Form 990-1	Exempt Or			ss income 1a	ix Keturn	OMB No 1545-0687	
		(and proxy tax	under sec	ction 6033(e))	1406	0040	
	For calendar year 2018 or other	tax year beginning JUL 1	2018	, and ending JUN	30, 2019	2018	
Department of the Treasury	•	•		ns and the latest informat		Open to Public Inspection for 501(c)(3) Organizations Only	
Internal Revenue Service				le public if your organizations		mployer identification number	
A Check box if address changed	Name of organizati	on (Cneck box if f	iame changeo	and see instructions.)	[(E	imployees' trust, see istructions)	
B Exempt under section	Print BETHESDA, INC	2.				31-1108895	
X 501(c)(2)3)	or Number, street, and	d room or suite no. If a P	O box, see ins	structions		nrelated business activity code see instructions)	
408(e) 220(e)	Type 625 EDEN PARI	K DRIVE 7TH FLOOR	R		,,	oo maaaaaa ,	
408A530(a)		City or town, state or province, country, and ZIP or foreign postal code					
529(a)	CINCINNATI,				90	0099	
C Book value of all assets at end of year		number (See instruction					
188,509	·		c) corporation	501(c) trust	401(a) tru		
	organization's unrelated trad		2		ne only (or first) unrela		
	INCOME FROM INVES				omplete Parts I-V. If m	· · · · · · · · · · · · · · · · · · ·	
	blank space at the end of the p	previous sentence, comp	iete Parts i and	i II, complete a Scheoule K	// for each additional tr	ade of	
business, then complete	t Parts III-v. I the corporation a subsidiary	ur un affiliated eroue er	a naront-culu le	flary controlled arrang		Yes X No	
	and identifying number of the		a parent-subsit	nary controlled group.		103 100	
	MICHAEL CROFTO			Telephor	ne number 🕨 513-	569-6577	
	d Trade or Business			(A) Income	(B) Expenses	(C) Net	
1a Gross receipts or sa	es					•	
1a Gross receipts or sa b Less returns and allo Cost of goods sold (wances	c Balance	▶ 1c				
2 Cost of goods sold (Schedule A, line 7)		2		···		
3 Gross profit Subtrac	t line 2 from line 1c	M	3				
🔼 4a. Capital gain net inco	me (attach Schedule D)	' •	48	211,193.		211,193	
	n 4797, Part II, line 17) (attac	h Form 4797)	4b				
c Capital loss deductio			4c				
5 Income (loss) from	n partnership or an S corporat	tion (attach statement)	5	-2,371,642.	_ STMT 1	-2,371,642	
6 Rent income (Sched	•		6	-36,498.		-36,498	
3	ced income (Schedule E)		7			<u>- ·</u>	
8 Interest, annuities, ro	yalties, and rents from a conti			-			
,	of a section 501(c)(7), (9), or	(17) organization (Sched		1			
•	svity income (Schedule I)		10				
11 Advertising income (12 Other income (See ii	nstructions; attach schedule)	STATEMENT 2	12	52,988.		52,988	
13 Total. Combine line	•		13	-2,143,959.		-2,143,959	
	ons Not Taken Elsev	vhere (See instructi		tions on deductions)			
(Except for	contributions, deductions	must be directly conr	nected with th	ne unrelated business ir	ncome)		
14 Compensation of o	ficers, directors, and trustees	(Schedule K)			1	4	
15 Salaries and wages					1	5	
16 Repairs and mainte	nance		RF	CEIVED	1	6	
17 Bad debts			ļ	O	_1	7	
•	edule) (see instructions)		MA'	Y 2 0 2020	_	8	
19 Taxes and licenses				Y 2 0 2020 G	_	9	
	ions (See instructions for lim	itation rules)	⁻ L		_2	0	
21 Depreciation (attacl	•		OG	DEN, LET			
•	laimed on Schedule A and els	ewhere on return	<u> </u>			2b	
23 Depletion 24 Contributions to de	forzad aamaanastan niene					3	
24 Contributions to de	ferred compensation plans					5	
25 Employee benefit p26 Excess exempt exp	<u> </u>					5 6	
27 Excess readership (·				2		
28 Other deductions (a	,			SEE STATEMENT	3 2		
,	Add lines 14 through 28				20 2		
	taxable income before net op	erating loss deduction S	ubtract line 29	from line 13	13	0 -2,292,626	
	perating loss arising in tax ye	•			3° 3		
	taxable income. Subtract line				3\ 3		
	or Panerwork Reduction Act					Form 990-T (201	

