Form 290×T	0⊶T   Exempt Organization Business Income Tax Return						turn	OMB No 1545-0047			
•		(aı	nd proxy tax unde	er se	ction 6033	3(e))	191	2		21	0+0
	For cal	endar year 2019 or other tax yea	-		, and en	· · · · · · · · · · · · · · · · · · ·		0	-	2	019
Department of the Treasury Internal Revenue Service	<b>•</b>	Do not enter SSN number	irs.gov/Form990T for in s on this form as it may						50	1(c)(3) Or	iblic Inspection for ganizations Only
A Check box if address changed		Name of organization (	Check box if name cl	hanged	and see instru	ictions.)			Employe Employ nstructi	ees' trus	cation number it, see
B Exempt under section	Print	SOUTHWESTER	N MEDICAL FO	INUC	DATION						45939
X 501(c <b>1)3</b> )	or	Number, street, and room								ed busine tructions	ss activity code )
408(e)220(e)	Туре	3889 MAPLE 2									
408A530(a) 529(a)		City or town, state or prov	rince, country, and ZIP or 75219	r foreig	n postal code			5	230	00	
C Book value of all assets at end of year		F Group exemption numb	er (See instructions.)	<u> </u>	<del></del>			7			<u> </u>
		G Check organization type			n 50	1(c) trust		401(a) tri			Other trust
H Enter the number of the					TIDT .		the only (or	•			
		TNERSHIP IN					complete P				<b>'</b>
		ce at the end of the previou	is sentence, complete Pa	rıs ı an	a II, complete	a Scriedule	IVI IOI EACII	auuilionai l	i aue u	1	
business, then complete  1 During the tax year, was			offiliated group or a paren	t-euhei	idiany controlle	d aroun?			Yes	X	No
		ifying number of the paren		11 3003	idiai y conti onc	a group					
J The books are in care of						Teleph	one number	<b>▶</b> 21	<del>4-3</del>	51-	6143
Part Unrelate	d Trac	le or Business Inc	ome		(A) Inco	ome	(B) E	xpenses			(C) Net
1a Gross receipts or sale	es							~v	<b>w</b> ;	*	
b Less returns and allow	wances		c Balance	1c			<b>.</b>		<u> </u>		<u>/</u>
2 Cost of goods sold (S	Schedule	A, line 7)		2				<u> </u>		<u>-/</u>	<u>لت حييتي</u>
3 Gross profit. Subtract	t line 2 fr	om line 1c		3_				<u> </u>			
4a Capital gain net incon	•	•		4a				/			
		art II, line 17) (attach Form	4797)	4b				<u> </u>			
c Capital loss deduction				4c				<u> </u>			-
, ,		thip or an S corporation (at	tach statement)	5			-/		. ,		
6 Rent income (Schedu		na (Cabadula E)		<u>6</u> 7					$\dashv$		
7 Unrelated debt-finance 8 Interest, annuities, roy		nd rents from a controlled o	organization (Schedule E)	8		/			_	-	
	-	n 501(c)(7), (9), or (17) or		9					-		
10 Exploited exempt acti			ga	10							_
11 Advertising income (S	-	•		11/							
12 Other income (See in		•		/12							
13 Total: Combine lines				13		0.					
		t Taken Elsewher				ductions)					
<u> </u>		e directly connected w		ess in	come.)						
14 Compensation of off	ficers, dii	rectors, and trustees (Sche	dule K)						14		
15 Salaries and wages			/ RE	CF	IVED	1			15		
16 Repairs and mainter	nance		/ <u> </u>	Ĭ	)	121			16		
17 Bad debts	- 4 ! - \ /		IS NO	V & 3	2020	ΙΫΙ		<u> </u>	17 18		
18 Interest (attach sche	eaule) (Si	ee instructions)	-			8		-	19		
<ul><li>19 Taxes and licenses</li><li>20 Depreciation (attach</li></ul>	Form 45	562)	OG	DEI	N, UT	20			<del>"</del> 十		
		n Schedule A and elsewher		<u> </u>	4, 01	213			21b		
22 Depletion			• • • • • • • • • • • • • • • • • • • •		L				22		
23 Contributions to def	ferred co	mpensation plans							23		
24 Employee benefit pr		, ,							24		
25 Excess exempt expe	- /	chedule I)							25		
26 Excess readership c	/								26		
27 Other deductions (a								L	27		
28 Total deductions. A									28		0.
/		ncome before net operating						L	29		0.
/	perating l	oss arısıng ın tax years be	ginning on or after Janua	ry 1, 20	018						^
(see instructions)									30		0.
		ncome. Subtract line 30 fro							31	Enra	990-T (2019)
923701 01-27-20 LHA F	or Paper	work Reguction Act Notice	e, see instructions.							FUITI	(2019)



