R

	~~~		<b>5</b>						·.		L	OMB No 1545-0687
Forn	990-1		· (a	ind proxy tax	Business Income Tax Return under section 6033(e))				2018			
Depa	rtment of the Treasury	For cale	endar year 2018 or other ta: ►Go to www	k year beginning <i>vurs gov/Form990T</i> 1	for instru		and ending		on		Oper	1 to Public Inspection for
Interr	nal Revenue Service	<b>▶</b> r	Do not enter SSN numb	-						01(c)(3)		c)(3) Organizations Only
_	Check box if address changed Exempt under section		Name of organization THE MEDIC		R THI	E ST	YQU		l l	Employer ide (Employees' tru		
ŀ	X 501( C)(O3)	Print or	OF THE EN  Number, street, and room of	VIRONMENT			UMAN	BODY	-	99-02	754	121
ŀ	408(e) 220(e) 408A 530(a)	Туре	P.O. BOX		ee insuuciio	115			F	Unrelated bus		
ŀ	529(a)	.,,,,	City or town, state or prov		foreign post	al code		_	_	(See instructio		cavity code
C	Book value of all assets		KAILUA		Toroign posi		9673	4		90000	2	
_	at end of year	F G	roup exemption numb	er (See instructions	s) <b>&gt;</b>							<u> </u>
	2,673,567		neck organization type		c) corpor	ation	X s	501(c) trust	1 4	01(a) trust		Other trust
н	Enter the number of the							nly (or first) u	inrelated	trade or bu	isiness	
١	SEE STATEM	ENT	1	-				• • •				y one, complete
ı	Parts I–V If more than or	ne, desci	ribe the first in the blai	nk space at the end	of the p	revious	sentence	e, complete f	Parts I ar	nd II, comp		,
	Schedule M for each add	litional tra	ade or business, then	complete Parts III-	·V							
	During the tax year, was f "Yes," enter the name a				or a par	ent-sub	sidiary co	ontrolled grou	ib,		•	Yes X No
<u></u>	The books are in care of	▶ B	ARBARA LIT	TENBERG				Te	lephone	number >	80	8-254-1885
			or Business In	come	-		(A	) Income	7	3) Expenses		(C) Net
1a	Gross receipts or sales										.	
b	Less returns and allow	ances		<b>c</b> Balance	<b>&gt;</b>	1c						
2	Cost of goods sold (Sci	hedule A	., line 7)			2						-
3	Gross profit Subtract III	ne 2 fron	n line 1c			3						
4a	Capital gain net income	•	•			4a						
b	Net gain (loss) (Form 4797		, ,	7)		4b						
C	Capital loss deduction t					4c						
5	Income (loss) from partnership a		ration (attach statement)			5			<u> </u>			
6	Rent income (Schedule	•				6			<u> </u>			<u> </u>
7	Unrelated debt-financed		,	(O.b) I. <b></b>		7			+			
8	Interest, annuities, royalties	-	•	` ,		8						· · · · · · · · · · · · · · · · · · ·
9	Investment income of a se			ation (Schedule G)		9			<del> </del>		_	<u> </u>
10	Exploited exempt activity	•	` '			10			+		+	
11 12	Advertising income (Sc		•	SEE STMT	2	11		4 711	,		$\rightarrow$	4 71
13	Other income (See inst <b>Total.</b> Combine lines 3		•	JEE JIMI	2	12	-	4,712	<del></del>			4,712
			Taken Elsewhe	re (See instruct	uone fo		ations (	<del></del>	1	Evcent f	or co	
'.	deductions	<u>must</u>	be directly conne	cted with the u	ın <b>r</b> elate	d bus	iness ir	ncome)	10115 ) (	Except is	טו נט	nunbulions,
