V 18-7.6F

Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

	99¢-T (2018)		Page 2
Par		<del></del>	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	132,166.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions),	35	15,441.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34		116,725.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	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	<b>₹8</b>	115,725.
Par	Tax Computation  Organizations Taxable as Cornerations Multiply line 38 by 21% (0.21)	n	
39	organizations radiable as corporations. Managing fine So by 2170 (6217).	89	24,302.
40	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)	<b>—</b>	
41	Proxy tax See instructions		
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions		24 202
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	1 3/4	24,302.
Par		T T	·
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	-	
	Other credits (see instructions)	-	
	General business credit Attach Form 3800 (see instructions)	-	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	١ ٨٠.	
	Total credits Add lines 45a through 45d	45e	24,302.
46	Subtract line 45e from line 44	47	24,502.
47			24,302.
48	· · · · · · · · · · · · · · · · · · ·	49	21,302.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	- '	<del></del>
50 a	Payments A 2017 overpayment credited to 2018	7	
	Tax deposited with Form 8868	<u> </u>	
	Foreign organizations Tax paid or withheld at source (see instructions) 50d	1 1	
	Backup withholding (see instructions)	1	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	1	
	Other credits, adjustments, and payments Form 2439	1	
9	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	5,1	47,680.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	23,378.
55	Enter the amount of line 54 you want  Credited to 2019 estimated tax ▶23,378. Refunded ▶	55	
Par	Statements Regarding Certain Activities and Other Information (see instruction	ns)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of	nay have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	
	here ▶ CAYMAN ISLANDS		Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust?	X
	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my knowledge	and belief, it is
Sig		lay the IRS discus	this return
Her	e JOEL BRYAN Oel Son 713 36 VP/TREASURER W	with the preparer s	hown below
			es No
Paid	Print/Type preparer's name Preparer's signature Date Che	1 200	
	parer //9/2020 self-	12 554	198698
	Only Firms name Firms aller	's EIN ► 13-556	
	Firm's address ▶ 8350 BROAD STREET, SUITE 900, MCLEAN, VA 22102 Pho	ne no 703-286-	90-T (2018)
JSA		Form S	7 <b>7U-</b> 1 (2018)

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Page	3
raye	•

Schedule A - Cost of Goo	ods Sold. En	ter method	of invent	ory v	aluation	<b>&gt;</b>				
1 Inventory at beginning of year	ar . 1			6	Inventory	at end of yea	ar	6		
2 ` Purchases	2						ld. Subtract line			
3 Cost of labor	3				6 from	line 5 En	ter here and in	_		
4a Additional section 263A cost	ts				Part I, line	2		7		
(attach schedule)	4a			8			section 263A (w	th respect to	Yes No	
<b>b</b> Other costs (attach schedule					property	produced	or acquired for	resale) apply		
5 Total. Add lines 1 through 4l					to the org	anization? .	<u> </u>	<u> </u>	Х	
Schedule C - Rent Income ( (see instructions)	From Real P	roperty a	nd Perso	nal I	Property	Leased V	Vith Real Proper	ty)		
1 Description of property										
(1)										
(2)					-					
(3)										
(4)			•					-		
	2. Rent receiv	ed or accrue	ed							
for personal property is more than 10% but not percentage of rent			age of rent fo					directly connected with the income 2(a) and 2(b) (attach schedule)		
(1)					,					
(2)										
(3)										
(4)										
Total	,,	Total								
(c) Total income. Add totals of columbere and on page 1, Part I, line 6, c							(b) Total deduction Enter here and on Part I, line 6, colun	page 1,		
Schedule E - Unrelated Deb	t-Financed li	ncome (se	e instruct	ions)						
1 Description of debt-f	inanced property				ne from or ot-financed		Deductions directly con debt-finance	ed property		
			property		ty	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)				-		,	,	· · · · · · · · · · · · · · · · · · ·		
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust of or allocal debt-financed (attach sche	ole to property	4	Colum divide colum	ed		income reportable n 2 x column 6)	8 Allocable deduction (column 6 x total of 3(a) and 3(b)	columns	
(1)					%					
(2)					%					
(3)					%					
(4)					%					
							e and on page 1, e 7, column (A)	Enter here and on Part I, line 7, colur		
Totals						· · · · · ·				

