Department of the Treasury	► Go to www.irs.gov/Form990T for ► Do not enter SSN numbers on this form as it m				_	Open to Public Inspection for 501(c)(3) Organizations Only				
Internal Revenue Service						501(c)(3) Organizations Only loyer identification number				
A Check box if address changed	Name of organization (Check box if name	•	·		(Emp	eloyees' trust, see uctions)				
B Exempt under secupor										
X 501(c)(3										
	SOS MAPLE AVENUE, NO. 100									
408A530(a)	City or town, state or province, country, and ZIP DALLAS, TX 75219	or foreig	n postal code		E 2 2	000				
529(a) C Book value of all assets	F Group exemption number (See instructions.)				323					
at end of year -899,668,9	· · · · · · · · · · · · · · · · · · ·		501(c) trust	401(a)	trust	Other trust				
	organization's unrelated trades or businesses.	2		the only (or first) uni						
_	SEE STATEMENT 1			complete Parts I-V.						
-	lank space at the end of the previous sentence, complete	Parts I an								
business, then complete	Parts III-V.					,,				
I During the tax year, was	the corporation a subsidiary in an affiliated group or a pai	rent-subsi	diary controlled group?		Y	es X No				
	nd identifying number of the parent corporation.			_						
	► KATHLEEN M. GIBSON			one number 🕨 2						
	Trade or Business Income	1	(A) Income	(B) Expenses		(C) Net				
1a Gross receipts or sale										
b Less returns and allo		1c								
2 Cost of goods sold (S	•	2				- 1				
3 Gross profit. Subtract		3								
•	ne (attach Schedule D)	48								
 b Net gain (loss) (Form c Capital loss deduction 	4797, Part II, line 17) (attach Form 4797)	4b 4c								
•	partnership or an S corporation (attach statement)	5		,						
6 Rent income (Schedu		6								
•	ed income (Schedule E)	7								
	ralties, and rents from a controlled organization (Schedule F		-							
	a section 501(c)(7), (9), or (17) organization (Schedule (
	vity income (Schedule I)	10								
11 Advertising income (S	• • • • • • • • • • • • • • • • • • • •	11								
	structions; attach schedule)	12								
13 Total. Combine lines	3 through 12	13	0.							
	ns Not Taken Elsewhere (See instructions									
	contributions, deductions must be directly connect	ed with t	he unrelated business	income)						
•	icers, directors and trustees (Schedule K)				14					
15 Salaries and wages			-		15					
16 Repairs and mainter	ance RECE	WEI	2		16	<u> </u>				
17 Bad debts			/ 8		17					
	dule) (see firstructions)	4 2019) S 		18					
19 Taxes and licenses	ons (See instructions for limitation rules)	* 1	<u> </u>		19 20	 				
20 Charitable contributi 21 Depresiation (attach	Form 4562)	NI I	21		20	-				
	Form 4562) named on Schedule A and elsewhere on return QGDI		22a		22b	1				
23 Depletion	anica on schoole A and elsewhere of hectaris		[228]		23					
. (11)	erred compensation plans				24					
24 Contributions to deferred compensation plans 25 Employee benefit programs 25										
26 Excess exempt expe					26					
27 Excess readership c					27					
28 Other deductions (at	•				28					
•	dd lines 14 through 28				29	0.				
	axable income before net operating loss deduction. Subtra	act line 29	from line 13		30	0.				
31 Deduction for net op	erating loss arising in tax years beginning on or after Jani	uary 1, 20	18 (see instructions)		31					
32 Unrelated business t	axable income. Subtract line 31 from line 30				32	0.				
823701 01-09-19 LHA F	r Paperwork Reduction Act Notice, see instructions.					Form 990-T (2018)				

