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Total continues the name and identifying number of the parent corporation. Total complete Parts III.			Name of organization (Check box if name cl	hanged	d and see instructions.)		(Emp	loyees' trust, see				
Solid Soli	B Exempt under section	Print	IHC HEALTH SERVICES, INC.			i		94-2854057				
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describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts IIII-V. 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STRT 2 2 X Yes No. If Yes, enter the name and identifying number of the parent corporation. ■ Typ + 2, Syp - 02 pol 2 3 2 X Yes No. If Yes, enter the name and identifying number of the parent corporation. ■ Typ + 2, Syp - 02 pol 2 3 2 X Yes No. If Yes Yes No. If Yes	H Enter the number of the	organiza	ation's unrelated trades or businesses. $ ightharpoonup$.6								
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The blocks are in care of COLIN QUINCY Telephone number (8) 1442-3491						201-073	X Y(es No				
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b Less returns and allowances c Balance c Balance c C Balance c C C C St of goods sold (Schedule A, line 7) 2 2 3 3 3 5 5 5 5 6 5 5 5 5 5 5 5 5 5 5 5 5			de or Business moonis		(A) modile	1. Con Expenses		(0) 1101				
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		tavahla :	income Subtract line 20 from line 20					L				
923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.							17,	Form 990-T (2019)				

PTIN Preparer's signature Date Check ıf Print/Type preparer's name self- employed Paid 10/30/20 EVA NITTA P01286320 **Preparer** Firm's name FRNST & YOUNG US Firm's EIN ▶ 34-6565596 **Use Only** 560 MISSION STREET, STE 1600 Phone no. (415) 894-8000 Firm's address > SAN FRANCISCO, CA 94105

923711 01-27-20

Schedule A - Cost of Goods	Sold. Enter me	ethod of invento	ry valuation N/		·			
1 Inventory at beginning of year	1		6 Inventory at end of	year		6		
2 Purchases	2		7 Cost of goods sold	-	line 6			
3 Cost of labor	3		from line 5. Enter h		1			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of sec	tion 263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced	or acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					X
Schedule C - Rent Income ((see instructions)	From Real Pr	operty and f	Personal Property	y Lease	d With Real Prope	erty)		
1. Description of property								
(1)	······································						** **	
(2)								
(3)								
(4)		· · · · · · · · · · · · · · · · · · ·						
	2. Rent received of	r accrued						
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	centage of than	of rent for per	personal property (if the perc sonal property exceeds 50% o s based on profit or income)	entage ir if	3(a) Deductions directly of columns 2(a) and	connected with t d 2(b) (attach sch	he income in iedule)	
(1)								
(2)								
(3)								
(4)								
Total	0. To	otal		0.				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column	(A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed In	come (see in	structions)					
			Gross income from or allocable to debt-		Deductions directly conn to debt-finance	ed property		
Description of debt-fin	anced property		financed property	` `	Straight line depreciation (attach schedule)	attac	er deduction: h schedule)	s
					TATEMENT 5	STATEMEN		
(1) INTERMOUNTAIN EAST BAY, (2)	LLC		438,45	-	168,791.	_	149,	847.
(3)						 		
(4)	· ·			\rightarrow	 	 		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 7	5. Average adj of or alloc debt-finance (attach of STATEMENT	able to	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	able deducto x total of col a) and 3(b))	
(1) 1,437,932.		4,227,164.	34.02	%	149,161,	_	108,	401.
(2)				%				
(3)				%		<u> </u>		
(4)				%				
				E	Inter here and on page 1, Part I, line 7, column (A)		and on page 7, column (
Totals					149,161.	.}	108,	401.
Total dividends-received deductions in	cluded in column 8						<u>. </u>	0.
					<u></u>			

					From Co Controlled O							
Name of controlled organizate	on	2 Empl identifica numb	ation	3 Net unre (loss) (see	elated income instructions)	4. Tot payn	al of specified nents made	ınclude	of column 4 t d in the contro tion's gross ii	olling	6. Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organiz	zations											
7. Taxable Income	8. Net u (s	nrelated income see instructions)	(loss)	9 Total	of specified payi made	nents .	10 Part of colu in the controll gross	mn 9 that ing organi s income	is included zation's		uctions directly connected income in column 10	
(1)												
(2)												
(3)												
(4)					·							
							Add colur Enter here and line 8,		1, Part I,)	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
^{Totals} Schedule G - Investme	nt Incon	no of a S	ootion	501/o\/7	(1) (9) or (<u> </u> 17\ Ora	anization		0.		0	
Scnedule G - Investme (see instr		ne or a S	ection	501(0)(7), (9), Or (i <i>i)</i> Oig	janization					
<u></u>	ription of inco	me			2. Amount of	ıncome	3. Deduction directly connected (attach scheo	ected	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)	
(1)			-				`				1	
(2)							-					
(3)								1		-		
(4)			-					· ·				
Totals					Enter here and Part I, line 9, co				-		Enter here and on page Part I, line 9, column (B)	
Schedule I - Exploited	-	Activity	Incom	e, Other	Than Adv		g Income			iii.19860.cc.		
(see Instru 1. Description of exploited activity	2. C unrelated incom	Gross business le from business	directly with pr of ur	xpenses connected roduction irelated ss income	4. Net incor from unrelated business (comminus colum gain, comput through	I trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	that ted	6 Exp attribute colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)			-									
(2)												
(3)												
(4)	F.4		C-1 h	ere and on				44.6	991/42/10 11/11	17 Tan 28	Enter here and	
		re and on I, Part I, col (A)	page	1, Part I,), col (B)							on page 1, Part II, line 25	
Totals Schedule J - Advertisir	na Incor		structio		<u> </u>			Z	<u> </u>	**************************************	<u> </u>	
Partil Income From I					solidated	Basis	· - .				·	
Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (o	tising gain of 2 minus ain, comput arough 7	5. Circula income		6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(3)					77.2							
(3)			-								¥.,	

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)

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

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

	1 Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total. Enter here and	d on page 1, Part II, line 14		•	0.

FORM 990-T	PARENT	CORPO	RATION'	S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT	2
CORPORATION'S	NAME								IDENTIFYING	NO
INTERMOUNTAIN	HEALTH	CARE,	INC.						87-0269232	

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH STATEMENT 3
ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

ARGENTINA BRAZIL

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/10	4,666,796.	2,093,275.	2,573,521.	2,573,521.
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	63,681,731.	63,681,731.

FORM 990-T SCI	HEDULE E - DEPRECIA	ATION DEDUCTI	ON	STATEMENT 5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAL -	- 1	168,791.	168,791.
TOTAL OF FORM 990-T, S	SCHEDULE E, COLUMN	3(A)		168,791.
FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
OUTSIDE SERVICES			1,924.	
SUPPLIES			418.	
UTILITIES			37,195.	
REPAIRS			50,934.	
LICENSES/TAXES			32,584.	
INTEREST	- SUBTOTAL -	- 1	26,792.	149,847.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(B)		149,847.

FORM 990-T AVERAGE ACQUISITI ALLOCABLE TO DEBT-F			STATEMENT 7
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION DEBT - SUBTOTAL	- 1	1,437,93	1,437,932.
TOTAL OF FORM 990-T, SCHEDULE E, COLUM	N 4		1,437,932.

FORM 990-T AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI			STATEMENT 8
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS - SUBTOTAL -	1	4,227,164.	4,227,164.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		4,227,164.

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning

▶ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Employer identification number Name of the organization 94-2854057 IHC HEALTH SERVICES, INC. Unrelated Business Activity Code (see instructions) ▶ PHARMACIES Describe the unrelated trade or business Part | Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 243,413,143. 1a Gross receipts or sales 243,413,143. b Tess returns and allowances c Balance 10 2 Cost of goods sold (Schedule A, line 7) 243,413,143. 243 413 143 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a -168, -168. b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 6 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 243,412,975 243,412,975. 13 Total. Combine lines 3 through 12

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	8,168,990.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	590,550.
20	Depreciation (attach Form 4562) 20 36,19	0.	
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	36,190.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	6,105.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 9	27	233,255,568.
28	Total deductions. Add lines 14 through 27	28	242,057,403.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	1,355,572.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29	31	1,355,572.

LHA For Paperwork Reduction Act Notice, see instructions.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 9
DESCRIPTION		AMOUNT
SUPPLIES		1,543,261.
TELEPHONE		2,914.
RENT		131,826.
PHARMACEUTICALS		223,064,018.
MISCELLANEOUS		298,004.
OUTSIDE SERVICES		1,239,415.
UTILITIES		95.
POSTAGE AND PRINTING		246,568.
INDIRECT EXPENSES		6,729,467.
TOTAL TO SCHEDULE M, PART II, LI	NE 27	233,255,568.

