s 990-T		TENDED TO NOVE ganization Bus			Tax Retui	rn l	OMB No 1545-0687
ram JOJ I		(and proxy tax und				· · ·	0040
	For calendar year 2018 or other		_ 2018				
Department of the Treasury Internal Revenue Service	► Go to ► Do not enter SSN no	3).	Open to Public Inspection for 501(c)(3) Organizations Only				
A Check box if address changed	Name of organizatio	n (Check box if name c	hanged	and see instructions.)		Em;	loyer identification number ployees' trust, see uctions)
B Exempt under section	Print MONTAGE H	EALTH				9	4-2789696
X 501(c (28)	or Number, street, and	room or suite no. If a P O. box	x, see ir	structions			lated business activity code instructions)
408(e) 220(e)	Type P.O BOX H						
408A 530(a) 529(a)	City or town, state of MONTEREY,	r province, country, and ZIP o CA 93942	r foreig	n postal code		525	5990
C Book value of all assets at end of year	F Group exemption	number (See instructions.)	<u> </u>				
869,117,4	42. G Check organizatio	n type X 501(c) corp	poration	501(c) trust		(a) trust	Other trust
	organization's unrelated trade		<u>с</u>		e the only (or first)		
		N PARTNERSHIP			e, complete Parts I		
business, then complete		revious sentence, complete Pa	ırıs ı an	o II, complete a Scriedu	ne ivi for each addit	ionai trau	e ui
····		n an affiliated group or a parei	nt-cuhci	diany controlled group?	, <u> </u>	. \square \vee	es X No
*	and identifying number of the		11-30031	idially conditioned group.			05 [22] 110
	► MATT MORGA			Telep	hone number	831-	625-4965
Part I Unrelate	d Trade or Business	Income		(A) Income	(B) Expen		(C) Net
1a Gross receipts or sale	es						
b Less returns and allo	wances	c Balance	10	****			
2 Cost of goods sold (S	Schedule A, line 7)		2				
3 Gross profit. Subtrac			3	50 006	_		50.036
, -	ne (attach Schedule D)		4a	58,236	•		58,236.
	4797, Part II, line 17) (attach	Form 4797)	4b				
c Capital loss deduction		(-11111-11	4c	-97,649	. STMT	1	-97,649.
, ,	partnership or an S corporati	on (attach statement)	<u>5</u>	-31,043	· SIMI		-31,043.
6 Rent income (Schedu 7 Unrelated debt-finance	ced income (Schedule E)		7		 		
	yalties, and rents from a contro	olled organization (Schedule F)	8		-		
		17) organization (Schedule G)					
	ivity income (Schedule I)	., g	10				1
11 Advertising income (Schedule J)		11				
12 Other income (See in	structions; attach schedule)		12				
13 Total. Combine lines		··· · · · · · · · · · · · · · · · · ·	13	-39 413			-39,413.
		here (See instructions for					
(Except for	contributions, deductions	must be directly connected	with	ne contellated busines	Syncome)		
•	ficers, directors, and trustees	(Schedule K)	KE	2019	10/2	14	
15 Salaries and wages		/ 7		18.20 5010) <u>&</u>	15	
16 Repairs and mainter	nance	\£	1 /	NOV 820 2019	ا آ	16 17	
17 Bad debts18 Interest (attach school	edule) (see instructions)	f_{α}^{c}		EN. U		18	
19 Taxes and licenses	sudie) (see instructions)	/	W_	OGDEN.		19	
	ions (See instructions for limi	tation rules) STATEM	DIT S	SEE STA	TEMENT 2	20	0.
21 Depreciation (attach	· ·			21		1	
	aimed on Schedule A and else	where on return		22a	·	22b	1
23 Depletion						23	
24 Contributions to def	ferred compensation plans					24	
25 Employee benefit pr						25	
26 Excess exempt expe	enses (Schedule I)					26	<u> </u>
27 Excess_readership of						27	<u> </u>
28 Other deductions (a						28	
	Add lines 14 through 28					29	0.
•		rating loss deduction. Subtrac				30	-39,413.
		rs beginning on or after Janua	ıry 1, 20	וא (see instructions)		31	-39,413.
	taxable income. Subtract line or Paperwork Reduction Act					32	Form 990-T (2018)

