Attachment Q
Bid Solicitation 21DPP00633
T0894- Auditing Services, Acute Care Hospital Common Audit Program

Reportables to be sent to the State

Facility Name :	[redacted]
License # :	[redacted]
CY :	2018

Description	Date Completed
Audit Adjustment listing	3/26/2020
Revised Assessment	3/26/2020
Original Documents	3/26/2020
Entrance Conference write up	3/26/2020
Exit write up	3/26/2020
Other (if necessary)	3/26/2020

MYERS AND STAUFFER

Provider : [redacted]
License # [redacted]

5002

Adjustment Summary

By signing below, I acknowledge that I have been made aware of the proposed adjustments. I understand these adjustments are subject to review by Myers & Stauffer and the Department of Health and Senior Services.

Adjustment Number	W/P Link	Line	Column	Line Description	As Filed Amount	Adjustment	As Adjusted Amount	Preparer Notes
	NONE PROPOSED							

[redacted]
Signature of Provider Representative

4/23/2020
Date

[redacted]
Signature of Reviewer

04/23/2020
Date

MYERS STAUFFER

Facility Name: [redacted]
Facility Number:

In accordance with the current New Jersey Statewide Stay at Home Executive Order, the site tour cannot be completed at this time. Once the order is lifted, we will contact you to schedule the site tour. The table below identifies the documentation we requested in our letter dated _Feburary 28,2020. Please submit any outstanding documentation (if applicable) within 7 calendar days.

DOCUMENTATION

Document	Obtained	Outstanding	comment
Assessment	x		
Tax Return(s)	x		consolidated
Financial Statements (Audited if available)	x		consolidated
Support for Gross Receipts	x		
Support for Visits	x		
Floor Plan	x		
License	x		
WTB/GL	x		
Reconciliation	x		

Non-compliance will be reported to the New Jersey Department of Health and Senior Services (DHSS) and may trigger enforcement action by the Department in addition to actions taken to collect an assessment at the maximum level.

ADJUSTMENTS

By signing below, I acknowledge that I have been made aware of the proposed adjustments. I understand these adjustment are subject to review by Myers & Stauffer and the Department of Health and Senior Services

FACILITY COMMENTS

[redacted]
Signature of Provider Representative

4/23/2020
Date

[redacted]
Signature of Auditor

04/23/2020
Date

Summary: We exhibited the submitted 2018 assessment report and verified submitted amount to the source document. Refer to w/p 4001

1001.01

PBP

New Jersey Department of Health
CY2018 FINANCIAL REPORT
LICENSED AMBULATORY CARE FACILITIES
SUBJECT TO THE AMBULATORY ASSESSMENT

Refer to the accompanying instructions to fill out this form

Name and Address of Facility: [redacted]	License Number: [redacted]
	NJ Tax Identification Number:
[redacted]	

Line No.	Payer	A All Visits	B Gross Charges	C Gross reciepts*
1	Medicare (Fee-for-Service and/or HMO)	5,679	$14,362,911.47	$3,206,606.25
2	Medicaid (Fee-for-Service and/or HMO)	772	$1,841,679.00	$214,880.18
3	Other Government Payer	0	$0.00	$0.00
4	Commercial	4,758	$11,476,906.43	$4,255,969.38
5	Self Pay	23	$10,607.00	$1,996.83
6	Others	108	$272,197.00	$84,365.65
7	Totals	11,340 ③	$27,964,300.90 ②	$7,763,818.29 ①

*** IF CY 2019 Gross Reciepts are for less than 12 months, check here:** 4001 ☐ 4001 4001

Voluntarily Submitted Information for Charity Care Services	A All Visits	B Gross Charges	C Gross reciepts*
Reduced or No-Fee Care to Patients Based Upon Ability to Pay	17	$4,548.00	$1,611.00

Certified By (Print Name) [redacted]	Title Administrator/COO	
Signature	Telephone Number [redacted]	Date 5/24/2019
Name of License Holder (if different from above) Regional Cancer Care Associates, LLC		

[redacted]

License [redacted]

Review of Total Visits, Gross Charges and Gross Receipts
FOR THE YEAR ENDED: FY 2018

PURPOSE

To reconcile provider's total gross receipts, gross charges and visits from the support to the submitted assessment and Gross receipts to the tax returns

SOURCE

Submitted 2018 Assessment; Support for gross receipts/charges; Support for visits; Tax return and G/L and Tour

CONCLUSION

Tour

In accordance with the current New Jersey Statewide Stay at Home Executive Order, the site tour originally scheduled cannot be completed at this time. Once the order is lifted, we will contact you to schedule the site tour.

We reconciled gross receipts, gross charges and visits below:

All Visits

We reconciled Visits from the assessment to the provider's by payor support without exception.

		Tab _CY 2018Tomo Assessment		
	1001.01	1001.04		
	(3)	(A)		
Payer	Submitted	Revised	Difference	
Medicare	5,679	5,679	$ -	CF
Medicaid	772	772	$ -	CF
Commercial	4,758	4,758	$ -	CF
Self pay	23	23	$ -	CF
Others	108	108	$ -	CF
Total	11,340	11,340	$ -	

Gross Charges

We reconciled the submitted gross charges from the assessment to the provider's by payor support without exceptions.

Summary: Per the provider response located at 2004.02, the tax return is consolidated. Therefore, we included for the informational purpose.

Form **1065** Department of the Treasury Internal Revenue Service

U.S. Return of Partnership Income

For calendar year 2018, or tax year beginning _____, _____, ending _____, _____

EXTENSION GRANTED TO 09/16/19

OMB No. 1545-0123

2018

A Principal business activity: MED PRACTICE	Name of partnership: [redacted]	D Employer identification number: [redacted]
B Principal product or service: ONCOLOGY	Type or Print: Number, street, and room or suite no. If a P.O. box, see instructions. [redacted]	E Date business started: 02/25/1992
C Business code number: 621111	City or town, state or province, country, and ZIP or foreign postal code [redacted]	F Total assets: $ 5,220,025.

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return

H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 87

J Check if Schedules C and M-3 are attached ▶ ☐

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a	Gross receipts or sales	1a	519,835,355.	
	b	Returns and allowances	1b	546,359.	
	c	Balance. Subtract line 1b from line 1a		1c	519,288,996.
	2	Cost of goods sold (attach Form 1125-A)		2	
	3	Gross profit. Subtract line 2 from line 1c		3	519,288,996.
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) STMT 1		4	843,665.
	5	Net farm profit (loss) (attach Schedule F (Form 1040))		5	
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6	
	7	Other income (loss) (attach statement)		7	
	8	**Total income (loss).** Combine lines 3 through 7		8	520,132,661.
Deductions (see instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)		9	37,802,769.
	10	Guaranteed payments to partners		10	62,769,500.
	11	Repairs and maintenance		11	433,602.
	12	Bad debts		12	
	13	Rent		13	3,775,600.
	14	Taxes and licenses SEE STATEMENT 2		14	2,817,069.
	15	Interest (see instructions)		15	665,890.
	16a	Depreciation (if required, attach Form 4562)	16a		
	b	Less depreciation reported on Form 1125-A and elsewhere on return	16b	16c	
	17	Depletion **(Do not deduct oil and gas depletion.)**		17	
	18	Retirement plans, etc.		18	1,577,938.
	19	Employee benefit programs		19	3,581,305.
	20	Other deductions (attach statement) SEE STATEMENT 3		20	401,801,535.
	21	**Total deductions.** Add the amounts shown in the far right column for lines 9 through 20		21	515,225,208.
	22	**Ordinary business income (loss).** Subtract line 21 from line 8		22	4,907,453.
Tax and Payments	23	Interest due under the look-back method-completed long-term contracts (attach Form 8697)		23	
	24	Interest due under the look-back method-income forecast method (attach Form 8866)		24	
	25	BBA AAR imputed underpayment (see instructions)		25	
	26	Other taxes (see instructions)		26	
	27	**Total balance due.** Add lines 23 through 27		27	
	28	Payment (see instructions)		28	
	29	**Amount owed.** If line 28 is smaller than line 27, enter amount owed		29	
	30	**Overpayment.** If line 28 is larger than line 27, enter overpayment		30	

4001

TX

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ _____ Signature of partner or limited liability company member ▶ _____ Date

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
[redacted]	[redacted] COPY	09/13/19		[redacted]

Firm's name ▶ SAX LLP — Sax LLP, Certified Public Accountants

Firm's address [redacted] — 655 Valley Rd, Clifton, NJ 07013-2483

Firm's EIN ▶ [redacted]

Phone no. [redacted]

Schedule B Other Information

		Yes	No
1	What type of entity is filing this return? Check the applicable box:		
a	[ ] Domestic general partnership b [ ] Domestic limited partnership		
c	[X] Domestic limited liability company d [ ] Domestic limited liability partnership		
e	[ ] Foreign partnership f [ ] Other ▶		
2	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
3	At the end of the tax year, did the partnership:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below	X	

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
[redacted]				
LLC	[redacted]	PARTNERSHIP	UNITED STATES	46.13

		Yes	No
4	Does the partnership satisfy all four of the following conditions?		
a	The partnership's total receipts for the tax year were less than $250,000.		
b	The partnership's total assets at the end of the tax year were less than $ 1 million.		
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d	The partnership is not filing and is not required to file Schedule M-3		X
	If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		
5	Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?		X
6	During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
7	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
8	At any time during calendar year 2018, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ▶		X
9	At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
10 a	Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b	Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X

Schedule B Other Information *(continued)*

		Yes	No
c	Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) ▶ ☐		
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions ▶		
14	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership ▶		X
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		
16 a	Did you make any payments in 2018 that would require you to file Form(s) 1099? See instructions		X
b	If "Yes," did you or will you file required Form(s) 1099?		
17	Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶		
18	Enter the number of partners that are foreign governments under section 892. ▶		
19	During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21	Is the partnership a section 721(c) partnership, as defined in Treasury Regulations section 1.721(c)-1T(b)(14)?		X
22	During the tax year, did the partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions. If "Yes," enter the total amount of the disallowed deductions. ▶ $		X
23	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24	Does the partnership satisfy one of the following conditions and the partnership does not own a pass-through entity with current year, or prior year, carryover excess business interest expense? See instructions		X
a	The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year do not exceed $25 million, and the partnership is not a tax shelter, or		
b	The partnership only has business interest expense from (1) an electing real property trade or business, (2) an electing farming business, or (3) certain utility businesses under section 163(j)(7). If "No," complete and attach Form 8990.		
25	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions		X
	If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3. ▶ _____		
	If "No," complete Designation of Partnership Representative below.		