Jilli 330 1 (2013)				
	THC	HEALTH	SERVICES	TNC

	IHC HEALTH SER	VICES, INC.	94-28	354057		
Sc	hedule A - Cost of Goods	Sold. Enter method of	f inventory valuation N/A			
1	Inventory at beginning of year	1	6 Inventory at end of year	6		
2	Purchases	2	7 Cost of goods sold. Subtract 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		Yes	No
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

4 a Additional section 263A costs	, I		line 2					
(attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?				Yes	No
b Other costs (attach schedule)	4b							
5 Total Add lines 1 through 4b	5							Х
Schedule C - Rent Income (F	rom Real I	Property and	Personal Property L	ease	d With Real Prope	erty)		
(see instructions)								
. Description of property								
(1)	•							
(2)								
(3)								
(4)								
	2. Rent receive	ed or accrued	-		0/->2			
(a) From personal property (if the perce rent for personal property is more th 10% but not more than 50%)	ntage of an	` of rent for pe	d personal property (if the percenta ersonal property exceeds 50% or if is based on profit or income)	age	3(a) Deductions directly of columns 2(a) and	connected with the ii d 2(b) (attach schedu		
(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 (ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Debt	-Financed	Income (see)	nstructions)					
			2. Gross income from		3 Deductions directly conn to debt-finance		ble	
1. Description of debt-final	nced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other d (attach so		i
(1)								

Description of debt-financed property		2. Gross income from	3 Deductions directly connected with or allocable to debt-financed property			
		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)						
(2)						
(3)						
(4)						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	 Average adjusted basis of or allocable to debt-financed property (attach 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)		%				
			Enter 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	cluded in column 8		•	0		

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning ▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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 Employer identification number IHC HEALTH SERVICES, INC. 94-2854057 Unrelated Business Activity Code (see instructions) ▶ SALES OF MEDICAL EQUIPMENT TO NON-PATIENTS Describe the unrelated trade or business Part | Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 31,474,091. 1a Gross receipts or sales 31,474,091. b Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 2 31,474,091 31,474,091. Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 31,474,091. 31,474,091. Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	4,385,702.
16	Repairs and maintenance	16	127,288.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	316,663.
20	Depreciation (attach Form 4562) 20 92,713.		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	92,713.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	2,470.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 10	27	25,970,790.
28	Total deductions. Add lines 14 through 27	28	30,895,626.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	578,465.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) STMT 11	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	578,465.

LHA For Paperwork Reduction Act Notice, see instructions.

FORM 990-T (M)	OTHER DEDUCT	IONS	STATEMENT 10
DESCRIPTION			AMOUNT
SUPPLIES			11,164,430.
TELEPHONE			25,808.
TRAVEL			663.
RENT			186,425.
MISCELLANEOUS			292,195.
OUTSIDE SERVICES			120,433.
UTILITIES			17,090.
POSTAGE AND PRINTING INDIRECT EXPENSES			4,292. 14,159,454.
			, ,
TOTAL TO SCHEDULE M, PART II	, LINE 27		25,970,790.
	, LINE 27 OPERATING LOSS	DEDUCTION	25,970,790. STATEMENT 11
		DEDUCTION LOSS REMAINING	
SCHEDULE M NET	OPERATING LOSS LOSS PREVIOUSLY	LOSS	STATEMENT 11 AVAILABLE

IHC HEALTH SE					94-285405	
Schedule A - Cost of Goods	s Sold. Enter	method of inver	itory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year			6
2 Purchases	2		7 Cost of goods sold Sul	btract I	ine 6	
3 Cost of labor	3	from line 5. Enter here and ii			Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section 2	263A (v	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or ac	cquired	for resale) apply to	22 243
5 Total Add lines 1 through 4b	5		the organization?			х
Schedule C - Rent Income ((From Real	Property and	Personal Property Le	ease	d With Real Prope	erty)
(see instructions)						
Description of property						
(1)						
(2)			+			
(3)						
(4)			· · · · · · · · · · · · · · · · · · ·			
		red or accrued			3/a) Deductions directly o	onnected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	or rent for p	and personal property (if the percentag personal property exceeds 50% or if nt is based on profit or income)	e	columns 2(a) and	2(b) (attach schedule)
(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,	
here and on page 1, Part I, line 6, column		Jnoomo (1 -1 - 1	0.	Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	ot-rinanceu	income (see	instructions)		3. Deductions directly conne	acted with or allocable
			2. Gross income from		to debt-finance	
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)						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	debt on or allocable to debt-financed of or allocable to		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)			%			
					inter 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 u	acluded in colum	n 8			<u> </u>	0.

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning _______, and ending _______, and ending _______.

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

mation. Open to Public Ins

ENTITY

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).

Open to Public Inspection for 50 (c)(3) Organizations Only

Name	of the organization IHC HEALTH SERVICES, INC.			Employer ident 94-2854	ofication number	
	Inrelated Business Activity Code (see instructions) > 523000	·				
	Describe the unrelated trade or business K-1 INVESTMENT	r FLO	W-THROUGH	·		
Rai	साह्य Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	t
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c		78.577	2000 20 000000000000000000000000000000	
2	Cost of goods sold (Schedule A, line 7)	2		The second secon		2.
3	Gross profit Subtract line 2 from line 1c	3		2000 100 100 100 100 100 100 100 100 100	201	
4 a	Capital gain net income (attach Schedule D)	4a		1000 C		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	32,342,788.	200 (100 (100 (100 (100 (100 (100 (100 (32,34	2,788.
C	Capital loss deduction for trusts	4c			\$2435	
5	Income (loss) from a partnership or an S corporation (attach statement)	5	-27,286,015.		-27,28	6,015.
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)				ł	
	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	5,056,773.		5,05	6,773.
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	ions f come	for limitations on de e.)	ductions.) (Ded		
14	Compensation of officers, directors, and trustees (Schedule K)		•	}	14	
15	Salaries and wages			}	15	
16	Repairs and maintenance				16	
17	Bad debts			<u> </u>	17	
18	Interest (attach schedule) (see instructions)			<u> </u>	18	
19	Taxes and licenses		ا مم ا	<u> </u> 2	19	
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion			<u> </u>	23	
23	Contributions to deferred compensation plans			. ·	24	
24	Employee benefit programs			L	24	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

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

Deduction for net operating loss 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 27

Other deductions (attach schedule)

Schedule M (Form 990-T) 2019

0.

5,056,773.

5,056,773.

25

26

27

28

29

30

25

26

27

28

29

30

STMT 12

instructions)

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 12
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	25,020,924.		25,020,924.	25,020,924.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	25,020,924.	25,020,924.