Form 990-T	<u></u>	8895		Page 2
Part I	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 6	35	_	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	1 1		
	lines 33 and 34	36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,	000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	\Box		
	enter the smaller of zero or line 36	88		٥.
Part I	V Tax Computation		- <u></u> .	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39		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)	40		
41	Proxy tax. See instructions	41		
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 \	Tax and Payments	·		
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
b	Other credits (see instructions) 45b	_		
C	General business credit. Attach Form 3800 45c	_		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46		<u> </u>
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (ettach 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		0.
	Payments: A 2017 overpayment credited to 2018	_		
	2018 estimated tax payments	_		
C	Tax deposited with Form 8868	_	•	-
	Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions)			
	(y 	_		
f	Credit for small employer health insurance premiums (attach Form 8941)	-		
g	Other credits, adjustments, and payments: Form 2439	.		
	Form 4136 X Other 9,466. Total 509 9,466	_	•	466
51	Total payments Add lines 50a through 50g SEE STATEMENT 5	5 5	<u>, 9, </u>	466.
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	58		466.
0 54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1 54		0.
Part V	Enter the amount of line 54 you want Credited to 2019 estimated tax 9,466. Refunded T Statements Regarding Certain Activities and Other Information (see instructions)	58		
-			T V	
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 here SEE STATEMENT 4		x	
			^	x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		 	 ^
50	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 \$\Bigs \]			
58	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	ledge and belu	af itis true	LI
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here	Michael W Crotton 5-14-2020 No FINANCE		scuss this return w	vith
	Signature of officer Date Title	tne preparer si instructions)?	x Yes	No
		ıf PTIN	1 [100]	140
	Print/Type preparer's name Preparer's signature Date Check self- employe			
Paid	11 ICIA TANICCH		741382	
Prepa	E I SIN	 _	-1065772	
Use C	250 EAST FIFTH STREET SUITE 1900			
	,	513-784-	7100	
	T Home to		QQQ-T	(0010)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation N/A			
1 Inventory at beginning of year	1		6	Inventory at end of y	ear		6
2 Purchases	2		7	Cost of goods sold	Subtract	line 6	
3 Cost of labor	3		1	from line 5 Enter he	re and in l	Part I,	
4a Additional section 263A costs			1	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 o	r acquired	for resale) apply to	
5 Total Add lines 1 through 4b	5			the organization?			
Schedule C - Rent Income (From Real	Property and	Per	sonal Property	Lease	d With Real Prope	rty)
(see instructions)							<u> </u>
1. Description of property							
(1) FROM SCH K-1 (FORM 1065)							
(2)							
(3)							
(4)							
		ed or accrued				O(a) Daduahasa dusathi sa	secreted with the manner in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	or rent for p	personai	onal property (if the percer property exceeds 50% or ed on profit or income)	ntage If	columns 2(a) and	onnected with the income in 2(b) (attach schedule)
(1)				-3	6,498.		
(2)							
(3)							_
(4)							
Total	0.	Total		-3	6,498.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter 🕨		-3	6,498.	(b) Total deductions. Enter here and on page 1, Part I, tine 6, column (B)	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)		· · · ·	
			7	. Gross income from		3 Deductions directly connecto debt-financed	
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			1				
(2)		-					
(3)							
(4)		-			ĺ		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gress income reportable (column 2 x column 6)	8 . Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			`
(2)				%			
				0/			
			1	%	1		
(3)			+	% %			
		-			E	enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
(3)		-			E		
(3)	icluded in column	18			E	Part I, line 7, column (A)	Part I, line 7, column (B)

Enter here and on page 1, Part I,
Inne 8, column (A)

Center here and on page 1, Part I,
Inne 8, column (B)

O.

Add columns 6 and 11

Add columns 5 and 10

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1 Part I, line 9, column (A)	,		Enter here and on page 1, Part I, line 9, column (B)
Totals	▶ 0	.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Description of exploited activity	2 Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)		·				
(4)						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	-			Enter here and on page 1, Part II, line 26
Totals .	0.	0.				0.
Schedule I - Advertis	ing Income (coo	inetri ietione)		•		

Scriedule J - Advertising income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))	0.	0.				0.