Fòrm 990-		<u>8969</u>	6		Page 2
Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33			0.
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 4	35			0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
30	lines 33 and 34	36			
			 	1,00	<u> </u>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	<u> </u>	, , ,	•••
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	١			Λ
<u> </u>	enter the smaller of zero or line 36	38			0.
Part I	<u> </u>		, ,		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	ļ		0.
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)	<u>40</u>	<u> </u>		
41	Proxy tax. See instructions	· <u>41</u>			
42	Alternative minimum tax (trusts only)	42			
43	Tax on Noncompliant Facility Income. See instructions	43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			0.
Part \					
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	\Box			
b	Table 1	ヿ			
	General business credit Attach Form 3800 45c	7			
ن		⊣			
	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	1		0.
47	Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		 		
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	ļ		0.
50 a	Payments: A 2017 overpayment credited to 2018	_			
b	2018 estimated tax payments 50b				
C	Tax deposited with Form 8868	_			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d				
	Backup withholding (see instructions) 50e				
	Credit for small employer health insurance premiums (attach Form 8941) 50f				
9		7	1		
•	☐ Form 4136 ☐ Other ☐ Total ▶ 50g		1		
51	Total payments. Add lines 50a through 50g	51	1		
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	 		
52 50	·	53			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		 		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	 		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded Refunded Statements Regarding Certain Activities and Other Information (see instructions)	<u>► 55</u>			
Part '				1	
56	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		ļ		
	here				<u> </u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign 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 perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	/ledge and	belief, it is true		
Sign	correct, and complete. Dealeration of propurer (other than taxpayer) is based on all/information of which preparer has any knowledge	Marrate	00 die "		
Here	VI (1/14/19 NP/CFO		RS discuss this rer shown belov		vitn
	Signature of officer Date Title		ns)? X Ye		No
	Print/Type preparer's name Preparer's signature Date Check	ıf PT			
	Franklype preparer s harne Frequents signature Date Office Control Self- employe		•		
Paid	DIGUADD GROGUAN DIGUADD GROGUAN 11/00/10		200089	862	
Prepa	- NOGG ADAMG TID		1-018		
Use (1-010	7 7 1	
	101 SECOND STREET SUITE 900	A15	056 1	500	
	Firm's address ► SAN FRANCISCO, CA 94105 Phone no	412-	-956-1		/00 · -:
823711 0	1-09-19		Form 99	JU-I	(2018)

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory valuation N/	A		_	<u> </u>	
1 Inventory at beginning of year	1		6 Inventory at end of ye	ear		6		
2 Purchases	2		7 Cost of goods sold.	Subtract I	ine 6		-	
3 Cost of labor				e and in f	Part I,			
4a Additional section 263A costs						_7		
(attach schedule)	4a		8 Do the rules of section	n 263A (v	with respect to		Yes	No
 Other costs (attach schedule) 	4b		property produced or	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real F	Property and	l Personal Property	Lease	d With Real Prop	erty)		
1. Description of property								
(1)								
(2)								
(3)								
(4)								
		od or accrued			0(2) 0-4-4-4-4-4-4			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	and personal property (if the percen personal property exceeds 50% or i int is based on profit or income)	tage f	3(a) Deductions directly columns 2(a) ar	d 2(b) (atta	ch schedule)	' 		
(1)								
(2)				_				
(3)								
(4)							<u> </u>	
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)					
			2. Gross income from		 Deductions directly control to debt-finance 			
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (b)		O) Other deduction (attach schedule)	
(1)								
(2)				T				
(3)					•			
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis illocable to need property a schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 8)		Allocable deduct umn 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					Enter here and on page 1, Part I, line 7, column (A)		er here and on pag rt I, line 7, column	
Totals			•	▶ L	0	<u>. </u>		0.
Total dividends-received deductions	ncluded in column	18	•		<u> </u>			0.
							Form 990-T	/2010)