<u>K-1 #</u>	Part I, Line 5 - Income (Loss) from Partnerships	EIN	Unrelated Business Income (Loss)
150	AE Industrial Partners Fund I, LP	47-2842819	(8)
223	China Growth Investors IX, LP	30-1011130	(71,636)
129	AEW Partners VII, LP	46-2156215	1,506,478
162	AEW Partners Real Estate Fund VIII, LP	81-3286462	1,318,300
228	AMP Capital Global Infrastructure Fund II A	98-1398614	235,751 28,511
137 34	Antero Midstream Partners, LP Andeavor Logistics, LP	46-4109058 27-4151603	(835,870)
106	Bain Capital Middle Market Credit 2014, LP	46-2389040	(11,078)
201	BP Midstream Partners LP	82-1646774	(201,214)
243	Bridge Workforce and Affordable Housing Fund, LP	82-2036221	(185,793)
58	Buckeye Partners, LP	23-2432497	(72,532)
6 249	Canaan Natural Gas Parallel Fund X, LP Cheniere Energy Partners, LP	26-2693114 20-5913059	(6,513) (116,842)
141	CL III Funding Holding Company, LLC	90-1034188	(20,127)
186	CL IV Funding Holding Company, LLC	81-0898827	(20,388)
125	Columbia Capital Equity Partners VI (QP), LP	47-0978685	(14,589)
220	Columbia Capital Equity Partners VII (QP), LP	83-0729187	(5,988)
255	Creek Capital Dental Holdings	82-1668064	(70,608)
3	Cross Creek Capital, LP	20-4822488	(406)
13 15	Cross Creek Capital Partners, LLC Cross Creek Capital Partners II, LP	26-1917867 27-3037833	(7) 42
94	Cross Creek Capital Partners III, LP	46-3445880	2,705
165	Cross Creek Capital Partners IV LP	81-1341948	(5,719)
64	DCP Midstream, LP Common Units	03-0567133	(241,833)
142	Dominion Energy Midstream Partners, LP	46-5135781	(2,752)
16	EIG Energy Fund XV-A, LP	27-2688983	(340,068)
95	EIG Energy Fund XVI, LP	46-2825629	(547,000)
240	EIG Energy Fund XVII, LP EIG Energy Fund XVII, LP	81-5439747 81-5439747	307,322 344,015
189	EnCap Energy Capital Fund XI, LP	81-4648210	(574,142)
211	EnCap Flatrock Midstream Fund IV, LP	82-2890021	(713,146)
48	Energy Transfer, LP (fka Energy Transfer Equity, LP)	30-0108820	(2,116,987)
72	Enlink Midstream Partners, LP	16-1616605	(116,679)
44	Enterprise Products Partners, LP	76-0568219	(3,083,841)
69 10	EQM Midstream Partners, LP (fka EQT Midstream Partners, LP) European Strategic Partners 2008 'B', LP	37-1661577 98-0624885	(1,517, 9 93) (174)
208	Gold Holdings, LLC	61-1852444	
133	ıVıncı Partners, LLC	27-1672060	(1,071,785)
229	Katanarx, LLC	47-3784026	76
169	Kohlberg TE Investors VIII, LP	81-3324873	
257	L Catterton Asia 3, LP	98-1356907	(320,943)
176 188	L Catterton Growth Partners III, LP L Catterton VIII, LP	47-4283473 47-4343290	80,068 (231,347)
132	Leavitt Equity Partners I, LP	37-1762909	
195	Leavitt Equity Partners II, LP	82-3207762	
61	Magellan Midstream Partners, LP	73-1599053	(2,510,925)
65	MPLX, LP	27-0005456	• • • • • •
180	Noble Midstream Partners, LP	47-3011449	(151,329)
202 226	Nustar Energy, LP P3 Health Group Holdings, LLC	74-2956831 82-1177304	(296,467) (4,002,930)
102	Partners Group Secondary 2011 (USD), LP Inc	98-1048499	66,846
121	Partners Group Real Estate Secondary 2013 (USD) A, LP Inc	98-1158648	181,407
205	Partners Group Real Estate Secondary 2017 (USD) A, LP	81-4060468	(43,537)
8	Performance Venture Capital II, LP	26-1895337	4,846
11	Peterson Partners V, LP	26-2766801	(59,150)
73 32	Phillips 66 Partners, LP Plains All American Pipeline, LP	38-3899432 76-0582150	(2,071,451) (4,012,763)
5	RCP Fund V, LP	20-8440143	265,854
138	Shell Midstream Partners	46-5223743	(779,932)
107	Solamere Capital Fund II, LP	46-2502981	(13,496)
108	Solamere Capital Fund II-A, LP	46-2509123	
204	Solamere Capital Fund III, LP	82-1677137	
14	Solamere Founders Fund I, LP	26-2562137 46-4628417	(10,766) 4 884
187 261	Solamere Portfolio Company Investments II, LLC Solamere Portfolio Company Investments III, LLC	46-4628417 83-0533713	4,884 (8,831)
53	Sunoco, LP	30-0740483	41,251
53 1	USA Compression Partners, LP	75-2771546	(119,080)
2	Utah Valley Medical Offices, LC	87-0407635	395,148
70	Western Gas Equity Partners, LP	46-0967367	(2,277,794)
67	Western Gas Partners, LP	26-1075808	(280,474)

IHC Health Services, Inc.
December 31, 2019
Federal Form 990T
Regs. Sec. 1.751(a)(3) Disclosure Statement

The taxpayer has reported ordinary income upon the disposition of units in the following partnerships as provided by the partnership. The amount was determined in accordance with Internal Revenue Code Section 751.

<u>K-1#</u>	Name of Partnership.	<u>EIN</u>	Amount of 751 Gain/(Loss)
32	Plains All American Pipeline, LP	76-0582150	3,023,099
34	Andeavor Logistics, LP	27-4151603	1,331,651
44	Enterprise Products Partners, LP	76-0568219	2,456,851
48	Energy Transfer, LP	30-0108820	2,074,232
58	Buckeye Partners, LP	23-2432497	2,548,658
61	Magellan Midstream Partners, LP	73-1599053	1,713,203
64	DCP Midstream, LP Common Units	03-0567133	467,852
65	MPLX, LP	27-0005456	6,048,000
	EQM Midstream Partners, LP (fka EQT Midstream Partners,		
69	LP)	37-1661577	2,724,234
70	Western Gas Equity Partners, LP	46-0967367	4,553,839
72	Enlink Midstream Partners, LP	16-1616605	412,807
73	Phillips 66 Partners, LP	38-3899432	786,534
137	Antero Midstream Partners, LP	46-4109058	2,242,238
138	Shell Midstream Partners, LP	46-5223743	736,647
142	Dominion Energy Midstream Partners, LP	46-5135781	119,405
180	Noble Midstream Partners, LP	47-3011449	471,339
201	BP Midstream Partners, LP	82-1646447	42,798
249	Cheniere Energy Partners, LP	20-5913059	138,592
8	Performance Venture Capital II, LP	26-1895337	5,247
2	Utah Valley Medical Offices, LC	87-0407635	377,084
121	Partners Group Real Estate Secondary 2013 (USD) A, LP Inc.	98-1158648	68,478
			32,342,788

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY		6
1	OMB No	1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning

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

Open to Public Inspection for

Internal Revenue Service 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). Employer identification number Name of the organization 94-2854057 IHC HEALTH SERVICES, INC. Unrelated Business Activity Code (see instructions) Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales 693,126. c Balance b Less returns and allowances 1c 2 2 Cost of goods sold (Schedule A, line 7) 693,126. 693,126. 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 statement) 5 6 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 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) 9 Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule) 12 693 126. 693,126. 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 478,519. 15 15 Salaries and wages 16 16 Repairs and maintenance 17 17 Bad debts 4 621. SEE STATEMENT 13 18 Interest (attach schedule) (see instructions) 18 31,727. 19 19 Taxes and licenses 61,655. 20 Depreciation (attach Form 4562) 20 61,655. 21b 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22 Depletion 23 23 Contributions to deferred compensation plans 892. 24 24 Employee benefit programs

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

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

Deduction for net operating loss 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 27

Other deductions (attach schedule)

Schedule M (Form 990-T) 2019

266,407.

843,821.

-150,695.

695.

-150

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STMT 15

SEE STATEMENT 14

instructions)

FORM 990-T	(M)	INTEREST PA	ID	STATEMENT 13
DESCRIPTIO	N			AMOUNT
INTEREST	4,621.			
TOTAL TO S	CHEDULE M, PART I	I, LINE 18		4,621.
FORM 990-T	(M)	OTHER DEDUCT	IONS	STATEMENT 14
DESCRIPTIO	N			AMOUNT
SUPPLIES				17,929.
relephone rravel				8,288, 442,
RENT				7,546
MISCELLANE	OUS			300
OUTSIDE SE				6,273
FREIGHT				99,435
INDIRECT E	XPENSES			126,194.
TOTAL TO S	CHEDULE M, PART I	I, LINE 27		266,407.
SCHEDULE M	NE	T OPERATING LOSS	DEDUCTION	STATEMENT 15
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	72,528.		72,528.	72,528.
NOL CARRYO	VER AVAILABLE THI	S YEAR	72,528.	72,528.

IHC	HEALTH	SERVICES.	INC.

94-	-28	540	57
-----	-----	-----	----

	IHC HEALTH SER			94-28	54057			
Sc	hedule A - Cost of Goods	Sold. Enter metho	od of inventory v	aluation N/A				
1	Inventory at beginning of year	1	6	Inventory at end of year	6			
2	Purchases	2	7	Cost of goods sold. Subtract 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		Yes	No	_
b	Other costs (attach schedule)	4b		property produced or acquired for resale) apply to			Ľ.	_
5	Total. Add lines 1 through 4b	5		the organization?			Х	_

2 Purchases	2	7 Cost of goods sold. S	ubtract l		,
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 (v	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	the organization?			Х
Schedule C - Rent Income (From Real Property and	Personal Property L	ease	d With Real Proper	rty)
(see instructions)					
1. Description of property					
(1)					
(2)					
(3)					
(4)					
· · · · · · · · · · · · · · · · · · ·	2. Rent received or accrued				
(a) From personal property (if the perconal property is more 10% but not more than 50%)	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 co columns 2(a) and 3	onnected with the income in 2(b) (attach schedule)
(1)					
(2)					
(3)					
(4)					
Total	0 Total		0.		<u> </u>
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	t-Financed Income (see	instructions)			
		2. Gross income from		Deductions directly connect 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)					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	Average adjusted basis of or allocable to debt-financed property (attach 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)		%			
				inter 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.
	soluded in column 0				0

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No	1545-0047

ENTITY

2040

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

For calendar year 2019 or other tax year beginning

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

Name	of the organization IHC HEALTH SERVICES, INC.			Employer identifica 94-285405	
	Unrelated Business Activity Code (see instructions) ► 621910 Describe the unrelated trade or business ► AIR AMBULANCE				
På	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 1,038,598.				
b	Less returns and allowances c Balance ▶	1c	1,038,598.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	1,038,598.		1,038,598.
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				3.55 3.55 3.55
	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	i		
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12		53463 M. 98635.	<u> </u>
13	Total. Combine lines 3 through 12	13	1,038,598.		1,038,598.
Pa	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	ions fo come	or limitations on de .)	ductions.) (Deduct	ions must be
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages .			15	
16	Repairs and maintenance			16	

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages .	15	67,334.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	·
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 16	27	825,531.
28	Total deductions. Add lines 14 through 27	28	892,865.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	145,733.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	145,733.