Form 990-T (2018)

(4)

Totals

orm 990-T (2018) BETHESDA, INC					31-1108895	Page 5
Part II Income From Period Columns 2 through 7 on	-	_	ate Basis (For eac	ch periodical liste	d in Part II, fill in	
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)						
otals 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 (8)				Enter here and on page 1, Part II, line 27
otals, Part II (lines 1-5)	0.	_0.				0.
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see in:	structions)		
				3 Perce	ent of 4 Com	pensation attributable

time devoted to business to unrelated business 2 Title 1. Name (1) (2) (3) 0. Total. Enter here and on page 1, Part II, line 14

Form 990-T (2018)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
INCOME (LOSS)	ND V (QP), LP - ORDINARY BUSINESS	-483,546
(LOSS)	LP - ORDINARY BUSINESS INCOME	-167,147
FORT WASHINGTON PRIVATE BUSINESS INCOME (EQUITY INVESTORS VI, LP - ORDINARY	50,093
ORDINARY BUSINESS INCOME	OPPOTUNITIES FUND II, LP - COPPOTUNITIES FUND III, L -	352
ORDINARY BUSINESS INCOME		92
INCOME (LOSS) SPECIAL SITUATION PARTNE	RS II, LP - ORDINARY BUSINESS	-887,981
INCOME (LOSS) AETHER REAL ASSETS III, (LOSS)	LP - ORDINARY BUSINESS INCOME	-5,409 -19,377
·	ARTNERS III LP - ORDINARY BUSINESS	-30,208
ORDINARY BUSINESS INCOME		-87,993
(LOSS)	LP - ORDINARY BUSINESS INCOME PARTNERS V LP - ORDINARY BUSINESS	-430,152
INCOME (LOSS)	FUND LP - ORDINARY BUSINESS	8,325
INCOME (LOSS)	ORDINARY BUSINESS INCOME (LOSS)	-318,670 -21
TOTAL INCLUDED ON FORM 9	90-T, PAGE 1, LINE 5	-2,371,642
FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
INTEREST, DIVIDENDS AND	ROYALTY INCOME FROM SCH K-1 (FORM	17,394
OTHER INCOME FROM SCH K-	1 (FORM 1065)	35,594
TOTAL TO FORM 990-T, PAG	E 1, LINE 12	52,988

BETHESDA, INC. 31-1108895

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
INVESTMENT MANAGEMENT FEES INVESTMENT INTEREST EXPENSE	•	147,282. 1,385.
TOTAL TO FORM 990-T, PAGE 1, I	LINE 28	148,667.

FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH	STATEMENT 4
	ORGANIZATION HAS FINANCIAL INTEREST	

NAME OF COUNTRY

CAYMAN ISLANDS
BRITISH VIRGIN IS
LUXEMBOURG
JERSEY
BERMUDA

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 5
DESCRIPTION		AMOUNT
FORM 8827, LINE 8C		9,466.
TOTAL INCLUDED ON FORM	990-T, PAGE 2, PART V, LINE 50G	9,466.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/10	51,478.	51,478.	0.	0.
06/30/11	170,767.	170,767.	0.	0.
06/30/12	110,627.	110,627.	0.	0.
06/30/13	383,947.	383,947.	0.	0.
06/30/14	1,032,890.	630,764.	402,126.	402,126.
06/30/16	760,157.	0.	760,157.	760,157.
06/30/17	118,897.	0.	118,897.	118,897.
06/30/18	998,215.	0.	998,215.	998,215.
NOL CARRYO	VER AVAILABLE THIS	YEAR	2,279,395.	2,279,395.

FORM 990-T (M)	INCOME (LOSS) FE	ROM S CORPORATIONS	STATEMENT 7
DESCRIPTION			NET INCOME OR (LOSS)
TJ CUBED/MONTGOMERY,	1,973.		
TOTAL INCLUDED ON SO			
FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 8
FORM 990-T (M) DESCRIPTION	OTHER	DEDUCTIONS	STATEMENT 8 AMOUNT
		DEDUCTIONS	

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

30, 2019 **201**8

Employer identification number

Department of the Treasury Internal Revenue Service (99) Name of the organization ▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

OMB No 1545-0687

ENTITY

BETHESDA, INC.		31-1108895			
Unrelated business activity code (see instructions) > 900099)				
Describe the unrelated trade or business INCOME FROM	S CORPOR	RATION			
Part I 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		<u></u>		
2 Cost of goods sold (Schedule A, line 7)	2		•		
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) STATEMENT 7	5	1,973.		1,97	
Rent income (Schedule C)	6				
7 Unrelated debt-financed income (Schedule E)	7				
Interest, annuities, royalties, and rents from a controlled					
organization (Schedule F)	8			•	
Investment income of a section 501(c)(7), (9), or (17)					
organization (Schedule G)	9				
Exploited exempt activity income (Schedule I)	10				
1 Advertising income (Schedule J)	11				
2 Other income (See instructions, attach schedule)	12				
3 Total. Combine lines 3 through 12	13	1,973.		1,97	
deductions must be directly connected with the Compensation of officers, directors, and trustees (Schedule K)	unrelate	ed business incom	e)	1	
5 Salaries and wages			15		
6 Repairs and maintenance	16				
7 Bad debts			17		
B Interest (attach schedule) (see instructions)	18				
Taxes and licenses	19				
Charitable contributions (See instructions for limitation rules)			20		
Depreciation (attach Form 4562)		21			
Less depreciation claimed on Schedule A and elsewhere on retu	m	22a	22b	1	
B Depletion			23		
Contributions to deferred compensation plans			24		
5 Employee benefit programs			25		
S Excess exempt expenses (Schedule I)			26		
Excess readership costs (Schedule J)			27		
Other deductions (attach schedule)		SEE STATEMEN	r 8 28	2.47	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Total deductions. Add lines 14 through 28

