

Form **990-T**
Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))
For calendar year 2022 or other tax year beginning 07-01-2022 and ending 06-30-2023
▶ 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).

OMB No. 1545-0047
2022
Open to Public
Inspection for 501(c)(3)
Organizations Only

| | | | |
|--|----------------------|--|---|
| A <input type="checkbox"/> Check box if address changed. | Print or Type | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) INNOVIS HEALTH LLC | D Employer identification number 26-1175213 |
| | | Number, street, and room or suite no. If a P.O. box, see instructions. 3000 32ND AVE S | E Group exemption number (see instructions) |
| | | City or town, state or province, and ZIP or foreign postal code FARGO, ND 58103 | F <input type="checkbox"/> Check box if an amended return. |
| B Exempt under section <input checked="" type="checkbox"/> 501(c3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A | | C Book value of all assets at end of year ▶ 320,627,613 | |
| G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust State college/university <input type="checkbox"/> | | | |
| H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439 | | | |
| I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/> | | | |
| J Enter the number of attached Schedules A (Form 990-T) ▶ 4 | | | |
| K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶ ESSENTIA HEALTH. # 20-0360007 | | | |
| L The books are in care of ▶ DOUG ARVIN 3000 32ND AVE S FARGO, ND 58103 | | Telephone number ▶ (701) 364-8000 | |

Part I Total Unrelated Business Taxable Income

| | | |
|---|-----------|---------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 | 233,123 |
| 2 Reserved | 2 | |
| 3 Add lines 1 and 2 | 3 | 233,123 |
| 4 Charitable contributions (see instructions for limitation rules) | 4 | 23,212 |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | 209,911 |
| 6 Deduction for net operating loss. See instructions | 6 | |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | 209,911 |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) | 8 | 1,000 |
| 9 Trusts. Section 199A deduction. See instructions | 9 | |
| 10 Total deductions. Add lines 8 and 9 | 10 | 1,000 |
| 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 208,911 |

Part II Tax Computation

| | | |
|---|----------|--------|
| 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) ▶ | 1 | 43,871 |
| 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶ | 2 | |
| 3 Proxy tax. See instructions ▶ | 3 | |
| 4 Other tax amounts. See instructions | 4 | |
| 5 Alternative minimum tax (trusts only) | 5 | |
| 6 Tax on noncompliant facility income. See instructions | 6 | |
| 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | 43,871 |

Part III Tax and Payments

Table with 11 rows for tax and payments. Includes sections for foreign tax credit, other credits, total credits, total tax, payments, and tax due. Total tax due is 1,129.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

Table with 5 rows for statements regarding certain activities. Includes questions about foreign accounts, foreign trusts, NOL carryovers, and accounting changes. All 'No'.

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Table with 4 columns: Part Number, Line Number, Explanation, Amount. Contains two entries regarding bonus depreciation and Section 1.263(A)-1(F) election.

Sign Here: Declaration of preparer. Signature of DOUG ARVIN, Date 2024-05-06, Title VICE PRESIDENT, FINANCE.

Paid Preparer Use Only: Print/Type preparer's name JULIE BOYER, Firm's name RSM US LLP, Firm's address 227 W 1ST ST STE 700 DULUTH, MN 558021926.

TY 2022 OtherDeductionSchedule

Name: INNOVIS HEALTH LLC

EIN: 26-1175213

Form 4562 amount:

Form 8873 amount:

Management fees (non-employees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

| Other type of deduction | Other type deduction amount |
|---------------------------------------|-----------------------------|
| ALLOCATED OVERHEAD | 35,632 |
| OFFICE EXPENSES | 25,857 |
| PURCHASED SERVICES | 13,635 |
| MEDICAL SUPPLIES | 3,319 |
| ADVERTISING & PROMOTION | 2,034 |
| MISCELLANEOUS | 1,854 |
| TRAVEL | 689 |
| PUBLICATIONS & SUBSCRIPTIONS | 221 |
| INFORMATION TECHNOLOGY | 36 |
| LICENSES | 32 |
| CONFERENCES, CONVENTIONS AND MEETINGS | 3 |
| DUES | 1 |