			Exempt (Controlled O	rganizatio	ons					
Name of controlled organization	ıde			Net unrelated income (loss) (see instructions)		 Total of specified payments made 		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)											
(4)											
onexempt Controlled Organiz	ations							_			
7. Taxable Income	8. Net unrelated in (see instruc		9. Total	of specified payr made	nents	10. Part of column the controllingross	nn 9 that is ng organiza s income	included ition's		luctions directly connected income in column 10	
(1)											
2)											
(3)											
(4)								Ī			
						Enter here and	ins 5 and 1 on page 1, column (A)		Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)	
otals					▶			0.		0	
Schedule G - Investmer (see instr		a Section	501(c)(7	'), (9), or (17) Org	anization					
1. Descr	iption of income			2. Amount of	ıncome	3. Deduction directly connected (attach sched	cted	4. Set-s (attach s		5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)											
				Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)	
otals			•		0.					0	
Schedule I - Exploited I	=	ity Incom	e, Other	Than Adv		g Income					
Description of exploited activity	2 Gross urrelated business income from trade or business	directly with p of u	expenses connected production prelated iss income	4. Net incon from unrelated business (co minus colum gain, comput through	I trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attribute colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more then column 4)	
(1)											
(2)											
(3)											
(4)	Enter here and on page 1, Part I, line 10, col (A)	page	nere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 26	
otals	_) .	0,007 (B)							0	
Schedule J - Advertisin	-	ee instructio		<u> </u>		····	_			1 0	
Part I Income From F			•	solidated	Basis				· · · ·		
1. Name of periodical	2. Gros advertisi income	ing ad	3. Direct Ivertising costs	or (loss) (c		5. Crculat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
		l l									
(1) (2)											

Part II Income From Perio	dicals Report	ed on a Separ	ate Basis (For ea	ch penodical liste	ed in Part II. fi	ill in
columns 2 through 7 on a	-	-	(, 0, 0,	or portour nor		
Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5 Circulation income	6. Readers	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				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.				0.
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see in	structions)		
1. Name			2. Title	3. Perd time dev busin	oted to	Compensation attributable to urrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Part II,	line 14	-		· ·	•	0.

Form 990-T (2018)

DESCRIPTION PASSTHROUGH FROM PARTNERSHIP 26-1822109 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 20-3362394 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 26-1269055 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 74-3234906 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 20-4497496 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 30-0486792 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-0498321 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 30-0955351 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 81-5105538 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 81-5105538 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-1346489 - ORDINARY BUSINESS INCOME (LOSS)	NET INCOME OR (LOSS) 24,268. 136,245. -22,424. 76. -7,617. 1,664. 176. -23,049.
BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 20-3362394 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 26-1269055 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 74-3234906 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 20-4497496 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 30-0486792 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-0498321 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 30-0955351 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 81-5105538 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 81-5105538 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-1346489 - ORDINARY	136,245 -22,424 76 -7,617 1,664 176
PASSTHROUGH FROM PARTNERSHIP 20-3362394 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 26-1269055 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 74-3234906 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 20-4497496 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 30-0486792 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-0498321 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 30-0955351 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 81-5105538 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 81-5105538 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-1346489 - ORDINARY	136,245 -22,424 76 -7,617 1,664 176
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PASSTHROUGH FROM PARTNERSHIP 20-4497496 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 30-0486792 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-0498321 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 30-0955351 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 81-5105538 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-1346489 - ORDINARY	-7,617 1,664 176
BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 30-0486792 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-0498321 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 30-0955351 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 81-5105538 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-1346489 - ORDINARY	1,664 176
PASSTHROUGH FROM PARTNERSHIP 30-0486792 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-0498321 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 30-0955351 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 81-5105538 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-1346489 - ORDINARY	1,664 176
BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-0498321 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 30-0955351 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 81-5105538 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-1346489 - ORDINARY	176
PASSTHROUGH FROM PARTNERSHIP 98-0498321 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 30-0955351 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 81-5105538 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-1346489 - ORDINARY	176
BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 30-0955351 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 81-5105538 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-1346489 - ORDINARY	
BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 81-5105538 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-1346489 - ORDINARY	-23,049
PASSTHROUGH FROM PARTNERSHIP 81-5105538 - ORDINARY BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-1346489 - ORDINARY	-23,049
BUSINESS INCOME (LOSS) PASSTHROUGH FROM PARTNERSHIP 98-1346489 - ORDINARY	
PASSTHROUGH FROM PARTNERSHIP 98-1346489 - ORDINARY	100 045
	-190,945
BUNTENDATA ENGLEMENT ELIKATAT	-7,529
PASSTHROUGH FROM PARTNERSHIP 98-1365238 - ORDINARY	.,023
BUSINESS INCOME (LOSS)	-4,463
PASSTHROUGH FROM PARTNERSHIP 82-2259211 - ORDINARY	
BUSINESS INCOME (LOSS)	-4,051
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-97,649
FORM 990-T CONTRIBUTIONS	STATEMENT 2
CONTRIBUTIONS	
DESCRIPTION/KIND OF PROPERTY METHOD USED TO DETERMINE FMV	AMOUNT
CONTRIBUTIONS FROM N/A	84
PASS-THROUGHS COMMUNITY HOSPITAL OF THE N/A	04
MONTEREY PENINSULA	7,586,667
MONTAGE HEALTH FOUNDATION N/A	281,653
FOTAL TO FORM 990-T, PAGE 1, LINE 20	7,868,404