14	Compensation of office	rs, direct	ors, and trustees (Sch	nedule KIED	ان				-		14	1,579
15	Salanes and wages			EVILLE	\ <u>%</u> \						15	629
16	Compensation of officer Salanes and wages Repairs and maintenant	ce	RE	OGDEN.	1301						16	
17	Bad debts			100 5012	7=1					L	17	<del></del> .
18	Interest (attach schedu	le) (see	instructions)	JUL W	7	7				L	18	
19	Taxes and licenses		181	ENL	3)					L	19	394
20	Chantable contributions (Se		tions for limitation rules)	COPE				1 1			20	
21	Depreciation (attach Fo		(1)					21				
22	Less depreciation claim	ed on So	chedule A and elsewin	ere on return				22a		;	22b	
23	Depletion									Ļ	23	
24	Contributions to deferre		ensation plans							-	24	
25	Employee benefit progr		. d. 1- 10							-	25	142
26 27	Excess exempt expense		•							-	26	
	Excess readership cost		•				ರವಾದ	CMV WEA	√E->1m	,  -	27	1 (2)
28 29	Other deductions (attac		•				SEE	STATE	ALVIAT.	3  -	28	1,630
/ W	Total deductions. Add		•					10		-	29 30	4,374
	Involuted business		ma hafara + ·	an lana de distric							411 1	338
30			me before net operatii							<u> </u>		
	Unrelated business taxa  Deduction for net opera  Unrelated business taxa	ting loss	arising in tax years be	eginning on or afte							31	338

38   Inverlated business taxable income. Subtract line 37 from line 36 if line 37 is greater than line 36, enter the smaller of zero to line 36	Form	990-	T (2018) THE MEDICAL FDN FOR THE STUDY	-99-0275431			Page 2
an instructions)  3 A Amounts pard for disallowed finges  3 Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  3 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of the same 33 and 34  37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  38 Journal of the same 32 and 34  39 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  30 Unrelated business taxable income, Subtract line 37 from line 35 if line 37 is greater than line 36, entire the amount on the same of the	Pa	art III	Total Unrelated Business Taxable income				
an instructions)  3 A Amounts pard for disallowed finges  3 Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  3 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of the same 33 and 34  37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  38 Journal of the same 32 and 34  39 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  30 Unrelated business taxable income, Subtract line 37 from line 35 if line 37 is greater than line 36, entire the amount on the same of the	33	Tota		sses (see			
34 Amounts paid for disablewed fringes  Deductions for ret operating loss assing in tax years beginning before January 1, 2018 (see instructions)  Total of unrelated business taxable income. Subtract line 35 from the sum of lines 33 and 34  Unrelated business taxable income. Subtract line 37 from line 36 ff line 37 is greater than line 36, and 11 lines 37 and 38  Total total subtractions are subtracted in 37 from line 36 ff line 37 is greater than line 36, and 11 lines 37 is greater than line 36, and 11 lines 37 is greater than line 36, and 12 lines 11 lines 37 is greater than line 36, and 12 lines 11 lines 37 is greater than line 36, and 12 lines 11 lines 37 is greater than line 36, and 12 lines 12 lines 37 is greater than line 36, and 12 lines 12 lines 37 is greater than line 36, and 12 lines 12 lines 37 is greater than line 36, and 12 lines 37 is greater than line 36, and 12 lines 37 is greater than line 36, and 12 lines 37 is greater than line 36, and 12 lines 37 is greater than line 36, and 12 lines 37 is greater than line 36, and 12 lines 37 is greater than line 36, and 12 lines 37 is greater than line 36, and 12 lines 37 is greater than line 38, and 12 lines 37 is greater than lines 38, and 12 lines 37 is greater than lines 38, and 12 lines 37 is greater than lines 38, and 12 lines 37 is greater than lines 38, and 12 lines 37 is greater than lines 38, and 12 lines 37 is greater than lines 38, and 12 lines 37 is greater than lines 38, and 12 lines 37 is greater than lines 38, and 12 lines 37 is greater than lines 38, and 12 lines 37 is greater than lines 38, and 12 lines 37 is greater than lines 38, and 12 lines 38, and 38 lines 38 l		,	<b>-</b>			33	338
35 Deductions for net operating loss ansing in tax years beginning before January 1, 2018 (see instructions) instructions instructions)  36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 for 15 fo	34		•				
Training and a strategy of the sum of inne 33 and 34  Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of inne 33 and 34  Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  Unrelated business taxable income. Subtract line 37 from line 36 if line 37 is greater than line 36, and the sum of				SPP			
