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Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20____

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

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

Open to Public Inspection for
501(c)(3) Organizations OnlyA ☐ Check box if
address changedName of organization (☐ Check box if name changed and see instructions)D Employer identification number
(Employees' trust, see instructions)

B Exempt under section

☒ 501(c) (3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)
Print
or
Type

TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS

75-1047527

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

8200 WALNUT HILL LANE

E Unrelated business activity code
(See instructions)

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

DALLAS, TX 75231

621512

C Book value of all assets
at end of year

427,900,356.

F Group exemption number (See instructions) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Enter the number of the organization's unrelated trades or businesses ▶ 5 Describe the only (or first) unrelated

trade or business here ▶ MEDICAL IMAGING

If only one, complete Parts I-V. If more than one, describe the

first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional

trade or business, then complete Parts III-V

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No

If "Yes," enter the name and identifying number of the parent corporation ▶ ATCH 1

J The books are in care of ▶ DAVID JACKSON Telephone number ▶ (682) 236-7900

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 ▶ 1c			
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit Subtract line 2 from line 1c	3		
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		
5 Income (loss) from a partnership or an S corporation (attach statement)	5	2,488,506.	2,488,506.
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	2,488,506.	2,488,506.

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	260,249.
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions Add lines 14 through 28.	29	260,249.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	2,228,257.
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	2,228,257.

For Paperwork Reduction Act Notice, see instructions.

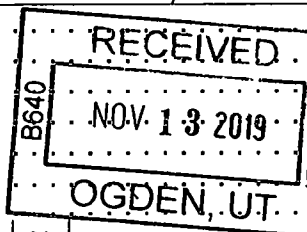
Form **990-T** (2018)

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918 No

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	33	2,255,324.
34	Amounts paid for disallowed fringes	34	86,918.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions).	35	
36	Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34.	36	2,342,242.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	2,341,242.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	39	491,661.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only).	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	491,661.

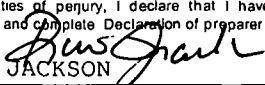
Part V Tax and Payments

45a	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 (see instructions).	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44.	46	491,661.
47	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).	47	
48	Total tax. Add lines 46 and 47 (see instructions).	48	491,661.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	49	
50a	Payments. A 2017 overpayment credited to 2018	50a	277,447.
b	2018 estimated tax payments	50b	237,000.
c	Tax deposited with Form 8868.	50c	67,000.
d	Foreign organizations. Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g.	51	581,447.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed.	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.	54	89,786.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here.	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year.		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here  **DAVID JACKSON** **11-5-19** **ASSISTANT SECRETARY**

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no			

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

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

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

(see instructions)

1. Description of property

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

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

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

(b) Total deductions

Enter here and on page 1, Part I, line 6, column (B).

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

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 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				
Total dividends-received deductions included in column 8				

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

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals

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

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

Totals

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

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

Totals

Schedule J—Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5))

Form 990-T (2018)

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

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

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

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

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

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20____

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

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

Name of organization

TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS

Employer identification number

75-1047527

Unrelated business activity code (see instructions) ► 622110

Describe the unrelated trade or business ► PATIENT SERVICES

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	923,840.				
b	Less returns and allowances		c Balance ►	1c	923,840.	
2	Cost of goods sold (Schedule A, line 7)			2	510,790.	
3	Gross profit Subtract line 2 from line 1c			3	413,050.	413,050.
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		
5	Income (loss) from a partnership or an S corporation (attach statement)			5		
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	413,050.	413,050.

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	328,624.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	24,293.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	53,028.
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
		22b	53,028.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	66,659.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) ATTCH. 3	28	82,256.
29	Total deductions. Add lines 14 through 28	29	554,860.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-141,810.
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	-141,810.

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2018

JSA

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

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20____

Department of the Treasury
Internal Revenue Service

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

Name of organization

TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS

Employer identification number

75-1047527

Unrelated business activity code (see instructions) ► 713940

Describe the unrelated trade or business ► FITNESS CENTER

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	146,415.				
b	Less returns and allowances		c Balance ► 1c	146,415.		
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit Subtract line 2 from line 1c		3	146,415.		146,415.
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			
5	Income (loss) from a partnership or an S corporation (attach statement)		5			
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	146,415.		146,415.

