Activity F G Eligible Small Business Credit Carryforwards C General Business Credit Carryforwards D General Business Credit Carrybacks н Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked Check here if this is the consolidated Part III (c) (a) Description of credit (b) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through amount entity, enter the EIN pass-through entity 1a Investment (Form 3468, Part II only) (attach Form 3468) 1a 1b 1c Low-income housing (Form 8586, Part I only) 1d 1e Renewable electricity, refined coal, and Indian coal production (Form 8835). . . . 1f Indian employment (Form 8845) 1g 1i New markets (Form 8874) Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see 150,000 1k instructions for limitation) 11 Biodiesel and renewable diesel fuels (attach Form 8864) m Low sulfur diesel fuel production (Form 8896)......... 1m 1n Distilled spirits (Form 8906)....... Nonconventional source fuel (carryforward only)....... 10 Energy efficient home (Form 8908)......... 1p 1q Alternative motor vehicle (Form 8910) 1s 1t Agricultural chemicals security (carryforward only) 1 v 1w x Carbon oxide sequestration (Form 8933)............ 1 y Qualified plug-in electric vehicle (carryforward only) 1z aa Employee retention (Form 5884-A) 1aa bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) 177 150,000 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II 3 4a 4b Work opportunity (Form 5884) Low-income housing (Form 8586, Part II) 4d Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e Employer social security and Medicare taxes paid on certain employee tips (Form 8846). . . 4f 4g 4i Employer credit for paid family and medical leave (Form 8994)...... 4j i 4z 5 Add lines 4a through 4z and enter here and on the applicable line of Part II . . . . 5

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . . .

150,000

1 0,111				
Name	(s) shown on return		Identifying number	
IHO	C HEALTH SERVICES, INC.		94-285405	7
Par	t III General Business Credits or Eligible Small Business Credits (see in	struction	s)	
Com	plete a separate Part III for each box checked below. See instructions			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
С	X General Business Credit Carryforwards G Eligible Smal	l Busine	ss Credit Carryfon	wards
D	General Business Credit Carrybacks H Reserved		•	
1	If you are filing more than one Part III with box A or B checked, complete and attach first an	additiona	Part III combining	amounts from all Parts
	III with box A or B checked Check here if this is the consolidated Part III		<u>,</u> .	, ▶ 🔲
	(a) Description of credit		(b)	(c)
Note	On any line where the credit is from more than one source, a separate Part III is needed for		f claiming the credit from a pass-through	Enter the appropriate
	through entity		entity, enter the EIN	amount
1 a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see			·
	instructions for limitation)	1k		750,000
i	Biodiesel and renewable diesel fuels (attach Form 8864)	11	_	
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1р		
q	Energy efficient appliance (carryforward only)	1q		
г	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
W		1w		
x	Carbon oxide sequestration (Form 8933)	1x	· · -	
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		554,728
bl	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
<b>Z</b> Z	Other Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		1,304,728
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		<u> </u>
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		- <u> </u>
j	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
	Add lines 2.3 and 5 and enter here and on the applicable line of Part II	6		1 30/ 728

Department of the Treasury Internal Revenue Service (99)

## **Depreciation and Amortization**

(Including Information on Listed Property)

Name(s) shown on return

For Paperwork Reduction Act Notice, see separate instructions.

JSA 8W8656 1 000

► Attach to your tax return

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

OMB No 1545-0172

Attachment Sequence No. 179 Identifying number

Form 4562 (2018)

