Longi					_ •	293331	28	10128 1
,		ייי שייי. פער	TENDED TO JU	πv	15 2020		, 1	
Form <b>990-T</b>	1 6	Exempt Orgai				ax Return	- 1	OMB No 1545-0687
Form 990-1			nd proxy tax unde			1916		
	- Forca	llendar year 2018 or other tax yea	•			30, 2019	]	2018
Department of the Treasury Internal Revenue Service	· •		.irs.gov/Form990T for in:	structio	ons and the latest inform	ation.		Open to Public Inspection for 50 1(c)(3) Organizations Only
A Check box if		Name of organization (	Check box if name ch				D Emplo	yer identification number
address change	ed	JOHNS HOPKINS BAY		larigoa	t			oyees' trust, see ctions )
B Exempt under section	n Print	MEDICAL CENTER, 1	INC.					52-1341890
X 501(c)(3 Of	TVna	Number, street, and room		•	structions.			ated business activity code enstructions)
408(e) 220 408A 530		City or town, state or pro	· · · · · · · · · · · · · · · · · · ·		n noctal goda	<del></del> .		
529(a)	(a)	1 '	VINCE, COUNTRY, AND ZIF OF L211	ioreig	ii postai code		53112	20
Book value of all assets		F Group exemption numb		<u> </u>				
at end of year 422,5	28,431.	G Check organization typ		oration	501(c) trust	401(a)	trust	Other trust
	_	ation's unrelated trades or t		2	Describe	the only (or first) uni	related	
trade or business her	e <u>unri</u>	ELATED RENTAL AND	PHARMACY SALES		If only one,	complete Parts I-V.	If more	than one,
describe the first in the	ne blank spa	ace at the end of the previou	us sentence, complete Pai	rts I an	d II, complete a Schedule	M for each additiona	ıl trade	or
business, then compl						٠ , ر	<b>—</b>	[TT] ::
		poration a subsidiary in an		t-subsi	diary controlled group?	<b>▶</b> L	Ye	s X No
J The books are in care		tifying number of the paren	t corporation.		Talanh	one number	13-99	7-5771
		de or Business Inc	ome		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or		6,841,169.			(-4		With	
b Less returns and		• • •	c Balance	1c	6,841,169.			
2 Cost of goods sol		e A, line 7)		2	7,292,672.			
3 Gross profit. Subt	-		•	3	-451,503.	<b>联系的通过</b>	增減	-451,503.
4a Capital gain net in	icome (attac	ch Schedule D)	•	4a			多盟	
b Net gain (loss) (Fe	orm 4797, F	Part II, line 17) (attach Form	i 4797)	4b			Mark.	
c Capital loss deduc				4c			and.	
		ship or an S corporation (a	ttach statement)	5			11113	
6 Rent income (Sch		· · · · · · · · · · · · · · · · · · ·		6				
7 Unrelated debt-fin		Me (อัดกิยันแย ๒) and rents from a controlled (	propulation (Cabadula D	7 8/				
		on 501(c)(7), (9), or (17) o	-					
10 Exploited exempt		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gumzanon (Sonodoro d)	10		-		
11 Advertising incom				11				
	•	ns; attach schedule)		12		n de la companya de l	門德	
13 Total. Combine I				13	-451,503.			-451,503.
Part N Deduc (Except t	tions No	ot Taken Elsewher utions, deductions must	<b>e</b> (See instructions for be directly connected	r limita with t	ations on deductions.) the unrelated business	ıncome.)		
14 Compensation o	f officers, d	rectors, and trustees (Sche	dule K)				14	
15 Salaries and wag	jes			٠			15	
16 Repairs and mai	ntenance	/ I	DECEN/	<u> </u>		,	16	
17 Bad debts		<i>'</i>	RECEIVE	<u> </u>	¬ <del>∪</del>	•	17	
18 Interest (attach s		see instfuctions) -	S AUG 0 3 2		8		18	
19 Taxes and licens			전 AUG 0 3 2	020	12		19	
	– / .	e instructions for limitation					20	<u></u>
21 Depreciation (att	ach Form 4	n Schedule A and elsewher	OGDEN.	UT	21 22a		22b	
<ul><li>22 Less depreciatio</li><li>23 Depletion</li></ul>	ii ciaiiiieu 0	III OUIICUUIC A AND CISCWIICI	C. O' I I I I I I I I I I I I I I I I I I	- 1 450 MM		·	23	
	deferred or	ompensation plans					24	
a. C. I. I. I.		ponoation plans	-					

Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 12 Total. Combine lines 3 through 12 Part N Deductions Not Taken Elsewhere (See instructions for limitations or (Except for contributions, deductions must'be directly connected with the unrel Compensation of officers, directors, and trustees/(Schedule K) 14 15 Salaries and wages 16 Repairs and maintenance RECEIVED 17 Bad debts Interest (attach schedule) (see instructions) 18 Taxes and licenses AUG 0 3 2020 Charitable contributions (See instructions for limitation Fules) Depreciation (attach Form 4562) OGDEN. Less depreciation claimed on Schedule A and elsewhere, Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) 26 Excess/readership costs (Schedule J) 27 Other deductions (attach schedule) 0 29 Total deductions. Add lines 14 through 28 -451,503, Unrelated business taxable income before net operating loss deduction: Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) -451,503, Unrelated business taxable income. Subtract line 31 from line 30 Form 990-T (2018) 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

**Total Unrelated Business Taxable Income** Part IIX 11.556 33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) Amounts paid for disallowed fringes 34 STMT 1 11,556. Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 35 35 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 1,000. Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 37 37 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 0. Part IV Tax Computation 0. Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 39 39 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041) 40 Proxy tax. See instructions 41 41 42 42 Alternative minimum tax (trusts only) Tax on Noncompliant Facility Income. See instructions 43 43 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 44 0 Part V Tax and Payments 45a 45 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45b b Other credits (see instructions) c General business credit. Attach Form 3800 45c d Credit for prior year minimum tax (attach Form 8801 or 8827) 45d e Total credits. Add lines 45a through 45d 45e 0. 46 Subtract line 45e from line 44 46 Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 47 47 0. Total tax. Add lines 46 and 47 (see instructions) 48 48 0. 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 49 49 50a 50 a Payments: A 2017 overpayment credited to 2018 b 2018 estimated tax payments 50b c Tax deposited with Form 8868 50c d Foreign organizations: Tax paid or withheld at source (see instructions) 50d e Backup withholding (see instructions) 50e f Credit for small employer health insurance premiums (attach Form 8941) 50f Other credits, adjustments, and payments: Form 2439 Other Form 4136 50g 51 Total payments. Add lines 50a through 50g 51 Estimated tax penalty (see instructions). Check if Form 2220 is attached 52 52 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53 53 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 54 Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded 55 Part VII Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here > During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 57 If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year >\$ 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 taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return with Here 7/6/2020 VP FINANCE/CFO the preparer shown below (see Signature of officer Title instructions)? Yes Date PTIN Print/Type preparer's name Preparer's signature Check self- employed Paid Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address Phone no.

Form 990-T (2018) MEDICAL CENTER, INC.

Schedule A - Cost of Goods	s Sold. Enter	method of invent	ory v	aluation N/A				<del>-</del>		
1 Inventory at beginning of year	1	0.		Inventory at end of year	· -		6			0.
2 Purchases	2	6,219,866.	7	Cost of goods sold. Su	btract I	ine 6				
3 Cost of labor	3			from line 5. Enter here a	and in f	Part I,		_		
4 a Additional section 263A costs				line 2				7,2	92,67	12.
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to		<u> Y</u>	es 1	No
<b>b</b> Other costs (attach schedule) *	* 4b	1,072,806.		property produced or a	cquired	for resale) apply to		_	_	
5 Total. Add lines 1 through 4b	5	7,292,672.		the organization?						X
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty	<i>(</i> )		
Description of property								•		
(1)						· · · · · · ·				
(2)										_
(3)					-	-				
(4)				- · · · · · · · · · · · · · · · · · · ·					-	
	2. Rent receiv	ed or accrued								
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	and personal property (if the percentage personal property exceeds 50% or if a columns 2(a) and 2(b) (attach schedulet is based on profit or income)					ected with the incor (attach schedule)	ne in	
(1)										
(2)										
(3)										
(4)						·				
Total	0.	Total			0.	]				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•			0.
Schedule E - Unrelated Deb		Income (see	nstru	ctions)						
			2	. Gross income from	-	3. Deductions directly cor to debt-finan	nected ced pro	d with or allocable operty		
1. Description of debt-fit	nanced property		or allocable to debt- financed property		(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)		<u> </u>					+			
(2)							+-			
(3)							$\vdash$			
(4)							1			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjusted basis of or allocable of other-financed property (attach schedule)			(	Column 4 divided by column 5				8. Allocable de (column 6 x total c 3(a) and 3	of colum	
(1)				%			+	<u> </u>		
(2)	<del> </del>			%			$\top$			
(3)				%			十			
(4)				%						
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on Part I, line 7, colu		
Totals						(	,			0.
	adudad in adum	- 0					+			<u> </u>

Form 990-T (2018) MEDICAL CENTER, INC.