36 Total of unreliated business taxable income before specific deduction. Subtract lane 35 from the sum of lines 33 and 34  37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions).  38 Unrelated business taxable income, Subtract line 37 from line 36 if line 37 is greater than line 36, and the the amaleted of zero of line 36.  38 Part IV Tax Computation.  39 Organizations Taxable as Corporations. Multiply line 36 by 21% (0.21).  40 Trusts Taxable at Trust Rates. See instructions for fax computation income tax on the amount on line 38 from 1 may a from 1	-			500		35	338
or fines 33 and 34  7 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  37 L <sub>7</sub> ,  38 Unrolated business taxable income. Subtract line 37 from line 36 if line 37 is greater than line 36,  39 Organizations Taxable as Corporations. Multiply line 36 by 21% (9 21)  39 Organizations Taxable as Corporations. Multiply line 36 by 21% (9 21)  40 Trusts Taxable at Trust Rates. See instructions for fax compotation income tax on the amount on line 38 from	36		•	m the sum	- 1	33	
37 Specific dediction (Generally \$1,000, but see line 37 instructions for exceptions)    Unrelated business taxable income, Subtract line 37 from line 36 if line 37 is greater than line 36, series the smaller of zero or line 36   Part V	30		·	iii tile suili		20	0
38   Inverlated business taxable income. Subtract line 37 from line 36 if line 37 is greater than line 36, enter the smaller of zero to line 36	27				}	_	1,000
enter the smaller of zero or line 36 Part IV		-		U 1	ł	3/	1,000
Part IV Tax Computation  30 Organizations Taxable as Corporations. Militry line 38 by 21% (0.21)  40 Trusts Taxable at Trust Rates. See instructions for fax computation income tax on the amount on line 38 from	38			than line 36,			
39 Organizations Taxable as Corporations, Multiply Ins 38 by 21% (0.21)  1 Trusts Taxable at Trust Rates, See instructions for fax computation income tax on the amount on line 36 from						_ 38	0
40 Trusts Taxable at Trust Rates. See instructions							<del> </del>
the amount on line 38 from		_			▶	39	
41 Proxy tax. See instructions 42 Alternative minimum tax (trusts only) 43 Tax on Noncompliant Facility Income. See instructions 43 Tax on Noncompliant Facility Income. See instructions 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 45 Tax and Payments 45 Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45 Other credits (see instructions) 45 Other credits (see instructions) 45 Other credits (see instructions) 45 Other credits. Add lines 43 strough 45 Other (att such Form 8601 or 8827) 46 Subtract line 45e from line 44 46 Other laws 47 Other laws 48 Total tax. Add lines 46 and 47 (see instructions) 49 2018 net 965 tax liability paid from Form 955-8 or Form 865-9. Part II, column (k) line 2 49 2018 net 965 tax liability paid from Form 955-8 or Form 955-9. Part II, column (k) line 2 50 a Payments A 2017 overspayment credited to 2018 50 a Payments A 2017 overspayment credited to 2018 50 a Payments A 2017 overspayment credited to 2018 50 a Subtract line 85e from 8686 6 Foreign organizations Tax paid or withheld at source (see instructions) 50 b Credit for small employer health insurance premiums (attach Form 8941) 9 Other credits, adjustments, and payments 50 c Sobre credits, adjustments, and payments 51 Total payments. Add lines 50a through 50g 52 Estimated tax penalty (see instructions) 53 Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpad 53 Tox due. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpad 54 Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpad 55 Tox due. If line 51 is larger than the total of lines 48, 49, and 52, enter amou	40		_ ` _	1044)		40	
42 Allemanter minimum tax (trusts only) 43 Tax on Noncompliant Facility Income. See instructions 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  45 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  46 Foreign tax credit (coproportions attach Form 1118, trusts attach Form 1116)  45 Foreign tax credit (coproportions attach Form 801 or 8827)  45 Credit for prony year minimum tax (attach Form 801 or 8827)  45 Credit for prony year minimum tax (attach Form 801 or 8827)  45 Total credits. Add lines 45 from line 44  46 Credit for prony year minimum tax (attach Form 801 or 8827)  47 Total tax. Add lines 45 from line 44  47 Credit form taxes in Form 425	44			1041)			