TY 2022 OtherDeductionSchedule

Name: INNOVIS HEALTH LLC

EIN: 26-1175213

Form 4562 amount:

Form 8873 amount:

Management fees (non-employees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

| Other type of deduction | Other type deduction amount |
|-------------------------|-----------------------------|
| PURCHASED SERVICES | 108,409 |
| ADVERTISING & PROMOTION | 13,175 |
| OCCUPANCY | 10,540 |
| OFFICE EXPENSES | 9,386 |
| INFORMATION TECHNOLOGY | 3,334 |

TY 2022 OtherDeductionSchedule

Name: INNOVIS HEALTH LLC

EIN: 26-1175213

Form 4562 amount:

Form 8873 amount:

Management fees (non-employees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

| Other type of deduction | Other type deduction amount |
|-------------------------|-----------------------------|
| PURCHASED SERVICES | 1 |
| TRAVEL | 1 |

TY 2022 OtherIncomeSchedule3**Name:** INNOVIS HEALTH LLC**EIN:** 26-1175213**Earnings And Profits Other Adjustment Statement**

| Form Number or IRC Section Number | Other income description | Other income amount |
|--------------------------------------|--------------------------|---------------------|
| | STORAGE UNIT RENTAL | 375,527 |

Total Other Income Amount: 375,527

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

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

▶ 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).

OMB No. 1545-0047
2022
Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization
INNOVIS HEALTH LLC

B Employer identification number
26-1175213

C Unrelated business activity code (see instructions) ▶ 620000 **D** Sequence: 1 of 4

E Describe the unrelated trade or business ▶ SKIN RENEWAL SERVICES, REFERENCE LAB, & EXTERNAL MRIS

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--|---------|------------|--------------|---------|
| 1a Gross receipts or sales | 820,476 | | | |
| b Less returns and allowances | 301,558 | | | |
| 2 Cost of goods sold (Part III, line 8) | | 69,236 | | |
| 3 Gross profit. Subtract line 2 from line 1c | | 449,682 | | 449,682 |
| 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) | | | | |
| b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) | | | | |
| c Capital loss deduction for trusts | | | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | | | | |
| 6 Rent income (Part IV) | | 0 | 0 | |
| 7 Unrelated debt-financed income (Part V) | | 0 | 0 | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | | 0 | 0 | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | | 0 | 0 | |
| 10 Exploited exempt activity income (Part VIII) | | | | |
| 11 Advertising income (Part IX) | | 0 | 0 | |
| 12 Other income (see instructions; attach statement) | | | | |
| 13 Total. Combine lines 3 through 12 | | 449,682 | 0 | 449,682 |

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

| | | |
|--|-------|---------|
| 1 Compensation of officers, directors, and trustees (Part X) | | 0 |
| 2 Salaries and wages | | 272,730 |
| 3 Repairs and maintenance | | 52 |
| 4 Bad debts | | |
| 5 Interest (attach statement) (see instructions) | | |
| 6 Taxes and licenses | | 15,332 |
| 7 Depreciation (attach Form 4562) (see instructions) | 4,299 | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 4,299 | |
| 9 Depletion | | |
| 10 Contributions to deferred compensation plans | | 9,805 |
| 11 Employee benefit programs | | 58,935 |
| 12 Excess exempt expenses (Part VIII) | | |
| 13 Excess readership costs (Part IX) | | 0 |
| 14 Other deductions (attach statement) | | 83,313 |
| 15 Total deductions. Add lines 1 through 14 | | 444,466 |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | 5,216 |
| 17 Deduction for net operating loss (see instructions) | | 0 |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | | 5,216 |

Part III Cost of Goods Sold Enter method of inventory valuation ► **INVENTORIES AT COST**

| | | | |
|----------|--|----------|--------|
| 1 | Inventory at beginning of year | 1 | 0 |
| 2 | Purchases | 2 | 69,236 |
| 3 | Cost of labor | 3 | 0 |
| 4 | Additional section 263A costs (attach statement) | 4 | 0 |
| 5 | Other costs (attach statement) | 5 | 0 |
| 6 | Total. Add lines 1 through 5 | 6 | 69,236 |
| 7 | Inventory at end of year | 7 | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | 69,236 |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