Schedule F-Interest, Anni				ntrolled Or							
Name of controlled     organization	2 Employer identification numb	ו ושו	3 Net unrelate (loss) (see ins		4 Total payme	of speci	ied included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)					1				•		
(4)											
Nonexempt Controlled Organiz	zations			·			<u> </u>	<u> </u>			
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specifi ayments made		inc	Part of column luded in the co inization's gros	ntrolling		Deductions directly inected with income in column 10	
(1)									ļ		
(2)											
(3)											
(4)											
Totals								tructions)	Pa	rt I, line 8, column (B)  5 Total deductions	
1 Description of income	2 Amount of	fincome		directly co (attach sc	nnected			t-asides schedule)		and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(4)								<del></del>			
Totals ▶ Schedule I-Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	ner Th	an Advert	ising Ir	come	(see instru	ictions)		Enter here and on page Part I, line 9, column (B	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expendirectle connected production unrelated business in	y I with on of ed	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute		from unrelated trade or business (column 2 minus column 3) If a gain, compute		6 Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)							· · · · · · · · · · · · · · · · · · ·				
(2)		1						-			
(3)											
(4)				· · · · · · · · · · ·							
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	art I,							Enter here and on page 1, Part II, line 26	
Totals ▶ Schedule J– Advertising In	ICOMA (see instr	uctions)		J.,							
Part I Income From Per			onsol	idated Ra	eie						
income Hom Fer	Todicals Nepoli	cu on a c	JUSUI	luateu Da	J13	<u> </u>					
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Adver gain or (lo 2 minus c a gain, cc cols 5 thr	ss) (col ol 3) If impute	5	Circulation income	6 Read		7 Excess readershi costs (column 6 minus column 5, bu not more than column 4)	
(1)						<u> </u>				1	
(2)				1							
(3)				1							
(4)	-			1		<del></del>		1			
. ,				<u> </u>							
Totals (carry to Part II, line (5))					1		······	,		Form <b>990-T</b> (20)	

# 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	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		-				
(2)						
(3)						
(4)						
Totals from Part I ▶		· ·-··				i
	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)				•		

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

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

V 18-7.6F

Form **990-T** (2018)

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

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

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

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

Name of organization

MEDSTAR HEALTH, INC.

Employer identification number

52-2087445

Unrelated business activity code (see instructions) ▶ 900000 Describe the unrelated trade or business ▶ PARTNERSHIP INVESTMENT > 20% OWNERSHIP INTEREST

Par	t I Unrelated Trade or Business Income	•		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					-
b	Less returns and allowances	Balance >	1c			•
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit Subtract line 2 from line 1c		3			
4a	Capital gain net income (attach Schedule D)		4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form	4797)	4b			
С	Capital loss deduction for trusts		4c			
5	Income (loss) from a partnership or an S corporation	n (attach				
	statement)	CH 4	5	-17,930.		-17,930.
6	Rent income (Schedule C)		6			
7	Unrelated debt-financed income (Schedule E)		7			
8	Interest, annuities, royalties, and rents from a control	olled				
	organization (Schedule F)		8			
9	Investment income of a section 501(c)(7), (9), or (1					
	organization (Schedule G)		9			
10	Exploited exempt activity income (Schedule I)		10			
11	Advertising income (Schedule J)		11			
12	Other income (See instructions, attach schedule).		12			
13	Total Combine lines 3 through 12		13	-17,930.	····	-17,930.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	,
15	Salaries and wages		
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions),		
19	Taxes and licenses		
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	1	
25	Employee benefit programs	25_	
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)	l	
29	Total deductions Add lines 14 through 28	l	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-17,930.
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	-17,930.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

ATTACHMENT 1

### ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

UBTI SOURCED FROM PARTNERSHIP INVESTMENTS

# ATTACHMENT 2

FORM 990T - LINE 5 - INCOME	(LOSS) FROM PARTNERSHIP	S OR S CORPORATIONS
PARTNERSHIP #1		6,917.
PARTNERSHIP #2		10,161.
PARTNERSHIP #3		30,701.
PARTNERSHIP #4 PARTNERSHIP #5		-319. 55,699.
PARINERSHIP #5		33,699. \
INCOME (LOSS) FROM PA	RTNERSHIPS	103,159.