Tax on Noncomplant Facility Income. See instructions  43   44   Total. Add lines 41, 42, and 43 bits bits 39 or 40, whichever applies  44   Total. Add lines 41, 42, and 43 bits 30 bits 39 or 40, whichever applies  45   Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  45   Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  45   Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  45   Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  45   Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  45   Foreign tax credit (corporations)  45   Foreign tax credit (corporations)  46   Foreign order tax corporations attach Form 8801 or 8827)  47   Foreign tax credit (corporations)  48   Foreign tax credit (corporations)  49   Foreign tax credit (corporations)  40   Foreign order 455 form line 44  41   Foreign tax credit (corporations)  42   Foreign tax credit (corporations)  43   Foreign tax credit (corporations)  44   Foreign tax credit (corporations)  45   Foreign tax credit (corporations)  46   Foreign organizations Tax and part (corporations)  47   Foreign tax (corporations)  48   Foreign tax (corporations)  49   Foreign tax (corporations)  40   Foreign organizations Tax paid or withheld at source (see instructions)  500   Foreign tax (corporations)  500   Foreign tax (corporations)  500   Foreign tax (corporations)  501   Credit for small employer health insurance premiums (attach Form 8941)  502   Foreign tax (corporations)  503   Foreign tax (corporations)  504   Foreign organizations Tax (corporations)  505   Foreign tax (corporations)  506   Foreign tax (corporations)  507   Credit for small employer health insurance premiums (attach Form 8941)  508   Foreign tax (corporations)  509   Foreign tax (corporations)  500   Foreign tax (corporations)  500   Foreign tax (corporations)  500   Foreign tax (corporations)  501   Credit for small employer health insurance premiums (attach Form 8941)			•		-		
### Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  ### Part V Tax and Payments ### Tax and Payments ### As Foreign tax credit (coproations attach Form 1118, trusts attach Form 1116) ### As Foreign tax credit (coproations attach Form 1118, trusts attach Form 1116) ### Control of the credits (see instructions) ### Control of Credit for prior year minimum tax (attach Form 8801 or 8827) ### Control of Credits Add lines 45a through 45d ### Control of Credits Add lines 45a through 45d ### Control of Form 4255			` ''		ŀ		
Part V   Tax and Payments			·		ŀ		
45a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  b Other credits (see instructions)  d Credit for prior year minimum tax (attach Form 8801 or 8827)  • Total credits. Add lines 45a through 45d  d Subtract line 45e from line 44  Form 435						44	0
b Other credits (see instructions)  c General business credit Attach Form 3800 (see instructions)  d Credit for prior year minimum tax (attach Form 8801 or 8827)  e Total credits. Add lines 45a through 45d  45s Subtract line 45e from line 44  form times Form 425s Form 8611 Form 8697 Form 8868 Oenar (att sch)  47				<del></del>	——		T
c General business credit Attach Form 3800 (see instructions) d Credit for prior year minimum tax (attach Form 3801 or 8827) 456 456 458 5ubtract line 456 from line 44 477 Check from 2525 □ Form 3651 □ Form 3652 □ Form 3652 □ Form 3651 □ Form 3655 □ Total tax. Add lines 46 and 47 (see instructions) 48 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2 50a Payments A 2017 overpayment credited to 2018 b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations Tax paid or withheld at source (see instructions) B ackup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, add lines 50a through 50g 510 Total payments. Add lines 50a through 50g 52 Estimated tax penalty (see instructions) 53 Tax due. If line 51 is larger 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 55 Enter the amount of line 54 you want Credited to 2019 estimated tax x  Part VI Statements Regarding Certain Activities and Other Information (see instructions) 55 A any time duming the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account light you want Credited to 2019 estimated tax x  Part VI Statements Regarding Certain Activities and Other Information (see instructions) 56 A lary time duming the 2016 calendar year, did the organization may have to file FiniceN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the name of the foreign country here ≥  Turder penalty and the seed of the organization may have to file FiniceN Form 114, Report of Foreign Bank and Financial Accounts If "YES," see instructions for other forms the organization may have to file FiniceN Form 114, Report of Foreign Bank and Financial accounts If "YES," see in the therm of the Acet and Interest received or accrued duming the tax year ≥  Sig	45a		•				
