Form 9990-1 Canada Canad	**. ·	l E	vemnt Organization	Ruc	siness Income	Tay Potu	rn l	
Part	Form 990-T	-						OMB No 1545-0047
Descriptions of the University of Service Control o		For cale						୭ଲ 10
Description Point senter SRN numbers on this form as it may be made patient if your organization is \$90(c) Senter SRN numbers on this form as it may be made patient if your organization is \$90(c) Senter SRN numbers of the patient is senter to the patient to the patient to patient is senter to the patient to the patient to patient is senter to the patient to	Department of the Treasury						``'	<u> </u>
Check bour Section Check bour Check bour farmer changed and see natroclosis Discovering	•	▶ Do	•				c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
B Exempt variety explain Soft C	Oliopii Doxii						D Emplo	yer identification number
Notice 10 10 10 10 10 10 10 1	address changed						(Emplo	yees' trust, see instructions)
Top Continue Con	B Exempt under section	1	MEDSTAR HEALTH INC.					
408(c) 220(c) Type 10980 GRANTCHESTER MAY Coly or ferm, state or province, country, and ZIP of fereign postal code 532(c) Caly or ferm, state or province, country, and ZIP of fereign postal code 500000 Security Coly or ferm, state or province, country, and ZIP of fereign postal code 500000 Security Sec	X 501(C)(3)	1	Number, street, and room or suite no	lf a P O	box, see instructions		52-20	087445
408A	408(e) 220(e	NI.	[
Contex cause of all areasts and of years and years years and years and years years years years and years ye	408A 530(a		10980 GRANTCHESTER	YAW			(See in	structions)
at end of year 4670764797. © Check organization type ▶ № \$51(c) corporation H Enter the number of the organizations type ▶ № \$51(c) corporation H Enter the number of the organizations type ▶ № \$51(c) corporation H Enter the number of the organizations vinetated vades or businesses ▶ 2 □ Describe the only for first) unrelated trade or business here ▶ ATCH 1 first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule Mor cears dischard trade or business, then complete Parts I and II, complete a Schedule Mor cears dischard trade or business, then complete Parts I and II, complete a Schedule Mor cears dischard trade or business, then complete Parts I and II, complete a Schedule Mor cears dischard trade or business, then complete Parts I and III, complete a Schedule or parent-subsidiary controlled group? ▶ ▼ Yes ▼ N III ** Yes, ** enter the name and identifying number of the parent corporation ▶ II ** Telephone number ▶ 410-772-6721 **Telephone number ▶ 410-772-6721 *	529(a)		City or town, state or province, countr	y, and Z	IP or foreign postal code			
## 4670764797. G Check (organization type ► X Solic) (coproportion Solic) trust 401(a) trust Other trust ## Enter the number of the organization's unrelated trade or businesses Z Describe the only (or first) unrelated trade or businesses ATCH If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts III If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business. The complete Parts III If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business Income If we have been deviced from the part to previous and III If the part to previous and III If only one, complete Parts III If only one, complete Parts II-V II ment to previous and III If only one, complete Parts II-V II ment to previous and III If only one, complete Parts II-V II ment to previous and III If only one, complete Parts II-V II ment to previous and III If only one, complete Parts II-V II ment to previous and III If only one, complete Parts II-V II M for the III If only one, complete Parts II-V II II ment to previous and III If only one, complete Parts II-V II ment to previous and III If only one, complete Parts II-V II ment to previous and III If only one, complete Parts II-V II ment to previous and III If only one, complete Parts II-V II ment to previous and III If only one, complete Parts II-V II ment to previous and III If only one, complete Parts II-V II ment to previous and III If only one, complete Parts II-V II			COLUMBIA, MD 21044				90000	00
H Enter the number of the organization's unrelated trades or businessess ▶ 2	at end of year	F Gro	up exemption number (See instruct	ions) l	>			
If year on business here ▶ ATCH 1	4670764797.	G Che	eck organization type 🕨 🕺 501	(c) co	rporation 501(c) trust	401(a)	trust Other trust
trade or business, then complete Parts III-V I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶	H Enter the number o	f the orga	inization's unrelated trades or busine	sses	≥ 2	Describe	the only	(or first) unrelated