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR ▶	[redacted]	U.S. taxpayer identification number of PR ▶	[redacted]
U.S. address of PR	[redacted]	U.S. phone number of PR ▶	[redacted]
If the PR is an entity, name of the designated individual for the PR ▶		U.S. taxpayer identification number of the designated individual ▶	
U.S. address of designated individual ▶		U.S. phone number of designated individual ▶	

26	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 13. ▶ $		

Schedule K Partners' Distributive Share Items

			Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	4,907,453.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3 a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments	4	62,769,500.
	5 Interest income	5	
	6 Dividends and dividend equivalents: a Ordinary dividends	6a	
	b Qualified dividends 6b		
	c Dividend equivalents 6c		
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b Collectibles (28%) gain (loss) 9b		
	c Unrecaptured section 1250 gain (attach statement) 9c		
	10 Net section 1231 gain (loss) (attach Form 4797)	10	
	11 Other income (loss) (see instructions) Type ▶	11	
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13 a Contributions SEE STATEMENT 4	13a	528,129.
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
	d Other deductions (see instructions) Type ▶ SEE STATEMENT 5	13d	5,441,502.
Self-Employment	14 a Net earnings (loss) from self-employment	14a	66,833,288.
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	519,288,996.
Credits	15 a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16 a Name of country or U.S. possession ▶		
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Section 951A category ▶ e Foreign branch category ▶	16e	
	f Passive category ▶ g General category ▶ h Other ▶	16h	
	Deductions allocated and apportioned at partner level		
	i Interest expense ▶ j Other ▶	16j	
	Deductions allocated and apportioned at partnership level to foreign source income		
	k Section 951A category ▶ l Foreign branch category ▶	16l	
	m Passive category ▶ n General category ▶ o Other ▶	16o	
	p Total foreign taxes (check one): ▶ Paid ☐ Accrued ☐	16p	
	q Reduction in taxes available for credit (attach statement)	16q	
	r Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment	17a	-25.
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18 a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses SEE STATEMENT 6	18c	103,395.
	19 a Distributions of cash and marketable securities	19a	360,998.
	b Distributions of other property	19b	
	20 a Investment income	20a	
	b Investment expenses	20b	
	c Other items and amounts (attach statement) STMT 7		

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16p					1	61,707,322.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a General partners						
b Limited partners		61,522,815.	184,507.			

Schedule L Balance Sheets per Books

Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1 Cash		5,151,478.		2,405,079.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)	STATEMENT 8	2,272,859.		1,630,900.
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)	STATEMENT 9	1,624,009.		1,184,046.
14 Total assets		9,048,346.		5,220,025.
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)	STATEMENT 10	2,912,059.		3,730,794.
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more		6,608,608.		3,844,998.
20 Other liabilities (attach statement)	STATEMENT 11	1,505,962.		1,119,776.
21 Partners' capital accounts		-1,978,283.		-3,475,543.
22 Total liabilities and capital		9,048,346.		5,220,025.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	-1,165,573.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize): a Tax-exempt interest $	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):			
3 Guaranteed payments (other than health insurance)	62,769,500.	7 Deductions included on Schedule K, lines 1 through 13d, and 16p, not charged against book income this year (itemize): a Depreciation $	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize): STMT 13 87,358.			
a Depreciation $		8 Add lines 6 and 7	
b Travel and entertainment $ 16,037.	103,395.	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	61,707,322.
5 Add lines 1 through 4	61,707,322.		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	-1,978,283.	6 Distributions: a Cash	360,998.
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	-1,165,573.		
4 Other increases (itemize): STMT 14	29,311.	8 Add lines 6 and 7	360,998.
5 Add lines 1 through 4	-3,114,545.	9 Balance at end of year. Subtract line 8 from line 5	-3,475,543.

SCHEDULE M-3
(Form 1065)

Department of the Treasury
Internal Revenue Service

Net Income (Loss) Reconciliation for Certain Partnerships

▶ Attach to Form 1065.
▶ Go to www.irs.gov/Form1065 for instructions and the latest information.

OMB No. 1545-0123

2018

Name of partnership

[redacted] CANCER CARE ASSOCIATES LLC

Employer identification number

[redacted]

This Schedule M-3 is being filed because (check all that apply):

A ☐ The amount of the partnership's total assets at the end of the tax year is equal to $10 million or more.

B ☐ The amount of the partnership's adjusted total assets for the year is equal to $10 million or more. If box B is checked, enter the amount of adjusted total assets for the tax year _____.

C ☒ The amount of total receipts for the tax year is equal to $35 million or more. If box C is checked, enter the total receipts for the tax year 520,679,020.

D ☐ An entity that is a reportable entity partner with respect to the partnership owns or is deemed to own an interest of 50% or more in the partnership's capital, profit, or loss on any day during the tax year of the partnership.

Name of Reportable Entity Partner	Identifying Number	Maximum Percentage Owned or Deemed Owned

E ☐ Voluntary Filer

Part I Financial Information and Net Income (Loss) Reconciliation

1a Did the partnership file SEC Form 10-K for its income statement period ending with or within this tax year?
- ☐ **Yes.** Skip lines 1b and 1c and complete lines 2 through 11 with respect to that SEC Form 10-K.
- ☒ **No.** Go to line 1b. See instructions if multiple non-tax-basis income statements are prepared.

b Did the partnership prepare a certified audited non-tax-basis income statement for that period?
- ☒ **Yes.** Skip line 1c and complete lines 2 through 11 with respect to that income statement.
- ☐ **No.** Go to line 1c.

c Did the partnership prepare a non-tax-basis income statement for that period?
- ☐ **Yes.** Complete lines 2 through 11 with respect to that income statement.
- ☐ **No.** Skip lines 2 through 3b and enter the partnership's net income (loss) per its books and records on line 4a.

2 Enter the income statement period: Beginning 01/01/2018 Ending 12/31/2018

3a Has the partnership's income statement been restated for the income statement period on line 2?
- ☐ **Yes.** (If "Yes," attach a statement and the amount of each item restated.)
- ☒ **No.**

b Has the partnership's income statement been restated for any of the five income statement periods immediately preceding the period on line 2?
- ☐ **Yes.** (If "Yes," attach a statement and the amount of each item restated.)
- ☒ **No.**

4a	Worldwide consolidated net income (loss) from income statement source identified in Part I, line 1	4a	-1,165,573.
b	Indicate accounting standard used for line 4a (see instructions): 1 ☐ GAAP 2 ☐ IFRS 3 ☐ 704(b) 4 ☒ Tax-basis 5 ☐ Other: (specify) ▶		
5a	Net income from nonincludible foreign entities (attach statement)	5a	( )
b	Net loss from nonincludible foreign entities (attach statement and enter as a positive amount)	5b	
6a	Net income from nonincludible U.S. entities (attach statement)	6a	( )
b	Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount)	6b	
7a	Net income (loss) of other foreign disregarded entities (attach statement)	7a	
b	Net income (loss) of other U.S. disregarded entities (attach statement)	7b	
8	Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach stmt.)	8	
9	Adjustment to reconcile income statement period to tax year (attach statement)	9	
10	Other adjustments to reconcile to amount on line 11 (attach statement)	10	
11	**Net income (loss) per income statement of the partnership.** Combine lines 4a through 10	11	-1,165,573.

Note. Part I, line 11, must equal Part II, line 26, column (a) or Schedule M-1, line 1. See instructions.

12 Enter the total amount (not just the partnership's share) of the assets and liabilities of all entities included or removed on the following lines:

		Total Assets	Total Liabilities
a	Included on Part I, line 4	5,220,025.	8,695,568.
b	Removed on Part I, line 5		
c	Removed on Part I, line 6		
d	Included on Part I, line 7		

Form **8990**
(December 2018)
Department of the Treasury
Internal Revenue Service

Limitation on Business Interest Expense Under Section 163(j)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form8990 for instructions and the latest information.

OMB No. 1545-0123

Taxpayer name(s) shown on tax return [redacted]

Identification number [redacted]

Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to 163(j).

Section I - Business Interest Expense

1	Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation	1	665,890.		
2	Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	2			
3	Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h))	3			
4	Floor plan financing interest expense. See instructions	4			
5	**Total business interest expense.** Add lines 1 through 4 ▶			5	665,890.

Section II - Adjusted Taxable Income

Taxable Income

6	Taxable income. See instructions			6	61,707,322.

Additions (adjustments to be made if amounts are taken into account on line 6)

7	Any item of loss or deduction which is not properly allocable to a trade or business of the taxpayer. See instructions	7	5,969,631.		
8	Any business interest expense not from a pass-through entity. See instructions	8	665,890.		
9	Amount of any net operating loss deduction under section 172	9			
10	Amount of any qualified business income deduction allowed under section 199A	10			
11	Deduction allowable for depreciation, amortization, or depletion attributable to a trade or business	11			
12	Amount of any loss or deduction items from a pass-through entity. See instructions	12			
13	Other additions. See instructions	13			
14	Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14			
15	Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	15			
16	**Total.** Add lines 7 through 15 ▶			16	6,635,521.

Reductions (adjustments to be made if amounts are taken into account on line 6)

17	Any item of income or gain which is not properly allocable to a trade or business of the taxpayer. See instructions	17			
18	Any business interest income not from a pass-through entity. See instructions	18			
19	Amount of any income or gain items from a pass-through entity. See instructions	19	843,665.		
20	Other reductions. See instructions	20			
21	**Total.** Combine lines 17 through 20 ▶			21	843,665.
22	**Adjusted taxable income.** Combine lines 6, 16, and 21. (If zero or less, enter -0-.) ▶			22	67,499,178.

Section III - Business Interest Income

23	Current year business interest income. See instructions	23			
24	Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d))	24			
25	**Total.** Add lines 23 and 24 ▶			25	

Section IV - 163(j) Limitation Calculations

Limitation on Business Interest Expense

26	Multiply adjusted taxable income (line 22) by 30% (0.30). See instructions	26	20,249,753.		
27	Business interest income (line 25)	27			
28	Floor plan financing interest expense (line 4)	28			
29	**Total.** Add lines 26, 27, and 28 ▶			29	20,249,753.

Allowable Business Interest Expense

30	**Total current year business interest expense deduction.** See instructions	30	665,890.

Carryforward

31	**Disallowed business interest expense.** Subtract line 29 from line 5. (If zero or less, enter -0-.)	31	

Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

32	**Excess business interest expense.** Enter amount from line 31	32	

Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	33	665,890.
34	Subtract line 33 from line 26. (If zero or less, enter -0-.)	34	19,583,863.
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	35	.967116142
36	**Excess Taxable Income.** Multiply line 35 by line 22	36	65,279,545.

Excess Business Interest Income

37	**Excess business interest income.** Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	37	

Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	38	
39	Subtract line 38 from line 26. (If zero or less, enter -0-.)	39	
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	40	
41	**Excess Taxable Income.** Multiply line 40 by line 22	41	

Excess Business Interest Income

42	**Excess business interest income.** Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	42	

[redacted]

FORM 1065	INCOME (LOSS) FROM OTHER PARTNERSHIPS, ETC.	STATEMENT 1

NAME AND ADDRESS	EMPLOYER ID	AMOUNT
[redacted]	[redacted]	843,665.
TOTAL TO FORM 1065, LINE 4		843,665.

FORM 1065	TAX EXPENSE	STATEMENT 2

DESCRIPTION	AMOUNT
D.C. TAXES - BASED ON INCOME	11,000.
NJ ASSESSMENT TAX	248,724.
PAYROLL TAX	2,538,759.
REAL ESTATE TAXES	12,770.
SALES AND USE TAX	2,956.
TAXES AND LICENSES EXPENSE	2,860.
TOTAL TO FORM 1065, LINE 14	2,817,069.