Form 99	0-T 13919 SOUTHWESTERN MEDICAL FOUNDATION	75	-0945939 Page 2
Parl	HI Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	2,424,191.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	3/4	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 35	35	2,424,191.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	1 37	2,424,191.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	2,423,191.
Par	[W] Tax Computation		
40 4	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	<b>36</b>	508,870.
41	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 39 from:		
	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	_
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	508,870.
Par	[ Y' Tax and Payments		
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	_	
b	Other credits (see instructions)  General business credit. Attach Furin 3800  46b  46c	_	
0	General business credit, Attach Form 3800	_	
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		
8	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	508,870.
48	Other taxes, Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total tax Add lines 47 and 48 (see instructions)	49	508,870.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a	Payments: A 2018 overpayment credited to 2019 6-812 3,011		
b	2019 estimated tax payments (0)   316   79,480		
C	Tax deposited with Form 8868	<u>.</u>	
d	Foreign organizations; Tax paid or withheld at source (see instructions)	_	:
	Backup withholding (see instructions) 51e	_	
	Credit for small employer health insurance premiums (attach Form 8941)	_	
g	Other credits, adjustments, and payments: Form 2439	1 1	
	Form 4136 Other Total ▶ <b>51g</b>		
52	Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached	, 52	382,491.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	18,387.
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	1 34	144,766.
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56	
Par			
57	At any time during the 2019 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 >		X
58	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		
59	Enter the amount of tax-exempt interest received or accrued during the tax year  \$	odgo and h	policit et us trura
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge correct and control of which preparer that any knowledge	edge and c	Jeliel, It is tide,
Here	11/ca/aca > ppggzppyym		S discuss this return with
			r shown below (see
			a)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTM	IV.
Paid	self- employer		0011E170
	parer CURTIS MAXFIELD Curtis Waglet 11/6/2020	<del></del>	00445178 5-2393478
Use	Only Firm's name WHITLEY PENN, LLP Firm's EIN		J-43 <b>534</b> /0
	8343 DOUGLAS AVENUE, SUITE 400	214	202 0200
**		<u> </u>	393-9300
923711	01-27-20		Form <b>990-T</b> (2019)

(1) (2) (3) (4)  2. Rent received or accrued  (a) From possonal property (the precentage of rent for personal property (of the personal property (of	Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory va	luation > N/A					
3 Cest of labor 4 A Additional section 263A costs (attach schedule) 4 B Other rosts (attach schedule) 5 Total. Add inst 5 through b 6 Deporty produced or acquired for resield apply to the organization?  Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (ii) (ii) (iii) (iii) (iii) (iv) (iv)	1 Inventory at beginning of year	1_		6	Inventory at end of year	 r		6		
4 Additional section 283A costs (attach schedule) 4	2 Purchases	2		7	Cost of goods sold. Su	btract l	ine 6			
(attach schedule) 4	3 Cost of labor	3			from line 5. Enter here	and in F	Part I,		_	
Solid Color Sulficiality   Solid Color Sulficial Sulficiality   Solid Color Sulficial Sulficia	4a Additional section 263A costs		·	]	line 2			7		
Totals Add lines 1 through 4b 5 the organization?  the organization?  the organization?  the organization?  the organization?  the property Leased With Real Property)  (see instructions)  1. Description of property  (1)  (2)  (3)  (4)  2. Reint received or accrued  (a) From personal property of the personal property of	(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to	-	Yes	No
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 recovered or accrued  (a) From personal property in the personal property of th	<b>b</b> Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
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(2)	Amount of average acquisition debt on or allocable to debt-financed	of or debt-fine	allocable to inced property	6			reportable (column	(column 6 x to	tal of col	
(2)	(1)				%					
(3) % (4) %  Enter here and on page 1, Part I, line 7, column (B)  Totals  O • O •			_	1					•	
(4)  Enter here and on page 1, Part I, line 7, column (A)  Fortals  Enter here and on page 1, Part I, line 7, column (B)			-		<del></del>					
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)										
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	Totals				<b>.</b>		0.			0.
		ncluded in colum	n 8				<b></b>			0.

Page 4

Schedule F - Interest, A	iniuitie	s, noyali	ics, alle	T	Controlled O			LIOIIS	see ins	truction	isj
Name of controlled organization	on	<b>2</b> . Emp	oloyer	3, Net unr	elated income	<b>4</b> . Tot	al of specified		t of column 4		6. Deductions directly
		identific numl	ation	(loss) (see	instructions)	рауг	nents made	ınclud	ed in the contr ation's gross i	olling	connected with income in column 5
(1)											
(2)								<u> </u>			
(3)							_	<u> </u>			
(4)											<del></del>
Nonexempt Controlled Organiz											
7. Taxable Income		nrelated incom see instructions		9. Total	of specified pays made	nents	10. Part of colu in the controll gross	mn 9 tha ing orgar s income	nzation's		oductions directly connected in income in column 10
(1)						•					
(2)							<u></u>				- ·
(3)											
(4)				L .							
							Add colur Enter here and line 8,		1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, Iine 8, column (B)
Totals						<b>•</b>			0.		0.
Schedule G - Investmer	nt Incor	ne of a S	ection	501(c)(7	7), (9), or (	17) Org	ganization				
(see instr	uctions)										
1. Descr	iption of inco	me			2. Amount of	ıncome	<ol> <li>Deduction directly connected (attach schedule)</li> </ol>	ected	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)						`					
					Enter here and Part I, line 9, co					٠	Enter here and on page 1, Part I, line 9, column (B)
Totals				•		0.	_				0.
Schedule I - Exploited I	_	Activity	Income	e, Other	Than Adv	ertisir/	g Income	·			
,		·			4. Net incor	ne (loss)					7 -
Description of exploited activity	unrelated incom	Gross I business ne from business	directly of with pro of uni	penses connected oduction related s income	from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross income from activity is not unrelated business income.	that ted	<b>6.</b> Exp attribut colu		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				-				-			
(2)											
(3)											
(4)	-										
	page	re and on 1, Part I, col (A)	page 1	re and on 1, Part I, , col (B)	-	-			7		Enter here and on page 1, Part II, line 25
Totals		0.		0.	جد م				<del></del> .		0.
Schedule J - Advertisir			nstruction			<u> </u>					
Part I; Income From F	Periodic	als Repo	orted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compu hrough 7			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											<u> </u>
(2)											]′
(3)											],
(4)					]						<u></u>
	T		$\Box$								
Totals (carry to Part II, line (5))			0.[	0	· .				<u> </u>		0.