LHA For Paperwork Reduction Act Notice, see instructions.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 16
DESCRIPTION		AMOUNT
MISCELLANEOUS INDIRECT EXPENSES		586,860. 238,671.
TOTAL TO SCHEDULE M, PART II,	LINE 27	825,531.

7 ENTITY Form 990-T (2019) IHC HEALTH SERVICES 94-2854057 Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A 6 Inventory at beginning of year 6 Inventory at end of year 2 Purchases 2 7 Cost of goods sold. Subtract line 6 Cost of labor from line 5. Enter here and in Part I, 3 3 7 4a Additional section 263A costs line 2 Yes No (attach schedule) Do the rules of section 263A (with respect to 4a property produced or acquired for resale) apply to **b** Other costs (attach schedule) 4b X the organization? Total. Add lines 1 through 4b Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2)(3)(4) Rent received or accrued 3(a) Deductions directly connected with the income in (a) From personal property (if the percentage of (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if columns 2(a) and 2(b) (attach schedule) rent for personal property is more than 10% but not more than 50%) the rent is based on profit or income) (1) (2)(3)(4)Total 0. Total 0. (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, Part I, line 6, column (B) here and on page 1, Part I, line 6, column (A) 0. 0. Schedule E - Unrelated Debt-Financed Income (see instructions) 3 Deductions directly connected with or allocable to debt-financed property Gross income from (b) Other deductions (attach schedule) (a) Straight line depreciation 1. Description of debt-financed property financed property (attach schedule) (1) (2) (3)(4) 8. Allocable deductions Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis 7 Gross income Column 4 divided of or allocable to debt-financed property (attach schedule) by column 5 reportable (column (column 6 x total of columns 2 x column 6) 3(a) and 3(b)) % (1) (2) % (3) % (4) %

Form 990-T (2019)

0.

0.

Enter here and on page 1,

Part I, line 7, column (B)

Totals

Total dividends-received deductions included in column 8

Enter here and on page 1.

Part I, line 7, column (A)

0.

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No	1545-0047

ENTITY

Department of the Treasury Internal Revenue Service ZU IJ

501(c)(3) Organizations On

Name	of the organization IHC HEALTH SERVICES INC.			Employer idea		ion number
	Unrelated Business Activity Code (see instructions) 541610					
	Describe the unrelated trade or business MANAGEMENT FEI	E				
Pa	त्। Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales 295,912.			VIEW AND	4-10-10	
b	Less returns and allowances c Balance ▶	1c	295,912.		1 3 6	
2	Cost of goods sold (Schedule A, line 7)	2		的。一个数数多数		
3	Gross profit Subtract line 2 from line 1c	3	295,912.)	295,912.
4 a	Capital gain net income (attach Schedule D)	4a			83. MA	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			XX	
С	Capital loss deduction for trusts	4c		に発売さればは整然	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
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			Servit	
13	Total. Combine lines 3 through 12	13	295,912.			295,912.
Pa	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			ductions.) (Dec	ductio	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages			•	15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Less depreciation claimed on Schedule A and elsewhere on return

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

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

Depreciation (attach Form 4562)

Employee benefit programs

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Schedule M (Form 990-T) 2019

219,383.

219,383.

76,529.

21b

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Depletion

instructions)

SEE STATEMENT 17

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 17
DESCRIPTION		AMOUNT
MISCELLANEOUS		219,383.
TOTAL TO SCHEDULE M, PART	II, LINE 27	219,383.

THC	HEALTH	SERVICES	INC

IHC HEALTH SE						94-285405	57	
Schedule A - Cost of Good	s Sold. Enter	method of inver	tory va	aluation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year			6	
2 Purchases	2		7	Cost of goods sold Su	btract l	ine 6		
3 Cost of labor	3			from line 5. Enter here a	and in f	Part I,		
4a Additional section 263A costs				line 2		L	7	
(attach schedule)	4a	_	8	Do the rules of section	263A (1	with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	cquired	l for resale) apply to		
5 Total, Add lines 1 through 4b	5			the organization?			_	Х
Schedule C - Rent Income	(From Real	Property and	l Pers	sonal Property Lo	ease	d With Real Prope	rty)	
(see instructions)								
1 Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued				3(a) Deductions directly c	onnected with the in	ncome in
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	e	columns 2(a) and	2(b) (attach schedu	le)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total	-		٥.			
(c) Total income. Add totals of columns		iter				(b) Total deductions Enter here and on page 1,		
here and on page 1, Part I, line 6, colum		<u> </u>		<u></u>	٥.	Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)				
			2	. Gross income from		 Deductions directly conne to debt-finance 		ile
1. Description of debt-f	inanced property		or allocable to debt- financed property		(a) Straight line depreciation		(b) Other deductions (attach schedule)	
·						(attach schedule)	(attach sc	11edule)
(4)							 	
(1)			+					
(3)			+				-	
(4)			+		_			
4 Amount of average acquisition	5 Average	adjusted basis	1 6	Column 4 divided		7. Gross income	8 Allocable	e deductions
debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	allocable to inced property h schedule)		by column 5		reportable (column 2 x column 6)		tal of columns
(1)				%		· · ·		
(2)				%				
(3)				%_				
(4)				%				
						inter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7,	
Tatala					·	0.		0.
Totals Total dividends-received deductions	included in colum	n 8						0.
TOTAL DIVIDENDS TERESTARY REGARDING	monutuu iii vuluiii							- •

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No	1545-0047

ENTITY

2019

Department of the Treasury

For calendar year 2019 or other tax year beginning

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

Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Name of the organization Employer identification number IHC HEALTH SERVICES, INC. 94-2854057 Unrelated Business Activity Code (see instructions) SERVICES TO UNRELATED HOSPITAL Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales 113,552. b Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 2 113,552. 113,552. Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 6 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 12 113,552. 113,552. Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 19 Taxes and licenses Depreciation (attach Form 4562) 20 20 21b 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 22 Depletion 22

Total deductions. Add lines 14 through 27

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Other deductions (attach schedule)

Contributions to deferred compensation plans

Employee benefit programs

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

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

93,546.

93,546.

20,006.

20 006.

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SEE STATEMENT 18

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 18
DESCRIPTION		AMOUNT
SUPPLIES		3,438.
PHARMACEUTICALS		4,934.
MISCELLANEOUS		30,768.
OUTSIDE SERVICES		54,406.
TOTAL TO SCHEDULE M, PART II,	LINE 27	93,546.

ALTH SERVICE	S, INC.			94-2854057

							ENTITY	9
Form 990-T (2019) IHC HEALTH SE	PUTCES INC					94-28540	57	Page
Schedule A - Cost of Goods			ntorv	valuation N/A		74 20340		
1 Inventory at beginning of year	1			6 Inventory at end of yea			6	
2 Purchases	2		_	7 Cost of goods sold. Su		ine 6		
3 Cost of labor	3		from line 5. Enter here and in Part I,				-	
4a Additional section 263A costs							7	
(attach schedule)	4a							Yes No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to					
5 Total. Add lines 1 through 4b	5		1	the organization?		To room of apply to		x
Schedule C - Rent Income		Property and	J Pe		ease	d With Real Prope	erty)	
(see instructions)								
Description of property						-		
(1)								
(2)								
(3)								
(4)	2. Rent receiv	red or accrued		<u>-</u> .		1		
(a) From personal property (if the per			and pe	ersonal property (if the percentage		3(a) Deductions directly	connected with th	e income in
rent for personal property is more 10% but not more than 50%)	than	` of rent for	persor	aal property exceeds 50% or if assed on profit or income)		columns 2(a) and	d 2(b) (attach sche	edule)
_(1)								
(2)						1		
(3)								
(4)		ļ						
Total	0.	Total			0.	/h) Tatal daduations		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Dek	ot-Financed	Income (see	ınst	ructions)				
			ĺ	2. Gross income from		Deductions directly conn to debt-finance	ected with or allowed property	cable
1. Description of debt-fit	nanced property			or allocable to debt-	(a) Straight line depreciation		(b) Other deductions	
r. besigned of dest in	nanoca proporty		İ	financed property		(attach schedule)	(attach	schedule)
<u></u>			+					
<u>(1)</u> (2)			+	<u></u>				
(3)			+				-	
(4)			+-					
4. Amount of average acquisition	5. Average	adjusted basis	+	6. Column 4 divided		7. Gross income	Q Alloca	ble deductions
debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	allocable to anced property h schedule)		by column 5		reportable (column 2 x column 6)	(column 6 x	total of columns and 3(b))
(1)			+	%				
(2)			1	%		-		
(3)		_		%				
(4)				%				
			•			inter here and on page 1, Part I, line 7, column (A)		and on page 1, 7, column (B)
Totala				_		0		0.
Totals Total dividends-received deductions	ncluded in colum	n 8					1	0.
. o.u. ditiudingo idecitoù deddetibilo il							1	