[redacted] [redacted]

FORM 1065	OTHER DEDUCTIONS	STATEMENT 3

DESCRIPTION	AMOUNT
ADVERTISING	649,251.
BANK & CREDIT CARD FEES	251,771.
BILLING AND EMR	3,049,082.
COMMUNICATIONS AND POSTAGE	280,577.
COMPUTER EXPENSES	23,510.
COMPUTER LICENSES	147,832.
COMPUTER SUPPORT	488,118.
DATA ANALYTICS	2,251,044.
DRUG PURCHASE	359,394,361.
DUES AND SUBSCRIPTIONS	510,171.
EDUCATION	18,354.
EMPLOYEE FUNCTIONS/RELATIONS	133,245.
EMPLOYEE RECRUITMENT/ADS	262,451.
INSURANCE	1,495,186.
LAB EXPENSE AND SUPPLIES	3,565,332.
LAUNDRY SERVICE	133,959.
MANAGEMENT FEE	23,462,415.
MEALS	16,037.
MED EQUIPMENT RENTALS	54,078.
MEDICAL WASTE REMOVAL	386,513.
MISCELLANEOUS EXPENSE	633,293.
NEW JERSEY FILING FEES	65,000.
OFFICE EXPENSES	1,146,904.
OTHER MEDICAL COST	9,830.
OTHER PROFESSIONAL FEES	1,047,512.
PATIENT/EMPLOYEE MEALS AND SNACKS	129,721.
PROFESSIONAL FEES	338,199.
TRANSCRIPTION SERVICES	110,466.
TRAVEL AND SEMINAR	650,030.
UTILITIES AND TELEPHONE	879,272.
VEHICLE EXPENSE	218,021.
TOTAL TO FORM 1065, LINE 20	401,801,535.

SCHEDULE K	CHARITABLE CONTRIBUTIONS	STATEMENT 4

DESCRIPTION	TYPE	AMOUNT
CASH CHARITABLE CONTRIBUTIONS (60%)	CASH (60%)	528,129.
TOTALS TO SCHEDULE K, LINE 13A		528,129.

[redacted]C

[redacted]

SCHEDULE K	OTHER DEDUCTIONS	STATEMENT 5

DESCRIPTION	AMOUNT
401K CONTRIBUTION	1,359,422.
DISABILITY AND LIFE INSURANCE	312,186.
HEALTH INSURANCE	1,564,685.
PENSION CONTRIBUTION	2,205,209.
TOTAL INCLUDED IN SCHEDULE K, LINE 13D	5,441,502.

SCHEDULE K	NONDEDUCTIBLE EXPENSE	STATEMENT 6

DESCRIPTION	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	16,037.
TRANSPORTAION FRINGE BENEFIT	87,358.
TOTAL TO SCHEDULE K, LINE 18C	103,395.

SCHEDULE K	OTHER ITEMS	STATEMENT 7

DESCRIPTION	AMOUNT
EXCESS TAXABLE INCOME	65,279,545.
SECTION 199A QUALIFIED BUSINESS INCOME	0.
SECTION 199A SPECIFIED SERVICE INCOME	4,063,788.
SECTION 199A W-2 WAGES	38,646,434.
SECTION 199A UNADJUSTED BASIS	901,017.
SECTION 199A REIT DIVIDENDS	0.
SECTION 199A PTP INCOME	0.

SCHEDULE L — OTHER CURRENT ASSETS — STATEMENT 8

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ATOC INVESTMENTS		12,960.
DUE FROM CANCER CENTER	49,003.	38,236.
DUE FROM HUMC	3,470.	3,470.
DUE FROM/TO MOABD		4,536.
DUE FROM/TO ORPH		220,179.
DUE FROM/TO TCC 2		101,266.
EXCHANGE ASSET ACCOUNT	2,067.	2,067.
INVESTMENT IN FIRST HEALTH	4,500.	4,500.
OTHER CURRENT ASSETS	28,038.	73,038.
OTHER RECEIVABLE	2,176,358.	1,160,148.
PREPAID EXPENSES	9,423.	10,500.
TOTAL TO SCHEDULE L, LINE 6	2,272,859.	1,630,900.

SCHEDULE L — OTHER ASSETS — STATEMENT 9

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DUE FROM AFFILIATES	914,272.	0.
INTANGIBLE ASSETS		375,620.
OTHER LONG TERM ASSETS	552,775.	651,391.
SECURITY DEPOSITS	156,962.	157,035.
TOTAL TO SCHEDULE L, LINE 13	1,624,009.	1,184,046.

SCHEDULE L — OTHER CURRENT LIABILITIES — STATEMENT 10

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
OTHER CURRENT LIABILITIES	2,912,059.	3,730,794.
TOTAL TO SCHEDULE L, LINE 17	2,912,059.	3,730,794.

SCHEDULE L — OTHER LIABILITIES — STATEMENT 11

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DUE FROM AFFILIATES	1,505,962.	1,119,776.
TOTAL TO SCHEDULE L, LINE 20	1,505,962.	1,119,776.

Summary: Per the provider response located at 2004.02, the tax return is consolidated. Therefore, we included for the informational purpose.

Form **1065** Department of the Treasury Internal Revenue Service

U.S. Return of Partnership Income

OMB No. 1545-0123

2018

For calendar year 2018, or tax year beginning _____, _____, ending _____, _____

EXTENSION GRANTED TO 09/16/19

A Principal business activity: MED PRACTICE

B Principal product or service: ONCOLOGY

C Business code number: 621111

Name of partnership: [redacted]

D Employer identification number: [redacted]

Type or Print

Number, street, and room or suite no. If a P.O. box, see instructions. [redacted]

E Date business started: 02/25/1992

City or town, state or province, country, and ZIP or foreign postal code [redacted]

F Total assets: $ 5,220,025.

G Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return

H Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 87

J Check if Schedules C and M-3 are attached ▶ ☐

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

Income	1a Gross receipts or sales	1a	519,835,355.	
	b Returns and allowances	1b	546,359.	
	c Balance. Subtract line 1b from line 1a			1c 519,288,996.
	2 Cost of goods sold (attach Form 1125-A)			2
	3 Gross profit. Subtract line 2 from line 1c			3 519,288,996.
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) STMT 1			4 843,665.
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
	7 Other income (loss) (attach statement)			7
	8 Total income (loss). Combine lines 3 through 7			8 520,132,661.
Deductions (see instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			9 37,802,769.
	10 Guaranteed payments to partners			10 62,769,500.
	11 Repairs and maintenance			11 433,602.
	12 Bad debts			12
	13 Rent			13 3,775,600.
	14 Taxes and licenses SEE STATEMENT 2			14 2,817,069.
	15 Interest (see instructions)			15 665,890.
	16 a Depreciation (if required, attach Form 4562)	16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c
	17 Depletion (Do not deduct oil and gas depletion.)			17
	18 Retirement plans, etc.			18 1,577,938.
	19 Employee benefit programs			19 3,581,305.
	20 Other deductions (attach statement) SEE STATEMENT 3			20 401,801,535.
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21 515,225,208.
	22 Ordinary business income (loss). Subtract line 21 from line 8			22 4,907,453.
Tax and Payments	23 Interest due under the look-back method-completed long-term contracts (attach Form 8697)			23
	24 Interest due under the look-back method-income forecast method (attach Form 8866)			24
	25 BBA AAR imputed underpayment (see instructions)			25
	26 Other taxes (see instructions)			26
	27 Total balance due. Add lines 23 through 27			27
	28 Payment (see instructions)			28
	29 Amount owed. If line 28 is smaller than line 27, enter amount owed			29
	30 Overpayment. If line 28 is larger than line 27, enter overpayment			30

4001 TX

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member ▶ _____ Date

May the IRS discuss this return with the preparer shown below (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
[redacted]	COPY	09/13/19		[redacted]

Firm's name ▶ SAX LLP [redacted]

Firm's EIN ▶ [redacted]

Firm's address [redacted]

Phone no. [redacted]

Schedule B Other Information

		Yes	No
1	What type of entity is filing this return? Check the applicable box:		
a	☐ Domestic general partnership b ☐ Domestic limited partnership		
c	☒ Domestic limited liability company d ☐ Domestic limited liability partnership		
e	☐ Foreign partnership f ☐ Other ▶		
2	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		X
3	At the end of the tax year, did the partnership:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below			X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
[redacted]				
LLC			[redacted]ES	46.13

		Yes	No
4	Does the partnership satisfy all four of the following conditions?		
a	The partnership's total receipts for the tax year were less than $250,000.		
b	The partnership's total assets at the end of the tax year were less than $ 1 million.		
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d	The partnership is not filing and is not required to file Schedule M-3		X
	If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		
5	Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?		X
6	During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
7	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
8	At any time during calendar year 2018, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ▶		X
9	At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
10 a	Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b	Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X

Schedule B Other Information *(continued)*

		Yes	No
c	Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) ▶ ☐		
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions ▶		
14	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership ▶		X
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		
16 a	Did you make any payments in 2018 that would require you to file Form(s) 1099? See instructions		X
b	If "Yes," did you or will you file required Form(s) 1099?		
17	Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶		
18	Enter the number of partners that are foreign governments under section 892. ▶		
19	During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the instructions for Form 8938		X
21	Is the partnership a section 721(c) partnership, as defined in Treasury Regulations section 1.721(c)-1T(b)(14)?		X
22	During the tax year, did the partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions. If "Yes," enter the total amount of the disallowed deductions. ▶ $		X
23	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24	Does the partnership satisfy one of the following conditions and the partnership does not own a pass-through entity with current year, or prior year, carryover excess business interest expense? See instructions		X
a	The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year do not exceed $25 million, and the partnership is not a tax shelter, or		
b	The partnership only has business interest expense from (1) an electing real property trade or business, (2) an electing farming business, or (3) certain utility businesses under section 163(j)(7). If "No," complete and attach Form 8990.		
25	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions		X
	If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3. ▶ _____ If "No," complete Designation of Partnership Representative below.		

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR ▶	TERRILL JORDAN	U.S. taxpayer identification number of PR ▶	[redacted]
U.S. address of PR ▶	25 MAIN STREET, SUITE 601 HACKENSACK, NJ 07601	U.S. phone number of PR ▶	[redacted]
If the PR is an entity, name of the designated individual for the PR ▶		U.S. taxpayer identification number of the designated individual ▶	
U.S. address of designated individual ▶		U.S. phone number of designated individual ▶	

26	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 13. ▶ $		

Form 1065 (2018) [redacted] 4

Schedule K Partners' Distributive Share Items

			Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	4,907,453.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3 a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments	4	62,769,500.
	5 Interest income	5	
	6 Dividends and dividend equivalents: a Ordinary dividends	6a	
	b Qualified dividends 6b		
	c Dividend equivalents 6c		
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b Collectibles (28%) gain (loss) 9b		
	c Unrecaptured section 1250 gain (attach statement) 9c		
	10 Net section 1231 gain (loss) (attach Form 4797)	10	
	11 Other income (loss) (see instructions) Type ▶	11	
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13 a Contributions SEE STATEMENT 4	13a	528,129.
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
	d Other deductions (see instructions) Type ▶ SEE STATEMENT 5	13d	5,441,502.
Self-Employment	14 a Net earnings (loss) from self-employment	14a	66,833,288.
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	519,288,996.
Credits	15 a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16 a Name of country or U.S. possession ▶		
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Section 951A category ▶ e Foreign branch category ▶	16e	
	f Passive category ▶ g General category ▶ h Other ▶	16h	
	Deductions allocated and apportioned at partner level		
	i Interest expense ▶ j Other ▶	16j	
	Deductions allocated and apportioned at partnership level to foreign source income		
	k Section 951A category ▶ l Foreign branch category ▶	16l	
	m Passive category ▶ n General category ▶ o Other ▶	16o	
	p Total foreign taxes (check one): ▶ Paid ☐ Accrued ☐	16p	
	q Reduction in taxes available for credit (attach statement)	16q	
	r Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment	17a	-25.
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18 a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses SEE STATEMENT 6	18c	103,395.
	19 a Distributions of cash and marketable securities	19a	360,998.
	b Distributions of other property	19b	
	20 a Investment income	20a	
	b Investment expenses	20b	
	c Other items and amounts (attach statement) STMT 7		

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16p					1	61,707,322.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a General partners						
b Limited partners		61,522,815.	184,507.			