Trade or business, then complete Parts III-V During the laxy sear, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶	trade or business he	re ▶ <u>A</u>	TCH 1		If only one,	complete Parts	-V If more	than one, describe the
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation by Telephone number by 410-772-6721 Telephone numb	first in the blank sp	ace at the	e end of the previous sentence, co	mplete	Parts I and II, complete a S	chedule M for ea	ch additior	nal
If Yes * enter the name and identifying number of the parent corporation Telephone number 410-772-6721	trade or business, th	en compl	ete Parts III-V					
The books are in care of NOCE BRYAN Telephone number ▶ 410-772-6721						controlled group?		▶ Yes X No
Deductions Not Taken Elsewhere (See pristructions for limitations on deductions) (Deductions must be directly connected with the unrelated business/shcgme) Taken and indiventity income (Schedule J) 10 10 10 10 10 10 10 1				rporation				
1 a Gross receipts or sales D Less returns and allowances 2 Cost of goods sold (Schedule A, line 7),								1
D Less returns and allowances 2 Cost of goods sold (Schedule A, line 7). 3 Gross profit Subtract line 2 from line 1c. 4 Capital gain net income (attach Schedule D). 4 Less deprication of officers, directors, and trustees Schedule N. 5 Interest, and interest (attach schedule). 5 Interest (attach schedule). 6 Repairs and maintenance 7 Directed with the unrelated business schedule N. 7 Pair III Deductions Not Taken Elsewhere (See pristructions for limitations on deductions) (Deductions must be directly connected with the unrelated business schedule K. 7 Bad debts. 7 CogDEN, UT. 8 Interest (attach schedule) (see instructions). 9 Interest (attach schedule) (see instructions). 10 Compensation of officers, directors, and trustees Schedule K. 11 Salares and maintenance 12 Depletion. 13 Taxes and licenses 15 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts. 18 Repairs and maintenance 19 Depreciation (attach Form 4582). 20 Depreciation (attach Form 4582). 21 Less depreciation clarmer on Schedule I). 22 Depletion. 23 Contributions to defirted compensation plans 24 Employee benefit/programs 25 Excess exemplexpenses (Schedule I). 26 Excess exemplexpenses (Schedule I). 27 Other deductions (attach schedule). 28 Total deductions (attach schedule). 29 Urrelated business taxable income before not operating loss deduction Subtract line 28 from line 13 29 137,740. 26 Excess exemplexpenses (Schedule I). 27 Other deductions (attach schedule). 28 Total deductions (attach schedule). 29 Urrelated business taxable income before not operating loss deduction Subtract line 28 from line 13 29 137,740. 20 Urrelated business taxable income before not operating loss deduction Subtract line 28 from line 13 29 137,740. 29 Urrelated business taxable income before not operating loss deduction Subtract line 28 from line 13 29 137,740. 20 Urrelated business taxable income before not operating loss deduction Subtract line 28 from line 13 29 137,740. 20 Urrelated business taxable income Subtract line 30 from line 29 137,740.	Rart Unrelated		or Business Income	1	(A) Income	(B) Exper	ses	(C) Net
D Less returns and allowances 2 Cost of goods sold (Schedule A, line 7). 3 Gross profit Subtract line 2 from line 1c. 4 Capital gain net income (attach Schedule D). 4 Less deprication of officers, directors, and trustees Schedule N. 5 Interest, and interest (attach schedule). 5 Interest (attach schedule). 6 Repairs and maintenance 7 Directed with the unrelated business schedule N. 7 Pair III Deductions Not Taken Elsewhere (See pristructions for limitations on deductions) (Deductions must be directly connected with the unrelated business schedule K. 7 Bad debts. 7 CogDEN, UT. 8 Interest (attach schedule) (see instructions). 9 Interest (attach schedule) (see instructions). 10 Compensation of officers, directors, and trustees Schedule K. 11 Salares and maintenance 12 Depletion. 13 Taxes and licenses 15 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts. 18 Repairs and maintenance 19 Depreciation (attach Form 4582). 20 Depreciation (attach Form 4582). 21 Less depreciation clarmer on Schedule I). 22 Depletion. 23 Contributions to defirted compensation plans 24 Employee benefit/programs 25 Excess exemplexpenses (Schedule I). 26 Excess exemplexpenses (Schedule I). 27 Other deductions (attach schedule). 28 Total deductions (attach schedule). 29 Urrelated business taxable income before not operating loss deduction Subtract line 28 from line 13 29 137,740. 26 Excess exemplexpenses (Schedule I). 27 Other deductions (attach schedule). 28 Total deductions (attach schedule). 29 Urrelated business taxable income before not operating loss deduction Subtract line 28 from line 13 29 137,740. 20 Urrelated business taxable income before not operating loss deduction Subtract line 28 from line 13 29 137,740. 29 Urrelated business taxable income before not operating loss deduction Subtract line 28 from line 13 29 137,740. 20 Urrelated business taxable income before not operating loss deduction Subtract line 28 from line 13 29 137,740. 20 Urrelated business taxable income Subtract line 30 from line 29 137,740.	1a Gross receipts or			1				