ENTITY		10
1	OMB No	1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning

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

Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is						501(c)(3) Organizations Only
Name	of the organization	IHC HEALTH SERVICES, INC.	Employer identificate 94-2854057	ion number		
		Activity Code (see instructions) 624100 ed trade or business DIETARY CONSUL	TING			·
Pai	til Unrelated	Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a b	Less returns and allo	owances c Balance ▶	1c	11,686.	entral	
2 3	Gross profit Subt	d (Schedule A, line 7) ract line 2 from line 1c	3	11,686.		11,686.
4a b	, ,	come (attach Schedule D) rm 4797, Part II, line 17) (attach Form 4797)	4a 4b			
с 5	Capital loss deduction (loss) from statement)	ction for trusts a a partnership or an S corporation (attach	4c 5	**************************************		
6 7	Rent income (Schounger)	edule C) anced income (Schedule E)	6 7			
8		, royalties, and rents from a controlled	8			
9	Investment incom- organization (Sche	e of a section 501(c)(7), (9), or (17) edule G)	9			
10 11	Exploited exempt Advertising incom	activity income (Schedule I) e (Schedule J)	10 11		British and Res 190 (190 (190 (190 (190 (190 (190 (190	
12 13	Other income (See Total, Combine lin	e instructions; attach schedule) nes 3 through 12	12 13	11,686.		11,686.

Partill Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages .	15	9,591.
16	Repairs and maintenance	16	
17	Bad debts .	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	730.
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	<u>.</u>
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	2,040.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 19	27	158.
28	Total deductions. Add lines 14 through 27	28	12,519.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-833.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	2	
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	-833.

LHA For Paperwork Reduction Act Notice, see instructions.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 19
DESCRIPTION		AMOUNT
MISCELLANEOUS		158.
TOTAL TO SCHEDULE M, PA	RT II, LINE 27	158.

ENTITY Form 990-T (2019) Page 3 IHC HEALTH SERVICES INC. 94-2854057 Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A Inventory at beginning of year 6 Inventory at end of year 6 2 Purchases 2 7 Cost of goods sold Subtract line 6 3 Cost of labor 3 from line 5. Enter here and in Part I, 4a Additional section 263A costs 7 line 2 (attach schedule) 8 Do the rules of section 263A (with respect to Yes No **4a b** Other costs (attach schedule) 4b property produced or acquired for resale) apply to Total. Add lines 1 through 4b Х 5 the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3)(4) Rent received or accrued 3(a) Deductions directly connected with the income in (a) From personal property (if the percentage of (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if columns 2(a) and 2(b) (attach schedule) rent for personal property is more than 10% but not more than 50%) the rent is based on profit or income) (1) (2) (3)(4) Total Total 0. (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, Part I, line 6, column (B) here and on page 1, Part I, line 6, column (A) 0. 0. Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to debt-financed property Gross income from or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) 1. Description of debt-financed property (1) (2)(3) (4) Average adjusted basis of or allocable to debt-financed property (attach schedule) 4 Amount of average acquisition debt on or allocable to debt-financed 6. Column 4 divided 7. Gross income 8 Allocable deductions by column 5 reportable (column (column 6 x total of columns property (attach schedule) 2 x column 6) 3(a) and 3(b)) (1) % (2) % (3) % (4) %

Form 990-T (2019)

0. 0.

Enter here and on page 1.

Part I, line 7, column (B)

Totals

Total dividends-received deductions included in column 8

Enter here and on page 1,

Part I, line 7, column (A)

0

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No. 1545-0047

ENTITY

OMB No 1545-0047

11

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning _______, and ending _______, and ending _______.

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

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

2,720,298.

Employer identification number Name of the organization IHC HEALTH SERVICES, INC. 94-2854057 Unrelated Business Activity Code (see instructions) ▶ LAUNDRY Describe the unrelated trade or business Part C Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales 2,720,298 **b** Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 2,720,298 2,720,298 3 Gross profit. Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 6 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) 8 investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 11

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

12

2,720,298.

14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	1,291,693.
16	Repairs and maintenance			·	16	60,289.
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)	SE	E STA	TEMENT 20	18	2,238.
19	Taxes and licenses				19	95,468.
20	Depreciation (attach Form 4562)		20	130,606.		
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	130,606.
22	Depletion				22	
23	Contributions to deferred compensation plans			•	_23	
24	Employee benefit programs				24	1,343.
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)	SE	E STA	TEMENT 21	27	1,100,679.
28	Total deductions. Add lines 14 through 27				28	2,682,316.
29	Unrelated business taxable income before net operating loss deduction. Sub	tract line	28 fro	om line 13	29	37,982.
30	Deduction for net operating loss arising in tax years beginning on or after Jan	uary 1,	2018 (see		
	instructions)				30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29				31	37,982.

LHA For Paperwork Reduction Act Notice, see instructions.

Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12

FORM 990-T (M)	INTEREST PAID	STATEMENT 20
DESCRIPTION		AMOUNT
INTEREST		2,238.
TOTAL TO SCHEDULE M, PA	RT II, LINE 18	2,238.
FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 21
DESCRIPTION		AMOUNT
SUPPLIES		259,280.
TRAVEL RENT		2,315. 650.
MISCELLANEOUS		43,303.
OUTSIDE SERVICES		143,998.
UTILITIES		143,553.
POSTAGE AND PRINTING		158.
FREIGHT INDIRECT EXPENSES		76. 507,346.
TOTAL TO SCHEDULE M, PA	RT II, LINE 27	1,100,679.

IHC HEALTH SER					94-28540)57		
Schedule A - Cost of Goods	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					
4 a Additional section 263A costs			line 2		•	7		
(attach schedule)	4a		8 Do the rules of section	1 263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a					
5 Total. Add lines 1 through 4b	5		the organization?	•	,,			x
Schedule C - Rent Income (Property and	Personal Property L	ease	d With Real Prop	erty))	
(see instructions)								
Description of property						-		
(1)								
(2)							••	
(3)			_ +				-	
(4)								
	2. Rent receiv	ed or accrued			<u> </u>			
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	` of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) a	connec	ted with the income attach schedule)	ŧΠ
(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	(A)	.		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)	_				
			2. Gross income from		 Deductions directly conto debt-finance 			
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	
(1)			-	1				
(2)				†				
(3)				1				
(4)				<u> </u>				
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 (column 6 x total of column 3(a) and 3(b))	columns
(1)			%					
(2)			%					
(3)			%	1				
(4)			%	1				
	_				inter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, columi	-
Totals			•	.	C			0.
Total dividends-received deductions in	cluded in columi	n 8				<u> </u>		0.
			-					

Unrelated Business Taxable Income from an Unrelated Trade or Business

ОМВ	No	1545-0047

ENTITY

12

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number Name of the organization IHC HEALTH SERVICES, INC. 94-2854057 Unrelated Business Activity Code (see instructions) SALES TRACINGS Describe the unrelated trade or business Part Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 603,000. 1a Gross receipts or sales 603,000 c Balance ▶ b Less returns and allowances 10 2 Cost of goods sold (Schedule A, line 7) 2 603,000. HAN THE TOP Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled 8 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 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12 603.000. 603,000. Total. Combine lines 3 through 12

Part ।। Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	2,077.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	Har.	
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	2,077.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	600,923.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
<u>31</u>	Unrelated business taxable income Subtract line 30 from line 29	31	600,923.

LHA For Paperwork Reduction Act Notice, see instructions.

4-2854057					
	1 _	28	54	U E	. 7

IHC HEALTH SEI					94-28540	57_		
Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6		
2 Purchases	2		7 Cost of goods sold. St	ubtract I	ine 6			
3 Cost of labor	3		from line 5. Enter here		i i			
4a Additional section 263A costs			line 2		ĺ	7		
(attach schedule)	4a		8 Do the rules of section					
b Other costs (attach schedule)	4b		property produced or a					
5 Total. Add lines 1 through 4b	5		the organization?		,,			Х
Schedule C - Rent Income (Property and		.ease	d With Real Prop	erty)		
(see instructions)								
Description of property								
(1)			,		•			
(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%)	centage of than	of rent for	and personal property (if the percenta personal property exceeds 50% or if ent is based on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connec d 2(b) (a	ted with the income in ittach schedule)	
(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		ter •		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	e instructions)					
				1	 Deductions directly conr to debt-finance 			
1			Gross income from or allocable to debt-	(a)	Straight line depreciation	1	(b) Other deductions	s
Description of debt-fir	nanced property		financed property	``	(attach schedule)		(attach schedule)	
(1)					·			
(2)								
(3)				l				
(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 h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8 Allocable deduction of x total of column 6 x total of column 3(a) and 3(b))	
(1)			%	<u> </u>				
(2)		***	%		-			
(3)			%				·	
(4)			%					
					inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (E	
Totals			•		0	.		0.
Total dividends-received deductions in	icluded in columi	n 8	•		<u> </u>			0.