Schedule L Balance Sheets per Books

Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1 Cash		5,151,478.		2,405,079.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)	STATEMENT 8	2,272,859.		1,630,900.
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)	STATEMENT 9	1,624,009.		1,184,046.
14 Total assets		9,048,346.		5,220,025.
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)	STATEMENT 10	2,912,059.		3,730,794.
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more		6,608,608.		3,844,998.
20 Other liabilities (attach statement)	STATEMENT 11	1,505,962.		1,119,776.
21 Partners' capital accounts		-1,978,283.		-3,475,543.
22 Total liabilities and capital		9,048,346.		5,220,025.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	-1,165,573.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize): a Tax-exempt interest $	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):			
3 Guaranteed payments (other than health insurance)	62,769,500.	7 Deductions included on Schedule K, lines 1 through 13d, and 16p, not charged against book income this year (itemize): a Depreciation $	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize): STMT 13 87,358.			
a Depreciation $		8 Add lines 6 and 7	
b Travel and entertainment $ 16,037.	103,395.	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	61,707,322.
5 Add lines 1 through 4	61,707,322.		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	-1,978,283.	6 Distributions: a Cash	360,998.
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	-1,165,573.		
4 Other increases (itemize): STMT 14	29,311.	8 Add lines 6 and 7	360,998.
5 Add lines 1 through 4	-3,114,545.	9 Balance at end of year. Subtract line 8 from line 5	-3,475,543.

SCHEDULE M-3
(Form 1065)

Department of the Treasury
Internal Revenue Service

Net Income (Loss) Reconciliation for Certain Partnerships

▶ Attach to Form 1065.
▶ Go to www.irs.gov/Form1065 for instructions and the latest information.

OMB No. 1545-0123

2018

Name of partnership

[redacted]

Employer identification number

[redacted]

This Schedule M-3 is being filed because (check all that apply):

A ☐ The amount of the partnership's total assets at the end of the tax year is equal to $10 million or more.

B ☐ The amount of the partnership's adjusted total assets for the year is equal to $10 million or more. If box B is checked, enter the amount of adjusted total assets for the tax year _____ .

C ☒ The amount of total receipts for the tax year is equal to $35 million or more. If box C is checked, enter the total receipts for the tax year 520,679,020. .

D ☐ An entity that is a reportable entity partner with respect to the partnership owns or is deemed to own an interest of 50% or more in the partnership's capital, profit, or loss on any day during the tax year of the partnership.

Name of Reportable Entity Partner	Identifying Number	Maximum Percentage Owned or Deemed Owned

E ☐ Voluntary Filer

Part I Financial Information and Net Income (Loss) Reconciliation

1a Did the partnership file SEC Form 10-K for its income statement period ending with or within this tax year?
☐ Yes. Skip lines 1b and 1c and complete lines 2 through 11 with respect to that SEC Form 10-K.
☒ No. Go to line 1b. See instructions if multiple non-tax-basis income statements are prepared.

b Did the partnership prepare a certified audited non-tax-basis income statement for that period?
☒ Yes. Skip line 1c and complete lines 2 through 11 with respect to that income statement.
☐ No. Go to line 1c.

c Did the partnership prepare a non-tax-basis income statement for that period?
☐ Yes. Complete lines 2 through 11 with respect to that income statement.
☐ No. Skip lines 2 through 3b and enter the partnership's net income (loss) per its books and records on line 4a.

2 Enter the income statement period: Beginning 01/01/2018 Ending 12/31/2018

3a Has the partnership's income statement been restated for the income statement period on line 2?
☐ Yes. (If "Yes," attach a statement and the amount of each item restated.)
☒ No.

b Has the partnership's income statement been restated for any of the five income statement periods immediately preceding the period on line 2?
☐ Yes. (If "Yes," attach a statement and the amount of each item restated.)
☒ No.

4a	Worldwide consolidated net income (loss) from income statement source identified in Part I, line 1	4a	-1,165,573.
b	Indicate accounting standard used for line 4a (see instructions): 1 ☐ GAAP 2 ☐ IFRS 3 ☐ 704(b) 4 ☒ Tax-basis 5 ☐ Other: (specify) ▶ _____		
5a	Net income from nonincludible foreign entities (attach statement)	5a	( )
b	Net loss from nonincludible foreign entities (attach statement and enter as a positive amount)	5b	
6a	Net income from nonincludible U.S. entities (attach statement)	6a	( )
b	Net loss from nonincludible U.S. entities (attach statement and enter as a positive amount)	6b	
7a	Net income (loss) of other foreign disregarded entities (attach statement)	7a	
b	Net income (loss) of other U.S. disregarded entities (attach statement)	7b	
8	Adjustment to eliminations of transactions between includible entities and nonincludible entities (attach stmt.)	8	
9	Adjustment to reconcile income statement period to tax year (attach statement)	9	
10	Other adjustments to reconcile to amount on line 11 (attach statement)	10	
11	**Net income (loss) per income statement of the partnership.** Combine lines 4a through 10	11	-1,165,573.

Note. Part I, line 11, must equal Part II, line 26, column (a) or Schedule M-1, line 1. See instructions.

12 Enter the total amount (not just the partnership's share) of the assets and liabilities of all entities included or removed on the following lines:

		Total Assets	Total Liabilities
a	Included on Part I, line 4	5,220,025.	8,695,568.
b	Removed on Part I, line 5		
c	Removed on Part I, line 6		
d	Included on Part I, line 7		

Form **8990**
(December 2018)
Department of the Treasury
Internal Revenue Service

Limitation on Business Interest Expense Under Section 163(j)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form8990 for instructions and the latest information.

OMB No. 1545-0123

Taxpayer name(s) shown on tax return [redacted] | Identification number [redacted]

Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to 163(j).

Section I - Business Interest Expense

1	Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation	1	665,890.		
2	Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	2			
3	Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h))	3			
4	Floor plan financing interest expense. See instructions	4			
5	**Total business interest expense.** Add lines 1 through 4 ▶			5	665,890.

Section II - Adjusted Taxable Income

Taxable Income

6	Taxable income. See instructions			6	61,707,322.

Additions (adjustments to be made if amounts are taken into account on line 6)

7	Any item of loss or deduction which is not properly allocable to a trade or business of the taxpayer. See instructions	7	5,969,631.		
8	Any business interest expense not from a pass-through entity. See instructions	8	665,890.		
9	Amount of any net operating loss deduction under section 172	9			
10	Amount of any qualified business income deduction allowed under section 199A	10			
11	Deduction allowable for depreciation, amortization, or depletion attributable to a trade or business	11			
12	Amount of any loss or deduction items from a pass-through entity. See instructions	12			
13	Other additions. See instructions	13			
14	Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14			
15	Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	15			
16	**Total.** Add lines 7 through 15 ▶			16	6,635,521.

Reductions (adjustments to be made if amounts are taken into account on line 6)

17	Any item of income or gain which is not properly allocable to a trade or business of the taxpayer. See instructions	17			
18	Any business interest income not from a pass-through entity. See instructions	18			
19	Amount of any income or gain items from a pass-through entity. See instructions	19	843,665.		
20	Other reductions. See instructions	20			
21	**Total.** Combine lines 17 through 20 ▶			21	843,665.
22	**Adjusted taxable income.** Combine lines 6, 16, and 21. (If zero or less, enter -0-.) ▶			22	67,499,178.

Section III - Business Interest Income

23	Current year business interest income. See instructions	23			
24	Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d))	24			
25	**Total.** Add lines 23 and 24 ▶			25	

Section IV - 163(j) Limitation Calculations

Limitation on Business Interest Expense

26	Multiply adjusted taxable income (line 22) by 30% (0.30). See instructions	26	20,249,753.		
27	Business interest income (line 25)	27			
28	Floor plan financing interest expense (line 4)	28			
29	**Total.** Add lines 26, 27, and 28 ▶			29	20,249,753.

Allowable Business Interest Expense

30	**Total current year business interest expense deduction.** See instructions	30	665,890.

Carryforward

31	**Disallowed business interest expense.** Subtract line 29 from line 5. (If zero or less, enter -0-.)	31	

Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

32	**Excess business interest expense.** Enter amount from line 31	32	

Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	33	665,890.
34	Subtract line 33 from line 26. (If zero or less, enter -0-.)	34	19,583,863.
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	35	.967116142
36	**Excess Taxable Income.** Multiply line 35 by line 22	36	65,279,545.

Excess Business Interest Income

37	**Excess business interest income.** Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	37	

Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	38	
39	Subtract line 38 from line 26. (If zero or less, enter -0-.)	39	
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	40	
41	**Excess Taxable Income.** Multiply line 40 by line 22	41	

Excess Business Interest Income

42	**Excess business interest income.** Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	42	

[redacted] [redacted]

FORM 1065	INCOME (LOSS) FROM OTHER PARTNERSHIPS, ETC.	STATEMENT 1

NAME AND ADDRESS	EMPLOYER ID	AMOUNT
[redacted]	[redacted]	843,665.
TOTAL TO FORM 1065, LINE 4		843,665.

FORM 1065	TAX EXPENSE	STATEMENT 2

DESCRIPTION	AMOUNT
D.C. TAXES - BASED ON INCOME	11,000.
NJ ASSESSMENT TAX	248,724.
PAYROLL TAX	2,538,759.
REAL ESTATE TAXES	12,770.
SALES AND USE TAX	2,956.
TAXES AND LICENSES EXPENSE	2,860.
TOTAL TO FORM 1065, LINE 14	2,817,069.

STATEMENT(S) 1, 2

[redacted] [redacted]

FORM 1065	OTHER DEDUCTIONS	STATEMENT 3

DESCRIPTION	AMOUNT
ADVERTISING	649,251.
BANK & CREDIT CARD FEES	251,771.
BILLING AND EMR	3,049,082.
COMMUNICATIONS AND POSTAGE	280,577.
COMPUTER EXPENSES	23,510.
COMPUTER LICENSES	147,832.
COMPUTER SUPPORT	488,118.
DATA ANALYTICS	2,251,044.
DRUG PURCHASE	359,394,361.
DUES AND SUBSCRIPTIONS	510,171.
EDUCATION	18,354.
EMPLOYEE FUNCTIONS/RELATIONS	133,245.
EMPLOYEE RECRUITMENT/ADS	262,451.
INSURANCE	1,495,186.
LAB EXPENSE AND SUPPLIES	3,565,332.
LAUNDRY SERVICE	133,959.
MANAGEMENT FEE	23,462,415.
MEALS	16,037.
MED EQUIPMENT RENTALS	54,078.
MEDICAL WASTE REMOVAL	386,513.
MISCELLANEOUS EXPENSE	633,293.
NEW JERSEY FILING FEES	65,000.
OFFICE EXPENSES	1,146,904.
OTHER MEDICAL COST	9,830.
OTHER PROFESSIONAL FEES	1,047,512.
PATIENT/EMPLOYEE MEALS AND SNACKS	129,721.
PROFESSIONAL FEES	338,199.
TRANSCRIPTION SERVICES	110,466.
TRAVEL AND SEMINAR	650,030.
UTILITIES AND TELEPHONE	879,272.
VEHICLE EXPENSE	218,021.
TOTAL TO FORM 1065, LINE 20	401,801,535.