For calendar year 2018 or other tax year beginning

FORM 990-T (2018) SOUTHWESTERN MEDICAL FOUNDATION

Part	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (sei	e instructions)		33	3,882,061.
34	Amounts paid for disallowed fringes	•		34	13,755.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions) STI	MT 2	35	3,873,655.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si	•			· · · · · · · · · · · · · · · · · · ·
•	lines 33 and 34			36	22,161.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	26		-37	1,000.
38	enter the smaller of zero or line 36	30,		38	21,161.
Part				30	21,101.
				T 00	4,444.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	l 00 f		39	4,444.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	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	4,444.
Part '	/ Tax and Payments				<u></u>
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		_	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
е	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	4,444.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66 Other (at	tach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)			48	4,444.
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	50a			
	2018 estimated tax payments	50b			
	Tax deposited with Form 8868	50c		7	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		7	i
	Backup withholding (see instructions)	50e		1	
	Credit for small employer health insurance premiums (attach Form 8941)	50f		\dashv	
		301		-	
ę		50-			•
E 4		50g			
51	Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached			51	188.
52	,			52	4,632.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53	4,032.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	مرم (+	
Part	Enter the amount of line 54 you want: Credited to 2019 estimated tax VI Statements Regarding Certain Activities and Other Informatio	Refu		55	
		•	ions)		1., 1.,
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature				Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	-			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country			
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a forei	gn 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 >\$				
0:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	itements, and to the be r has any knowledge	est of my know	ledge and b	pelief, it is true,
Sign	1/1/1/1/10	, ,	ľ	May the IR	S discuss this return with
Here	PRESIDE	NT		-	r shown below (see
	Signature of officer / Date / Title			instructions	s)? 🗶 Yes 🦳 No
	Print/Type preparer's name Preparer's signature Da	te C	heck 🔲	ıf PTI	N
Paid	A 1 all a	s	elf- employe	d	
Prepa	arer CURTIS MAXFIELD Curtis Market	11/12/19			00445178
Use (I TO THE POST OF T		Firm's EIN	<u>7</u>	5-2393478
U36 (8343 DOUGLAS AVENUE, SUITE 400				
_	Firm's address ► DALLAS, TX 75225		Phone no.	214-	393-9300
	-09-19				Form 990-T (2018)

5939 Page 3

Schedule A - Cost of Goods Sold. Ente	r method of inven	tory valuation N/A				_
1 Inventory at beginning of year 1		6 Inventory at end of year	r	6		
2 Purchases 2		7 Cost of goods sold. Su	ubtract line 6			_
3 Cost of labor 3		from line 5. Enter here	and in Part I,			
4a Additional section 263A costs		line 2		7		
(attach schedule) 4a		8 Do the rules of section	263A (with respect to		Yes N	Vo.
b Other costs (attach schedule) 4b	_	property produced or a	equired for resale) apply to			
5 Total. Add lines 1 through 4b 5		the organization?				
Schedule C - Rent Income (From Real (see instructions) 1 Description of groperty	Property and	Personal Property L	eased With Real Pr	operty		_
(4)					·	—
(1)						—
(2)						—
(4)						—
	ved 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 a of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ge 3(a) Deductions directions 2(ectly connec a) and 2(b) (cted with the income in attach schedule)	
(1)						_
(2)						$\overline{}$
(3)						
(4)						
Total 0.	Total		0.			
(c) Total income. Add totals of columns 2(a) and 2(b). E here and on page 1, Part I, line 6, column (A)	>		(b) Total deduction: Enter here and on page Part I, line 6, column (B)	1,	0	<u>).</u>
Schedule E - Unrelated Debt-Financed	income (see	instructions)				
		2. Gross income from	3. Deductions directly to debt-fi	connected nanced prop		
Description of debt-financed property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)						_
(2)						
(3)						
(4)						
debt on or allocable to debt-financed of or property (attach schedule) debt-fin	e adjusted basis allocable to anced property ch 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 column 3(a) and 3(b))	
(1)		%				_
(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 (B)	
Totals		•		0.	C	o .
Total dividends-received deductions included in colum	n 8					<u>).</u>