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	3
QUALIFIED CONTRIBUTION	S SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEAR FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	ARS UNUSED CONTRIBUTIONS 4,151,234 3,382,382 3,948,879 2,585,188 29,890,882			
TOTAL CARRYOVER TOTAL CURRENT YEAR 109	CONTRIBUTIONS	43,958,565 7,868,404		
TOTAL CONTRIBUTIONS AV		51,826,969 0	_	
EXCESS 10% CONTRIBUTION EXCESS 100% CONTRIBUTE TOTAL EXCESS CONTRIBUTE	IONS	51,826,969 0 51,826,969	_	
ALLOWABLE CONTRIBUTION	NS DEDUCTION		_	0
TOTAL CONTRIBUTION DE	DUCTION			0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	3,014,886.	0.	3,014,886.	3,014,886.
12/31/14	2,680,487.	0.	2,680,487.	2,680,487.
12/31/15	3,990,056.	0.	3,990,056.	3,990,056.
12/31/16	2,633,785.	0.	2,633,785.	2,633,785.
12/31/17	747,723.	0.	747,723.	747,723.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	13,066,937.	13,066,937.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for

Unrelated Trade or Business

, and ending

ENTITY OMB No 1545-0687

2018

Interna	Il Revenue Service (99) Do not enter SSN numbers on this form as it	may be	made public if your organiz	ration is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
Name	of the organization		·	Employer identifica	tion number
	MONTAGE HEALTH	94-27896	596		
ί	Inrelated business activity code (see instructions) 52599	0			-
	Describe the unrelated trade or business INVESTMEN	T I	N PARTNERSHIP	S	
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	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			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c		····	
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5	-954,931.		-954,931.
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)				
	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	054 031		054 031
13	Total. Combine lines 3 through 12	13	-954,931.		-954,931.
Pa	Tt II Deductions Not Taken Elsewhere (See instruction				for contributions,
	deductions must be directly connected with the u	ınrela	ited business income	e.)	
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance		•	16	
17	Bad debts			17	<u> </u>
18	Interest (attach schedule) (see instructions)			18	1
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)		•	20	1
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	221	<u>-</u>
23	Depletion		<u> </u>	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	
30	Unrelated business taxable income before net operating loss deduce	ction S	Subtract line 29 from line	13 <u>30</u>	-954,931.
31	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (see		
	instructions)			31	
<u>32</u>	Unrelated business taxable income Subtract line 31 from line 30			32	-954,931.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No	1545-0687