SCHEDULE K	CHARITABLE CONTRIBUTIONS	STATEMENT 4

DESCRIPTION	TYPE	AMOUNT
CASH CHARITABLE CONTRIBUTIONS (60%)	CASH (60%)	528,129.
TOTALS TO SCHEDULE K, LINE 13A		528,129.

[redacted]

SCHEDULE K	OTHER DEDUCTIONS	STATEMENT 5

DESCRIPTION	AMOUNT
401K CONTRIBUTION	1,359,422.
DISABILITY AND LIFE INSURANCE	312,186.
HEALTH INSURANCE	1,564,685.
PENSION CONTRIBUTION	2,205,209.
TOTAL INCLUDED IN SCHEDULE K, LINE 13D	5,441,502.

SCHEDULE K	NONDEDUCTIBLE EXPENSE	STATEMENT 6

DESCRIPTION	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	16,037.
TRANSPORTAION FRINGE BENEFIT	87,358.
TOTAL TO SCHEDULE K, LINE 18C	103,395.

SCHEDULE K	OTHER ITEMS	STATEMENT 7

DESCRIPTION	AMOUNT
EXCESS TAXABLE INCOME	65,279,545.
SECTION 199A QUALIFIED BUSINESS INCOME	0.
SECTION 199A SPECIFIED SERVICE INCOME	4,063,788.
SECTION 199A W-2 WAGES	38,646,434.
SECTION 199A UNADJUSTED BASIS	901,017.
SECTION 199A REIT DIVIDENDS	0.
SECTION 199A PTP INCOME	0.

SCHEDULE L — OTHER CURRENT ASSETS — STATEMENT 8

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ATOC INVESTMENTS		12,960.
DUE FROM CANCER CENTER	49,003.	38,236.
DUE FROM HUMC	3,470.	3,470.
DUE FROM/TO MOABD		4,536.
DUE FROM/TO ORPH		220,179.
DUE FROM/TO TCC 2		101,266.
EXCHANGE ASSET ACCOUNT	2,067.	2,067.
INVESTMENT IN FIRST HEALTH	4,500.	4,500.
OTHER CURRENT ASSETS	28,038.	73,038.
OTHER RECEIVABLE	2,176,358.	1,160,148.
PREPAID EXPENSES	9,423.	10,500.
TOTAL TO SCHEDULE L, LINE 6	2,272,859.	1,630,900.

SCHEDULE L — OTHER ASSETS — STATEMENT 9

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DUE FROM AFFILIATES	914,272.	0.
INTANGIBLE ASSETS		375,620.
OTHER LONG TERM ASSETS	552,775.	651,391.
SECURITY DEPOSITS	156,962.	157,035.
TOTAL TO SCHEDULE L, LINE 13	1,624,009.	1,184,046.

SCHEDULE L — OTHER CURRENT LIABILITIES — STATEMENT 10

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
OTHER CURRENT LIABILITIES	2,912,059.	3,730,794.
TOTAL TO SCHEDULE L, LINE 17	2,912,059.	3,730,794.

[redacted]C [redacted]

SCHEDULE L	OTHER LIABILITIES	STATEMENT 11

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DUE FROM AFFILIATES	1,505,962.	1,119,776.
TOTAL TO SCHEDULE L, LINE 20	1,505,962.	1,119,776.

[redacted] [redacted]

SCHEDULE M-1 EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN RETURN	STATEMENT 13
DESCRIPTION	AMOUNT
TRANSPORTAION FRINGE BENEFIT	87,358.
TOTAL TO SCHEDULE M-1, LINE 4	87,358.

SCHEDULE M-2 OTHER INCREASES	STATEMENT 14
DESCRIPTION	AMOUNT
CAPITAL TRANSFER	29,311.
TOTAL TO SCHEDULE M-2, LINE 4	29,311.

Summary: We reconciled the consolidated F/S from the consolidated tax return, However, we are unable to tie th[redacted] amount to the submitted Assessment a[redacted] and the accounting method is accrual.

1001.07

PBP

[redacted]es

Supplementary Information - Consolidating Statement of Income

Year Ended December 31, 2018

	Consolidating Information							
	Regional Cancer Care Associates LLC	RCCA MD LLC	RCCA MSO LLC	RCCA Holdings LLC	Eliminations	Total RCCA Group	The Cancer Center at HUMC, LLC	Consolidated
REVENUE, NET OF CONTRACTUAL ALLOWANCES, BAD DEBTS, AND PATENT REFUNDS	$ 517,906,323	$ 64,917,957	$ -	$ -	$ -	$ 582,824,280	$ 3,926,274	$ 586,750,554
1001.08								
OPERATING EXPENSES								
Drug purchases and other medical expenses	359,129,158	47,035,420	-	-	-	406,164,578	166,279	406,330,857
Medical personnel and related benefits	45,971,481	6,778,708	4,602,599	-	-	57,352,788	1,302,566	58,655,354
General and administrative expenses	42,743,552	4,711,139	1,604,327	811,747	(7,068,980)	42,801,785	631,749	43,433,534
Total operating expenses	447,844,191	58,525,267	6,206,926	811,747	(7,068,980)	506,319,151	2,100,594	508,419,745
Operating income (loss)	70,062,132	6,392,690	(6,206,926)	(811,747)	(7,068,980)	76,505,129	1,825,680	78,330,809
GUARANTEED PAYMENTS AND RELATED BENEFITS	68,100,445	4,594,226	50,000	-	-	72,744,671	-	72,744,671
Income (loss) before other income (expense)	1,961,687	1,798,464	(6,256,926)	(811,747)	7,068,980	3,760,458	1,825,680	5,586,138
OTHER INCOME (EXPENSE)								
Interest expense	(665,890)	(320,931)	-	-	-	(986,821)	-	(986,821)
Management fee income	-	-	6,257,275	811,705	(7,068,980)	-	-	-
(Loss) on disposal of property and equipment	-	-	-	(48,299)	-	(48,299)	-	(48,299)
Net other Income (expense)	(665,890)	(320,931)	6,257,275	763,406	(7,068,980)	(1,035,120)	-	(1,035,120)
Net income (loss)	$ 1,295,797	$ 1,477,533	$ 349	$ (48,341)	$ -	$ 2,725,338	$ 1,825,680	4,551,018
Less net income attributable to non-controlling interest in affiliates	XR							3,255,221
Net income attributable to Regional Cancer Care Associates LLC								**$ 1,295,797**

See Independent Auditor's Report.

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16p	1	61,707,322.

2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a General partners						
b Limited partners		61,522,815.	184,507.			

Schedule L Balance Sheets per Books

Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1 Cash		5,151,478.		2,405,079.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)	STATEMENT 8	2,272,859.		1,630,900.
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)	STATEMENT 9	1,624,009.		1,184,046.
14 Total assets		9,048,346.		5,220,025.
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)	STATEMENT 10	2,912,059.		3,730,794.
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more		6,608,608.		3,844,998.
20 Other liabilities (attach statement)	STATEMENT 11	1,505,962.		1,119,776.
21 Partners' capital accounts		-1,978,283.		-3,475,543.
22 Total liabilities and capital		9,048,346.		5,220,025.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	-1,165,573.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):	XR1	a Tax-exempt interest $	
3 Guaranteed payments (other than health insurance)	62,769,500.	7 Deductions included on Schedule K, lines 1 through 13d, and 16p, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16p (itemize): STMT 13 87,358.		a Depreciation $	
a Depreciation $		8 Add lines 6 and 7	
b Travel and entertainment $ 16,037.	103,395.	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	61,707,322.
5 Add lines 1 through 4	61,707,322.		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	-1,978,283.	6 Distributions: a Cash	360,998.
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	-1,165,573.		
4 Other increases (itemize): STMT 14	29,311.	8 Add lines 6 and 7	360,998.
5 Add lines 1 through 4	-3,114,545.	9 Balance at end of year. Subtract line 8 from line 5	-3,475,543.

[redacted]

Accrual to cash basis conversion

12/31/2018

Net Income/(Loss) - Accrual basis		1,295,797 XR
Balance sheet accounts - end of current year		
Accounts receivable	(37,294,920)	
Inventory	(15,844,306)	
Accrued income	-	
Prepaid expenses (add rows below as needed)	(513,526)	
Other receivables (add rows below as needed) *	(9,446,852)	
Accounts payable	18,301,044	
Intangibles write-off (add back)	-	
Accrued expenses **	4,303,116	
Accrued Pension Partners	-	
Capital in TCC	-	
COTA Adjustment	-	
Other payables (add rows below as needed) *	-	
Total adjustments end of current year		(40,495,444)
Balance sheet accounts - beginning of current year		
Accounts receivable	39,165,608	
Inventory	14,063,355	
Accrued income	-	
Prepaid expenses (add rows below as needed)	235,010	
Other receivables (add rows below as needed) *	4,969,137	
Accounts payable	(18,791,744)	
Intangibles write-off (subtract)	-	
Accrued expenses **	(1,765,074)	
Accrued Pension - Partners	-	
Capital in TCC	-	
COTA Adjustment	-	
TARS 481(a) adjustment	-	
Other payables (add rows below as needed) *	-	
Cash Pension deduction from PY	-	
Book/Tax depreciation difference	-	
Reversal of PY adjustment(s) to accrual basis profit	-	
Total adjustments beginning of current year		37,876,292
Adjustment(s) to accrual basis profit:		
Total Other OBE adjustments		133,799
Total Other OBE adjustments		18,604
Total Other OBE adjustments		5,379
Net Income - Cash basis		**(1,165,573)** XR1

[redacted] *2018 Revenue*

[redacted]	[redacted]	Contractual	Distirbutions/ Patient Refunds
[redacted]	$52,158,325.24	$11,224,659.16	-$406,323.65
[redacted]t	✓ $7,763,818.29	$933,259.83	-$3,920,916.00
[redacted]	$650,790.28		
[redacted]	$531,183.90	$284,166.63	
[redacted]	-$185.38		
[redacted]	$499,592.51	$99,236.09	
[redacted]	$23,287.59		
Grand Total	**$61,626,812.43**	**$12,541,321.71**	**-$4,327,239.65**

Total

1001.04

Tab _ CY 2018 Tomo Assessment

W/P 1001.08
PBP

Total Revenue	
$62,976,660.75	
$4,776,162.12	[redacted]
$650,790.28	
$815,350.53	
-$185.38	
$598,828.60	
$23,287.59	
$0.00	
$69,840,894.49	[redacted]

Summary: The provider submitte
Per our review, we determined t
To the detail and updated the sul

XR

From Tab_ Profit and Loss

$448,065,427 [redacted]	2004.03
$517,906,321.49	1001.08

d reconcilation of total revenue for [redacted]ition, the provider submitted the hat the [redacted]dvision has revevenue which is not related to the [redacted]. We verified omitted Assessement.