Schedule F - Interest, A	Annuities	, Royal						tions	see ins	struction	s)
				Exempt (Controlled O	rganızatı	ons				
Name of controlled organizate	ion	2. Em identifi num	ication		elated income instructions)		al of specified nents made	ınclud	rt of column 4 led in the contraction's gross i	rolling	6. Deductions directly connected with income in column 5
(1)								1			
(2)		-									
(3)											
(4)			-								
Nonexempt Controlled Organia	zations		•							•	•
7. Taxable Income		related income instructions		9. Total	of specified pays made	nents	10. Part of column in the controllingross	mn 9 tha ing orgar s income	nization's		ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0
Schedule G - Investme		e of a S	Section 5	501(c)(7	'), (9), or (17) Org	anization				
(see instr	ructions)				,						T -
1. Desc	cription of incom	ie	•		2. Amount of	income	 Deduction directly connected (attach schedule) 	cted	4, Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)									<u> </u>		
		•			Enter here and Part I, line 9, co				-		Enter here and on page Part I, line 9, column (B)
Totals				<u> </u>		0.			-		0
Schedule I - Exploited (see instru		Activity	Income	, Other	Than Adv	ertisin/	g Income				· · · · · ·
					4. Net incon	ne (loss)					7 -
1. Description of exploited activity	2. Gr unrelated b income trade or bi	rom	3. Expedirectly compared with procuping of unreases	nnected duction lated	from unrelated business (co minus colum gain, comput through	I trade or dumn 2 n 3) If a a cols 5	 Gross inco from activity to is not unrelated business inco 	that ted	attribut	penses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)	Enter here page 1, line 10, c	Part I,	Enter here page 1, line 10, c	Part I,					-		Enter here and on page 1, Part II, line 26
Totals -		0.		0.							0
Schedule J - Advertisir	ng Incom		instructions								·
Part I Income From I	Periodica	als Rep	orted on	a Con	solidated	Basis					
1. Name of periodical		2 Gross advertising income		. Direct tising costs			5. Circulai		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) ,			+		1		+				
(2)	-				1		_		 		•
(3)					⊣ ·						
(4)			1		\dashv				<u> </u>		
<u> </u>							1		 		
Totals (carry to Part II, line (5))	. ▶		0.	0	•				_		0 Form 990-T (201

Form 990-T (2018) SOUTHWESTERN MEDICAL FOUNDATION 75-09459 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	▶	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 of Officers, Directors, and Trustees (see instructions)

1. Name	2 . Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	1
(2)		%	
(3)		,	
(4)		%	•
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

PARTNERSHIP INVESTMENTS WITH UBI PARKING FRINGE BENEFIT

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	7,325.	0.	7,325.	7,325.
12/31/13	106,118.	0.	106,118.	106,118.
12/31/14	367,313.	0.	367,313.	367,313.
12/31/15	783,750.	. 0.	783,750.	783,750.
12/31/16	839,464.	0.	839,464.	839,464.
12/31/17	1,769,685.	0.	1,769,685.	1,769,685.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	3,873,655.	3,873,655.

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTIT	Ϋ́	-
OMB No	1545-0	68

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning

► 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

Name of the organization Employer identification number SOUTHWESTERN MEDICAL FOUNDATION 75-0945939 Unrelated business activity code (see instructions) > 2111110 Describe the unrelated trade or business

UBTI FROM PASSTHROUGHS - 211 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 Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c 3 3 -2,973. -2,973.4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4h c Capital loss deduction for trusts 4¢ Income (loss) from a partnership or an S corporation (attach -477,945 -477,945. statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Я Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 -480,918. -480,918. 13 Total, Combine lines 3 through 12 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 Repairs and maintenance 16 16 **Bad debts** 17 17 Interest (attach schedule) (see instructions) 18 18 19 19 Taxes and licenses Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 22b 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 23 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 26 27 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 28

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

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

Total deductions, Add lines 14 through 28

Schedule M (Form 990-T) 2018

29

30

Ō.

-480,918.