Schedule F - Interest,			ties, and	Rents	From Co	ntrolle	d Organiza	tions	(see ins	structions	) .	
		<u> </u>		Exempt (	Controlled O	rganızatı	ons			-	•	
Name of controlled organization		2. Employer identification number			elated income instructions)		tal of specified ments made	ınclud	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)	•	1				'		-	_			
(2)		-							-		~	
(3)												
(4)					., .,		•					
Nonexempt Controlled Organi	zations	<u> </u>									•	
7. Taxable Income	8. Net u	unrelated incom see instructions		9. Total	of specified payr made ,	nents	10. Part of colu in the controll gross	mn 9 tha ing orgar s income	uzation's	11. Dec	fuctions directly connected income in column 10	
(4)	<del> </del>				· <del></del>							
(1)										_		
(2)		•							•			
(3)	ļ											
_(4)		<del>-</del>				-,					<u> </u>	
,							Add colur Enter here and				d columns 6 and 11 ere and on page 1, Part I,	
		•		-	-			column (/		1	line 8, column (B)	
Totals	•	-		•			•		0.		. 0,	
Schedule G - Investme		me of a S	Section 5	501(c)(7	'), (9), or (	17) Org	ganization		• ,			
·	cription of inco	ome			2. Amount of	ıncome	3. Deduction	ected	4. Set-	asides schedule)	5. Total deductions and set-asides	
(1)							(attach sched	fule)	\altacii \		(col 3 plus col 4)	
(1)		<del></del> :									<del>                                     </del>	
(2)												
(3)								-				
(4)		-			Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)	
Totals			•	<b>&gt;</b>	T1 A .l.	0.					0.	
Schedule I - Exploited (see instru	-	CACTIVITY	income	, Other	rnan Adv	rerusir	ig income			•		
			2 -		4. Net incon	ne (loss)				, .	7.5	
. 1. Description of		Gross d business	3. Expedirectly co	nnected	from unrelated	trade or	5. Gross inco		6. Ex	penses	7. Excess exempt expenses (column	
exploited activity	• incon	ne from	with proc of unre		minus colum gain, comput	n 3) If a	is not unrelated	ted		table to * mn 5	6 minus column 5, but not more than	
	bade of	Dusiness	business	income	through		, pasiness ince	21110	i		column 4)	
(1)							٠					
(2) -												
(3)		•									"	
(4)												
		ere and on 1, Part I,	Enter here page 1,								Enter here and on page 1,	
•		, col (A)	line 10, c						¥.11.7		Part II, line 26	
Totals -		0.		. 0.							' 0	
Schedule J - Advertisi												
Part I Income From	Periodio	cals Rep	orted on	a Con	solidated	Basis		~		•		
1. Name of periodical		2. Gross advertising income		. Direct	or (loss) (c	aın, compu			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					(1832)	V Ve Sill.	Si.					
(2)				-			in the transfer of the transfe					
(3)				•			<b>W</b>		1			
(4)												
									1			
Totals (carry to Part II, line (5))	▶		0.	(	o.  ·		1		<u> </u>		0.	

Form 990-T (2018) MEDICAL CENTER, INC.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		'					-
(2)							
(3)	İ				, <u> </u>		
(4)		-,-					<u></u>
Totals from Part I	▶	0.	0.	<b>《公益性》等的論意</b>			0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				(

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

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

Form 990-T (2018)

FORM 990-T	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/06	1,373,260.	337,892.	1,035,368.	1,035,368.
06/30/10	7,041.	0.	7,041.	7,041.
06/30/11	42,225.	0.	42,225.	42,225.
06/30/12	147,622.	0.	147,622.	147,622.
06/30/13	216,294.	0.	216,294.	216,294.
06/30/14	457,091.	0.	457,091.	457,091.
06/30/15	198,646.	0.	198,646.	198,646.
06/30/16	921,145.	0.	921,145.	921,145.
06/30/17	661,050.	0.	661,050.	661,050.
NOL CARRYO	VER AVAILABLE THIS	YEAR	3,686,482.	3,686,482.

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 2
DESCRIPTION		AMOUNT
OTHER COSTS		1,072,806.
TOTAL TO FORM 990	-T, SCHEDULE A, LINE 4B	1,072,806.

## **SCHEDULE M** (Form 990-T)

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

ENTITY

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning  $\ \ JUL\ 1$  ,  $\ 2018$ ► Go to www.irs.gov/Form990T for instructions and the latest information.