Location [redacted]

[redacted]

[redacted])

Profit and Loss

Reporting Book: ACCRUAL

As of Date: 12/31/2018

	Month Ending 01/31/2018	Month Ending 02/28/2018	Month Ending 03/31/2018	Month Ending 04/30/2018	Month Ending 05/31/2018
Revenue					
Revenue - Patients					
43000 - Patient Refunds	(10,861.34)	(81,998.00)	(5,065.64)	(27,513.80)	(47,254.39)
45000 - Patient Revenue	524,804.34	359,884.73	778,705.75	590,536.32	593,831.50
Total Revenue - Patients	***513,943.00***	***277,886.73***	***773,640.11***	***563,022.52***	***546,577.11***
Revenue - Insurance					
46000 - HQ Collected Revenue	4,400,960.20	4,401,816.35	4,724,623.41	4,188,569.85	4,833,811.07
Total Revenue - Insurance	***4,400,960.20***	***4,401,816.35***	***4,724,623.41***	***4,188,569.85***	***4,833,811.07***
Revenue - Other					
40400 - Contractual Revenue	28,481.75	220,329.83	210,279.08	177,718.58	147,010.08
45905 - Research Income	216,977.12	198,164.09	37,017.18	(492,159.19)	129.66
45950 - Collected Revenue-Mole	167,213.11	0.00	144,000.00	(144,000.00)	144,000.00
49020 - Miscellaneous Income	5,389.92	8,378.06	402,384.08	7,080.45	(6,711.96)
49040 - Study Income	382,093.44	0.00	0.00	(6,976.22)	0.00
49060 - HUMC-Stipends/Reimbu	100,000.00	100,000.00	100,000.00	117,172.00	100,000.00
49070 - TCC Reimbursement - S	24,521.51	20,709.77	21,372.04	22,272.25	22,824.13
49080 - TCC Equity Dist Receipt	0.00	53,765.83	51,522.99	53,027.27	52,144.25
49130 - Management Fees Incon	181,662.03	181,662.03	155,828.70	359,145.30	200,764.03
49135 - Mountainside Manageme	0.00	22,633.14	5,779.99	2,533.26	5,103.24
Total Revenue - Other	***1,106,338.88***	***805,642.75***	***1,128,184.06***	***95,813.70***	***665,263.43***
Total Revenue	***6,021,242.08***	***5,485,345.83***	***6,626,447.58***	***4,847,406.07***	***6,045,651.61***
Cost of Revenue					
Medical Supplies					
54010 - Medical Supplies	12,969.23	16,833.59	22,293.26	13,877.27	26,820.86
58010 - Medical Waste Removal	1,266.09	1,266.09	1,266.09	1,266.09	1,266.09
58510 - Laundry Service	3,204.10	2,566.19	3,108.24	2,245.88	2,483.60
Total Medical Supplies	***17,439.42***	***20,665.87***	***26,667.59***	***17,389.24***	***30,570.55***
Net Drug Expense					
55010 - Drug Expense	1,509,788.66	1,483,273.97	1,465,154.63	1,320,710.60	1,209,159.36
55011 - Drug Rebates	0.00	(2,844.24)	(10,125.67)	(206,323.63)	(79,232.07)
Total Net Drug Expense	***1,509,788.66***	***1,480,429.73***	***1,455,028.96***	***1,114,386.97***	***1,129,927.29***
Total Cost of Revenue	***1,527,228.08***	***1,501,095.60***	***1,481,696.55***	***1,131,776.21***	***1,160,497.84***
Gross Profit	***4,494,014.00***	***3,984,250.23***	***5,144,751.03***	***3,715,629.86***	***4,885,153.77***

Operating Expenses					
Payroll and Related Expenses					
Partner Guaranteed Payments					
50000 - Partner Guaranteed Dis	2,388,524.46	865,734.03	1,416,126.23	1,047,759.65	1,105,277.46
50200 - Partner Health Insuranc	87,894.24	43,947.12	0.00	87,894.24	43,947.12
50300 - Partner Pension Contrit	75,578.16	48,666.67	48,666.67	48,666.67	48,666.67
50325 - Partner 401k Contributi	44,561.38	29,625.00	29,625.00	29,625.00	29,625.00
50400 - Partner Disability Insura	32,267.38	0.00	0.00	0.00	0.00
50500 - Partner Life Insurance	8,269.63	2,280.43	23,049.69	2,280.43	2,280.43
50700 - Guaranteed Payments	(20,716.34)	15,821.12	47,341.71	39,286.08	9,928.67
Total Partner Guaranteed Payments	***2,616,378.91***	***1,006,074.37***	***1,564,809.30***	***1,255,512.07***	***1,239,725.35***
Salary and Wages Expense					
61000 - General Staff Salaries	527,797.40	825,609.62	1,339,921.24	440,613.58	746,665.32
61005 - Salary Bonuses	7,869.38	(8,741.46)	7,869.38	7,895.22	12,579.78
61010 - Staff - Overtime	11,653.64	22,623.93	920.21	1,055.29	1,576.26
61015 - Salaries - Auto Allowan	582.05	582.05	582.05	583.97	583.97
61030 - Physicians Salaries (Nc	12,769.24	12,769.24	12,769.24	12,769.24	23,538.48
61035 - Bonus - Physicians (No	0.00	0.00	0.00	0.00	0.00
61040 - Nurses Salaries	82,093.00	80,795.28	7,044.90	4,102.40	6,153.60
61045 - Bonus - Nurses	0.00	739.80	0.00	0.00	0.00
61070 - Billing Salaries	115,757.77	113,924.01	2,413.87	2,527.02	5,435.15
61075 - Bonus - Billing	0.00	20,280.60	0.00	0.00	0.00
Total Salary and Wages Expense	***758,522.48***	***1,068,583.07***	***1,371,520.89***	***469,546.72***	***796,532.56***
Payroll Taxes					
62510 - FICA/Medicare	76,387.81	82,963.91	52,029.25	51,608.57	61,948.92
62520 - FUTA	4,008.39	2,103.69	301.74	167.96	247.98
62530 - State SUI/DIS	20,692.87	15,379.37	3,980.83	2,886.66	3,763.16
Total Payroll Taxes	***101,089.07***	***100,446.97***	***56,311.82***	***54,663.19***	***65,960.06***
Benefits					
62010 - Health/Dental Insurance	243,366.82	130,593.19	7,394.90	128,430.03	266,079.80
62020 - EE Contr to Health Insu	(37,796.78)	(37,216.59)	(21,114.58)	(21,005.55)	(30,444.80)
62030 - Cobra Payments From	(3,790.06)	0.00	(1,895.03)	0.00	(5,685.09)
62040 - EE Contr to Dental Insu	(4,987.05)	(4,867.47)	(2,574.11)	(2,578.13)	(3,739.68)
62100 - Life/Disability Insurance	(113,932.18)	6,122.60	58,889.37	4,647.18	3,786.02
62110 - EE Contribution to Vol.	(1,185.28)	(1,221.55)	(739.68)	(743.45)	(1,101.80)
62200 - Pension	91,525.51	52,783.33	52,783.33	52,783.33	52,783.33
62210 - HQ Staff Pension Contr	10,284.94	2,665.08	2,665.08	2,673.83	2,673.83
62320 - Tuition Reimbursement	640.98	128.19	(201.08)	128.61	128.61
67150 - Employee Recruitment/	1.33	3,118.15	0.00	169.32	0.00
Total Benefits	***184,128.23***	***152,104.93***	***95,208.20***	***164,505.17***	***284,480.22***
Total Payroll and Related Expense	***3,660,118.69***	***2,327,209.34***	***3,087,850.21***	***1,944,227.15***	***2,386,698.19***
General and Administrative Expenses					
Lab Expense					
51520 - Lab Fees	3,909.42	431.82	442.16	1,213.46	0.00
56010 - Laboratory Exp/Supp	29,836.65	24,162.37	13,390.29	12,114.79	15,500.98
Total Lab Expenses	***33,746.07***	***24,594.19***	***13,832.45***	***13,328.25***	***15,500.98***
Travel, Meals and Entertainment					
Travel Expenses					
62330 - Auto Leases/Allowanc	1,447.61	1,380.14	11,500.00	1,500.00	1,500.00
66500 - Seminars, Meetings, T	0.00	151.11	60.00	0.00	0.00
66510 - Conference, Seminars	4,494.12	1,230.00	(697.18)	4,670.00	5,136.51

66520 - Airfare/Meals/Hotel/Tr	33,135.65	37,934.89	(4,299.62)	30,047.51	60,194.55
66700 - Automobile Mileage/T	1,256.65	245.75	64.96	272.26	254.12
Total Travel Expenses	***40,334.03***	***40,941.89***	***6,628.16***	***36,489.77***	***67,085.18***
Meals and Entertainment					
66010 - Catering/Food/Refresh	536.35	416.00	457.60	436.80	0.00
66150 - Employee Functions/R	3,005.38	6,518.04	1,051.58	6,887.63	5,144.01
66200 - Holiday & Ofc Festiviti	0.00	0.00	0.00	0.00	0.00
Total Meals and Entertainment	***3,541.73***	***6,934.04***	***1,509.18***	***7,324.43***	***5,144.01***
Total Travel, Meals and Entertainment	***43,875.76***	***47,875.93***	***8,137.34***	***43,814.20***	***72,229.19***
Office Expenses					
58550 - Patient Transport	0.00	146.76	0.00	0.00	0.00
63070 - Office Repairs & Mainte	597.92	390.00	49.68	0.00	0.00
63370 - Cable	404.96	399.44	43.91	44.05	43.89
64030 - Payroll Service	7,633.23	4,464.01	10,206.13	9,044.06	5,296.74
64040 - Billing System Service	12,854.07	4,427.27	20,613.69	(11,734.18)	13,742.46
64500 - Interest Expense	0.00	0.00	29,461.54	13,804.53	9,937.28
65000 - Office Expense	3,696.51	413.53	604.43	78.80	127.20
65010 - Office Supplies	11,734.04	1,136.08	1,862.99	504.75	1,887.70
65020 - Forms - printing	5,864.45	1,155.16	19.94	0.00	0.00
65200 - Small Ofc Equip/Furn <	593.40	0.00	0.00	0.00	1,158.75
65300 - Computer Software <$5	90.53	0.00	89.08	0.00	0.00
65310 - PC Hardware <$5000	1,600.03	0.00	45.87	867.33	1,811.83
65400 - Office Equipment Lease	2,836.01	2,723.41	1,291.85	1,303.47	1,303.47
65450 - Patient Refreshments	172.34	150.84	0.00	0.00	0.00
65700 - Postage - US Mail	1,706.66	3,548.34	291.92	48.61	0.00
65710 - Courier Services-FedE>	3,505.28	1,775.34	69.81	99.83	0.00
67510 - Dues & Licenses	19,014.72	2,559.43	6,616.68	7,954.86	8,098.68
67750 - Subscriptions	1,040.96	758.46	12,503.24	2,105.97	1,861.23
68000 - Contributions/Donations	659.91	1,848.91	4,050.00	26,011.28	10,049.04
68510 - Bank/Credit Card Fees	8,016.72	7,610.81	9,766.32	8,907.47	6,917.14
69100 - HQ Overhead	13,924.41	903.46	903.46	906.43	906.43
Total Office Expenses	***95,946.15***	***34,411.25***	***98,490.54***	***59,947.26***	***63,141.84***
Total General and Administrative Expen	***173,567.98***	***106,881.37***	***120,460.33***	***117,089.71***	***150,872.01***
Marketing and Advertising Expenses					
Advertising and Promotion					
67010 - Advertising/Marketing	25,835.85	20,979.54	(22,184.00)	48,080.73	52,433.52
67050 - Promotional Material	0.00	197.31	0.00	0.00	0.00
Total Advertising and Promotion	***25,835.85***	***21,176.85***	***(22,184.00)***	***48,080.73***	***52,433.52***
Telecommunication					
65500 - Communications	92.73	92.73	92.56	109.94	169.32
65510 - Telephone	3,791.88	1,766.99	996.31	919.25	968.52
65520 - Mobile Phones/Devices	8,569.04	10,632.30	5,618.03	11,064.23	(8,982.80)
65530 - Answering/Paging Serv	10,470.59	9,885.77	433.67	376.09	474.71
65540 - Internet Access Fees	296.05	365.18	49.75	49.91	112.19
65720 - Network Communicatio	0.00	0.00	70,826.16	(70,826.16)	47,217.60
Total Telecommunication	***23,220.29***	***22,742.97***	***78,016.48***	***(58,306.74)***	***39,959.54***
Total Marketing and Advertising Expens	***49,056.14***	***43,919.82***	***55,832.48***	***(10,226.01)***	***92,393.06***
Utilities and Facilities					
TCC Guaranteed Distribution					
58520 - TCC Guaranteed Distril	326,743.00	326,743.00	326,743.00	326,743.00	326,743.00
Total TCC Guaranteed Distributions	***326,743.00***	***326,743.00***	***326,743.00***	***326,743.00***	***326,743.00***