-480.918.

instructions)

29

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTIT	Ϋ́	4
OMB No	1545-0	687

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

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning

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Name of the organization

Employer identification number SOUTHWESTERN MEDICAL FOUNDATION 75-0945939

Unrelated business activity code (see instructions)

Pa	rt I Unrelated Trade or Business Income	1	(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	31,502.		31,502.
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	<u> </u>		
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			r
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	31,502.		31,502

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		22b	
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	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line	29 fro	om line 13	30	31,502.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2	2018 (see		
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	31,502.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated Business Taxable Income for Unrelated Trade or Business

_	11.4	-	_	-	-	•
	Of	ИE	N	0	154	5-068

DAIM TMX

Department of the Treasury Internal Revenue Service (99) Name of the organization

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For calendar year 2018 or other tax year beginning

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

Employer identification number

SOUTHWESTERN MEDICAL FOUNDATION 75-0945939 480000 Unrelated business activity code (see instructions) ▶ UBTI FROM PASSTHROUGHS - 480 Describe the unrelated trade or business **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 2 Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) **4**a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach -70 statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 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 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) 12 -70. -70. Total. Combine lines 3 through 12 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.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 15 Salaries and wages Repairs and maintenance 16 16 17 17 Bad debts Interest (attach schedule) (see instructions) 18 18 19 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22b 23 Depletion 23 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

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

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J) Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

Schedule M (Form 990-T) 2018

0.

-70.

-70.

26 27

29

30

31

instructions)

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29

30

Unrelated Business Taxable Income for Unrelated Trade or Business

FM.I.	т.т	ľ	/
OMB	NI-	1515	0607

For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service (99) 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

Name	of the organization SOUTHWESTERN MEDICAL FO	רואור)	MΩTΨ4	Employer ider		
	Inrelated business activity code (see instructions) > 49300		111011	1 73 03	1 333	· · · · · · · · · · · · · · · · · · ·
	, , ,		SSTHROUGHS -	493		
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				-
2	Çost of goods sold (Schedule A, line 7)	2			ŀ	
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				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	-198,656.			-198,656.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled	ł				
	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				
<u>13</u>	Total. Combine lines 3 through 12	13	-198,656.			-198,656.
	deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the under the connected with the under the connected with				· ·	r contributions,
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 21	Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562)		ا مر ا		20	
22	Less depreciation claimed on Schedule A and elsewhere on return		21 22a		22b	
23	Depletion		, <u>ZZa j</u>		23	
23 24	Contributions to deferred compensation plans				24	
2 4 25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
20 27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)				28	
29	Total deductions. Add lines 14 through 28				29	0.
30	Unrelated business taxable income before net operating loss deductions.	ction ^c	Subtract line 29 from line	13	30	-198,656.
31	Deduction for net operating loss arising in tax years beginning on o				┝┷┼	
٠.	instructions)	. 41101			31	
32	Unrelated business taxable income Subtract line 31 from line 30				32	-198,656.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTII	Y.	E
OMB No	1545-068	

Open to Public Inspection for

3,456,399.

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning

► 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).

Name of the organization SOUTHWESTERN MEDICAL FOUNDATION

Employer identification number 75-0945939

Unrelated business activity code (see instructions) > 523000 Describe the unrelated trade or business

UBTI FROM PASSTHROUGHS - 523 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 Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 23,544. 23,544. 4a 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 Income (loss) from a partnership or an S corporation (attach 3,432,855. 3,432,855. statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8

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.)

10

11

12

13

3,456,399.

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		22b	
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	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	3,456,399.
31	Deduction for net operating loss arising in tax years beginning on or after January 1,	2018 (see	i i	
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	3,456,399.

LHA For Paperwork Reduction Act Notice, see instructions.

Investment income of a section 501(c)(7), (9), or (17)

Exploited exempt activity income (Schedule I)

Other income (See instructions, attach schedule)

organization (Schedule G)

Advertising income (Schedule J)

Total. Combine lines 3 through 12

10

11

12

Unrelated Business Taxable Income for Unrelated Trade or Business

	OMB No	1545-068
,	•	

ENTITY 10
OMB No 1545-0687

2018

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

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning

► 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)

Employer identification number Name of the organization SOUTHWESTERN MEDICAL FOUNDATION 75-0945939 525990 Unrelated business activity code (see instructions) ▶ UBTI FROM PASSTHROUGHS -Describe the unrelated trade or business **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c 3 3 278,789. 278,789. 4a 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 Income (loss) from a partnership or an S corporation (attach -1,003,127. -1,003,127. Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 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) 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 12 -724.338.-724.338.Total, Combine lines 3 through 12 13

