	ı	(3	ኋ? <i>}</i> ∗∗	* AMENDED :					EAL ***		931700.	
	Form	990-T		empt Organia	d proxy ta	x un	der sectio	n 6033(e	e))	906	OMB No 1545-068	
			For caler	ndar year 2018 or o							2018	
	Depart	ment of the Treasury		► Go to www.	irs gov/Form990	OT for i	nstructions and	the latest i	nformation.		Open to Bublic Inspecti	on for
	Interna	Revenue Service	▶Do	not enter SSN num	- 1					_	Open to Public Inspection 501(c)(3) Organizations	
	A [_	Check box if address changed									oyer identification num oyees' trust, see instructions	
			MEDSTAR HEALTH RESEARCH INSTITUTE									
		mpt under section 501(C)03_)	Print	Number, street, an						52-6	056274	
	<u> </u>	408(e) 220(e)	or	rramber, street, an	a toom or salle no		200, 000 11.00.000.0				ated business activity	code
		408A 530(a)	ן יאפי ן	108 IRVIN	G STREET N	IM				(See in	nstructions)	
	\vdash	529(a)	i	City or town, state	or province, count	ry, and a	ZIP or foreign posta	ıl code		1		
		k value of all assets		WASHINGTO	N, DC 2001	.0						
	ate	end of year		up exemption num						-r		
				ck organization ty				501(c)		401(a)		r trust
		nter the number of		nization's unrelate	d trades or busin	esses				•	(or first) unrelated	1
		ade or business her st in the blank spa						•	•		e than one, describe t	ine
4		st in the blank spa ade or business, th			us sentence, co	mpiete	e Parts i and ii, co	ompiete a Sc	nequie ivi for ea	ich additio	nai	
		uring the tax year,			sidiary in an affi	lliated c	roup or a parent-	subsidiary co	ontrolled group?	·	X Yes	No
Batching		"Yes," enter the na							3 p			
ਕੂ ਨੂੰ 0 0		ne books are in care			<u>'</u>			Telephone	e number 🕨 4	LO-772	-6721	
80 85	Par	t I Unrelated	Trade o	or Business In	come		(A) Inco	ome	(B) Expe	nses	(C) Net	
2	1a	Gross receipts or	sales									
Z	b	Less returns and allowa			c Balance	_				•	-	!
NOV	2		Id (Schedule A, line 7)									i
0	3					3 4a					 	
2 21		Capital gain net i Net gain (loss) (Fo		•								
7070	' c	Capital loss dedu									1	
	5	Income (loss) from a p	_			\vdash						
	6	Rent income (Sch	edule C)			6						
	7	Unrelated debt-fi	nanced in	come (Schedule E)	7						
	8	Interest, annuities, roya	alties, and re	nts from a controlled org	janization (Schedule f	=) 8				-		
2	9	Investment income of a									 	
202	10	Exploited exempt				10						
_	11 12	Advertising incom Other income (Se									<u> </u>	
-	13	Total Combine li						0.				
۲	Par	t II Deductio	ns Not	Taken Elsewh	ere (See ins	truction				Except	for contributions,	
L L		deduction	s must	be directly co	nnected with	the d	/ifelated busii	ness incor	me)	· v	·-	
3	14	Compensation of Salaries and wage Repairs and main Bad debts	officers,	directors, and trus	ees (Schedule k)				14	<u> </u>	
	15	Salaries and wage	es		BILA . AUG .	0′3	2020 - 181 ·			15		
Z	16	Repairs and main	itenance			٠. ·				16	 	
SCANNEL	17	Bad debts		(000,000,000,000)			╌╌┸┚╔┤╴		• • • • • •	17		-
Ŋ	18 19	Interest (attach s Taxes and license	criedule) ((see instructions)	<u>····060</u>	EN,	, : : : : : : : : : : : : : : : : : : :			18		
	20	Charitable contrib	·	. <i>.</i>						· · 		
	21	Depreciation (atta	,					1			-	
	22	Less depreciation								22b	<u> </u>	<u></u>
1	23	Depletion								23		
	24	Contributions to										
	25	Employee benefit										
i i	26	Excess exempt ex										
	27	Excess readership								- 1		
	28 29	Other deductions Total deductions								- 1	<u> </u>	
	30	Unrelated busine		-								
	31	Deduction for net				-					<u> </u>	1
	32	Unrelated busine		_								
											- 000 7	