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

JOHNS HOPKINS BAYVIEW Name of the organization

MEDICAL CENTER, INC.

Employer identification number 52-1341890

	Inrelated business activity code (see instructions)  531120 Describe the unrelated trade or business  OFFICE SPACE			•	
	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
- 3	Gross profit. Subtract line 2 from line 1c	3		lygateme	
4 a	Capital gain net income (attach Schedule D)	4a		AND	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		数据设施的设施的	
С	Capital loss deduction for trusts	4ç			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7	11,556.		11,556.
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8		:	
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12		augustus.	
13	Total. Combine lines 3 through 12	13	11,556.		11,556.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salanes and wages	15	_
16	Repairs and maintenance	16	•
17	Bad debts ·	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	r
20	Charitable contributions (See instructions for limitation rules)	20	-
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	11,556.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	11,556.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

MEDICAL CENTER						52-13418	390		
Schedule A - Cost of Goods	Sold. Enter m	ethod of invento	ry va	duation >				······	
1 Inventory at beginning of year	1		6	Inventory at end of year			6		
2 Purchases 2				7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3 Cost of labor 3				and in f	Part i,			
4a Additional section 263A costs	4a Additional section 263A costs				line 2				
(attach schedule)	4a		8	Do the rules of section 2	263A (1	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or ac	cquired	for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (Figure 1) (see instructions)	From Real P	roperty and I	Pers	sonal Property Le	ease	d With Real Prop	erty)		
1. Description of property									
(1)							-		
(2)									
(3)									
(4)									
	2. Rent received	or accrued							
(a) From personal property (if the percorent for personal property is more to 10% but not more than 50%)	entage of than	` of rent for per	rsonal p	nal property (if the percentag property exceeds 50% or if id on profit or income)	e	3(a) Deductions directly columns 2(a) ar		ted with the income in attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	-	Total .							
(c) Total income. Add totals of columns 2 here and on page 1, Part 1, line 6, column		•				(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>		
Schedule E - Unrelated Debt	t-Financed I	ncome (see in	nstruc	ctions)		<u> </u>			
				Gross income from		3. Deductions directly con- to debt-finance			
1. Description of debt-fina	anced property		or allocable to debt- financed property (a		(a)	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1) OFFICE SPACE				11,556.		0	$\neg \vdash$		0.
(2)							1		
(3)							1		
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average at of or allo debt-financ (attach s	ecable to ed property	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	•	8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1) 0.		0.		.00%		0	$\overline{\cdot}$		0.
(2)				%			1		
(3)				%					
(4)				%			$\top$		
						inter here and on page 1, Part I, line 7, column (A)	1	Enter here and on page Part I, line 7, column (B	
Totals						0			0.
Total dividends-received deductions and	cluded in column 8	3							0.
								Form <b>990-T</b>	(2018)
								<del>-</del>	. ,

Department of the Treasury Internal Revenue Service

Name(s) shown on return

## **Depreciation and Amortization**

(Including Information on Listed Property)

Business or activity to which this form relates

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

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OMB No 1545-0172

JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC. 52-1341890 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,000,000, Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,500,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) 17 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (a) Classification of property (f) Method (g) Depreciation deduction 3-year property 19a b 5-year property 7-year property d 10-year property 15-year property 20-year property 25 yrs S/L 25-year property 27 5 <u>yrs</u> MM S/L Residential rental property 27.5 yrs MM S/L MM S/L 39 yrs Nonresidential real property MM S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L C 40 yrs. MM S/L 40-year Summary (See instructions) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

JOHNS HOPKINS BAYVIEW 52-1341890 MEDICAL CENTER, INC Page 2 Form 4562 (2018) Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for Part V entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (e) (g) (a) (d) Date Business/ Elected Basis for depreciation Depreciation Recovery Type of property Cost or Method/ placed in section 179 investment (business/investment (list vehicles first) period Convention deduction other basis use only) use percentage service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use % % % 27 Property used 50% or less in a qualified business use S/L % % S/L % S/L 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles **(f)** (a) (b) (c) (d) (e) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes Ye<u>s</u> 34 Was the vehicle available for personal use Yes No Yes No Yes No No Yes Nο No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. Yes 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI | Amortization **(f)** (b) (c) (d) (e) (a) Description of costs Date amortization Amortizable Amortization begins riod or percentage 42 Amortization of costs that begins during your 2018 tax year

43

44

43 Amortization of costs that began before your 2018 tax year

44 Total. Add amounts in column (f). See the instructions for where to report