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning , and ending

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name	of the organization IHC HEALTH SERVICES, INC.			Employer identification 94-285405	
	Unrelated Business Activity Code (see instructions) ► 532000				
	Describe the unrelated trade or business RENT FROM CON-	TROLL	ED ENTITIES & PERS	ONAL PROPERTY	
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 112,515.		-		
b	Less returns and allowances c Balance ▶	1c	112,515.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	112,515.		112,515.
4 a	Capital gain net income (attach Schedule D)	4a		* * * * * * * * * * * * * * * * * * *	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			X
С	Capital loss deduction for trusts	4c	_	1.00	
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	1		
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	112,515.		112,515.
Pa	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	ons f	for limitations on dec	ductions.) (Deduct	ions must be
14	Compensation of officers, directors, and trustees (Schedule K)			. 14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	

17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Depreciation (attach Form 4562)	20 36,585.		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	36,585.
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)		27	
28	Total deductions. Add lines 14 through 27		28	36,585.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28	8 from line 13	29	75,930.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 201	18 (see		
	instructions)		30	0.
<u>31</u>	Unrelated business taxable income Subtract line 30 from line 29		31	75,930.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2019)							1	Page 3
IHC HEALTH SER					94-28540	57		
Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	r		6		
2 Purchases	2		7 Cost of goods sold . Su	btract I	ine 6			
3 Cost of labor	3		from line 5. Enter here a	and in F	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 Other costs (attach schedule)	4b		property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					х
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Personal Property Lo	ease	d With Real Prop	erty)		
Description of property								
(1)								
(2)								
(3)		-						
(4)			-					
	2. Rent receiv	ed or accrued						
rent for personal property is more than of rent for i			and personal property (if the percentag personal property exceeds 50% or if int is based on profit or income)	je	3(a) Deductions directly columns 2(a) ar		ted with the income in ittach schedule)	'
(1)								
(2)								
(3)		1						
(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)	•		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	nstructions)					
		_	Gross income from or allocable to debt-	(-)	3. Deductions directly control to debt-finance		erty	
Description of debt-fir	nanced property		financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ıs
(1)								
(2)								
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fina	e adjusted basis allocable to anced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)			%			T^-		
(2)			%			T		
(3)			%			1	<u></u>	
(4)			%			1		
					inter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals			▶		0			0.
Total dividends-received deductions in	ncluded in colum	n 8						0.
			·				Form 990-T	(2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY		14
i	OMB No	1545-0047

1545-004/

2019

Department of the Treasury Internal Revenue Service pen to Public Inspection for 501(c)(3) Organizations Only

Name	inc health services, inc.			94-2854057	on number
	Inrelated Business Activity Code (see instructions) 621500 Describe the unrelated trade or business MEDICAL AND DI	AGNOS	STIC LABORATORIES	TO NON-PATIENTS	
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 12,433,237.				
b	Less returns and allowances c Balance ▶	1c	12,433,237.	·然於了第二個分百萬分	
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	12,433,237.	Contract Contract	12,433,237.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	-49,553.	建筑的大路域的名	-49,553.
С	Capital loss deduction for trusts	4c		75,4156.47.25°28	
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			
<u>13</u>	Total. Combine lines 3 through 12	13	12,383,684.		12,383,684.

Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	6,803,842.
16	Repairs and maintenance	16	330,515.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	480,636.
20	Depreciation (attach Form 4562) 20 778,499.		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	778,499.
22	Depietion	22	
23	Contributions to deferred compensation plans	23	380,200.
24	Employee benefit programs	24	1,164,843.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 22	27	7,760,773.
28	Total deductions. Add lines 14 through 27	28	17,699,308.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-5,315,624.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) STMT 23	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29	31	-5,315,624.

LHA For Paperwork Reduction Act Notice, see instructions.

FORM 990-T (M)	OTHER DEDUCTI	ONS	STATEMENT 22
DESCRIPTION			AMOUNT
SUPPLIES			3,866,666.
TELEPHONE			26,100.
RENT			90,104.
MISCELLANEOUS			1,244,113.
OUTSIDE SERVICES			2,086,445.
UTILITIES			48,727.
POSTAGE AND PRINTING			7,639.
INDIRECT EXPENSES			390,979.
TOTAL TO SCHEDULE M, PART II	, LINE 27		7,760,773.
SCHEDULE M NET	OPERATING LOSS I	DEDUCTION	STATEMENT 23
	LOSS		
TAX YEAR LOSS SUSTAINED	PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
TAX YEAR LOSS SUSTAINED 588,433.			

(4)

IHC	HEALTH	SERVICES	INC.

IHC HEALTH SERVICES, INC.					354057		
Sch	edule A - Cost of Goods S	old. Enter method	of inventory v	aluation N/A	_		
1	Inventory at beginning of year	1	6	Inventory at end of year	6		
2	Purchases	2	7	Cost of goods sold. Subtract 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		Yes	No
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
0-6	adula O Danklmaansa (Cu	and Deal Duame	at a see of Dans	and Durantel annul Mile Deal D			

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property	
(1)	
(2)	
(3)	

	2. Rent receive						
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) Fr	om real and personal property (if the percentage rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)							
(2)							
(3)							
(4)							
Total	0.	Total	0.				
	l income. Add totals of columns 2(a) and 2(b). End on page 1, Part I, line 6, column (A)	ter	0,	(b) Total dedu Enter here and or Part I, line 6, colu	n page 1.	•	0 ,

Schedule E - Unrelated Debt-Financed Income (see instructions)

		Gross income from or allocable to debt-	 Deductions directly connect to debt-financed 	
1 Description of debt-fine	Description of debt-financed property		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	Average adjusted basis of or allocable to debt-financed property (attach 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)		%		
			Enter 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 and	cluded in column 8	•	•	0.

Form 990-T (2019)

66,659.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

organization (Schedule F)

organization (Schedule G)

Advertising income (Schedule J)

Total, Combine lines 3 through 12

10

11

12

Investment income of a section 501(c)(7), (9), or (17)

Exploited exempt activity income (Schedule I)

Other income (See instructions, attach schedule)

For calendar year 2019 or other tax year beginning

► 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).

501(c)(3) Organizations Only

66,659.

Name of the organization Employer identification number IHC HEALTH SERVICES, INC. 94-2854057 541900 Unrelated Business Activity Code (see instructions) MENTAL HEALTH INTEGRATION Describe the unrelated trade or business Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 66,659 **b** Less returns and allowances c Balance ▶ 1c 2 Cost of goods sold (Schedule A, line 7) 66,659 Gross profit Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4h c Capital loss deduction for trusts 4¢ Income (loss) from a partnership or an S corporation (attach statement) 6 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled

8

9

10

11

12

13

Part | Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	43,426.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		_
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	43,426.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	23,233.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	<i>98</i>	
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	23,233.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2019)

0.

Ō.

Enter here and on page 1,

Part I, line 7, column (B)

(3)

(4)

Totals

Total dividends-received deductions included in column 8

%

%

Enter here and on page 1,

Part I, line 7, column (A)

0.

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning

OMB No 1545-0047

Department of the Treasury

► 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 org	anizatio	n is a 501	(c)(3).	£50,1(c)(3),Or	ganizations Only
Name of the organization	IHC HEALTH SERVICES, INC.						identificati 2854057	on number	
Liprolated Duagas	ss Activity Code (see instructions) 541519								
	33 / Cavity Code (See Instructions)	R RELA	TED SERV	ICES					
Part Unrelate	ed Trade or Business Income	1	(A) In	come		(B) Expe	nses	(C	C) Net
1a Gross receipts of	or sales 504,894.						2.34		
b Less returns and	_	1c		504,894	· ***			40.200	
2 Cost of goods s	sold (Schedule A, line 7)	2				177	1868年		
3 Gross profit Su	btract line 2 from line 1c	3		504,894					504,894
4a Capital gain net	income (attach Schedule D)	4a							
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			\$ \$2 V				
c Capital loss dec	duction for trusts	4c			\$ 10 m				
5 Income (loss) fro	om a partnership or an S corporation (attach								
statement)		5				77			
6 Rent income (Se	chedule C)	6						ļ	
7 Unrelated debt-	financed income (Schedule E)	7							
8 Interest, annuiti	es, royalties, and rents from a controlled								
organization (So	chedule F)	8			_			ļ	
9 Investment inco	ome of a section 501(c)(7), (9), or (17)								
organization (So	chedule G) .	9							
10 Exploited exem	pt activity income (Schedule I)	10						<u> </u>	
11 Advertising inco	ome (Schedule J)	11				1.1	28. A.S	<u> </u>	
12 Other income (S	See instructions, attach schedule)	12			- +	64-18 3			
13 Total. Combine	lines 3 through 12	13		504,894				<u> </u>	504,894
directly	ons Not Taken Elsewhere (See instruct connected with the unrelated business in			ons on d	leduct	ions.) (I	- 	ns must	t be
•	of officers, directors, and trustees (Schedule K)						14	 	
15 Salaries and wa	~						15		
16 Repairs and ma	intenance .		•	•			16		
17 Bad debts							17	-	
•	schedule) (see instructions)						18		
19 Taxes and licen				امما			19 70%		
, ,	ttach Form 4562)			20			21b		
·	on claimed on Schedule A and elsewhere on return			21a			22		
22 Depletion	- deferred companyon plans						23		
	o deferred compensation plans						24		
24 Employee bene							25		
·	expenses (Schedule I)						26		
	hip costs (Schedule J) ns (attach schedule)		SEI	E STATEM	ENT 24	<u>l</u>	27		2,187,886
	ns. Add lines 14 through 27						28		2,187,886
	no. / too iiiloo 17 tiiloogii 2/								<u> </u>

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

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

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

Schedule M (Form 990-T) 2019

29

30

-1,682,992.