d Credit for pnor year minimum tax (attach Form 8801 or 8827)  • Total credits, Add lines 45a through 45d  45e  Subtract line 45e from line 44  470	b		•				
e Total credits. Add lines 45a through 45d  46 Subtract line 45e from line 44  70 Ones tieses	С	Gene	eral business credit Attach Form 3800 (see instructions)				
46 Subtract line 45e from line 44  77 Check #from   From 4255   From 8611   From 8687   From 8886   Other (att sch)   47  78 Total tax. Add lines 46 and 47 (see instructions)   48  88 10 att ax. Add lines 46 and 47 (see instructions)   49  2018 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k) line 2  50a   Payments A 2017 overpayment credited to 2018   50b   50c   50b   50b   50c   50b   50b   50c   50b   50b   50c   50b	d	Cred	lit for prior year minimum tax (attach Form 8801 or 8827)	45d			
47 Oher taxes Check from	е	Tota	I credits. Add lines 45a through 45d			45e	
47 Check # fromForm 4255	46					46	
49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2  50a Payments A 2017 overpayment credited to 2018  b 2018 estimated tax payments c Tax deposited with Form 8868  d Foreign organizations Tax paid or withheld at source (see instructions) e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments	47			sch )	Ĺ	47	
50a Payments A 2017 overpayment credited to 2018  b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments	48	Tota	I tax. Add lines 46 and 47 (see instructions)		L	48	0
b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations Tax paid or withheld at source (see instructions)	49	2018	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2		Ł	49	
c Tax deposited with Form 8868 d Foreign organizations Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments	50a	Payr	ments A 2017 overpayment credited to 2018	50a			
d Foreign organizations Tax paid or withheld at source (see instructions)  e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments	b	2018	s estimated tax payments	50b			
e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments	С	Tax	deposited with Form 8868	50c			
f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments	d	Fore	ign organizations. Tax paid or withheld at source (see instructions)	50d			
f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments	е	Back	sup withholding (see instructions)	50e			
Gother credits, adjustments, and payments	f		,	50f			
Total payments. Add lines 50a through 50g  51 Total payments. Add lines 50a through 50g  52 Estimated tax penalty (see instructions) Check if Form 2220 is attached  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  55 Enter the amount of line 54 you want Credited to 2019 estimated tax ▶  Fart VI 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 other authority 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 ▶  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  58 If "YES," see instructions for other forms the organization may have to file  59 Enter the amount of tax-exempt interest received or accrued during the tax year ▶  Signature of officer  10 Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, comes and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  10 Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, comes and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  10 In Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge  10 In Under penalties of penjury, I declare that I have examin	q						
Total payments. Add lines 50a through 50g  Estimated tax penalty (see instructions) Check if Form 2220 is attached  Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  Overpayment if line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want Credited to 2019 estimated tax ▶  Refunded ▶ 55  Part VI Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the name of the foreign country here ▶  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Was the IRS discuss the with the preparer show (see instructions)  Tatle  Profit per preparer's harde  Catha Lee Combs  Firm's name  WIKOFF COMBS & CO., LLC  Firm's name  WIKOFF COMBS & CO., LLC  Firm's name  WIKOFF COMBS & CO., LLC  Firm's name  Firm's name  Firm's name  WIKOFF COMBS & CO., LLC  Firm's name	٠			50a			