3 Gross profit Subtract line 2 from line 1c 3 4 Capital gain net income (attach Schedule D) 4 4 Capital gain net income (attach Schedule D) 4 4 Capital gain (cas) (form 4797, 2nt II, line 17) (attach Form 4797) 1 4 b - 4, 067 4	D Less returns and allow							
Exploited exempt activity income (Schedule I)	2 Cost of goods so				· ,			
Exploited exempt activity income (Schedule I)	3 Gross profit Sub				20.040			20.040
Exploited exempt activity income (Schedule I)	4a Capital gain net						/	
Exploited exempt activity income (Schedule I)	b Net gain (loss) (F				-4,007.			-4,007
Exploited exempt activity income (Schedule I)	c Capital loss dedu				121 758	78001 2		121 758
Exploited exempt activity income (Schedule I)	5 Income (loss) from a				121,730.	AICH Z		121,730
Exploited exempt activity income (Schedule I)	Z 6 Rent Income (Scr			\vdash				
Exploited exempt activity income (Schedule I)	Uniferated debt-11			_				
Exploited exempt activity income (Schedule I)	o interest, annuities, roy		· · · · · · · · · · · · · · · · · · ·					
11 Advertising income (Schedule J). 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			· · · · · · · · · · · · · · · · · · ·				_	
Other income (See instructions, attach schedule) Total Combine lines 3 through 12. Total Combine lines 3 through 27. Total Combine lines 3 taxable income before net operating loss deduction Subtract line 28 from line 13. Total Combine lines 3 taxable income before net operating loss deduction Subtract line 28 from line 13. Total Combine lines 3 taxable income Subtract line 29. Total Combine lines 3 taxable income Subtract line 29. Total Combine lines 3 taxable income Subtract line 29. Total Combine lines 3 taxable income Subtract line 29. Total Combine lines 3 taxable income Subtract line 29. Total Combine lines 3 taxable income Subtract line 29. Total Combine lines 3 taxable income Subtract line 29. Total Combine lines 3 taxable income Subtract line 29. Total Combine lines 3 taxable income Subtract line 29. Total Combine lines 3 taxable income Subtract line 29. Total Combine lines 3 taxable income Subtract line 29. Total Combine lines 29. Total Combine l	• •		, , , , , , , , , , , , , , , , , , , ,					
Total Combine lines 3 through 12. 13 137,740. 137,740. 137,740. Part II Deductions Not Taken Elsewhere (See pristructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees schedule KRECEVED. 14 15 Salaries and wages 15 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 19 19 19 19 19 19 19 19 19 19 19 19				12/				
Part II Deductions Not Taken Elsewhere (See Instructions for Imitations on deductions) (Deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees schedule KIREGIVED. 15 Salaries and wages. 16 Repairs and maintenance 17 Bad debts. 18 Interest (attach schedule) (see instructions). 19 Taxes and licenses 19 Depreciation (attach Form 4562). 21 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion. 23 Contributions to deferred compensation plans 25 Excess exempt expenses (Schedule I). 26 Excess regatership costs (Schedule J). 27 Other deductions (attach schedule) 28 Total deductions (attach schedule) 29 Urrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 29 Urrelated business taxable income Subtract line 30 from line 29. 30 For Paperwork Reduction Act Notice, see instructions 14				13	137,740.			137,740
Connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees schedule KNEGEVED	Part II Deduction	ns Not	Taken Elsewhere (See lest	ructio		leductions) (Deduction	
14 Compensation of officers, directors, and trustees (Schedule K) REGEIVED						.000000000		one much be unestry
Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4582). Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Total deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Unrelated business taxable income Subtract line 30 from line 29. Total Pediction Act Notice, see instructions Form 990-T (201	14 Compensation of	officers.	directors, and trustees (Schedule K)		REN/ER		14	T