| | A | B | C | D |
|--|----------|----------|----------|----------|
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) | | | | 0 |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | 0 |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

| | A | B | C | D |
|--|----------|----------|----------|----------|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | 0 |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | 0 |
| 11 Total dividends-received deductions included in line 10 | | | | 0 |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|---------------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals ▶ | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |
| | | | 0 | 0 |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|---------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals ▶ | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| | | 0 | | 0 |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | |
|--|---|--|
| 1 Description of exploited activity: _____ | 2 | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 3 | |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 4 | |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 5 | |
| 5 Gross income from activity that is not unrelated business income | 6 | |
| 6 Expenses attributable to income entered on line 5 | 7 | |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | | |

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A** _____
- B** _____
- C** _____
- D** _____

Enter amounts for each periodical listed above in the corresponding column.

| | A | B | C | D |
|--|---|---|---|---|
| 2 Gross advertising income | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | 0 |
| 3 Direct Advertising costs by periodical | | | | |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) | | | | 0 |
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 | | | | |
| 5 Readership costs | | | | |
| 6 Circulation income | | | | |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero | | | | |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | |
| a Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 | | | | 0 |

Part X Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|---|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| Total. Enter here and on Part II, line 1 | | | 0 |

Part XI Supplemental Information (see instructions)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**SCHEDULE A
(Form 990-T)**

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

OMB No. 1545-0047
2022
Open to Public Inspection for 501(c)(3) Organizations Only

▶ 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).

A Name of the organization
INNOVIS HEALTH LLC

B Employer identification number
26-1175213

C Unrelated business activity code (see instructions) ▶ 530000 **D** Sequence: 2 of 4

E Describe the unrelated trade or business ▶ STORAGE UNIT RENTAL

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--|--------------------|-------------------|--------------|---------|
| 1a Gross receipts or sales | | | | |
| b Less returns and allowances | c Balance ▶ | 1c | | |
| 2 Cost of goods sold (Part III, line 8) | | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | | 3 | | |
| 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) | | 4a | | |
| b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) | | 4b | | |
| c Capital loss deduction for trusts | | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | | 5 | | |
| 6 Rent income (Part IV) | | 6 0 | 0 | |
| 7 Unrelated debt-financed income (Part V) | | 7 0 | 0 | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | | 8 0 | 0 | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | | 9 0 | 0 | |
| 10 Exploited exempt activity income (Part VIII) | | 10 | | |
| 11 Advertising income (Part IX) | | 11 0 | 0 | |
| 12 Other income (see instructions; attach statement) | | 12 375,527 | | 375,527 |
| 13 Total. Combine lines 3 through 12 | | 13 375,527 | 0 | 375,527 |

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

| | | | |
|--|-----------|-----------|---------|
| 1 Compensation of officers, directors, and trustees (Part X) | | 1 | 0 |
| 2 Salaries and wages | | 2 | |
| 3 Repairs and maintenance | | 3 | 2,291 |
| 4 Bad debts | | 4 | |
| 5 Interest (attach statement) (see instructions) | | 5 | |
| 6 Taxes and licenses | | 6 | 5,646 |
| 7 Depreciation (attach Form 4562) (see instructions) | 7 | | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | 8b | |
| 9 Depletion | | 9 | |
| 10 Contributions to deferred compensation plans | | 10 | |
| 11 Employee benefit programs | | 11 | |
| 12 Excess exempt expenses (Part VIII) | | 12 | |
| 13 Excess readership costs (Part IX) | | 13 | 0 |
| 14 Other deductions (attach statement) | | 14 | 144,844 |
| 15 Total deductions. Add lines 1 through 14 | | 15 | 152,781 |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | | 16 | 222,746 |
| 17 Deduction for net operating loss (see instructions) | | 17 | 0 |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | | 18 | 222,746 |

Part III Cost of Goods Sold Enter method of inventory valuation ►

| | | | |
|----------|---|----------|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

| | A | B | C | D |
|--|----------|----------|----------|----------|
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) | | | | 0 |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | 0 |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

| | A | B | C | D |
|--|----------|----------|----------|----------|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | 0 |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | 0 |
| 11 Total dividends-received deductions included in line 10 | | | | 0 |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|---------------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals ▶ | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |
| | | | 0 | 0 |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|---------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals ▶ | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| | | 0 | | 0 |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | |
|--|---|--|
| 1 Description of exploited activity: _____ | 2 | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 3 | |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 4 | |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 5 | |
| 5 Gross income from activity that is not unrelated business income | 6 | |
| 6 Expenses attributable to income entered on line 5 | 7 | |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | | |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047 2022 Open to Public Inspection for 501(c)(3) Organizations Only

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).