52 Estimated tax penalty (see instructions) Check if Form 2220 is attached  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  55 Enter the amount of line 54 you want Credited to 2019 estimated tax ▶  70 Part VI 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 other authority 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 ▶  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  58 Inter the amount of tax-exempt interest received or accrued during the tax year ▶  59 Sign  60 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, compost and complete Dedgration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  60 Inter the amount of tax-exempt interest received or accrued during the tax year ▶  60 Inter the amount of tax-exempt interest received or accrued during the tax year ▶  71 Inter true, compost and complete Dedgration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  82 Inter the amount of tax periods that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, compost and complete Dedgration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  83 Inter the amount of tax periods that I have examined this return including accompanyi	51	_				51	
Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed    Statements   Statem					·⊓t		
54 Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  55 Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ Refunded ▶ 55  Part VI 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 other authority 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 ▶  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  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 ▶  59 Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, comes and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  59 Penfert signature of officer  50 Pinut Type preparer's name  50 Penfert signature  50 Pinut Type preparer's name  51 Pinut Type preparer's name  52 Penfert signature  53 Preparer  54 Pinut Securities  55 Part VI  54 Penfert signature of officer  59 Penfert signature  50 Pinut Securities  51 Pinut Securities  54 Pinut Securities  55 Part VI  55 Part VI  56 Pinut Securities  57 Pinut Securities  58 Pinut Securities  59 Pinut Securities  50 Pinut Securities  51 Pinut Securities  52 Pinut Securities  53 Pinut Securities  54 Pinut Securities  55 Pinut Securities  56 Pinut Securities  57 Pinut Securities  50 Pinut Securities			, , , ,	•			0
Enter the amount of line 54 you want Credited to 2019 estimated tax   Refunded   55			· · · · · · · · · · · · · · · · · · ·	maid			
Part VI Statements Regarding Certain Activities and Other Information (see Instructions)  At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority 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 ▶  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  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 perjux, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correge and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Signature of officer  Profuter's signature  CATHA LEE COMBS  CATHA LEE COMBS  Firm's name  WIKOFF COMBS & CO., LLC  Firm's EIN ▶ 65-1203  CATHA SIGNATION OF STREET, SUITE 2760							
At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority 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  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "YES," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year \$  Under penalties of perjux, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, comes and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  May the IRS discuss the with the preparer shown (see instructions)?  TRUSTEE, SECRETARY  Profit of Signature of officer  Profit					u 🗾		
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  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "YES," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year ▶  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is  TRUSTEE, SECRETARY  Trustee, SECRETARY  Partitle  Printy pe preparer's name  CATHA LEE COMBS  Trustee  CATHA LEE COMBS  Firm's name  WIKOFF COMBS & CO., LLC  Firm's EIN ▶  65-1203							Yes No
FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the name of the foreign country here  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  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 and belief, it is true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Truster, Secretary  Property Signature of officer  Property Pepperty Signature  CATHA LEE COMBS  CATHA LEE COMBS  CATHA LEE COMBS  CO., LLC  Firm's Rin   Firm's Rin   65-1203	90	over	a financial account (bank, secunties, or other) in a foreign country? If "YES," the organization have an interest in or a si	gnature or other authority anization may have to file			Tes NO