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 end on page 1, Part I, line 11, col (B)	<b>3</b>		ı	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.	Transportations again fortune 19 ago 1 concess			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)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

ENTITY

OMB No 1545-0047

•									
Name	of the organization			Employer id		on number			
	SOUTHWESTERN MEDICAL FOR		ATION	75-0	<u>9459</u>	39			
L	Inrelated Business Activity Code (see instructions) $ ightharpoonup$ $21111$								
	escribe the unrelated trade or business   UBTI FROM	PA	SSTHROUGHS -						
Par	t I, Unrelated Trade or Business Income		(A) Income	(B) Expens	ies	(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	-54,026.		<del></del>	-54,026.			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			<del></del>				
¢	Capital loss deduction for trusts	4c		<u> </u>					
5	Income (loss) from a partnership or an S corporation (attach					4 4 5 5 6 6 6			
	statement)	5	-1,185,220.	<del> </del>		-1,185,220.			
6	Rent income (Schedule C)	6		<b>_</b>					
7	Unrelated debt-financed income (Schedule E)	7							
8	Interest, annuities, royalties, and rents from a controlled								
	organization (Schedule F)	8		<del></del>					
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		<u> </u>					
12	Other income (See instructions, attach schedule)	12	1 1 1 1 1 1 1 1		<del>-</del> -	1 222 215			
<u>13</u>	Total. Combine lines 3 through 12	13	-1,239,246.	<u> </u>	_	<u>-1,239,246.</u>			
Par	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			eductions.) (De	eductio	ons must be			
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	Depreciation (attach Form 4562)		20		J <u>-</u>				
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b				
22	Depletion				22				
23	Contributions to deferred compensation plans				23				
24	Employee benefit programs				24				
25	Excess exempt expenses (Schedule I)				25				
26	Excess readership costs (Schedule J)				26	<u> </u>			
27	Other deductions (attach schedule)				27	. <u>.</u>			
28	Total deductions. Add lines 14 through 27			•	28	0.			
29	Unrelated business taxable income before net operating loss deduce			ie 13	29	-1,239,246.			
30	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (see						
	instructions)			STMT 1	30_	0.			
31	Unrelated business taxable income Subtract line 30 from line 29		<u> </u>		31	-1,239,246.			

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18	480,918.		480,918.	480,918.	
NOL CARRYOV	ER AVAILABLE THIS	YEAR	480,918.	480,918.	

#### SCHEDULE M (Form 990-T)

### **Unrelated Business Taxable Income from an Unrelated Trade or Business**

ENT	ITY	4
	OMB No	1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 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

Employer identification number Name of the organization SOUTHWESTERN MEDICAL FOUNDATION 75-0945939 212000 Unrelated Business Activity Code (see instructions) ▶ UBTI FROM PASSTHROUGHS - 212 Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales c Balance **b** Less returns and allowances Cost of goods sold (Schedule A, line 7) 2 3 Gross profit. Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach 5 statement) 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) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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 16 16 Repairs and maintenance 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 21b Less depreciation claimed on Schedule A and elsewhere on return 21 22 22 23 23 Contributions to deferred compensation plans 24 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) 26 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 27 Ō. Total deductions. Add lines 14 through 27 28

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 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) 2019

29

31

0.

0.