Rent					
63000 - Occupancy/Rent	202,850.74	104,896.30	11,048.19	102,736.68	8,464.57
63020 - Parking/Parking Books	6,850.00	6,100.00	5,100.00	225.00	4,275.00
63250 - Storage	426.66	426.66	426.66	426.66	426.66
Total Rent	*210,127.40*	*111,422.96*	*16,574.85*	*103,388.34*	*13,166.23*
Repairs and Maintenance					
57400 - Medical Equip Lease/R	5,046.82	11,548.82	5,046.82	0.00	0.00
63360 - Office Cleaning Service	875.00	0.00	700.00	0.00	0.00
Total Repairs and Maintenance	*5,921.82*	*11,548.82*	*5,746.82*	*0.00*	*0.00*
Utilities					
63300 - Utilities	42.08	52.14	0.00	0.00	0.00
63310 - Electric	33.51	0.00	0.00	0.00	0.00
63320 - Gas	176.59	0.00	0.00	0.00	0.00
Total Utilities	*252.18*	*52.14*	*0.00*	*0.00*	*0.00*
Total Utilities and Facilities	*543,044.40*	*449,766.92*	*349,064.67*	*430,131.34*	*339,909.23*
Professional Services					
Professional Services					
51020 - HUMC- Staffing	0.00	(70,040.05)	(102,183.31)	(66,804.43)	(38,512.13)
51500 - Nursing Fees	12,135.00	7,590.00	224,209.04	5,320.00	86,376.71
51510 - Outside MD On-Call	41,902.01	62,524.72	31,062.26	39,178.59	42,083.70
64010 - Accountant Exp	29,876.37	9,886.68	(28,671.68)	3,457.45	5,254.46
64020 - Legal Exp - General	133,557.23	88,514.52	(95,813.40)	5,282.32	367.13
64025 - Legal Exp - Expansion	0.00	0.00	0.00	1,378.48	0.00
64050 - Collection Agency	25.00	25.00	25.00	25.00	50.00
64080 - Transcription Services	10,688.65	11,306.75	9,163.80	12,341.15	(12,341.15)
64240 - Professional Fees - CO	0.00	0.00	0.00	0.00	3,575.97
64245 - Professional Fees - Me	2,398.58	2,398.58	2,398.57	2,406.44	0.00
64250 - Other Professional Fee	7,201.44	3,478.29	7,444.11	7,846.44	375.99
64270 - EDI Service	991.14	0.00	0.00	0.00	0.00
65320 - Computer Support-IT O	387.25	507.37	461.90	492.92	0.00
65325 - Licensing - Accounting	0.00	0.00	28.54	28,551.01	449.91
65330 - Licensing - IT	3,879.27	3,711.76	3,759.95	6,911.80	15,320.19
69800 - Centralized billing alloc	5,596.60	12,181.34	13,511.97	0.00	0.00
Total Professional Services	*248,638.54*	*132,084.96*	*65,396.75*	*46,387.17*	*103,000.78*
Total Professional Services	*248,638.54*	*132,084.96*	*65,396.75*	*46,387.17*	*103,000.78*
Management Fees					
Management Fees					
69600 - Management Fee Expe	0.00	0.00	1,427,750.00	1,595,252.00	1,589,438.00
Total Management Fees	*0.00*	*0.00*	*1,427,750.00*	*1,595,252.00*	*1,589,438.00*
Total Management Fees	*0.00*	*0.00*	*1,427,750.00*	*1,595,252.00*	*1,589,438.00*
Taxes and Insurance					
Insurance					
63750 - Insurance	1,346.02	2,202.49	1,085.27	1,812.19	282.76
63755 - Automobile Insurance	36.87	0.00	0.00	0.00	0.00
63760 - MD Professional Liabilit	66,258.02	38,705.23	42,989.22	38,705.11	42,989.22
63765 - Director's/Officer's Liab	3,067.73	3,067.72	3,067.72	5,689.98	0.00
63770 - Business Owner's GL Ir	1,495.59	1,495.59	1,495.59	4,487.04	(2,129.33)
63775 - Group Personal Excess	0.00	0.00	0.00	98.82	0.00
63780 - Worker's Compensatio	6,064.47	6,064.47	6,064.47	6,207.52	(2,266.56)
63790 - RN Malpractice Insuran	0.00	0.00	1,500.95	0.00	1,097.12
Total Insurance	*78,268.70*	*51,535.50*	*56,203.22*	*57,000.66*	*39,973.21*

Total Taxes and Insurance	*78,268.70*	*51,535.50*	*56,203.22*	*57,000.66*	*39,973.21*
Total Operating Expenses	*4,752,694.45*	*3,111,397.91*	*5,162,557.66*	*4,179,862.02*	*4,702,284.48*
Other (Income) Expense					
Other Expenses					
68900 - Other Non-payroll Taxes	0.00	0.00	0.00	16.04	33.65
69000 - Other Expenses	0.00	0.00	255.00	0.00	0.00
69500 - Miscellaneous	0.00	0.00	0.00	6.45	0.00
Total Other Expenses	*0.00*	*0.00*	*255.00*	*22.49*	*33.65*
Total Other (Income) Expense	*0.00*	*0.00*	*255.00*	*22.49*	*33.65*
Income Taxes					
State and Local Taxes					
68520 - NJ Assessment Tax	59,380.16	0.00	59,380.16	0.00	0.00
78100 - State Tax-Partner Fee	0.00	0.00	0.00	67,319.00	0.00
Total State and Local Taxes	*59,380.16*	*0.00*	*59,380.16*	*67,319.00*	*0.00*
Total Income Taxes	*59,380.16*	*0.00*	*59,380.16*	*67,319.00*	*0.00*
Net Income (Loss)	**$ (318,060.61)**	**$ 872,852.32**	**$ (77,441.79)**	**$ (531,573.65)**	**$ 182,835.64**

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Month Ending 06/30/2018	Month Ending 07/31/2018	Month Ending 08/31/2018	Month Ending 09/30/2018	Month Ending 10/31/2018	Month Ending 11/30/2018	Month Ending 12/31/2018
(101,630.17)	(41,277.55)	(28,314.35)	(11,936.26)	(34,132.22)	(10.00)	(16,329.93)
441,396.75	562,788.39	799,760.11	438,017.42	586,798.49	650,657.14	549,389.91
339,766.58	***521,510.84***	***771,445.76***	***426,081.16***	***552,666.27***	***650,647.14***	***533,059.98***
4,607,197.72	4,667,098.45	4,695,796.73	4,632,689.53	4,718,810.29	4,800,958.46	4,077,909.52
4,607,197.72	***4,667,098.45***	***4,695,796.73***	***4,632,689.53***	***4,718,810.29***	***4,800,958.46***	***4,077,909.52***
175,176.83	184,954.08	130,222.08	156,118.58	317,812.08	(7,039.05)	119,100.58
1,888.74	3,975.75	5,135.06	4,413.39	577.03	33,433.22	(60.51)
149,152.54	0.00	0.00	0.00	0.00	0.00	120,000.00
541,746.79	1,288,954.17	(27,279.59)	751,444.83	8,602.03	(5,623.64)	627,115.38
664,416.45	0.00	0.00	317,875.91	0.00	0.00	0.00
89,841.00	94,775.00	100,699.00	100,000.00	193,603.00	100,000.00	97,543.00
18,569.25	21,535.39	19,525.71	17,566.77	19,738.20	19,258.31	18,605.31
53,714.53	116,763.54	63,454.66	63,264.39	55,231.77	0.00	123,871.96
200,764.03	183,861.40	191,833.33	200,764.03	391,398.73	357,833.33	200,764.06
5,901.76	0.00	13,739.04	7,121.18	13,205.24	13,172.09	10,047.15
1,901,171.92	***1,894,819.33***	***497,329.29***	***1,618,569.08***	***1,000,168.08***	***511,034.26***	***1,316,986.93***
6,848,136.22	***7,083,428.62***	***5,964,571.78***	***6,677,339.77***	***6,271,644.64***	***5,962,639.86***	***5,927,956.43***
20,212.53	35,328.03	16,315.35	22,154.53	35,098.52	10,132.68	26,975.15
2,532.18	0.00	1,322.48	1,322.48	2,606.23	1,322.48	1,322.48
2,548.60	6,149.98	1,131.28	2,568.70	2,053.86	2,328.10	4,376.68
25,293.31	***41,478.01***	***18,769.11***	***26,045.71***	***39,758.61***	***13,783.26***	***32,674.31***
1,910,070.57	1,657,873.42	1,732,377.89	1,316,989.46	1,398,239.51	1,536,227.78	1,432,259.43
(20,340.34)	(10,655.93)	(2,724.00)	(467,884.22)	(13,087.15)	(10,566.78)	8,849.87
1,889,730.23	***1,647,217.49***	***1,729,653.89***	***849,105.24***	***1,385,152.36***	***1,525,661.00***	***1,441,109.30***
1,915,023.54	***1,688,695.50***	***1,748,423.00***	***875,150.95***	***1,424,910.97***	***1,539,444.26***	***1,473,783.61***
4,933,112.68	***5,394,733.12***	***4,216,148.78***	***5,802,188.82***	***4,846,733.67***	***4,423,195.60***	***4,454,172.82***