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "YES," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    Value   TRUSTEE   SECRETARY   May the IRS discuss the with the preparer shown (see instructions)?   X Yes		FinC	EN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the na	ime of the foreign country			
If "YES," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is  true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  TRUSTEE, SECRETARY  Tritle  Printy perparer's name  Properer's signature  CATHA LEE COMBS  CATHA LEE COMBS  CO., LLC  Firm's name  WIKOFF COMBS & CO., LLC  Firm's EIN  65-1203  CATHA LEE COMBS  Firm's EIN  65-1203		here	<b>&gt;</b>				X
Sign Here  Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  TRUSTEE, SECRETARY  Penitry pe preparer's name  Properer's signature  Catha Lee Combs  Catha Lee Combs  Catha Lee Combs  Combs Co., LLC  Firm's name  WIKOFF COMBS & CO., LLC  Firm's EIN  Firm's EIN  65-1203	57			of, or transferor to, a foreign	trust?		X
Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    TRUSTEE, SECRETARY   May the IRS discuss the with the preparer shown (see instructions)?   X Yes	58						
TRUSTEE, SECRETARY    Print	<del>50</del>						
Here    TRUSTEE, SECRETARY   With the preparer shown (see instructions)?   X Yes		+-			nd belief, it	IS	
Signature of officer    Point   Property   P	Sig	n I	de, context, and complete Decignation of preparer (other than taxpayer) is based on an information of which preparer	ilas ally kilowieuge			May the IRS discuss this return with the preparer shown below
Paid CATHA LEE COMBS CO., LLC  Very preparer Firm's name WIKOFF COMBS & CO., LLC  Use Only  Signature of officer Title  Title  Value Title  CATHA LEE COMBS  CATHA LEE COMBS & CO., LLC  Firm's EIN  65-1203	Her	e  🕨	Darly of Julente 1/2/14 TRUSTEE. SE	CRETARY			
Paid CATHA LEE COMBS CATHA LEE COMBS CO., LLC Firm's EIN ▶ 65-1203 Use Only 1001 BISHOP STREET, SUITE 2760	_	5					- X Yes No
Preparer Firm's name → WIKOFF COMBS & CO., LLC Firm's EIN → 65-1203 Use Only 1001 BISHOP STREET, SUITE 2760		1	Pnnt/Type preparer's name Preparer's signature	Date		Check	ıf PTIN
Preparer Firm's name → WIKOFF COMBS & CO., LLC Firm's EIN → 65-1203 Use Only 1001 BISHOP STREET, SUITE 2760	Paid		CATHA LEE COMBS CATHA LEE COMBS	06/1	10/19	self-emp	ployed P01711103
Use Only 1001 BISHOP STREET, SUITE 2760					Τ΄		65-1203311
	•		· · · · · · · · · · · · · · · · · · ·				
Firm's address ▶ HONOLULU, HI 96813-3486   Phone no 808-791-1		,	·		Phone r	ло	808-791-1414

Form	990-T (2018) THE	MEDICAL FDN	FOR	THE	ST	UDY	99-0	275431			Pá	age 3
Sch	edule A - Cost of G	Soods Sold. Enter	method	of inv	ento	ry valuation ▶						~
1	Inventory at beginning of	year 1			6	Inventory at end of y	ear		6			
2	Purchases	2			7	Cost of goods sold	. Subtra	ct				
3	Cost of labor	3				line 6 from line 5 En	iter here	and		1		
4a	Additional sec 263A costs					ın Part I, line 2			7	]		
	(attach schedule)	4a			8	Do the rules of section	on 263A	(with respect to			Yes	No
b	Other costs (attach schedule)	4b			1	property produced or	r acquire	d for resale) apply		Ī		
5	Total. Add lines 1 throug	h 4b 5				to the organization?	·					
Sch	edule C - Rent Inco	ome (From Real F	roperty	and P	erso	onal Property Le	ased V	Vith Real Proper	ty)			
_(se	e instructions)	·							_			
1 Des	coption of property											
(1)	N/A						-	-				
(2)												
(3)												
(4)												
		2 Rent recen	ed or accrue	d								
	(a) From personal property (if the	ne percentage of rent		(b) From	real an	d personal property (if the		3(a) Deductions of	irectly o	connected with the inc	ome	
	for personal property is more			_		or personal property exceeds		ın columns 2	(a) and	2(b) (attach schedule)	)	
	more than 50	<del>%</del> )		50% or if th	e rent i	s based on profit or income)						
<u>(1)</u>												_
<u>(2)</u>												
(3)				_						<del></del>		
(4)												
Total		<u>-</u>	Total					(b) Total deductions	S.			
	otal income. Add totals of		Enter					Enter here and on pag				
	and on page 1, Part I, line			(		<b>&gt;</b>		Part I, line 6, column	(B) <b>&gt;</b>			
<u>Scn</u>	edule E – Unrelated	Dept-Financed	ncome	(see ins	struct	ions)						
				2	Gross	s income from or		<ol> <li>Deductions directly of debt-final</li> </ol>				
	1 Description of del	bt-financed property		a		to debt-financed			- C-C-			
						property	(a) S	Straight line depreciation (attach schedule)		(b) Other deduct (attach schedu		
(1)	N/A							· ,	+	• • • • • • • • • • • • • • • • • • • •		
(2)					-				+			
(3)	<del>-</del>								1			
(4)		· · ·				-			1			