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)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
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	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-724,338.
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	-724,338.
1.114		Calcadala I	1 (E 000 T) 0040

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Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	11

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning ► 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

INGITIE	SOUTHWESTERN MEDICAL FOUNDATION				75-0945939		
	Inrelated business activity code (see instructions) 53111			•			
		PA	SSTHROUGHS -	531			
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net	
1 a	Gross receipts or sales						
þ	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			\longrightarrow		
	Capital gain net income (attach Schedule D)	4a	347,897.			347,897.	
b	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					4- 44-	
	statement)	5	-15,193.			-15,193.	
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					
13	Total. Combine lines 3 through 12	13	332,704.			332,704.	
Pa	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the undertaken and the connected with the undertaken and the connected with t	ions i unrela	for limitations on dec ated business incom	ductions.) (Exc e.)	ept fo	r contributions,	
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		Ш		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b		
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	0.	
30	Unrelated business taxable income before net operating loss dedu	ction	Subtract line 29 from line	13	30	332,704.	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

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

Schedule M (Form 990-T) 2018

332,704.

instructions)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	12
OMD No. 1545	0607

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning

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501(c)(3) Organizations Only

Name of the organization

SOUTHWESTERN MEDICAL FOUNDATION

Employer identification number 75-0945939

532420 Unrelated business activity code (see instructions) '▶ UBTI FROM PASSTHROUGHS -Describe the unrelated trade or business 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 ▶ 10 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) c Capital loss deduction for trusts 40 Income (loss) from a partnership or an S corporation (attach -430,345 -430,345. 5 6 Rent income (Schedule C) 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) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 -430,345. -430,345. Total. Combine lines 3 through 12

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	222	1	22b	
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	0.
30	Unrelated business taxable income before net operating loss deduction. Subtra	ct line 29 f	rom line 13	30	-430,345.
31	Deduction for net operating loss arising in tax years beginning on or after Janua	ary 1, 2018	(see		
	instructions)		•	31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	-430,345.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated Business Taxable Income for Unrelated Trade or Business

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OMP No	1545	-0687

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning ► 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

Name of the organization SOUTHWESTERN MEDICAL FOUNDATION			Employer identifica		
Unre	elated business activity code (see instructions) 55111	2			
Desc	cribe the unrelated trade or business UBTI FROM	PA	SSTHROUGHS - 5	51	
Part I	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gr	oss receipts or sales				
b Les	ss returns and allowances c Balance ▶	1c		-	
2 Cc	ost of qoods sold (Şchedule A, line 7)	2			
3 Gr	oss profit Subtract line 2 from line 1c	3			
4a Ca	apital gain net income (attach Schedule D)	4a	51.		51.
b Ne	et gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Ca	apital loss deduction for trusts	4c			
5 Inc	come (loss) from a partnership or an S corporation (attach				
sta	atement)	5	-220,457.		-220,457.
6 Re	ent income (Schedule C)	6			
7 Ur	nrelated debt-financed income (Schedule E)	7			<u> </u>
8 Int	terest, annuities, royalties, and rents from a controlled				
org	ganization (Schedule F)	8			
9 Inv	vestment income of a section 501(c)(7), (9), or (17)				
org	ganization (Schedule G)	9			
10 Ex	ploited exempt activity income (Schedule I)	10			
11 Ac	dvertising income (Schedule J)	11			
12 Ot	her income (See instructions, attach schedule)	12			
13 To	otal. Combine lines 3 through 12	13	-220,406.		-220,406.
Part I	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the u				for contributions,
14 Co	ompensation of officers, directors, and trustees (Schedule K)			14	
15 Sa	alaries and wages			15	
16 Re	epairs and maintenance			16	
17 Ba	ad debts			17	
46 1.4	toward (added to a closed) (a) (a) a condensation of			مدا	1

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	22b	
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	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line	29 from line 13	30	-220,406.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2	018 (see	-	
	instructions)		31	
32	Unrelated business taxable income Subtract line 31 from line 30		32	-220,406.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated Business Taxable Income for Unrelated Trade or Business