28

29

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

ENTITY

		For calendar year 2019 or other tax year t	eginning			and ending _			<b>L</b> U 10
	ment of the Treasury I Revenue Service	➤ Go to www.irs.go ➤ Do not enter SSN numbers						3)	Open to Public Inspection for *501(c)(3) Organizations Only
Name	of the organization	SOUTHWESTERN MEI			TION	. = _	Employer ide		
ι	Inrelated Business	Activity Code (see instructions)	<b>▶</b> <u>48000</u>	0					
[	Describe the unrelat	ed trade or business   U	BTI FROM	PAS	STHROU	JGHS -	480		
Pai	t I Unrelated	Trade or Business Incom	ne 		(A) Ind	come	(B) Expense	es	(C) Net
1 a	Gross receipts or s	sales							
b	Less returns and allo	owances	c Balance	1c					- <u></u> -
2	Cost of goods sold	d (Schedule A, line 7)		2			<u> </u>		
3	Gross profit Subtr	ract line 2 from line 1c		3					
4 a	Capital gain net in	come (attach Schedule D)		4a					<u>.</u>
b	Net gain (loss) (For	rm 4797, Part II, line 17) (attach f	Form 4797)	4b				`	
С	Capital loss deduc	ction for trusts		4c					
5	Income (loss) from	na partnership or an S corporatio	n (attach	ii				ĺ	
	statement)		•	5	29	<u>7,198.</u>	<u> </u>		297,198.
6	Rent income (Sche	edule C)		6			<u> </u>		
7		anced income (Schedule E)		7			<u> </u>		
8	Interest, annuities,	, royalties, and rents from a contr	rolled						
	organization (Sche	•		8					
9		e of a section 501(c)(7), (9), or (17	")						
	organization (Sche	•		9			<del> </del>		
10	•	activity income (Schedule I)		10	-		<del> </del>		
11	Advertising income	•		11			<del></del>		
12	•	e instructions, attach schedule)		12	20	7,198.			297,198.
13	Total. Combine lin			13					
Pai		ns Not Taken Elsewhere nnected with the unrelated				ons on de	eductions.) (De	ductio	ns must be
14	Componentian of	officers, directors, and trustees (	Schodulo K				<del></del>	14	
15	Salaries and wage	·	scriedule N					15	
16	Repairs and maint							16	
17	Bad debts	e lance						17	
 18		hedule) (see instructions)						18	·
19	Taxes and licenses							19	
20	Depreciation (attac				,	20		;	· <del></del>
21		claimed on Schedule A and else	where on return			21a		21b	
22	Depletion				'		-	22	
23	•	leferred compensation plans						23	
24	Employee benefit	•						24	
25	Excess exempt ex	penses (Schedule I)						25	
26	Excess readership	costs (Schedule J)						26	
27	Other deductions	(attach schedule)						27	
28	Total deductions.	. Add lines 14 through 27						28	0.
29	Unrelated busines	s taxable income before net oper	rating loss deduc	ction S	ubtract line	28 from lin	e 13	29	297,198.
30	Deduction for net	operating loss arising in tax years	s beginning on o	r after .	January 1, 2	2018 (see			
	instructions)						STMT 2	30	70.
31	Unrelated busines	s taxable income. Subtract line 3	0 from line 29				<del></del>	31	297,128.

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	70.		70.	70.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	70.	70.

### SCHEDULE M . (Form 990-T)

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

ENTITY

7

For catendar year 2019 or other tax year beginning \_\_\_\_\_\_\_, and ending

	pertiment of the Treasury ternal Revenue Service  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).						(c)(3).	Open to Public Inspection fo 501(c)(3) Organizations Only		
Name	of the organization	SOUTHWESTERN MED			· · · · · · · · · · · · · · · · · · ·		Employer		tion number	
$\overline{}$	Inrelated Business	Activity Code (see instructions)					•		<u></u>	
			TI FROM	PAS	STHRO	UGHS -	493			
Par	t I : Unrelated	Trade or Business Incom	e		(A) In	come	(B) Expe	nses	(C) Net	
1 a	Gross receipts or s	sales					•			٦
ь	Less returns and allo	owances	c Balance	1c						
2	Cost of goods sold	d (Schedule A, line 7)		2						<u> </u>
3	Gross profit Subti	ract line 2 from line 1c		3				 -		
4 a	Capital gain net in	come (attach Schedule D)	ş	4a						
b	Net gain (loss) (For	rm 4797, Part II, line 17) (attach Fo	orm 4797)	4b				- 	<u>,                                    </u>	
С	Capital loss deduc			4c						
5	Income (loss) from	a partnership or an S corporation	(attach							
	statement)			5	-15	1,712.	<u> </u>			<u>: -</u>
6	Rent income (Scho	edule C)		6						
7	Unrelated debt-fin	anced income (Schedule E)		7					<u></u>	
8	Interest, annuities,	, royalties, and rents from a contro	lled							
	organization (Sche	edule F)		8		_				
9	Investment income	e of a section 501(c)(7), (9), or (17)								
	organization (Sche	edule G)		9						_
10	Exploited exempt	activity income (Schedule I)		10						
11	Advertising incom	e (Schedule J)		11						
12	Other income (See	e instructions, attach schedule)		12						_
13	Total. Combine lin	nes 3 through 12		13	15	1,712.			-151,712	<u>: •  </u>
Pai		ns Not Taken Elsewhere (Sinnected with the unrelated				ons on de	ductions.) (I	Deducti	ons must be	
14	Compensation of	officers, directors, and trustees (Se	chedule K)					14		
15	Salaries and wage	es						15		
16	Repairs and maint	tenance						16		
17	Bad debts							17		
18	Interest (attach sc	hedule) (see instructions)						18		
19	Taxes and license	s				) i		19	<del></del>	
20	Depreciation (atta	ch Form 4562)				20	···-		_	
21	Less depreciation	claimed on Schedule A and elsew	here on return			21a		21b	<u> </u>	
22	Depletion							22		
23	Contributions to d	leferred compensation plans						23		
24	Employee benefit	programs						24	<u> </u>	
25	Excess exempt ex	penses (Schedule I)						25		
26	Excess readership	costs (Schedule J)						26	ļ	
27	Other deductions	•						27	<del> </del>	_
28		. Add lines 14 through 27						28		<u>) .</u>
29		s taxable income before net opera					13	29	-151,712	<u> </u>
30	Deduction for net	operating loss arising in tax years	beginning on o	r after	January 1,	2018 (see	a	_   <u>`</u>	-  _	
	instructions)						STMT			<u>) .</u>
<u>31</u>	Unrelated busines	s taxable income Subtract line 30	from line 29					31	-151,712	<u> </u>

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18	198,656.		198,656.	198,656.	
NOL CARRYO	VER AVAILABLE THIS	YEAR	198,656.	198,656.	