Repairs and maintenance 16 17 18 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Depreciation claimed on Schedule A and elsewhere on return 21 Depletion 22 Contributions to deferred compensation plans 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 27 29 Urfelated business taxable income before net operating loss deduction Subtract line 28 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 Unrelated business taxable income Subtract line 30 from line 29 31 137, 740 31 For Paperwork Reduction Act Notice, see instructions 32 Form 990-T (201	15 Salaries and wag	es		LZC	OF THE PROPERTY OF		· ·	
17 Bad debts								
Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule) Total deductions (attach schedule) Total deductions. Add lines 14 through 27. Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 and 137,740. Unrelated business taxable income Subtract line 30 from line 29. Total Paperwork Reduction Act Notice, see instructions Form 990-T (201				MAY	74 B OAGE TOT			
19 Taxes and licenses Depreciation (attach Form 4562). 21 Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule) Total deductions. Add lines 14 through 27. Uirelated business taxable income before net operating loss deduction Subtract line 28 from line 13. Unrelated business taxable income Subtract line 30 from line 29. For Paperwork Reduction Act Notice, see instructions 19 19 10 119 21b 22b 22c 23 24 3. 24 3. 25 26 27 28 29 Uirelated business taxable income before net operating loss deduction Subtract line 28 from line 13. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). 31 Unrelated business taxable income Subtract line 30 from line 29. Form 990-T (201	18 Interest (attach s	chedule)			1 / 101		18	
Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule) Total deductions. Add lines 14 through 27. Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). Unrelated business taxable income Subtract line 30 from line 29. For Paperwork Reduction Act Notice, see instructions Form 990-T (201			/	CI	DENI LIT		19	
Less depreciation claimed on Schedule A and elsewhere on return	20 Depreciation (att	ach Form	4582)	701	JL14, U 1 20 1		-	
Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule) Total deductions. Add lines 14 through 27. Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13. Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). Unrelated business taxable income Subtract line 30 from line 29. Total deduction Act Notice, see instructions Total deductions. Add lines 14 through 27. 28. 137,740 139 137,740				eturn	21a		21b	
Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule) Total deductions. Add lines 14 through 27. Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13. Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). Unrelated business taxable income Subtract line 30 from line 29. Total deduction Act Notice, see instructions Total deductions. Add lines 14 through 27. 28. 29. 137,740 30. 137,740 137,740 137,740	22 Depletion	/.	:				22	
Employee benefit programs 24 Excess exempt expenses (Schedule I) 25 Excess readership costs (Schedule J) 26 Other deductions (attach schedule) 27 Total deductions. Add lines 14 through 27 28 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 29 137,740 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 Unrelated business taxable income Subtract line 30 from line 29 31 137,740 For Paperwork Reduction Act Notice, see instructions Form 990-T (201								
Excess exemple expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule). Total deductions. Add lines 14 through 27. Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13. Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). Unrelated business taxable income Subtract line 30 from line 29. Total deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). Unrelated business taxable income Subtract line 30 from line 29. Total deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). 30. 137,740 For Paperwork Reduction Act Notice, see instructions								``
26 Excess readership costs (Schedule J)								
Other deductions (attach schedule)								
Total deductions. Add lines 14 through 27								
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 Unrelated business taxable income Subtract line 30 from line 29								
Unrelated business taxable income Subtract line 30 from line 29	29 Unrelated busine	ess taxab	le income before net operating	loss	deduction Subtract line	28 from line	13 29	137,740
For Paperwork Reduction Act Notice, see instructions				_				
				29 .	<u> </u>	<u> </u>	31	137,740
	For Paperwork Reduct	tion Act N	lotice, see instructions					Form 990-T (2019