A Name of the organization INNOVIS HEALTH LLC

B Employer identification number 26-1175213

C Unrelated business activity code (see instructions) 540000 D Sequence: 3 of 4

E Describe the unrelated trade or business ADMINISTRATIVE FEES

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (21,780), Cost of goods sold, Gross profit (21,780), and Total (21,780).

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

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers (0), Salaries and wages (15,427), Depreciation (7), and Total deductions (17,231).

Part III Cost of Goods Sold Enter method of inventory valuation ►

| | | | |
|----------|---|----------|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

| | A | B | C | D |
|--|----------|----------|----------|----------|
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) | | | | 0 |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | 0 |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

| | A | B | C | D |
|--|----------|----------|----------|----------|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | 0 |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | 0 |
| 11 Total dividends-received deductions included in line 10 | | | | 0 |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|---------------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals ▶ | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |
| | | | 0 | 0 |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|---------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals ▶ | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| | | 0 | | 0 |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | |
|--|---|--|
| 1 Description of exploited activity: _____ | 2 | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 3 | |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 4 | |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 5 | |
| 5 Gross income from activity that is not unrelated business income | 6 | |
| 6 Expenses attributable to income entered on line 5 | 7 | |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | | |

**SCHEDULE A
(Form 990-T)**

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

OMB No. 1545-0047

2022

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).

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

A Name of the organization
INNOVIS HEALTH LLC

B Employer identification number
26-1175213

C Unrelated business activity code (see instructions) ▶ 440000

D Sequence: 4 of 4

E Describe the unrelated trade or business ▶ OPTICAL SHOP

| Part I | Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|-----------|--|-----------------|--------------|---------|
| 1a | Gross receipts or sales <u>1,403</u> | | | |
| b | Less returns and allowances <u> </u> | | | |
| c | Balance ▶ | 1c 1,403 | | |
| 2 | Cost of goods sold (Part III, line 8) | 2 428 | | |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 975 | | 975 |
| 4a | Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) | 4a | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) | 4b | | |
| c | Capital loss deduction for trusts | 4c | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) | 5 | | |
| 6 | Rent income (Part IV) | 6 0 | 0 | |
| 7 | Unrelated debt-financed income (Part V) | 7 0 | 0 | |
| 8 | Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 0 | 0 | |
| 9 | Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 0 | 0 | |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | |
| 11 | Advertising income (Part IX) | 11 0 | 0 | |
| 12 | Other income (see instructions; attach statement) | 12 | | |
| 13 | Total. Combine lines 3 through 12 | 13 975 | 0 | 975 |

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

| | | | |
|-----------|--|-----------|-----|
| 1 | Compensation of officers, directors, and trustees (Part X) | 1 | 0 |
| 2 | Salaries and wages | 2 | 263 |
| 3 | Repairs and maintenance | 3 | |
| 4 | Bad debts | 4 | |
| 5 | Interest (attach statement) (see instructions) | 5 | |
| 6 | Taxes and licenses | 6 | 35 |
| 7 | Depreciation (attach Form 4562) (see instructions) | 7 | 1 |
| 8 | Less depreciation claimed in Part III and elsewhere on return | 8a | |
| 9 | Depletion | 9 | |
| 10 | Contributions to deferred compensation plans | 10 | 9 |
| 11 | Employee benefit programs | 11 | 53 |
| 12 | Excess exempt expenses (Part VIII) | 12 | |
| 13 | Excess readership costs (Part IX) | 13 | 0 |
| 14 | Other deductions (attach statement) | 14 | 2 |
| 15 | Total deductions. Add lines 1 through 14 | 15 | 363 |
| 16 | Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | 612 |
| 17 | Deduction for net operating loss (see instructions) | 17 | 0 |
| 18 | Unrelated business taxable income. Subtract line 17 from line 16 | 18 | 612 |