#### SCHEDULE M (Form 990-T)

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

ENTITY 8 OMB No 1545-0047

For calendar year 2019 or other tax year beginning \_\_\_\_\_\_ , and ending

	partment of the Treasury rnel Revenue Service  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				Employer ident		
1	Inrelated Rusiness		3000					<del></del>
		red trade or business   UBTI F		ASSTHRO	OUGHS -	523		
Pa		Trade or Business Income			ncome	(B) Expenses		(C) Net
12	Gross receipts or	eales		<del>- </del>		<del>,</del>		· -
b	Less returns and allo		ce ▶ 1c				i	_
_		d (Schedule A, line 7)	2			<del></del>		
2	•	•	3	+		<del></del>	- 1	
3	•	ract line 2 from line 1c	4a		24,952.			924,952.
4a		come (attach Schedule D)	<u> </u>		44,552.	<del></del>		321,332.
þ	=	rm 4797, Part II, line 17) (attach Form 4797	) 46 4c					
c	Capital loss deduc		46	<del> </del>				
5		a partnership or an S corporation (attach	ء ا	30	96,326.			396,326.
_	statement)		5	<del>                                     </del>	00,020.		-	330,3201
6	Rent income (Sch	·	7	<u> </u>				
7		anced income (Schedule E)	/				$\dashv$	<del></del>
8	•	, royalties, and rents from a controlled						
	organization (Sche	·	8_	+				
9		e of a section 501(c)(7), (9), or (17)						
	organization (Sche	·	9	1				
10		activity income (Schedule I)	10					
11	Advertising incom		11					
12	•	e instructions, attach schedule)	12		21 270	<del></del>	<del>- '</del>	1 201 070
<u>13</u>	Total. Combine lir	nes 3 through 12	13	1,3	21,278.			1,321,278.
Pа		ns Not Taken Elsewhere (See ins innected with the unrelated busine			tions on de	ductions.) (Dedu	uctio	ns must be
14	Compensation of	officers, directors, and trustees (Schedule	K)				14	
15	Salaries and wage	es					15	
16	Repairs and maint	tenance					16	
17	Bad debts					Ļ	17	
18	Interest (attach so	hedule) (see instructions)				L	18	
19	Taxes and license	· ·				Ĺ	19	
20	Depreciation (atta-	ch Form 4562)			20			
21	Less depreciation	claimed on Schedule A and elsewhere on	return		21a		21b	
22	Depletion						22	
23	Contributions to d	leferred compensation plans				L	23	
24	Employee benefit						24	
25	, ,	xpenses (Schedule I)					25	
26	Excess readership	costs (Schedule J)					26	·
27	Other deductions						27	
28		. Add lines 14 through 27					28	0.
29		ss taxable income before net operating loss	deduction	Subtract Iir	ne 28 from line	:13	29	1,321,278.
30	Deduction for net	operating loss arising in tax years beginning	g on or afte	er January 1,	, 2018 (see			
	instructions)	, , , , , , , , , , , , , , , , , , ,	-	•	•	[	30	0.
21	•	ss tavable income. Subtract line 30 from lin	وم ء			[	31	1,321,278.

#### SCHEDULE M (Form 990-T)

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

Department of the Treasury

For calendar year 2019 or other tax year beginning \_ , and ending

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

OMB No 1545-0047

Internal	Revenue Service	Do not enter SSN numbers	on this form as it	may be	made publi	c if your organi	zation is a 501	(c)(3).	501(c)(3) Organizations Only
Name	of the organization	SOUTHWESTERN ME	DICAL FO	JNDA	TION			identificat 09459	ion number 39
Ū	Inrelated Business	Activity Code (see instructions)							
			BTI FROM	PA	SSTHRO	UGHS -	525		, , , , , , , , , , , , , , , , , , ,
Par	t I Unrelated	Trade or Business Incor	ne		(A) In	icome	(B) Expe	nses	(C) Net
1 a	Gross receipts or	sales				İ	-		
b	Less returns and allo		c Balance	1c				-	
2		d (Schedule A, line 7)	•	2					
3	_	ract line 2 from line 1c		3					
4 a	•	come (attach Schedule D)		4a	-2	1,142.			-21,142.
ь		rm 4797, Part II, line 17) (attach	Form 4797)	4b			-		
c	Capital loss deduc	• • • • • • • • • • • • • • • • • • • •		4c					
5	Income (loss) from	n a partnership or an S corporation	on (attach						,
	statement)	• •	•	5	-87	1,356.	-		-871,356.
6	Rent income (Sch	edule C)		6		Ì			
7	•	anced income (Schedule E)		7					
8		, royalties, and rents from a cont	rolled						
	organization (Scho	edule F)		8					
9	•	e of a section 501(c)(7), (9), or (1)	7)						
	organization (Scho	edule G)		9					
10	Exploited exempt	activity income (Schedule I)		10					
11	Advertising incom	ie (Schedule J)		11					
12	Other income (Sec	e instructions, attach schedule)		12			_	•	
13	Total. Combine lir	nes 3 through 12		13	-89	2,498.			-892,498.
Pāi		ns Not Taken Elsewhere onnected with the unrelate				ions on dec	ductions.) (	Deduction	ons must be
	directly co	illected with the differate	u business in	COITIE	··)				
14	Compensation of	officers, directors, and trustees (	Schedule K)					14	
15	Salaries and wage	es .						15	
16	Repairs and main	tenance						16	
17	Bad debts							17	
18	Interest (attach so	chedule) (see instructions)						18	
19	Taxes and license	es						19	
20	Depreciation (atta	ch Form 4562)				20			
21	Less depreciation	claimed on Schedule A and else	where on return			21a		21b	
22	Depletion							22	
23	Contributions to o	deferred compensation plans						23	<u> </u>
24	Employee benefit	programs						24	
25		xpenses (Schedule I)						25	
26	•	costs (Schedule J)						26	
27	Other deductions	•						27	
28		. Add lines 14 through 27						28	0.
29		ss taxable income before net ope	eratıng loss dedu	ction :	Subtract line	e 28 from line	13	29	-892,498.
30		operating loss arising in tax year						<u>:</u>	
	instructions)	- · ·	_				STMT	4 30	0.
31	•	ss taxable income_Subtract line	30 from line 29					31	-892,498.