ENTITY

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

_ , and ending

internai	Do not enter SSN numbers on this form as it	may be r	nade public if your organiz	ation is a 501(c)(3).	501(c)(3) Organizations Only
Name	of the organization MONTAGE HEALTH		- Ha W 200	Employer identifica	
U	nrelated business activity code (see instructions) > 53112	0			
D	escribe the unrelated trade or business RENTAL IN	COME	FROM DEBT-F	INANCED PRO	PERTY
Par	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			
4 a	Capital gain net income (attach Schedule D)	4a			
ь	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)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7	22,674.	34,444.	-11,770.
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			<u>_</u>
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	22,674.	34 <u>,444</u> .	-11,770.
14	deductions must be directly connected with the u	inrelate	ed business income	.)	
15	Salanes and wages			15	<u> </u>
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)		••	18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	221	
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	
30	Unrelated business taxable income before net operating loss deduced	ction Si	ubtract line 29 from line 1	30 <u>30</u>	-11,770.
31	Deduction for net operating loss arising in tax years beginning on o	r after J	anuary 1, 2018 (see	<u> </u>	- <u></u>
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	
LHA	For Paperwork Reduction Act Notice, see instructions.			Sched	ule M (Form 990-T) 2018

	MONTAGE HEA			94-278	969	6
Schedule A - Cost of Goods Sold. Enter method of inventory valuation						
1	Inventory at beginning of year	1	6 Inventory at end of year		6	L

Sc	hedule A - Cost of Goods S	Sold. E	Enter method of inventory v	va	luation >				
1	Inventory at beginning of year	1	6	3	Inventory at end of year	6			
2	Purchases	2	7	7	Cost of goods sold. Subtract line 6				
3	Cost of labor	_3			from line 5. Enter here and in Part I,				
4 a	Additional section 263A costs				line 2		ļ		
	(attach schedule)	4a	8	3	Do the rules of section 263A (with respect to			Yes	No
b	Other costs (attach schedule)	4b			property produced or acquired for resale) apply to				
5	Total. Add lines 1 through 4b	5			the organization?				
Sc	hedule C - Rent Income (Fr	om Re	eal Property and Per	re	onal Property Leased With Real Prop	nertv)	1		

5 Total. Add lines 1 through 4b 5	the organization?			
Schedule C - Rent Income (From Rea (see instructions)	al Property and Personal Property Leas	ed With Real Property)		
1. Description of property				
(1)				
(2)				
(3)				
(4)				
2. Rentre	ceived or accrued			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
(1)				
(2)				
(3)				
(4)				
Total	Total			
(c) Total income. Add totals of columns 2(a) and 2(b) here and on page 1, Part I, line 6, column (A)	Enter	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)		

		2. Gross income from	Deductions directly connected with or allocable to debt-financed property			
1. Description of debt-finan	ced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
				STATEMENT 5		
(1) 1330 SKYLINE		41,315.	0.	62,763.		
(2)						
(3)						
(4)						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1) 10,731,910.	19,553,468.	54.88%	22,674.	34,444.		
(2)		%				
(3)		%				
(4)		%				
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (8)		
Totals		•	22,674.	34,444.		
Total dividends-received deductions and	uded in column 8	_	•	0.		

Form **990-T** (2018)