V 19-7.7F

9X2740 1 000

7	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	162	14
	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 ▶CAYMAN ISLANDS	X	
8	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		Χ
	If "Yes," see instructions for other forms the organization may have to file		
9	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 a true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	and beli	ef, i

.		e examined this return, including accompanying son (other than taxpayer) is based on all information of which			towiedge and benes, it
Sign Here	Day B	05/05/2021 VP/TR		discuss this return parer shown below	
ĺ	Signature of officer	Date Title		(see instructions)	?X Yes No
Paid	Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN
	JG WHITE	Saft Wite	5/2/2021	self-employed	P01498698
Prepare				Firm's EIN ▶ 13	3-5565207
Use On	V 0350 DD07D 0	METERS OF THE PARTY OF THE PART	UA 22102	702	206 0000

J\$A 9X2741 1 000

52

53

55

Part Ill

33

34

35

36

37

42

enter the smaller of zero or line 37. Part W Tax Computation

Tax and Payments

Form 4136

Phone no 703-286-8000

Firm's address > 8350 BROAD STREET, SUITE 900, MCLEAN, VA 22102

Form 990-T (2019)	_											Page 3
Schedule A - Cost of God	ds So	ld. Ente	er metho	d of invent	tory v	aluation	>					_
1 Inventory at beginning of year	ır . [1]				6	Inventory	at end of yea	ar	6			
2 Purchases	2				7	Cost of	goods so	ld Subtract line				
3 Cost of labor	3					6 from li	ne 5 Enter	here and in Part				
4a Additional section 263A cos	s					I, line 2 .			7		_	
(attach schedule)	4a				8	Do the	rules of	section 263A (w	th r	espect to	Yes	No
b Other costs (attach schedule						property	produced	or acquired for	resa	ie) apply		
5 Total Add lines 1 through 4						to the org	anization? .	<u> </u>	<u></u>	<u> </u>		Х
Schedule C - Rent Income (From F	Real Pr	operty a	nd Perso	nal I	Property	Leased V	Vith Real Proper	ty)			
(see instructions)												
Description of property					_							
(1)	_				_							
(2)												
(3)								<u></u>				
(4)												
	2. Rer	nt receive	d or accru	ed								
(a) From personal property (if the pe for personal property is more than more than 50%)			percent	rom real and age of rent for r if the rent is	or pers	onal property	y exceeds	3(a) Deductions dir in columns 2(a				ome
(1)	~				·							
(2)												
(3)									-			
(4)		-+										
Total			 Total	_								_
(c) Total income. Add totals of colu	mns 2(a)							(b) Total deduction				
nere and on page 1, Part I, line 6, c								Enter here and on Part I, line 6, colum				
Schedule E - Unrelated Deb				e instruct	ions)			<u> </u>		·		_
						ne from or	3 [Deductions directly con debt-finance			le to	
1 Description of debt-f	nanced pr	operty		allocable	to deb propert			nt line depreciation ch schedule)		b) Other deduction (attach sched		-
(1)		~		1			(atta	ch scriedule)		(attach sched	uie)	
(2)				 								
(3)				-								
(4)												
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of debt-fi	age adjusto or allocabl inanced pr ach sched	e to operty	4	Colun divide colum	ed		income reportable n 2 x column 6)		Allocable ded imn 6 x total o 3(a) and 3(t	f colum	
(1)						%						
(2)						%						
3)						%						
4)						%						
								e and on page 1, le 7, column (A)		er here and o t I, line 7, colu		