SCHEDULE M	) NE	T OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	724,338.		724,338.	724,338.
NOL CARRYO	/ER AVAILABLE THI	S YEAR	724,338.	724,338.

#### SCHEDULE M (Form 990-T)

# Unrelated Business Taxable Income from an Unrelated Trade or Business

0040

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning \_\_\_\_\_\_\_, and ending \_\_\_\_\_\_\_, and ending \_\_\_\_\_\_\_.

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 FOU	מואו	ATTON	Employer ide	entification	
	Inrelated Business Activity Code (see instructions) 53111		11101	1 73 0	, 1000	<del>-</del>
		_	SSTHROUGHS -	531		
Par			(A) Income	(B) Expense	es	(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	450 554	<del></del>		400 554
4 a	Capital gain net income (attach Schedule D)	4a	173,551.			173,551.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		<u> </u>		
С	Capital loss deduction for trusts	4c		*		<del></del>
5	Income (loss) from a partnership or an S corporation (attach	_	-65,622.			-65,622.
	statement)	5	-05,022.		- ,	-05,022.
6	Rent income (Schedule C)	6_				
7	Unrelated debt-financed income (Schedule E)	7		<u>.</u> .		
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)	9				
40	organization (Schedule G) Exploited exempt activity income (Schedule I)	10				
10	Advertising income (Schedule J)	11				
11 12	Other income (See instructions, attach schedule)	12				······
13	Total. Combine lines 3 through 12	13	107,929.			107,929.
		•	***	dustions \ (De		
Pai	<b>TII</b> Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			ductions.) (De	duction	s must be
	directly confidenced with the differenced business in	COITIC	J-,J			
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		3 .		19	
20	Depreciation (attach Form 4562)		20		7	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	<del></del>
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)				27	
28	Total deductions. Add lines 14 through 27				28	0.
29	Unrelated business taxable income before net operating loss dedu			13	29	107,929.
30	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (see		1	^
	instructions)				30	107 929
<u>31</u>	Unrelated business taxable income Subtract line 30 from line 29		<del></del>		31	107,929.

### SCHEDULE M (Form 990-T)

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

For calendar year 2019 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information.

Internal	Revenue Service	Do not enter SSN numbers o	n this form as it i	may be	made public if your organ	zation is a 501(	c)(3).	501(c)(3) Organizations Only
Name	of the organization	SOUTHWESTERN MED	ICAL FOU	INDA	TION		identification	
		Activity Code (see instructions)  ed trade or business  UE			SSTHROUGHS -	532	·	
Pār		Trade or Business Incom	е		(A) Income	(B) Exper	nses	(C) Net
1 a	Gross receipts or		_					
b	Less returns and allo		c Balance ►	1c				
2		d (Schedule A, line 7)		2		<del></del>	<del></del>	
3		ract line 2 from line 1c		3		<del></del>		
4 a		come (attach Schedule D)	4707)	4a		r kjelos ir gjangkiyajja gera	— —	
b		rm 4797, Part II, line 17) (attach Fo	orm 4/9/)	4b		<del>-</del> '	<del></del>	
c	Capital loss deduc		(attach	4c				
5	statement)	n a partnership or an S corporation	(attacri	5	-236,752.			-236,752.
6	Rent income (Sch	edule C)		6	2007.020			
7	•	anced income (Schedule E)		7				_
8		, royalties, and rents from a contro	illed	·				
•	organization (Sche	•		8				
9	•	e of a section 501(c)(7), (9), or (17)						
	organization (Sche	edule G)		9				
10	Exploited exempt	activity income (Schedule I)		10				
11	Advertising incom	e (Schedule J)		11				
12	Other income (See	e instructions, attach schedule)	•	12		<del></del> -		
13	Total. Combine lin	nes 3 through 12		13	-236,752.			-236,752.
Par		ns Not Taken Elsewhere (signification in the state of the				ductions.) ([	Deductio	ns must be
14	Compensation of	officers, directors, and trustees (S	chedule K)				14	
15	Salaries and wage	es					15	
16	Repairs and maint	tenance					16	
17	Bad debts						17	_ <del></del>
18	•	hedule) (see instructions)					18_	· · · · ·
19	Taxes and license				ا مو (		19	
20	Depreciation (atta	· ·	L		20			
21	•	claimed on Schedule A and elsew	nere on return		<u>  21a   </u>	<del></del>	21b	
22	Depletion	Information plans					22	
23	Employee benefit	leferred compensation plans					24	
24 25		programs (penses (Schedule I)					25	
26	•	costs (Schedule J)					26	
27	Other deductions	•					27	···· ·
28		. Add lines 14 through 27					28	0.
29		ss taxable income before net opera	ating loss deduc	ction \$	Subtract line 28 from line	13	29	-236,752.
30		operating loss arising in tax years					-	
	instructions)	• •	- <del>-</del>			STMT	5 30	0.
31	Unrelated busines	ss taxable income_Subtract line 30	from line 29				31	-236,752.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18	430,345.		430,345.	430,345.	
NOL CARRYO	VER AVAILABLE THIS	YEAR	430,345.	430,345.	

#### SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_\_\_ and ending \_\_\_\_\_\_\_

▶ 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 FOU	TNIDZ	ATTON	Employer iden		
	Inrelated Business Activity Code (see instructions)  55111	_	,	,,,,,,,		<u>-                                      </u>
			SSTHROUGHS -	551		
Pāi			(A) Income	(B) Expenses	,	(C) Net
1 a	Gross receipts or sales	Π		-	-  -	-
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	762,621.		,	762,621.
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	155,641.			155,641.
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				<del> </del>
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	91 <u>8,262</u> .			918,262.
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			eductions.) (Ded		ns must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				<u>1€</u> 17	
17	Bad debts				18	
18	Interest (attach schedule) (see instructions)				19	
19	Taxes and licenses		20		15	
20	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return		20 21a		21b	
21	Depletion		[ Z la ]		22	
22	•				23	
23 24	Contributions to deferred compensation plans Employee benefit programs				24	
24 25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)				27	
28	Total deductions. Add lines 14 through 27				28	0.
29	Unrelated business taxable income before net operating loss dedu	ction. S	Subtract line 28 from line	e 13	29	918,262.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

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

Schedule M (Form 990-T) 2019

STMT

6

220,406.

697,856.

SĆHEDULE M	I NET	OPERATING LOSS	DEDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	220,406.		220,406.	220,406.
NOL CARRYO	VER AVAILABLE THIS	220,406.	220,406.	

)

#### SCHEDULE M (Form 990-T)

# Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning \_\_\_\_\_\_, and ending \_\_\_\_\_\_, and ending \_\_\_\_\_\_.

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).

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Unrelated Business Activity Code (see instructions)   Describe the unrelated trade or business   UBTI FROM PASSTHROUGHS - 623	 C) Net
Describe the unrelated trade or business    UBTI FROM PASSTHROUGHS - 623	
	C) Not
Part I. Unrelated Trade or Business Income (A) Income (B) Expenses (	o) Net
1 a Gross receipts or sales	
b Less returns and allowances c Balance ▶ 1c	
2 Cost of goods sold (Schedule A, line 7)	<u> </u>
3 Gross profit Subtract line 2 from line 1c 3	
4a Capital gain net income (attach Schedule D)	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	
c Capital loss deduction for trusts	
5 Income (loss) from a partnership or an S corporation (attach	
statement) 5 -22,731	<u>22,731.</u>
6 Rent income (Schedule C)	· ·· <del></del> -
7 Unrelated debt-financed income (Schedule E) 7	
8 Interest, annuities, royalties, and rents from a controlled	
organization (Schedule F)	
9 Investment income of a section 501(c)(7), (9), or (17)	
organization (Schedule G)	
10 Exploited exempt activity income (Schedule I)	
11 Advertising income (Schedule J)	
12 Other income (See instructions, attach schedule)  12	00 731
	<u>22,731.</u>
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions mus directly connected with the unrelated business income.)	t be 
14 Compensation of officers, directors, and trustees (Schedule K)	
15 Salaries and wages	
16 Repairs and maintenance	
17 Bad debts	
18 Interest (attach schedule) (see instructions)	
19 Taxes and licenses	
20 Depreciation (attach Form 4562)	
21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b	
22 Depletion	
23 Contributions to deferred compensation plans 23 Contributions to deferred compensation plans	
24 Employee benefit programs 24	
25 Excess exempt expenses (Schedule I) 26 Excess exempt expenses (Schedule I) 27 Excess exempt expenses (Schedule II)	
26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 27	
,	0.
<ul> <li>Total deductions. Add lines 14 through 27</li> <li>Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13</li> <li>Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13</li> </ul>	22,731.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  29  30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	<u> </u>

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

31

instructions)

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 7
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	40,072.		40,072.	40,072.
NOL CARRYO	VER AVAILABLE THIS	YEAR	40,072.	40,072.