Schedule M (Form 990-T) 2018

29

30

instructions)

29

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

2,471.

-498.

-498.

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

31-1108895 BETHESDA, INC Short-Term Capital Gains and Losses (See instructions) Part I See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (d) Proces (e) (h) Gain or (loss) Subtract column (e) from column (d) and to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. ales price) (or other basis) ombine 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 91. Form(s) 8949 with Box C checked 4 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 91. 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (d) (h) Gain or (loss) Subtract (e) Cost to enter on the lines below column (e) from column (d) and ombine the result with column (g) This form may be easier to complete if you round off cents to whole dollars (sales price) (or other basis) 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 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 9 Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 61,638. Form(s) 8949 with Box F checked 149,464. 11 Enter gain from Form 4797, line 7 or 9 11 12 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 14 Capital gain distributions 15 211,102, 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h Part III | Summary of Parts I and II 91. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 211,102 17 Net capital gain. Enter excess of not long term capital gain (line 15) over net short-form capital loss (line 7) 17 211,193. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18 Note: If losses exceed gains, see Capital losses in the instructions

821051 01-03-19

JWA

Schedule D (Form 1120) 2018

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

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 120

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

ayer identification 31-1108895

BETHESDA, INC.						31-11	08895
Before you check Box A, B, or C bel statement will have the same informa broker and may even tell you which	ation as Form 109	you received any 99-B Either will s	Form(s) 1099-B o show whether you	or substitute statem r basis (usually you	nent(s) from r cost) was	your broker A sur reported to the IR	bstitute S by your
Part I Short-Term. Transact		al assets you held	1 year or less are ge	nerally short term (see	nstructions) For long-term	
transactions, see page 2 Note You may aggregate al codes are required. Enter the	ll short term transac e totals directly on S	tions reported on F Schedule D, line 1a	Form(s) 1099-B show	ving basis was reporte I to report these trans	ed to the IRS	and for which no ad	justments or ctions)
You must check Box A, B, or C below.	Check only one bo	X. If more than one b	ox applies for your shor	t-term transactions, comp	lete a separate	Form 8949, page 1, for	
If you have more short-term transactions than wi							
(B) Short-term transactions re	•	•	•	•	11010 450	,	
X (C) Short-term transactions no	•	•	-				
1 (a)	(a) (b) (c) Adjustment if any, to gain or						(h)
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)	Date sold or disposed of (Mo , day, yr)	Proceeds (sales price)	Cost or other basis See the Note below and see Column (e) in the instructions	loss. If you enter an amount in column (g), enter a code in		Gain or (loss). Subtract column (e) from column (d) &
					column (f) See instructions		
					(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
FROM SCH K-1 (FORM 1065)						•	91.
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2 Totals. Add the amounts in colui							
negative amounts) Enter each to	tal here and inclu	ude on your					
Schedule D, line 1b (if Box A abo	•	,					0.5
above is checked), or line 3 (if B				1	ــــــــــــــــــــــــــــــــــــــ		91.
Note: If you checked Box A above b	out the basis repo	orted to the IRS v	was incorrect, ent	er in column (e) the	basis as re	ported 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.

For

Form **8949** (2018)

above is checked), or line 10 (if Box F above is checked)

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

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2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

Credit for Prior Year Minimum Tax - Corporations

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Attach to the corporation's tax return

► Go to www irs gov/Form8827 for the latest information. BETHESDA, INC. 31-1108895 1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626 18,932. 2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827 3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions) 18,932. 4 Add lines 1, 2, and 3 5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see ٥. instructions) 6 9,466. 6 Enter the refundable minimum tax credit (see instructions) 9,466. 7 7 Add lines 5 and 6 8a Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has 9,466. 8a pre-acquisition excess credits, see instructions b Current year minimum tax credit Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 6, go to line 8c Otherwise, skip line 8c 8b c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this 9,466. amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return) 8c 9 Minimum tax credit carryforward to 2019 Subtract line 8a from line 4. Keep a record of this 9,466. amount to carry forward and use in future years