IH	C Health Services, Inc	•	GE	NERAL !	DEPRECIA	TION			94-2854057
Pa	rt I Election To Expense C	ertain Property	Under Sect	ion 179					
	Note: If you have any lis	sted property, cor	nplete Part	V before	you comp	lete Part I.			
1	Maximum amount (see instructions).						<u> </u>	1	
2	Total cost of section 179 property pl	aced in service (see in	nstructions)					2	
3	Threshold cost of section 179 prope							_3	
4	Reduction in limitation Subtract line	3 from line 2 If zero o	or less, enter -0	D				4	
_5 	Dollar limitation for tax year Subtract line 4 from separately, see instructions	n line 1 If zero or less, enter	-0- If marned filing	·	<u></u> . <u></u>	<u>.</u>		5	
6	(a) Description	of property		(b) Cost (bu	isiness use onl	y) (c) Elect	ed cost		
						<u> </u>			
7								,	
8	Total elected cost of section 179 pro							8	
9	Tentative deduction Enter the smalle							9_	
10	Carryover of disallowed deduction fr							10	
11	Business income limitation Enter th							11	
12	Section 179 expense deduction Add							12	
13_	Carryover of disallowed deduction to				<u>▶</u> 13				
_	e: Don't use Part II or Part III below fo								
	rt    Special Depreciation A					<u></u>		e inst	ructions)
14	-p								
	during the tax year See instructions.							14	
	Property subject to section 168(f)(1)							15	
10	Other depreciation (including ACRS)	Danis makuda katad				<del></del>		16	l
<sub>Pa</sub>	rt III MACRS Depreciation (	Don't include listed			uons )				· · · <u> </u>
	MACRO deduction for control	<u> </u>		tion A				17	690,897
17 ••	MACRS deductions for assets place If you are electing to group any	=	-						0307037
10	asset accounts, check here		_				ai T		
	Section B - Assets						reciat	ion S	vstem
	0001011 2 7100010	(b) Month and year	(c) Basis for	depreciation	(d) Recovery				
	(a) Classification of property	placed in service	(business/inv		period	(e) Convention	(f) Me	ethod	(g) Depreciation deduction
19a	3-year property	300,000	,						
b	5-year property					<del>-</del>			-
c	7-year property	1				•			
d	10-year property						<u> </u>		
e	15-year property					-			
f	20-year property								
g	25-year property				25 yrs	·=	S	/L	
h	Residential rental				27 5 yrs	ММ	S	/L	
	property				27 5 yrs	ММ	S	/L_	
-	Nonresidential real				39 yrs	ММ	S	/L	
	property					ММ	S	/L	
	Section C - Assets F	Placed in Service D	ouring 2018	Tax Year	Using the A	Alternative De	preci	ation	System
20a	Class life						S	<u>/L</u>	
b	12-year				12 yrs		S	/L	
c	30-year				30 yrs	ММ	S	<u>/L</u>	<u> </u>
	40-year				40 yrs	MM	S	<u>/L</u>	
Pa	rt IV Summary (See instructi	ons)				<u> </u>			<del></del>
	Listed property Enter amount from li							21	
22	Total. Add amounts from line 12,								200 000
	here and on the appropriate lines of y		•			ns	<u></u>	22	690,897
23	For assets shown above and place portion of the basis attributable to se		the current	year, ent	1				
	portion of the pasis attributable to se	CHULL ZUJA CUSIS			23	1			i !

Pa	entertainm	operty (Include ent, recreation, o	r amusemer	nt.)									•	•	
		ny vehicle for wh is (a) through (c) o								lucting	lease e	expense	e, comp	lete on	ly 24a
	Section A -	Depreciation and	Other Inform	natio	n (Caut	ion: Şe				mits for	passe	nger au	tomobile	es)	
24	a Do you have evidenc	e to support the bus	iness/investmer	nt use	claimed	<u>?                                    </u>	es	No 2	4b If "\	∕es," is t	he evide	nce writt	en?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost	(d) or other b		(e) sis for depr usiness/inve use only	estment	(f) Recovery period	Met	g) hod/ ention	Depre	(h) eciation uction	Elected s	I) ection 179 ost
25	Special depreciation the tax year and us										. 25				
26	Property used mor							•		····	<u>. 1 - y</u>			<b>'</b>	
			%												
			%							ļ				_	
27	Branch wood 50%	or loss us a qualif	% 							<u></u>		<u> </u>			
21	Property used 50%	or less in a qualii	w washess u	<u>se</u>						S/L -		I	-		
			%							S/L -					
			%							S/L -					ļ
28	Add amounts in co	lumn (h), lines 25	through 27 E	nter	here ar	nd on lu	ne 21, p	age 1.			. 28				
29	Add amounts in co	lumn (ı), line 26 E	inter here and	l on l	ine 7, p	age 1 .				<u> </u>			. 29		
			Section												
	mplete this section for your employees, first an													rovided	vehicles
io y		swer the questions if	1 Section C to s	<del></del>	a)	,	b)		(c)	r	1)		e)		n
20	Tatal business / mus				icle 1		icle 2		ncle 3		cle 4		ıcle 5	Vehi	
30	Total business/inve														
31	Total commuting m														
32	Total other p	ersonal (nonco	mmuting)						-						
	miles driven							ļ							
33	Total miles drive				0		0		0		0		0		0
24	lines 30 through 32		_	res .	No	Yes	T No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle use during off-duty		P0.00		NO	163	110	163	140	163	110	163	110	163	110
35	Was the vehicle														
	than 5% owner or r														
36	Is another vehicl	le available for	personal												
	use?				l	<u></u>		L	<u> </u>				L		
_		ction C - Questic	•	•						•					
	swer these question are than 5% owners o				eption t	o com	pleting	Section	n B for	vehicles	sused	by em	ployees	who a	'en't
					L. L. L.	-11							b	Yes	No
31	Do you maintain a your employees?										ing co	mmuun	ig, by		
38	Do you maintain a	a written policy s	statement tha	t pro	ohibits	person	al use	of veh	icles, e	xcept c	ommut	ing, by	your		
	employees? See th	e instructions for	vehicles used	by co	orporate	e office	rs, direc	tors, or	r 1% or	more ov	vners				
39	Do you treat all use	of vehicles by em	ployees as pe	rsona	al use?				. ,						
40	Do you provide m					s, obta	in intor	mation	rrom ;	your en	npioyee	es abou	ut the		
41	use of the vehicles, Do you meet the re					 demo	 netratio	 n use? :	 See inst						
•	Note: If your answ	er to 37, 38, 39, 4	0, or 41 is "Ye	es," d	on't co	mplete	Section	B for t	he cove	ered vet	ncles				-
Pa	rt VI Amortizati														
	(a) Description o		(b) Date amortizat begins	tion	Am	(c) iortizable	amount		(d) Code se		(e) Amortiz period percen	ation d or	Amortiza	(f) tion for th	ıs year
42	Amortization of cos	ts that begins duri	ng your 2018	taxy	year (se	e instru	ictions)								
				]											
43	Amortization of cos	its that began before	ore your 2018	tax y	ear .							43			
+4	Total. Add amount	s in column (t) Se	e the instruct	ions	ior wne	re to re	port .	<u></u>	<u> </u>		· · · · ·	44		A E G	

FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT	10
DESCRIPTION			AMOUNT	
SUPPLIES			10,898	,195.
TELEPHONE				,408.
TRAVEL			1	,491.
RENT			161	,508.
MISCELLANEOUS			303	,361.
OUTSIDE SERVICES			213	,467.
UTILITIES			19	,518.
POSTAGE AND PRINTING			4	,912.
INDIRECT EXPENSES			14,429	,465.
TOTAL TO SCHEDULE M, PART II, I	LINE 28		26,051	,325.

FORM 990-T	STATEMENT	8			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTED BA	ASIS - SUBTOTAL -	- 1	4,383,485.	4,383,	485.
TOTAL OF FORM 990-	r, schedule e, column	5		4,383,	485.

FORM 990-T SCHEDULE E - DEPRECI	ATION DEDUCTI	ON	STATEMENT	5
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTAL	- 1	167,962.	167,	962.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		167,	962.
FORM 990-T SCHEDULE E - OTHE	R DEDUCTIONS		STATEMENT	6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
OUTSIDE SERVICES SUPPLIES UTILITIES REPAIRS LICENSES/TAXES INTEREST - SUBTOTAL	- 1	220. 1,516. 44,558. 44,653. 33,399. 24,596.	148,	942.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		148,	942.
FORM 990-T AVERAGE ACQUISITIO ALLOCABLE TO DEBT-FI		TTY	STATEMENT	7
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISITION DEBT - SUBTOTAL	- 1	1,501,083.	1,501,	083.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	4		1,501,	083.

FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT	9
DESCRIPTION			AMOUNT	
SUPPLIES			1,524,	864.
TELEPHONE			4,	069.
RENT			167,	348.
PHARMACEUTICALS			190,416,	831.
MISCELLANEOUS			626,	840.
OUTSIDE SERVICES			1,344,	546.
UTILITIES			!	521.
POSTAGE AND PRINTING			466,	354.
INDIRECT EXPENSES			6,774,	399.
TOTAL TO SCHEDULE M, PART	II, LINE 28		201,325,	772.

FORM 990-T	PARENT	CORPORATION'S NA	AME AND	IDENTIFYING	NUMBER	STATEMENT	2
CORPORATION'S	NAME					IDENTIFYING	NO
INTERMOUNTAIN	HEALTH	CARE, INC.				87-0269232	
FORM 990-T		NAME OF FOREIGN ORGANIZATION HAS				STATEMENT	3

NAME OF COUNTRY

ARGENTINA BRAZIL IRELAND

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08	5,988,173.	5,704,884.	283,289.	283,289.
12/31/09	1,909,329.	0.	1,909,329.	1,909,329.
12/31/10	4,666,796.	0.	4,666,796.	4,666,796.
12/31/11	8,327,935.	0.	8,327,935.	8,327,935.
12/31/12	8,688,753.	0.	8,688,753.	8,688,753.
12/31/13	4,157,536.	0.	4,157,536.	4,157,536.
12/31/14	1,269,572.	0.	1,269,572.	1,269,572.
12/31/15	6,024,419.	0.	6,024,419.	6,024,419.
12/31/16	16,782,720.	0.	16,782,720.	16,782,720.
12/31/17	15,857,275.	0.	15,857,275.	15,857,275.
NOL CARRYO	VER AVAILABLE THIS	YEAR	67,967,624.	67,967,624.