1,312,351.29	1,251,810.19	1,248,474.28	452,630.72	1,245,011.95	1,100,752.78	2,726,206.84
0.00	41,349.09	43,081.11	43,081.11	110,184.69	0.00	50,786.64
48,666.67	48,666.67	48,666.67	48,666.67	45,625.01	45,625.01	(4,661.42)
29,625.00	29,625.00	29,625.00	29,625.00	29,625.00	29,625.00	14,688.62
0.00	0.00	0.00	0.00	0.00	0.00	(32,267.38)
2,280.43	2,280.43	2,285.25	2,285.25	2,285.25	2,285.25	(5,989.20)
15,187.13	15,704.11	25,799.82	21,940.59	15,131.25	4,368.49	132,397.66
1,408,110.52	***1,389,435.49***	***1,397,932.13***	***598,229.34***	***1,447,863.15***	***1,182,656.53***	***2,881,161.76***
715,213.79	714,307.87	764,554.89	##########	1,016,183.27	412,785.31	##########
17,468.87	57,865.74	151,410.85	(97,250.36)	42,784.07	69,284.07	(186,143.03)
586.87	878.19	991.10	1,525.86	5,745.66	1,081.44	(4,818.96)
581.78	575.74	573.19	927.51	1,863.26	0.00	(7,435.57)
15,692.32	15,692.32	15,692.32	4,370,375.41	23,538.48	15,692.32	1,635,821.10
0.00	0.00	0.00	229,252.00	0.00	0.00	194,027.13
5,446.95	9,699.32	9,382.40	9,382.40	17,712.06	11,808.04	9,731.20
0.00	0.00	0.00	0.00	0.00	0.00	1,996.00
8,930.15	7,953.32	7,831.43	10,338.31	17,387.61	13,164.10	(72,943.92)
0.00	0.00	0.00	0.00	0.00	0.00	0.00
763,920.73	***806,972.50***	***950,436.18***	***764,565.30***	***1,125,214.41***	***523,815.28***	***48,324.68***
28,148.71	24,273.36	23,299.72	23,290.68	34,454.61	23,204.67	(24,189.47)
280.93	294.12	(913.34)	11.78	58.07	59.64	(404.02)
1,917.10	125.18	3,887.68	1,539.52	1,134.97	839.56	(9,241.87)
30,346.74	***24,692.66***	***26,274.06***	***24,841.98***	***35,647.65***	***24,103.87***	***(33,835.36)***
7,419.51	134,935.99	137,412.74	148,067.84	243,129.04	96,766.60	73,550.81
(20,081.47)	(19,846.26)	(22,299.93)	(22,760.24)	(32,568.01)	(22,237.39)	10,153.90
(1,895.03)	0.00	(1,895.03)	0.00	0.00	0.00	0.00
(2,414.80)	(2,430.95)	(2,724.82)	(2,744.96)	(3,942.23)	(2,596.66)	1,093.89
3,784.74	3,821.42	4,156.87	4,009.91	9,920.89	4,170.27	40,423.19
(720.77)	(734.33)	(836.09)	(836.09)	(1,220.41)	(787.71)	1,290.98
52,783.33	52,783.33	52,783.33	52,783.33	52,783.33	52,783.33	94,631.20
2,663.85	2,636.19	2,624.53	2,624.53	2,636.19	2,636.19	(36,784.24)
128.61	0.00	253.04	2,626.24	(2,373.20)	126.80	(1,586.80)
11,700.20	0.00	340.69	4,608.18	124.28	170.00	(17,962.66)
53,368.17	***171,165.39***	***169,815.33***	***188,378.74***	***268,489.88***	***131,031.43***	***164,810.27***
2,255,746.16	***2,392,266.04***	***2,544,457.70***	***1,576,015.36***	***2,877,215.09***	***1,861,607.11***	***3,060,461.35***
1,042.82	0.00	496.96	0.00	6,814.00	0.00	304.66
17,126.06	11,467.66	11,070.79	20,255.29	16,733.58	7,367.26	19,736.59
18,168.88	***11,467.66***	***11,567.75***	***20,255.29***	***23,547.58***	***7,367.26***	***20,041.25***
1,422.20	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00	1,500.00
112.52	134.83	0.00	0.00	399.16	1,412.74	5,053.77
13,018.28	0.00	(822.40)	1,435.95	4,854.29	2,254.00	14,351.09

113,994.56	(32,247.15)	33,166.72	31,184.20	42,843.13	49,936.83	66,547.07
1,006.24	2,266.93	1,534.66	321.83	3,364.87	535.39	(4,170.44)
129,553.80	***(28,345.39)***	***35,378.98***	***34,441.98***	***52,961.45***	***55,638.96***	***83,281.49***
0.00	738.72	0.00	0.00	0.00	457.60	676.00
28,992.08	8,030.24	2,878.47	1,182.75	2,421.48	9,115.46	14,400.46
0.00	0.00	0.00	0.00	116.72	6,066.76	29,742.02
28,992.08	***8,768.96***	***2,878.47***	***1,182.75***	***2,538.20***	***15,639.82***	***44,818.48***
158,545.88	***(19,576.43)***	***38,257.45***	***35,624.73***	***55,499.65***	***71,278.78***	***128,099.97***
4,840.00	0.00	1,700.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	102.42	53.70	1,157.93	(205.80)
43.89	43.43	43.43	20.03	29.84	29.84	(431.72)
13,804.98	9,548.25	10,046.09	10,281.18	5,154.19	14,759.72	7,251.55
(5,702.07)	4,449.36	18,142.50	(9,562.77)	4,224.47	(106.49)	(33,987.19)
5,205.76	3,581.28	10,706.85	3,834.27	4,509.53	7,831.22	7,287.19
267.52	1,261.25	830.58	7,082.94	738.54	324.17	(2,880.54)
681.00	299.67	729.23	321.77	297.95	15,813.25	(7,196.95)
0.00	188.10	12.84	0.00	0.00	0.00	(59.63)
0.00	1,312.46	0.00	0.00	2,560.03	0.00	1,076.85
0.00	238.61	0.00	0.00	0.00	0.00	0.00
6,136.97	1,785.00	132.73	688.71	21.59	113.36	(5,174.84)
3,494.89	4,122.10	(3,112.12)	1,350.53	539.64	1,801.64	(10,532.31)
0.00	0.00	0.00	0.00	0.00	0.00	500.18
96.84	48.44	47.71	31.92	42.55	48.04	(491.21)
39.77	143.24	0.00	103.86	148.81	15.18	(278.18)
2,779.59	11,621.00	26,766.18	10,684.84	5,577.52	5,584.13	(20,856.56)
11,824.98	5,922.05	1,658.00	(1,694.27)	2,005.05	199.00	3,652.94
625.00	22,826.32	18,676.00	22,984.94	20,328.43	25,500.00	243,122.35
7,540.03	6,978.11	11,739.58	6,528.95	10,802.66	11,426.04	(56,050.14)
903.05	893.67	889.72	889.72	893.67	893.67	1,976,388.77
52,582.20	***75,262.34***	***99,009.32***	***53,649.04***	***57,928.17***	***85,390.70***	***2,101,134.76***
229,296.96	***67,153.57***	***148,834.52***	***109,529.06***	***136,975.40***	***164,036.74***	***2,249,275.98***
30,531.24	22,831.90	172,407.26	75,717.93	53,985.31	21,968.30	(253,596.13)
0.00	0.00	0.00	550.19	1,011.93	149.57	(1,909.00)
30,531.24	***22,831.90***	***172,407.26***	***76,268.12***	***54,997.24***	***22,117.87***	***(255,505.13)***
657.22	137.29	134.90	130.73	143.87	139.62	(1,381.06)
1,041.03	1,022.77	542.36	867.88	935.70	1,270.28	(10,386.67)
1,058.19	493.97	1,550.10	329.20	696.02	1,338.74	(2,456.92)
542.81	634.44	839.63	0.00	1,663.43	891.37	(6,614.06)
167.00	71.95	92.35	60.64	63.79	1,006.17	(940.97)
(47,217.60)	0.00	47,217.76	(47,217.76)	0.00	0.00	0.00
(43,751.35)	***2,360.42***	***50,377.10***	***(45,829.31)***	***3,502.81***	***4,646.18***	***(21,779.68)***
(13,220.11)	***25,192.32***	***222,784.36***	***30,438.81***	***58,500.05***	***26,764.05***	***(277,284.81)***
326,743.00	326,743.00	326,743.00	326,743.00	326,743.00	326,743.00	326,743.00
326,743.00	***326,743.00***	***326,743.00***	***326,743.00***	***326,743.00***	***326,743.00***	***326,743.00***

Summary: We reconciled the consolidated F/S from the consolidated tax return, However, we are unable to tie the [redacted] amount to the submitted Assessment as [redacted]'s consolidated and the accounting method is accrual.

1001.07

PBP

[redacted]

Supplementary Information - Consolidating Statement of Income

Year Ended December 31, 2018

	Consolidating Information							
	[redacted]							Consolidated
REVENUE, NET OF CONTRACTUAL ALLOWANCES, BAD DEBTS, AND PATENT REFUNDS	$ 517,906,323	$ 64,917,957	$ -	$ -	$ -	$ 582,824,280	$ 3,926,274	$ 586,750,554
OPERATING EXPENSES								
Drug purchases and other medical expenses	359,129,158	47,035,420	-	-	-	406,164,578	166,279	406,330,857
Medical personnel and related benefits	45,971,481	6,778,708	4,602,599	-	-	57,352,788	1,302,566	58,655,354
General and administrative expenses	42,743,552	4,711,139	1,604,327	811,747	(7,068,980)	42,801,785	631,749	43,433,534
Total operating expenses	447,844,191	58,525,267	6,206,926	811,747	(7,068,980)	506,319,151	2,100,594	508,419,745
Operating income (loss)	70,062,132	6,392,690	(6,206,926)	(811,747)	(7,068,980)	76,505,129	1,825,680	78,330,809
GUARANTEED PAYMENTS AND RELATED BENEFITS	68,100,445	4,594,226	50,000	-	-	72,744,671	-	72,744,671
Income (loss) before other income (expense)	1,961,687	1,798,464	(6,256,926)	(811,747)	7,068,980	3,760,458	1,825,680	5,586,138
OTHER INCOME (EXPENSE)								
Interest expense	(665,890)	(320,931)	-	-	-	(986,821)	-	(986,821)
Management fee income	-	-	6,257,275	811,705	(7,068,980)	-	-	-
(Loss) on disposal of property and equipment	-	-	-	(48,299)	-	(48,299)	-	(48,299)
Net other Income (expense)	(665,890)	(320,931)	6,257,275	763,406	(7,068,980)	(1,035,120)	-	(1,035,120)
Net income (loss)	$ 1,295,797	$ 1,477,533	$ 349	$ (48,341)	$ -	$ 2,725,338	$ 1,825,680	4,551,018
Less net income attributable to non-controlling interest in affiliates								3,255,221
Net income attributable t[redacted]								**$ 1,295,797**

1001.08

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See Independent Auditor's Report.