### **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

For calendar year 2019 or other tax year beginning ➤ Go to www.irs.gov/Form990T for instructions and the latest information.

nternal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only									
Name	lame of the organization SOUTHWESTERN MEDICAL FOUNDATION Employer iden 75-094								
L	Unrelated Business Activity Code (see instructions) ▶ 721110								
		red trade or business   UBTI FROM	PA	SSTHRO	UGHS -	721			
Part IF Unrelated Trade or Business Income (A) Income (B) Expenses							nses	(C) Net	
1 a	Gross receipts or	sales						· · · · · · · · · · · · · · · · · · ·	
b	Less returns and allo	owances c Balance ▶	1c			<u> </u>			
2	Cost of goods sole	d (Schedule A, line 7)	2						
3	Gross profit Subt	ract line 2 from line 1c	3						
4 a	Capital gain net in	come (attach Schedule D)	4a			<u> </u>			
b	Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach Form 4797)	4b						
c	Capital loss deduc	ction for trusts	4c						
5	Income (loss) from	a partnership or an S corporation (attach							
	statement)		5		2,269.	<u> </u>		-2,269.	
6	Rent income (Scho	edule C)	6						
7	Unrelated debt-fin	anced income (Schedule E)	7			1			
8	Interest, annuities	, royalties, and rents from a controlled							
	organization (Sche	•	8		•	ļ			
9	Investment incom	e of a section 501(c)(7), (9), or (17)							
	organization (Sche	edule G)	9_			<del> </del>			
10	Exploited exempt	activity income (Schedule I)	10						
11	Advertising incom	e (Schedule J)	11						
12	Other income (See	e instructions, attach schedule)	12		0.050		<u> </u>	0.000	
<u>13</u>	Total. Combine lir	nes 3 through 12	13		2,269.			-2,269.	
Pai	Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)								
14	Compensation of	officers, directors, and trustees (Schedule K)					14		
15	Salaries and wage	es ,					15		
16	Repairs and maint	tenance					16		
17	Bad debts						17		
18	Interest (attach so	hedule) (see instructions)					18		
19	Taxes and license	es			1 1		19		
20	Depreciation (atta	ch Form 4562)			20		<u> </u>		
21	Less depreciation	claimed on Schedule A and elsewhere on return			21a		21b		
22	Depletion						22		
23		deferred compensation plans					23_		
24	Employee benefit programs						24		
25	Excess exempt expenses (Schedule I)						25		
26	Excess readership costs (Schedule J)						26 27		
27									
28							28	2 269	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13						29	-2,269.	
30	CMVM C							0.	
	instructions)					STMT	8 30	-2,269.	
<u>31</u>	Unrelated busines	ss taxable income Subtract line 30 from line 29					31	-2,209.	

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 8
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	1,885.		1,885.	1,885.
NOL CARRYO	VER AVAILABLE THIS	1,885.	1,885.	

### **SCHEDULE M** (Form 990-T)

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

2019

OMB No 1545-0047

,	I Revenue Service Do not enter SSN numbers on this form as it				3).	Open to Public Inspection for 501(c)(3) Organizations Only
Name	of the organization SOUTHWESTERN MEDICAL FO	ntificatio	on number 3 9			
ι	Inrelated Business Activity Code (see instructions)   81293			010		
	Describe the unrelated trade or business   UBTI FROM	PA	SSTHROUGHS -	812	—т	
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales					٠
b	Less returns and allowances c Balance ▶	1c				<u> </u>
2	Cost of goods sold (Schedule A, line 7)	2		<del></del>	- 1	· · · · · · · · · · · · · · · · · · ·
3	Gross profit Subtract line 2 from line 1c	3		<del></del>		
_	Capital gain net income (attach Schedule D)  Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a 4b				
b C	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
•	statement)	5	-746.		/	-746.
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	746	<u> </u>		746
<u>13</u>	Total. Combine lines 3 through 12	13	-746.			-746.
Pa	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			ductions.) (Ded	ductio	ns must be
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		1 1		19	
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	<del></del>	21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				<del></del>	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25 26	
26 27	Excess readership costs (Schedule J) Other deductions (attach schedule)	27				
28	Total deductions, Add lines 14 through 27					0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13					-746.
30	Deduction for net operating loss arising in tax years beginning on				29	·
	instructions)		, ., == (300	STMT 9	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29				31	-746.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

SCHEDULE M	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 9
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	860.		860.	860.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	860.	860.

#### **SCHEDULE M** (Form 990-T)

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning , and ending ▶ 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 identification number 75-0945939			
	Inrelated Business Activity Code (see instructions) ► 48500 Describe the unrelated trade or business ► UBTI FROM		SSTHROUGHS	5 – 4	185				
=	tl. Unrelated Trade or Business Income	(A) Income		(B) Expenses		(C) Net			
1a	Gross receipts or sales	П		$\dashv$		$\top$			
ь	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			'- <del>-</del>				
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			B -7 3	-			
6	Rent income (Schedule C)	6					· · · · ·		
7	Unrelated debt-financed income (Schedule E)	7							
8	Interest, annuities, royalties, and rents from a controlled			ŀ		- 1			
	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		0.					
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Schedule K)	come	e.)	n aeai		ctions	must be		
14	Salaries and wages					15	· ·		
15 16	Repairs and maintenance					16	·		
17	Bad debts					17			
18	Interest (attach schedule) (see instructions)					18			
19	Taxes and licenses					19	· · · · · · · · · · · · · · · · · · ·		
20	Depreciation (attach Form 4562)		20			-			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a			1b			
22	Depletion		(2.0)			22			
23	Contributions to deferred compensation plans				_	23			
24	Employee benefit programs				<b>—</b>	24			
25	Excess exempt expenses (Schedule I)				<u> </u>	25			
26	Excess readership costs (Schedule J)					26			
27	Other deductions (attach schedule)					27			
28	Total deductions. Add lines 14 through 27				<u></u>	28	0.		
29							0.		
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see					29			
	instructions)				1	30	0.		
31	Unrelated business taxable income Subtract line 30 from line 29					31			
	The state of the s				Cab		4 (Form 000 T) 2010		