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074

2018

Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

MONTAGE HEALTH	Ī					94-2	789696
Before you check Box A, B, or C bel statement will have the same information.	ow, see whether ation as Form 10	you received any 99-B Either will s	Form(s) 1099-B (show whether you	or substitute staterr ir basis (usually you	nent(s) fron r cost) was	n your broker. A su reported to the IF	bstitute S by your
Part I Short-Term. Transact		al assets you held	1 year or less are de	enerally short term (see	nstruction	s) For long-term	
transactions, see page 2 Note: You may aggregate a							fusetmente or
codes are required. Enter the	e totals directly on S	Schedule D, line 1a	, you aren't required	to report these trans	actions on F	orm 8949 (see instru	ictions)
You must check Box A, B, or C below. If you have more short-term transactions than wi	Check only one bo	x. If more than one b	ox applies for your show	rt-term transactions, comp ms with the same box che	olete a separat icked as vou n	e Form 8949, page 1, for eed	each applicable box
(A) Short-term transactions re							
(B) Short-term transactions re	-	-	-			•	
X (C) Short-term transactions no		•	•	•			
1 (a)	(b)	(c)	(d)	(e)		nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou enter an amount (g), enter a code in	Gain or (loss).
(Example: 100 sh XYZ Co)	(Mo, day, yr)	disposed of	(sales price)	basis See the). See instructions.	Subtract column (e) from column (d) &
		(Mo , day, yr)		see Column (e) in	(f)	(g)	combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
PASSTHROUGH FROM			-				
PARTNERSHIP							
26-1822109	VARIOUS						3.
PASSTHROUGH FROM			<u> </u>				
PARTNERSHIP	_			Ĭ			
20-3362394	VARIOUS						7.
PASSTHROUGH FROM							
PARTNERSHIP							
26-1269055	VARIOUS						195.
PASSTHROUGH FROM							
PARTNERSHIP							
74-3234906	VARIOUS						3.
PASSTHROUGH FROM							
PARTNERSHIP			_				
30-0486792	VARIOUS						14.
PASSTHROUGH FROM							
PARTNERSHIP						_	ļ
30-0955351	VARIOUS						163.
	<u></u>						
				<u> </u>			
	ļ						
				<u> </u>			,
		<u> </u>			<u> </u>	ļ	
	1						
	1			1			
	1	L			<u> </u>		
2 Totals. Add the amounts in colu							
negative amounts) Enter each to	otal here and incl	ude on your					
Schedule D, line 1b (if Box A ab	•	•					
above is checked) or line 2 (if F	Boy Cahove is of	necked)	I	1	1	I	1 385.

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

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

SCHEDULE D (Form 1120) Department of the Treasury

Internal Revenue Service

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.

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

OMB No 1545-0123

Name

Employer identification number

MONTAGE HEALTH				94-	2789696
Part I Short-Term Capital Ga	ins and Losses (See	instructions)			<u> </u>
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 price)	(6) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 894 Part I, line 2, column (g	19,	(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					
1b 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				·	385.
4 Short-term capital gain from installment sale	s from Form 6252, line 26 or 3	37		4	_
5 Short-term capital gain or (loss) from like-ki	nd exchanges from Form 8824			5	
6 Unused capital loss carryover (attach compu	itation)			6	(
7 Net short-term capital gain or (loss). Combi				7	385.
Part II Long-Term Capital Ga	ins and Losses (See	instructions)	<u> </u>		1
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 price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column (in 49, g)	(ħ) 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	<u> </u>				
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
5 10 mile 101 mile 102 mile 10 per 102 on			1		
Form(s) 8949 with Box E checked					
•			1		
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked					57,851.
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11	57,851.
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sale	· ·			12	57,851.
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9	· ·				57,851.
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sale Long-term capital gain or (loss) from like-kell Capital gain distributions	ind exchanges from Form 8824			12 13 14	
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sale Long-term capital gain or (loss) from like-keld Capital gain distributions 15 Net long-term capital gain or (loss). Combined to the Computation of the Com	ind exchanges from Form 8824 ne lines 8a through 14 in colun			12	
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment salid Long-term capital gain or (loss) from like-kill Capital gain distributions 15 Net long-term capital gain or (loss). Combit Part III Summary of Parts I ar	ind exchanges from Form 8824 ne lines 8a through 14 in colun nd II	nn h		12 13 14 15	57,851.
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sale 13 Long-term capital gain or (loss) from like-ki 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combined Part III Summary of Parts I ar 16 Enter excess of net short-term capital gain (ne lines 8a through 14 in colun ne lines 8a through 14 in colun nd II line 7) over net long-term capit	nn h tal loss (line 15)		12 13 14 15	57,851. 57,851.
Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment salid Long-term capital gain or (loss) from like-kill Capital gain distributions 15 Net long-term capital gain or (loss). Combi	ne lines 8a through 14 in colunnd II line 7) over net long-term capit	nn h ial loss (line 15) et short-term capital loss (lin	e 7)	12 13 14 15	57,851.

JWA

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

Schedule D (Form 1120) 2018

FORM 990-T (M)	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 5
DESCRIPTION	,	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE DEPRECIATION	- SUBTOTAL -	1	16,231. 46,532.	62,763.
TOTAL OF FORM 990-T	, SCHEDULE E, COLUMN	3(B)		62,763.