52-2087445

ATTACHMENT 4

MNS SUPPLY

SCHEDULE M - LINE 5 INCOME (LÒSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

MNS SUPPLY, LLC

-17,930.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-17,930.

#### **SCHEDULE D** (Form 1120)

## **Capital Gains and Losses**

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

► Go to www irs gov/Form1120 for instructions and the latest information

MEDSTAR HEALTH

Employer identification number

MED	STAR HEALTH, INC.				5	2-2087445
Part	Short-Term Capital Gains and Losses	(See instructions	)	· · ·		
	See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales pnce)	(e) Cost (or other basis)	(g) Adjustments or loss from Form 8949, Part I, line column (g)	ı(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b			-		
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	· ·				
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	493.			1	493.
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind exchar	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	( )
	Net short-term capital gain or (loss) Combine lines 1		_	<u> </u>	7_	493.
Pari		(See instructions)		1		Tu) 0
	See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales pnce)	(e) Cost (or other basis)	(g) Adjustments or loss from Fom 8949, Part II, lind column (g)	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	37,513.	4,774			32,739.
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 37	7		12	
13	Long-term capital gain or (loss) from like-kind exchan	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15 Parí	Net long-term capital gain or (loss) Combine lines 8    Summary of Parts I and II	a through 14 in column	h	· · · · · . · · · · · · · · · · · · · ·	15	32,739.
au l		<u> </u>	· •			<u> </u>
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	el loss (line 15)		16	493.
17 18	Net capital gain Enter excess of net long-term capit Add lines 16 and 17 Enter here and on Form 1120,				17	32,739. 33,232.
13	Note: If losses exceed gains, see Capital losses in the		s. spor mie on outer rett		_ 10_	1 23,232.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

# Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Social security number or taxpayer identification number

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

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

MEDSTAR HEALTH, INC.					52-	2087445	
Before you check Box A, B, or C below, statement will have the same informati broker and may even tell you which box	on as Form 10						
Short-Term. Transactions programmer instructions For long Note: You may aggree	g-term transa	actions, see	page 2	·	_		
reported to the IRS a Schedule D, line 1a,							
You must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, com  (A) Short-term transactions r	page 1, for e oplete as mar	ach applicab iy forms with	le box If you ha the same box ch	ve more short- lecked as you r	term transact need	tions than will fit o	
(B) Short-term transactions r X (C) Short-term transactions r	eported on F	orm(s) 1099-	-B showing basis			<b></b>	
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an a enter a cod	tment, if any, to gain or loss enter an amount in column (g), inter a code in column (f) the separate instructions	
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of (Mo , day, yr )	(sales pnce) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	Subtract column (e) from column (d) and combine the result with column (g)
PARTNERSHIP # 2	VARIOUS	VARIOUS	487	\			487
PARTNERSHIP # 3	VARIOUS	VARIOUS	3				3
PARTNERSHIP # 4	VARIOUS	VARIOUS	3				3
			<u> </u>				
·							
						•	
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and including the second	ude on your e 2 (if Box B	493				493

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

Attachment Sequence No 12A

Name(s) shown on return. Name and SSN or laxpayer identification no not required if shown on other side.	Social security number or taxpayer identification number
MEDSTAR HEALTH, INC.	52-2087445

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

	T	1	T				
(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of (Mo , day, yr )	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
PARTNERSHIP # 5	VARIOUS	VARIOUS	18,558				18,558
PARTNERSHIP # 3	VARIOUS	VARIOUS	18,955				18,955
PARTNERSHIP # 2	VARIOUS	VARIOUS		3,004		1	-3,004
PARTNERSHIP # 4	VARIOUS	VARIOUS		483			-483
PARTNERSHIP # 1	VARIOUS	VARIOUS		1,287			-1,287
			,				
,							
	١						
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Bo	here and incl is checked), line	ude on your e 9 (if Box E	37,513	4,774			32,739

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form **8949** (2018)

JSA 8X2616 1 000