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OMB No 1545-0687

For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Open to Public Inspection for

Department of the Treasury Internal Revenue Service (99) Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number

SOUTHWESTERN MEDICAL FOUNDATION

501(c)(3) Organizations Only

75-0945939

	Unrelated business activity code (see instructions) ► 623000 Describe the unrelated trade or business ► UBTI FROM PASSTHROUGHS - 623						
	t 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					
3	Gross profit Subtract line 2 from line 1c	3		<u> </u>			
4 a	Capital gain net income (attach Schedule D)	4a		-			
b	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	-40,072.		-40,072.		
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			<u> </u>		
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule)	12		i -			
13	Total. Combine lines 3 through 12	13	-40,072.	<u> </u>	-40,072.		
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)			1.	-		
15	Salaries and wages			1:	5		
16	Repairs and maintenance			10	6		
17	Bad debts			1	7		
18	Interest (attach schedule) (see instructions)			1:	8		
19	Taxes and licenses			1:	9		

Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22b 23 23 Depletion Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 27 Other deductions (attach schedule) 28 28 Total deductions. Add lines 14 through 28 29 0. 29 -40,072. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) -40,072. Unrelated business taxable income Subtract line 31 from line 30

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY 15

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) Name of the organization For calendar year 2018 or other tax year beginning

SOUTHWESTERN MEDICAL FOUNDATION

▶ 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

Employer identification number 75-0945939

Unrelated business activity code (see instructions) 721110							
Describe the unrelated trade or business UBTI FROM PASSTHROUGHS - 721							
Pai	t IS 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		,		, ,	
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		1			
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5	-1,885	• .		-1,885.	
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		,			
<u>13</u>	13 Total. Combine lines 3 through 12 13 -1,885.					-1,885.	
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			Ļ	17		
18	Interest (attach schedule) (see instructions)			-	18		
19	Taxes and licenses			-	19		
20	Charitable contributions (See instructions for limitation rules)		ı f	-	20		
21	Depreciation (attach Form 4562)		21				
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b		
23	Depletion			-	23		
24	Contributions to deferred compensation plans			-	24		
25	Employee benefit programs			Ļ	25		
26	Excess exempt expenses (Schedule I)			Ļ	26		
27	Excess readership costs (Schedule'J)			-	27		
28	Other deductions (attach schedule)			-	28		
29	Total deductions. Add lines 14 through 28				29	0.	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

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

Schedule M (Form 990-T) 2018

30

31

885.

-1,885.

instructions)

30

Unrelated Business Taxable Income for Unrelated Trade or Business

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OMB No 1545-0687

501(c)(3) Organizations Only

Employer identification number

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning

► 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).

SOUTHWESTERN MEDICAL FOUNDATION Unrelated business activity code (see instructions)
812930

75-0945939

Pai	t 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			
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			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5	-860.		-860.
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)				
٠,	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			
13	Total. Combine lines 3 through 12	13	-860.		-860.

Part !! 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)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
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	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-860.
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	-860.
			-

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	17
OMB No. 1545	-0687

Department of the Treasury Internal Revenue Service (99) Name of the organization For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information.

SOUTHWESTERN MEDICAL FOUNDATION

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

Employer identification number

75-0945939

	Inrelated business activity code (see instructions) 48500 escribe the unrelated trade or business UBTI FROM		SSTHROUGHS -	485		
Par			(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		1		
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	61,456.	1		61,456.
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				
13	Total. Combine lines 3 through 12	13	61,456.		<u> l .</u>	61,456.
Pai	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the u	ons f nrela	or limitations on ded ted business incom	ductions.) (Exce e.)	pt for	contributions,
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	:	22b	
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	0.
30	Unrelated business taxable income before net operating loss deduce	tion. S	Subtract line 29 from line	13	30	61,456.
31	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (see			
	instructions)				31	
32	Unrelated business taxable income Subtract line 31 from line 30				32	61,456.
LHA	For Paperwork Reduction Act Notice, see instructions.			Sch	edule	M (Form 990-T) 2018