-1,682,992.

29

30

instructions)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 24
DESCRIPTION		AMOUNT
MISCELLANEOUS		2,187,886.
TOTAL TO SCHEDULE M, PART I	I, LINE 27	2,187,886.

9	4	_	2	8	5	4	0	5	7	
---	---	---	---	---	---	---	---	---	---	--

IHC HEALTH SER						94-28540)57			
Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valu	uation N/A	<u> </u>					
1 Inventory at beginning of year	1		6 1	nventory at end of year	r		6			
2 Purchases	2		7	Cost of goods sold Su	ne 6		-			
3 Cost of labor	3		7	rom line 5. Enter here						
4a Additional section 263A costs			7	ine 2		,	7			
(attach schedule)	4a		1	o the rules of section	263A (v	vith respect to		Y	es	No
b Other costs (attach schedule)	4b		7	roperty produced or a	•					$\overline{}$
5 Total. Add lines 1 through 4b	5		7	he organization?		,				х
Schedule C - Rent Income (Property and			eased	With Real Prop	ertv)		
(see instructions)								,		
1. Description of property										
(1)										
(2)	,			· · · · · · · · · · · · · · · · · · ·						
(3)										
(4)										
	2. Rent receiv	ed or accrued								
(a) From personal property (if the perc	entage of	(b) From real a	and persona	al property (if the percentag	36	3(a) Deductions directly	connec	ted with the incom attach schedule)	ne in	
rent for personal property is more 10% but not more than 50%)	than	of rent for p	personal pro	operty exceeds 50% or if on profit or income)		0010111110 2(4) 44		a,		
(1)										
(2)										
(3)		· · · · · · · · · · · · · · · · · · ·								
(4)			-							—
Total	0.	Total		· · · · · ·	0.					
(c) Total income. Add totals of columns 2			-			(b) Total deductions.				
here and on page 1, Part I, line 6, column		lei			٥.	Enter here and on page 1, Part I, line 6, column (B)				٥.
Schedule E - Unrelated Deb		Income (see	ınstructı	ione)		rati, inte o, column (b)				
001104410 = 0111014104 = 01		11001110 (300	T	10113)		3. Deductions directly con	nected	with or allocable		
				Gross income from		to debt-finance				
1 Description of debt-fin	anced property		or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
						(unadir contoculo)		(2	,	
(1)			 				+			—
(2)			+				+			
(3)			 				+			
(4)			+				+			
4 Amount of average acquisition	F. Averese	advisted basis	<u> </u>	0-1 4 doubted		7 6	+	O Allegable de		
debt on or allocable to debt-financed	of or a	adjusted basis	6	Column 4 divided by column 5		7 Gross income reportable (column		8. Allocable ded (column 6 x total o	f colur	ns mns
property (attach schedule)		nced property h schedule)				2 x column 6)		3(a) and 3(b))	
(1)				%			+-			
(2)				%						
(3)				% %			+-			
(4)				%		· · · · · · · · · · · · · · · · · · ·	+			
(7)				/0	-	ator horo and as sees 4	+	Enter here and an		
						nter here and on page 1, 'art I, line 7, column (A)		Enter here and on part I, line 7, colur		
Totala						0				0.
Totals Total dividends-received deductions in	cluded in column	1 B					+			0.
TOTAL GIVIDENUS-TECEIVED DEDUCTIONS III	giadea iii colalili							Form 99 (1.T /	
								101111330	J" (4	_U U

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No	1545-0047

ENTITY

17

Department of the Treasury

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

For calendar year 2019 or other tax year beginning

Internal Revenue Service Do no		► Do not enter SSN num	nbers on this form as it	may be r	nade public if your organ	ization is a 501(c)(3).	(50 1(c)(3) Organizations Only
Name	of the organization	IHC HEALTH SERVICES	s, INC.			Employer identification 94-285405	
ī	Jnrelated Business	Activity Code (see instruction	ons) > 323100				
[Describe the unrelat	ted trade or business	PRINTING				
Pä	ntil Unrelated	Trade or Business I	ncome		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or	sales 3,	337.				**************************************
b	Less returns and allo	owances	c Balance ▶	1c	3,337.		
2	Cost of goods sole	d (Schedule A, line 7)		2			
3	Gross profit Subt	ract line 2 from line 1c		3	3,337.		3,337.
4 a	Capital gain net in	come (attach Schedule D)		4a			
b	Net gain (loss) (Fo	rm 4797, Part II, line 17) (at	tach Form 4797)	4b			
С	Capital loss deduc	ction for trusts		4c			<u></u>
5	Income (loss) from	n a partnership or an S corp	oration (attach	1			Ž.)
	statement)			5			2 ²⁻¹
6	Rent income (Sch	edule C)		6			
7	Unrelated debt-fin	anced income (Schedule E)	1	7			•
8	Interest, annuities	, royalties, and rents from a	controlled				
	organization (School	edule F)		8			
9	Investment incom	e of a section 501(c)(7), (9),	or (17)				
	organization (Sche	edule G)		9			
10	Exploited exempt	activity income (Schedule I)	10			
11	Advertising incom	ie (Schedule J)		11			
12	Other income (See	e instructions, attach sched	lule)	12	· · · · · · · · · · · · · · · · · · ·		<u> </u>
13	Total. Combine lir	nes 3 through 12		13	3,337.	<u> </u>	3,337.
Pa		ns Not Taken Elsewh Innected with the unre				ductions.) (Deduct	tions must be
14	Compensation of	officers, directors, and trust	tees (Schedule K)			. 14	
15	Salaries and wage	es				15	
16	Repairs and maint	tenance				16	
17	Bad debts					17	<u>'</u>
							. 1

14	Compensation of officers, directors, and trustees (Schedule K)				14		
15	Salaries and wages				15		
16	Repairs and maintenance				16		
17	Bad debts				17		
18	Interest (attach schedule) (see instructions)				18		
19	Taxes and licenses				19		
20	Depreciation (attach Form 4562)	20	<u>o </u>				
21	Less depreciation claimed on Schedule A and elsewhere on return	21	la		21b		
22	Depletion				22	<u> </u>	
23	Contributions to deferred compensation plans				23		
24	Employee benefit programs				24		
25	Excess exempt expenses (Schedule I)				25		
26	Excess readership costs (Schedule J)				26		
27	Other deductions (attach schedule)	SEE S	TAT	EMENT 25	27		3,148.
28	Total deductions. Add lines 14 through 27				28		3,148.
29	Unrelated business taxable income before net operating loss deduction. Subtract	t line 28	fro	m line 13	29		189.
30	Deduction for net operating loss arising in tax years beginning on or after January	y 1, 2018	8 (s	ee			
	instructions)				30		0.
31	Unrelated business taxable income. Subtract line 30 from line 29				31		189.
					0-1		F 000 T 0040

LHA For Paperwork Reduction Act Notice, see instructions.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 25
DESCRIPTION		AMOUNT
MISCELLANEOUS		3,148.
TOTAL TO SCHEDULE M, PA	RT II, LINE 27	3,148.