Schedule F - Interest, Ann	unies, royanie			trolled Or			Lations	(366 11	15ti detic	7113)	
1 Name of controlled organization	2. Employer identification numb	er 3 Ne	et unrelat	ed income structions)	4 Total		fied incl	uded in	olumn 4 th the contro s gross inc	lling	6 Deductions directly connected with income in column 5
(1)	·										
(5)					1						
(3)					ļ						
(4)											
Nonexempt Controlled Organiz	zations										
7 Taxable Income	8 Net unrelated in (loss) (see instruc	l l		otal of specific yments made		inc	Part of co luded in the anization's	he contro	lling		Deductions directly inected with income in column 10
(1)											
(2)											
(3)											
(4)											
Totals	 ncome of a Sec	ction 501(c	 c)(7), (9), or (17		En Pa	dd columr ter here an irt I, line 8, on (see	id on pag , column	je 1, (A)	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	ıncome		3 Deduction directly cortain (attach sch	nected			4 Set-as ttach sch		_	5 Total deductions and set-asides (col 3 plus col 4)
(1)			+								
(2)			 								-
(3)			-								
(4)			-								<u> </u>
Totals	Enter here and a Part I, line 9, co		U								Enter here and on page 1 Part I, line 9, column (B)
Schedule I-Exploited Exe	mpt Activity In	come, Oth	er Tha	n Adverti	sing Ir	come	e (see in	struction	ons)		
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business ind	es with n of	4 Net inconfrom unrelat or business 2 minus col If a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 G from	iross incon activity th ot unrelate ness incon	ne nat	6 Exper attributat column	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
<u>(1)</u>											
(2)											
(3)								_			
<u>(4)</u>											
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa	nti,		•	<u> </u>					Enter here and on page 1, Part II, line 25
Schedule J- Advertising In	icome (see instri	uctions)	ļ					<u> </u>		——	
Part I Income From Peri			nsolic	lated Bas	is						
Half I Hicome From Fen		eu on a oc	J1150110	4 Advert			- · · · -				7 Excess readership
1 Name of periodical	2 Gross advertising income	3 Direct advertising (gain or (los 2 minus co a gain, coi cols 5 thro	ol 3) If mpute	5	Circulatior income)	6 Reader	•	costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
											·
Totals (carry to Part II, line (5))		. <u> </u>									Form 990-T (2019

JSA

Part.II Income From Pe 2 through 7 on a 1 Name of periodical			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 ▶			,			
	Enter here and on page 1, Part I, Inne 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			,	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)				<u> </u>		
Schedule K - Compensatio		irectors, and Tr	rustees (see insti	ructions)		
1 Name		2	Title	3 Percent of time devoted to business	4 Compensation unrelated	
(1)				%		
(2)				%		
(3)				%		
(4)				0/2		·

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning $\frac{07/01}{}$, 2019, and ending

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Name of the organization 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

Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales					ļ
b	Less returns and allowances c Balance	1 c				1
2	Cost of goods sold (Schedule A, line 7)	2				1
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 (attach					
	statement) ATCH. 3 .	5	-14,874.	_		-14,874.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)		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	-14,874.			-14,874.
14	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance					
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Depreciation (attach Form 4562)					
21	Less depreciation claimed on Schedule A and elsewhere on re				21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)				27_	
28	Total deductions Add lines 14 through 27				28	
29	Unrelated business taxable income before net operating	loss	deduction Subtract line	28 from line 13	29	-14,874.
30	Deduction for net operating loss arising in tax years	begin	ning on or after Janua	ry 1, 2018 (see		
	instructions)				30	
31	Unrelated business taxable income Subtract line 30 from line	29 .	<u> </u>	<u> </u>	31	-14,874.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

ATTACHMENT 2

FORM 990T -	LINE 5	-INCOME	(LOSS)	FROM	PARTNERSHIPS	OR S	CORPORATION	S_
PARTNERSHIP PARTNERSHIP PARTNERSHIP PARTNERSHIP PARTNERSHIP	#2 #3 #4					ŕ		3,759. 9,032. 83,837. 4. 25,126.
INCOME	(LOSS)	FROM PAF	RTNERSH:	IPS				121,758.