Part III Cost of Goods Sold Enter method of inventory valuation ► **INVENTORIES AT COST**

| | | | |
|----------|--|----------|-----|
| 1 | Inventory at beginning of year | 1 | 0 |
| 2 | Purchases | 2 | 428 |
| 3 | Cost of labor | 3 | 0 |
| 4 | Additional section 263A costs (attach statement) | 4 | 0 |
| 5 | Other costs (attach statement) | 5 | 0 |
| 6 | Total. Add lines 1 through 5 | 6 | 428 |
| 7 | Inventory at end of year | 7 | 0 |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | 428 |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

| | A | B | C | D |
|--|----------|----------|----------|----------|
| 2 Rent received or accrued | | | | |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) | | | | 0 |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | 0 |

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____

B _____

C _____

D _____

| | A | B | C | D |
|--|----------|----------|----------|----------|
| 2 Gross income from or allocable to debt-financed property | | | | |
| 3 Deductions directly connected with or allocable to debt-financed property | | | | |
| a Straight line depreciation (attach statement) | | | | |
| b Other deductions (attach statement) | | | | |
| c Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 Divide line 4 by line 5 | % | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | 0 |
| 9 Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | 0 |
| 11 Total dividends-received deductions included in line 10 | | | | 0 |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|---------------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals ▶ | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |
| | | | 0 | 0 |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|---------------------------|---------------------|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals ▶ | | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| | | 0 | | 0 |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | |
|--|---|--|
| 1 Description of exploited activity: _____ | 2 | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 3 | |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 4 | |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 5 | |
| 5 Gross income from activity that is not unrelated business income | 6 | |
| 6 Expenses attributable to income entered on line 5 | 7 | |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | | |

Form **4562**
Department of the Treasury
Internal Revenue Service
(99)

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.

OMB No. 1545-0172
2022
Attachment
Sequence No. **179**

Name(s) shown on return
INNOVIS HEALTH LLC
Business or activity to which this form relates
SKIN RENEWAL SERVICES, REFERENCE LAB,
&
Identifying number
26-1175213

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|--|----------|-----------|
| 1 Maximum amount (see instructions) | 1 | 1,080,000 |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,700,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|-----------|--|-------------------------------------|-------------------------|
| 7 | Listed property. Enter the amount from line 29. | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562. | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions. | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 ▶ | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

| | | |
|---|-----------|-------|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | 4,299 |

Part III MACRS Depreciation (Don't include listed property. See instructions.)

| Section A | | |
|--|-----------|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2022 | 17 | |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|---|---|----------------------------|-----------------------|-------------------|-----------------------------------|
| 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/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----------------------|--|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 30-year | | | 30 yrs. | MM | S/L | |
| d 40-year | | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | |
|--|-----------|-------|
| 21 Listed property. Enter amount from line 28 | 21 | |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 4,299 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions. Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2022 tax year (see instructions): 43 Amortization of costs that began before your 2022 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Additional Data

Software ID:

Software Version:

EIN: 26-1175213

Name: INNOVIS HEALTH LLC

Form **4562**
Department of the Treasury
Internal Revenue Service
(99)

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.

OMB No. 1545-0172
2022
Attachment
Sequence No. **179**

Name(s) shown on return: INNOVIS HEALTH LLC
Business or activity to which this form relates: OPTICAL SHOP
Identifying number: 26-1175213

Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 1,080,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,700,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29. | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2021 Form 4562. | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions. | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

| | | | |
|----|---|----|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 1 |

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

| | | | |
|----|--|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2022 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 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/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 27.5 yrs. | MM | S/L | |
| | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|---------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 30-year | | | 30 yrs. | MM | S/L | |
| d 40-year | | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|--|----|---|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 1 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note:For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 10 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for depreciation calculations.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for vehicle usage with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows 30-36 cover miles driven and personal use availability.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table with 2 columns: Yes, No. Rows 37-41 cover policy statements and vehicle availability for employees.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

Additional Data

Software ID:

Software Version:

EIN: 26-1175213

Name: INNOVIS HEALTH LLC