Forr	n 990-T (2019)				
Sc	IHC HEALTH SERVICES, INC. Schedule A - Cost of Goods Sold. Enter me Inventory at beginning of year 1				
1	Inventory at b	eginni	ng of year	1	
2	Purchases			2	

IHC HEALTH SER	VICES, INC	•				94-28540	57		
Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of yea	ır		. 6	,	
2 Purchases	2			Cost of goods sold. Su	ubtract l	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in f	Part I,			
4a Additional section 263A costs				line 2		Ł	7	_ == .	
(attach schedule)	8	Do the rules of section	263A (with respect to		Yes No			
Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?		<u>-</u>		х	
Schedule C - Rent Income (From Real	Property and	l Per	sonal Property L	ease.	d With Real Prope	erty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)							•		
(4)									
	2. Rent receiv	ed or accrued				Ĭ			
rent for personal property is more than of rent			personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)									
(2)									
(3)									
(4)							-		
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2	2(a) and 2(b). En	ter				(b) Total deductions.			
here and on page 1, Part I, line 6, column	` ' ' '	•			0.	Enter here and on page 1, Part I, line 6, column (B)	>	0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)			•		
			2	. Gross income from		Deductions directly conn to debt-finance		ole	
1 Description of debt-financed property				or allocable to debt- financed property (a		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)			- 		l		1		
(2)									
(3)									
(4)									
debt on or allocable to debt-financed of or a property (attach schedule) debt-finan		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 deductions (column 6 x total of column 3(a) and 3(b))		
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7,		

Form 990-T (2019)

Totals

Total dividends-received deductions included in column 8

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

2019
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	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT	7)	
	(See instructions and complete Part(s) III before Parts I and II)		
1	General business credit from line 2 of all Parts III with box A checked	1	150,000
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2019 See instructions	3	0
4	Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with		
	box C checked See instructions for statement to attach	4	1,454,728
5	Carryback of general business credit from 2020 Enter the amount from line 2 of Part III with		
_	box D checked See instructions	5	
6	Add lines 1, 3, 4, and 5	6	1,604,728
Part II			
7	Regular tax before credits	45.2	
•	•		
	• Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and		
	Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form		
	• Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the		
	applicable line of your return	7	0
	• Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G,	ju, '41	
	lines 1a and 1b, or the amount from the applicable line of your return		
_			
8	Alternative minimum tax		
	● Individuals Enter the amount from Form 6251, line 11	8	0
	• Corporations Enter -0	88354.61	
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 54	1,4,5,5	
	•		•
9	Add lines 7 and 8	9	0
		¥.	
10a	Foreign tax credit		
	Certain allowable credits (see instructions)		
С	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
		7441	
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-		
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See		
	instructions	le de la constante de la const	i .
14	Tentative minimum tax	7.44	
1-7	• Individuals Enter the amount from Form 6251, line 9		
	Corporations Little -0	1275	
	• Estates and trusts Enter the amount from Schedule I (Form 1041),		
	line 52	15	0
15	Enter the greater of line 13 or line 14		
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	
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,		
	or reorganization	22026F	Form 3800 (2019)
For Pap	erwork Reduction Act Notice, see separate instructions.		rom 3000 (2019)

Part			
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enti-	er -0- o	n line 26
18	Multiply line 14 by 75% (0 75) See instructions	18	0
19	Enter the greater of line 13 or line 18	19	0
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	0
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 2019 See instructions	24	0
25	Add lines 22 and 24	25	0
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	0
27	Subtract line 13 from line 11 If zero or less, enter -0	27	0
28	Add lines 17 and 26	28	0
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	0
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 2019 See instructions	33	0
34	Carryforward of business credit to 2019 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 2020 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 or 1040-SR), line 6, or Form 1040-NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c	38	0 5-m 3800 (2010)

	s) shown on return		Identifying number	
	·		94-2854057	
	HEALTH SERVICES, INC. General Business Credits or Eligible Small Business Credits (see ins			-
	General Business Credits or Eligible Small Business Credits (see insplete a separate Part III for each box checked below See instructions	tructio	118)	
Г				
~ }	X General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
c	·	Busin	ess Credit Carryforw	ards
D L	General Business Credit Carrybacks H Reserved			
	f you are filing more than one Part III with box A or B checked, complete and attach first an a			
ı	Il with box A or B checked Check here if this is the consolidated Part III			
	(a) Description of credit		(b) If claiming the credit	(c) Enter the
	On any line where the credit is from more than one source, a separate Part III is needed for e	each	from a pass-through	appropriate
•	through entity	4 -	entity, enter the EIN	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
	Reserved	1b		
C	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		
į.	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			150 000
	instructions for limitation)	1k		150,000
ı	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)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	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)			
	Employer differential wage payments (Form 8932)	1w		
X	Carbon oxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936).			
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (carryforward only)	1bb		
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain			
_	other credits (see instructions)	1zz		150 000
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		150,000
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4 a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)			
e	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		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
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		150 000

Employer credit for paid family and medical leave (Form 8994)

Add lines 4a through 4z and enter here and on the applicable line of Part II

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

h

i

4h

4i

4j

Form 4562

Department of the Treasury

Internal Revenue Service Name(s) shown on return **Depreciation and Amortization**

(Including Information on Listed Property)

► 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

Identifying number

IHC HEALTH SERVICES, INC. GENERAL DEPRECIATION 94-2854057 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions)...... 1 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 (a) Description of property (b) Cost (business use only) (c) Elected cost Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11. 12 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 . . . Note: Don't use Part II or Part III below for listed property. Instead, use Part V Part | Special Depreciation Allowance and Other Depreciation (Don't include listed property See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 1,136,248 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction (business/investment use period service only - see instructions) 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/I 27 5 yrs MM S/L h Residential rental 27 5 yrs MM S/L property 39 yrs ММ S/L i Nonresidential real S/L property MM Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L b 12-year 12 yrs c 30-year 30 yrs мм S/L ММ S/L d 40-year 40 vrs Part IV Summary (See instructions Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 1,136,248 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions, 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

	rt V Listed Pr	operty (Include	automol	nles	certain	oth	er ve	hicles	certa	in air	craft	and	proper	tv 1194	ed fo
Ρā		ent, recreation, o			Certaii	1 0111	iei ve	IIICICS	, certa	ılı alı	Ciait,	and	proper	ty use	5 u 10
		any vehicle for whas (a) through (c) o									lease e	expense	e, comp	lete or	ıly 24a
		- Depreciation and									passe	nger au	tomobile	es)	
24a	Do you have eviden					1	'es		24b f "\					Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)	(g)	((h)	((i)
	Type of property (list vehicles first)	Date placed in service	Business/ investment us	se Cost	(d) or other ba		isis for depr usiness/inve		Recovery		hod/ ention		eciation uction	1	section 179 ost
	·		percentage				use only	<u> </u>	<u> </u>	COIIV	ention	deu			
25	Special depreciat													<u> </u>	
26	Property used mo	sed more than 50%				e See	Instruct	lions	<u></u>	• • • •	. 25	<u>L</u>			
20	Property used mo	T Tall 50% ill a q		%		1						Γ		Γ.	
				%											
				%											
27	Property used 50°	% or less in a qualif	fied business	use					I	1		L ——			
	·			%			***************************************			S/L -			-		
				%						S/L -					
				%						S/L -					
28	Add amounts in co														
29	Add amounts in co	olumn (ı), line 26 E	Enter here a	nd on	line 7, pa	ge 1.	<u></u>					<u></u>	. 29	<u></u>	
					Informa										
	iplete this section for the pure mployees, first are													rovided	vehicle
io y	our employees, first ar	iswer the questions in	n Section C to					T						1 ,	(f)
					a) nde 1	,	(b) nicle 2	V.	(C) ehicle 3		d) ıcle 4		(e) ncle 5		icle 6
30	Total business/investment miles driven duri the year (don't include commuting miles)														
31	•	miles driven during													
	•	personal (nonco	•												
-	miles driven	•								ŀ					
33	Total miles drive		ear Add												
		32			0		0		0	<u> </u>	0		0		
34	Was the vehicl	e available for	personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty	y hours?					ļ	<u> </u>		ļ				<u> </u>	
35	Was the vehicle		•						ľ						
		related person?			-			 		ļ			-	ļ 	-
36	Is another vehic	cle available for	personal												İ
	use?					D		<u> </u>		l lase The	l sis Fss				
۸	کو wer these questio:	ection C - Question								-				who a	ron't
	e than 5% owners				eption t	o com	ipieting	Section	011 6 101	verlicie	s useu	by em	pioyees	WIIO a	i eii t
	Do you maintain				obibite :	all nor	eonal u	se of	vehicles	includ	dina co	mmutir	na by	Yes	No
31											ing co				
38	Do you maintain	a written policy	statement 1	that p	ohibits	persor	nal use	of ve	hicles, e	xcept	commu	ting, by	y your		
		he instructions for					ers, dire	ctors,	or 1% or	more o	wners				
	Do you treat all us														ļ
40	Do you provide i					s, obta	ain info	rmatic	n from	your er	nployee	es abo	ut the		
		s, and retain the inf													<u> </u>
41	Do you meet the r														
D.		ver to 37, 38, 39, 4	40, 0r 4 i is	res,	don t co	mpiete	Section	101	the covi	ereu vei	licies			<u> </u>	
υć	rt VI Amortiza	uon		-							(e	,	_		
	(a)		(b) Date amor	tization		(c)			(d)		Amorti	zation		(f)	
	Description	of costs	begin		Am	ortizabl	e amount		Code se	ection	percer		Amortiza	ation for t	hıs year
			1								1 60.00				
42	Amortization of co	sts that begins dur	ring your 20	19 tax	year (se	e instr	uctions')							
42	Amortization of co	ests that begins dur	ring your 20	19 tax	year (se	e instr	uctions) T							
12	Amortization of co	ests that begins dur	ring your 20	19 tax	year (se	e instr	uctions) 							
42		ests that began bef	fore your 20	19 tax	year							43			