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	990-T (2018)		Page 2
Pā	Total Unrelated Business Taxable Income	···	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	
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	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
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	38	0.
Pai	t IV Tax Computation	, 30	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	 	
70		10	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income See instructions		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
	tV Tax and Payments		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	1 1	
b	Other credits (see instructions)		
	General business credit Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47	
48	Total tax Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments A 2017 overpayment credited to 2018		
	2018 estimated tax payments		
	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions)	.	
	Credit for small employer health insurance premiums (attach Form 8941)	. 1	
g	Other credits, adjustments, and payments Form 2439	.	
	Form 4136 Other Total ▶ 50g		166 163
51	Total payments. Add lines 50a through 50g	51	166,163.
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	166,163.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶83, 781. Refunded ▶	55	82,382.
Par	Statements Regarding Certain Activities and Other Information (see instructions	;)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	y have	to file
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign (country
	here ▶		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	on trust?.	х х
	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 be	est of my l	knowledge and belief, it is
Sign	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	· · · · · · · · · · · · · · · · · · ·	
Here	TORE PRIVATE AND		discuss this return
	101/62/2080		eparer shown below
	Print/Type preparer's name Preparer's signature Date)? X Yes No
Paid	Check Check		
Prep	arer Army III	nployed	P01498698
Use	Only Firms name PARTING DEF Firm's	700	3-5565207
	Firm's address ► 8350 BROAD STREET, SUITE 900, MCLEAN, VA 22102 Phone	no /03	-286-8000

Form 990-T (2018)

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MEDSTAR HEALTH RESEARCH INSTITUTE

Form 990-T (2018)							Page
Schedule A - Cost of Go	ods Sold. Er	iter method	of inventory valuation	>			
1 Inventory at beginning of y	ear . 1		6 Inventory	at end of yea	ar	6	
2 Purchases	2		7 Cost of	ild. Subtract line			
3 Cost of labor	3		6 from	line 5 En	nter here and in		
4a Additional section 263A co	osts		Part I, line	2		7	
(attach schedule)	4a		8 Do the	rules of	section 263A (v	with respect to	Yes No
b Other costs (attach schedu	le) . 4b		property	produced	or acquired for	r resale) apply	. .
5 Total Add lines 1 through			to the org	anization?	<u> </u>		Х
Schedule C - Rent Income	(From Real P	roperty ar	nd Personal Property	Leased V	Vith Real Prope	rty)	
(see instructions)							
1 Description of property							
(1)							
(2)							
(3)	•						
(4)					•		
	2 Rent recei	ved or accrue	ed .				
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percenta	om real and personal property ge of rent for personal propert if the rent is based on profit or	y exceeds		irectly connected with the (a) and 2(b) (attach sche	
(1)							
(2)							
(3)			-				
(4)							
Total		Total					
(c) Total income Add totals of co	olumns 2(a) and 2(1			(b) Total deduction		
here and on page 1, Part I, line 6					Enter here and or Part I, line 6, colu		
Schedule E - Unrelated De			e instructions)		,	115	
		\\	2. Gross income from or	3 [nnected with or allocable	e to
1 Description of deb	t-financed property		allocable to debt-financed	(=) C4====		ced property	
			property		ht line depreciation ach schedule)	(b) Other deductions (attach schedule)	
(1)							
(2)			,				
(3)							
(4)							
4 Amount of average	5 Average adju		6.04			0 All	.el.on¢
acquisition debt on or allocable to debt-financed	of or alloca debt-financed		6 Column 4 divided		income reportable	8 Allocable dedu (column 6 x total of	
property (attach schedule)	(attach sch		by column 5	(colum)	n 2 x column 6)	3(a) and 3(b))
(1)	·····		%				
(2)			%				
(3)			%				
(4)_			%	1			
		• !		Enter her Part I, lir	re and on page 1, ne 7, column (A)	Enter here and on Part I, line 7, colu	
Totals				Part I, lir	ne 7, column (A)	Part I, line 7, colu	mn (B)