<u>.                                    </u>	4 Amount of average	5 Average adjusted	pasis	<del></del>	-	i Column			1	8 Aliocable dedu	ctions	
	acquisition debt on or allocable to debt-financed	of or allocable to debt-financed proper	artı			4 divided	l	Gross income reportable		(column 6 x total of		3
	property (attach schedule)	(attach schedule	-		by	column 5	"	column 2 x column 6)		3(a) and 3(b)	)	
(1)						%		**				
(2)						%			7	-		
(3)						%						
(4)						%						
							Enter	here and on page 1,	E	nter here and on	page	1,
							Part I	, line 7, column (A)	F	Part I, line 7, colu	ımn (E	3)
Total	s					<b>&gt;</b>						
Total	dividends-received ded	luctions included in co	umn 8					<b></b>				

THE MEDICAL FDN FOR THE STUDY 99-0275431

Page 4

Schedule F - Interest, Annu	uities, Royalti	es, and Rent		n Controlled of Controlled			ons (se	e instructi	ons)	·
1 Name of controlled organization		identification number				Total of specified payments made		5 Part of column 4 tha included in the controll organization's gross inco		6 Deductions directly connected with income in column 5
(1) <b>N/A</b>										
(2)										
(3)	_									
(4)				_						
Nonexempt Controlled Organiza	tions									
7 Taxable Income		Net unrelated income ss) (see instructions)		9 Total of specified payments made		includ	art of colum ded in the o zation's gro	controlling	l	Deductions directly inected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals					<b>•</b>	Enter Part	columns 5 here and o I, line 8, co	n page 1, lumn (A)	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Schedule G – Investment In	come of a Se	ction 501(c)(	7), (9),	or (17) O	rganiz	<b>ation</b> (s	ee instr	ructions)		
1 Description of income		2 Amount of inc	come	directly	ductions connected schedule)			Set-asides th schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1) N/A								_		
(2)										
(3)										
(4)										
Totals	<b>•</b>	Enter here and on Part I, line 9, colu	imn (A)							ter here and on page 1, art I, line 9, column (B)
Schedule I - Exploited Exer	mpt Activity In	<u>ıcome, Othe</u> ı	<u>r Thaņ</u>	Advertisir	<u>ng Inc</u>	ome (se	e instri	uctions)		,
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected to production unrelated business inc	with of	4 Net income (from unrelated to business (col 2 minus column if a gain, compcols 5 through	rade lumn 1 3) oute	5 Gross from activities not un business	nty that related	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A			i							
(2)								1	·	
(3)			$\neg \uparrow$	-						
(4)	·									
Totals •	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1 Pai line 10, col	rt I,							Enter here and on page 1, Part II, line 26
Schedule J - Advertising In	come (see ins	tructions)				*				·
Part I Income From P			Conso	lidated Ba	sis					•
1 Name of penodical	2 Gross advertising income	3 Direct advertising of		4 Advertising gain or (loss) ( 2 minus col 3) a gain, compu- cols 5 through	col ol ote	5 Circu incor		6 Reac	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A										
(2)										
(3)					Γ					
(4)				1						
Totals (carry to Part II, line (5)) ▶										- 000 T :

3 Percent of

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) 4 Advertising 7 Excess readership 2 Gross gain or (foss) (coi costs (column 6 3 Direct 5 Circulation 6 Readership advertising 2 minus col 3) If minus column 5, but 1 Name of penodical advertising costs income costs ıncome a gain, compute not more than cols 5 through 7 column 4) (1) N/A (3) ▶ Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11 col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5)
Schedule K - Com

Schedule K – Compensation of	Officers,	Directors,	and	Irustees	(see instructions	)
	••					

1 Name	2 Title	time devoted to business	4 Compensation attributable to unrelated business
(1) JONATHAN LITTENBERG	TRUSTEE	2.00 %	1,579
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	1,579

Form 990-T (2018)

6/10/2019 2:39 PM

99-0275431

# **Federal Statements**

FYE: 12/31/2018

## Statement 1 - Form 990-T - Primary Unrelated Business Activity

#### Description

WHEN THE VESSEL IS NOT IN USE BY THE FOUNDATION TO CONDUCT IN-HOUSE RESEARCH PROJECTS, IT IS AVAILABLE TO THIRD PARTY ORGANIZATIONS FOR A FEE.

### Statement 2 - Form 990-T, Part I, Line 12 - Other Income

	 Amount	nt		
SEARCHER II MULE	PRODUCTION	\$ 4,712	>	
TOTAL		\$ 4,712	>	

### Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

Description	 Amount
INSURANCE	\$ 237
OCCUPANCY - SLIP FEE RENTAL	281
GENERAL & ADMINISTRATIVE	2
VESSEL MAINTENANCE	 1,110
TOTAL	\$ 1,630