

Department of the Treasury
Internal Revenue ServiceExempt Organization Business Income Tax Return
(and proxy tax under section 6033(e)) 1906

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019

2018

► 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 OnlyA Check box if
address changed

B Exempt under section

<input checked="" type="checkbox"/>	501(C)(3)
<input type="checkbox"/>	408(e) 220(e)
<input type="checkbox"/>	408A 530(a)
<input type="checkbox"/>	529(a)

C Book value of all assets
at end of year

156,314,706.

Print
or
TypeName of organization (Check box if name changed and see instructions)

HH MEDSTAR HEALTH, INC.

Number, street, and room or suite no If a P O box, see instructions

10980 GRANTCHESTER WAY

City or town, state or province, country, and ZIP or foreign postal code

COLUMBIA, MD 21044

D Employer identification number
(Employees' trust, see instructions)

52-1542230

E Unrelated business activity code
(See instructions)

F Group exemption number (See instructions) ►

G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses ► N/A Describe the only (or first) unrelated

trade or business here ► If only one, complete Parts I-V. If more than one, describe the
first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional
trade or business, then complete Parts III-VI During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?... Yes No
If "Yes," enter the name and identifying number of the parent corporation ► ATCH 1 *Meds 52-2087445*

J The books are in care of ►JOEL BRYAN

Telephone number ► 410-772-6721

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances	c Balance ►		
2 Cost of goods sold (Schedule A, line 7)	1c		
3 Gross profit Subtract line 2 from line 1c	2		
4a Capital gain net income (attach Schedule D)	3		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a		
c Capital loss deduction for trusts	4b		
5 Income (loss) from a partnership or an S corporation (attach statement)	4c		
6 Rent income (Schedule C)	5		
7 Unrelated debt-financed income (Schedule E)	6		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	7		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	8		
10 Exploited exempt activity income (Schedule I)	9		
11 Advertising income (Schedule J)	10		
12 Other income (See instructions, attach schedule)	11		
13 Total Combine lines 3 through 12	12		
	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions,
deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14
15 Salaries and wages	15
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
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 deduction Subtract line 29 from line 13	30
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31
32 Unrelated business taxable income Subtract line 31 from line 30	32

For Paperwork Reduction Act Notice, see instructions.

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Form 990-T (2018)

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	33	- 6,446.
34	Amounts paid for disallowed fringes	34	79,329.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions).	35	
36	Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34.	36	72,883.
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, enter the smaller of zero or line 36	38	71,883.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	39	15,095.
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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	15,095.

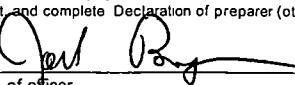
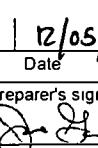
Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).	45a	
45b	b Other credits (see instructions).	45b	
45c	c General business credit Attach Form 3800 (see instructions)	45c	
45d	d Credit for prior year minimum tax (attach Form 8801 or 8827).	45d	
45e	e Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	15,095.
47	Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	15,095.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50a	50a Payments A 2017 overpayment credited to 2018	50a	571.
50b	50b 2018 estimated tax payments	50b	
50c	50c Tax deposited with Form 8868.	50c	30,000.
50d	50d Foreign organizations Tax paid or withheld at source (see instructions)	50d	
50e	50e Backup withholding (see instructions)	50e	
50f	50f Credit for small employer health insurance premiums (attach Form 8941)	50f	
50g	50g Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	51 Total payments Add lines 50a through 50g	51	30,571.
52	52 Estimated tax penalty (see instructions) Check if Form 2220 is attached.	52	
53	53 Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	54 Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	15,476.
55	55 Enter the amount of line 54 you want Credited to 2019 estimated tax ► 15,476. Refunded ► 55	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 ►	Yes	No
			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? If "Yes," see instructions for other forms the organization may have to file	Yes	No
58	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$	Yes	No

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

Sign Here ► 	Date 12/05/19	Preparer's signature 	VP/TREASURER / <i>Chief Investment Officer</i>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature of officer				

Paid Preparer Use Only	Print/Type preparer's name JG WHITE	Preparer's signature 	Date 12/5/2019	Check <input type="checkbox"/> if self-employed	PTIN P01498698
	Firm's name ► KPMG LLP				Firm's EIN ► 13-5565207
	Firm's address ► 8350 BROAD STREET, SUITE 900, MCLEAN, VA 22102				Phone no 703-286-8000

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5 Enter here and in Part I, line 2	7
3 Cost of labor	3		
4 a Additional section 263A costs (attach schedule)	4a	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received 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	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B) ►
(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)		

Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			
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)
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Totals		Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8			

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 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)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10
Enter here and on page 1,
Part I, line 8, column (A)

Add columns 6 and 11
Enter here and on page 1,
Part I, line 8, column (B)

Totals**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**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1 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**Schedule 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))

Form 990-T (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ►						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ►						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

Form 990-T (2018)

HH MEDSTAR HEALTH, INC.

52-1542230

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

MEDSTAR HEALTH, INC.
52-2087445

32063H 2502

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1793293

ATTACHMENT 1