Form **990-T** (2018)

Page 4

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Schedule F—Interest, Annu	uties, Royalties			m Contro		_	tions (see	nstruction	ons)	-
1 Name of controlled	2 Employer				<u></u>			f column 4 th	nat is	6 Deductions directly
organization	identification number	;	3 Net unrelated income (loss) (see instructions)		4. Total of specified payments made		Incidued	included in the controlling organization's gross income		connected with income in column 5
1)										
2)										
3)										
4)										
Nonexempt Controlled Organiz		<u> </u>				10 0	art of column	0 that is	1.	L Deductions directly
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made			10 Part of column 9 that is included in the controlling organization's gross income			11 Deductions directly connected with income in column 10	
1)										
2)										
3)	·									
4)		l				Ada	l columns 5 a	nd 10	Δι	dd columns 6 and 11
Cotals					>	Ente Part	r here and on I, line 8, colu	page 1, mn (A)	Ent	er here and on page 1, rt I, line 8, column (B)
Schedule G-Investment In	come of a Sec	tion 501(d	:)(7),	· //	<u>, </u>	nizatio	n (see ins	tructions)		
1 Description of income	2 Amount of	income		3 Deduc directly con (attach sch	necled			t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
1)										
2)			ļ							
3)			1-							
4)	Enter have and a		-							Enter here and an agen 1
「otals ▶	Enter here and o Part I, line 9, co									Enter here and on page 1 Part I, line 9, column (B)
Schedule I-Exploited Exe	mpt Activity Inc	ome, Oth	er Tha	an Adverti	sing Ir	come	(see instru	ctions)	<u>.</u>	
1 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 d	4 Net incom from unrelat or business 2 minus col If a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 Gro from a	oss income ictivity that unrelated ess income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
4)										
1)								 		
2) 3)										
4)										
rotals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	ırt 1,							Enter here and on page 1, Part II, line 26
Schedule J- Advertising In	come (see instri	ictions)								
Part I Income From Peri			onsoli	dated Bas	sis		,			
income rioniro.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u> </u>	J.10011					T		
1 Name of periodical	2 Gross advertising income	3 Directal advertising of		4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col ol 3) If mpute		rculation come	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
1)					• • • • • • • • • • • • • • • • • • • •					
2)										
3)										
4)										
otals (carry to Part II, line (5))								<u></u>		

Form 990-T (2018)

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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	_					
	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 - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
				3 Percent of	4 Camanana	

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

Form 990-T (2018)

FORM 990-T, AMENDED RETURN

THE 2018 FORM 990-T FOR MEDSTAR HEALTH RESEARCH INSTITUTE, WAS AMENDED TO REMOVE THE AMOUNT OF QUALIFIED TRANSPORTATION FRINGE BENEFITS REPORTED ON PART III, LINE 34 AS UNRELATED BUSINES INCOME UNDER IRC SECTION 512(A)(7). THIS CODE SECTION WAS RETROACTIVELY REPEALED ON DECEMBER 20, 2019.

DUE TO THIS REPEAL, MEDSTAR HEALTH RESEARCH INSTITUTE NO LONGER HAS UNRELATED BUSINESS INCOME TO REPORT AND IS NO LONGER REQUIRED TO FILE FORM 990-T.

AS A RESULT, MEDSTAR HEALTH RESEARCH INSTITUTE HAS REQUESTED A REFUND FOR THE AMOUNT OF TAX THAT IT PREVIOUSLY REPORTED AND PAID.

PART III, LINE 34 AS ORIGINALLY FILED: \$428,661 PART III, LINE 34 AS AMENDED: \$0

52-6056274

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

MEDSTAR HEALTH, INC. 52-2087445