52-2087445

ATTACHMENT 3

MNS SUPPLY

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

MNS SUPPLY, LLC

-14,874.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-14,874.

SCHEDULE D (Form 1120)

Capital Gains and Losses

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

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0123

Name MEDS	TAR HEALTH INC.					52-2087445
						Yes X No
	e corporation dispose of any investment(s) in a				. Pl	res No
Part	s," attach Form 8949 and see its instructions for Short-Term Capital Gains and Losses			your gain or los	15	
	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	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from For 8949, Part I, lin- column (q)	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	whole dollars 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			(9)		,
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949	205	122			0.5
	with Box C checked	227.	132.			95.
	Short-term capital gain from installment sales from F Short-term capital gain or (loss) from like-kind exchan					
6	Unused capital loss carryover (attach computation) .				6	(
7	Net short-term capital gain or (loss) Combine lines 1	a through 6 in column l	1		7	95
Párt			·			
	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	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from For 8949, Part II, III	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	whole dollars 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			column (g)		the result with column (g)
	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	20,271.	317.		1	19,954
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from Fe	orm 6252, line 26 or 37			12	
13	Long-term capital gain or (loss) from like-kind exchange	ges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15	Net long-term capital gain or (loss) Combine lines 8a	a through 14 in column	h	<u> </u>	15	19,954
Part	Summary of Parts I and II				1	<u> </u>
16	Enter excess of net short-term capital gain (line 7) ov	ver net long-term capita	l loss (line 15)		16	95 19,954
					1	1 17,754
17	Net capital gain. Enter excess of net long-term capital	al gain (line 15) over ne	et short-term capital lo	ss (line 7)	17	

Form 8949

Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

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

MEDSTAR HEALTH INC.				533.2.33	52 -	2087445	
Before you check Box A, B, or C below statement will have the same informa- broker and may even tell you which bo	tion as Form 10						
Part I Short-Term. Transactinstructions) For Ion	g-term trans	actions, see	page 2	-	-		
Note : You may aggr reported to the IRS Schedule D, line 1a	and for whic	h no adjustr	ments or codes	are required	Enter the to	otals directly or	1
You must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, cor	page 1, for e	ach applicab	le box If you ha	ve more short-	term transac	-term transaction tions than will fit o	s, on this page
(A) Short-term transactions (B) Short-term transactions X (C) Short-term transactions	reported on F	orm(s) 1099	-B showing basis			e Note above)	
1 (a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co	any, to gain or loss amount in column (g), ide in column (f) arate instructions	(h) Gain or (loss) Subtract column (e)
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
PARTNERSHIP # 5	VARIOUS	VARIOUS	4				4
PARTNERSHIP # 3	VARIOUS	VARIOUS	223				223
PARTNERSHIP # 2	VARIOUS	VARIOUS		132			-132
1997-1999							
				<u> </u>	<u> </u>		
				:			
						-	

2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

227 132 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

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

Form 8949 (2019)

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 (2019)	Attachment Sequence No 12A	-raye
Name(s) shown on return. Name and SSN or taxpayer 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

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
- (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sepa	Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo , day, yr)	(see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
PARTNERSHIP # 1	VARIOUS	VARIOUS	12				12
PARTNERSHIP # 5	VARIOUS	VARIOUS	2,964				2,964
PARTNERSHIP # 3	VARIOUS	VARIOUS		317			-317
PARTNERSHIP # 2	VARIOUS	VARIOUS	17,295			_	17,295
					,		
				-			
							-
	;						
		i					
2 Totals Add the amounts in columns	(d), (e), (n), and	(h) (subtract		_			
negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and inclusion checked), line	ude on your 9 (if Box E	20,271	317			19,954

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 (2019)