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	65,995.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	4,917.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	1,239.
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	22b	1,239.
24	Contributions to deferred compensation plans	23	
25	Employee benefit programs	24	
26	Excess exempt expenses (Schedule I)	25	14,733.
27	Excess readership costs (Schedule J)	26	
28	Other deductions (attach schedule) ATTCH. 4	27	
29	Total deductions Add lines 14 through 28	28	45,167.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	29	132,051.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	14,364.
32	Unrelated business taxable income Subtract line 31 from line 30	31	
		32	14,364.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

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

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20____

Department of the Treasury
Internal Revenue Service

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Name of organization

TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS

Employer identification number

75-1047527

Unrelated business activity code (see instructions) ► 900099

Describe the unrelated trade or business ► CONFERENCE ROOM SERVICES

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 35,973.			
b	Less returns and allowances			
c	Balance ► 1c	35,973.		
2	Cost of goods sold (Schedule A, line 7)	2 17,389.		
3	Gross profit Subtract line 2 from line 1c	3 18,584.		18,584.
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		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
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 18,584.		18,584.

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	5,008.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	3,303.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	828.
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
		22b	828.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	1,016.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	2,809.
29	Total deductions. Add lines 14 through 28	29	12,964.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	5,620.
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	5,620.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

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

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20____

Department of the Treasury
Internal Revenue Service

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

Name of organization

TEXAS HEALTH PRESBYTERIAN HOSPITAL DALLAS

Employer identification number

75-1047527

Unrelated business activity code (see instructions) ▶ 531120

Describe the unrelated trade or business ▶ TIMESHARE OFFICE RENTAL

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 ▶ 1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit Subtract line 2 from line 1c	3			
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			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Schedule C) ATCH. 6	6	13,901.	6,818.	7,083.
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	13,901.	6,818.	7,083.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	22b	
24 Contributions to deferred compensation plans	23	
25 Employee benefit programs	24	
26 Excess exempt expenses (Schedule I)	25	
27 Excess readership costs (Schedule J)	26	
28 Other deductions (attach schedule)	27	
29 Total deductions. Add lines 14 through 28	28	
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	29	7,083.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
32 Unrelated business taxable income Subtract line 31 from line 30	31	
	32	7,083.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

JSA

8X2745 1 000

NAME AND FEIN OF PARENT CORPORATION

TEXAS HEALTH RESOURCES
75-2702388

ATTACHMENT 2FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

SW DIAGNOSTIC IMAGING CENTER	2,458,120.
CENTER FOR MOLECULAR IMAGING	30,386.
INCOME (LOSS) FROM PARTNERSHIPS	<u>2,488,506.</u>

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

MISCELLANEOUS	21,946.
OTHER SUPPLIES	1,770.
UTILITIES	4,959.
INSURANCE	6,309.
SECURITY	1,470.
FACILITIES	5,528.
MANAGEMENT FEE	30,532.
PROFESSIONAL FEES	619.
REPAIR AND MAINTENANCE	1,248.
RENTS	7,875.

PART II - LINE 28 - OTHER DEDUCTIONS

82,256.

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES	40,385.
MANAGEMENT FEES	4,782.

PART II - LINE 28 - OTHER DEDUCTIONS	<u>45,167.</u>
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SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

MISCELLANEOUS	887.
UTILITIES	311.
INSURANCE	105.
SECURITY	92.
FACILITIES	346.
MANAGEMENT FEE	1,068.

PART II - LINE 28 - OTHER DEDUCTIONS

2,809.

ATTACHMENT 6

TIMESHARE

SCHEDULE M LINE 6 - SCHEDULE C RENT INCOME

1 DESCRIPTION OF PROPERTY

1 TIMESHARE

2 RENT RECEIVED OR ACCRUED

(1) FROM PERSONAL PROPERTY (IF THE PERCENTAGE OF RENT FOR PERSONAL PROPERTY IS MORE THAN 10% BUT NOT MORE THAN 50%)	(2) FROM REAL AND PERSONAL PROPERTY (IF THE PERCENTAGE OF RENT FOR PERSONAL PROPERTY EXCEEDS 50% OR IF THE RENT IS BASED ON PROFIT OR INCOME)	3 (A) DEDUCTIONS DIRECTLY CONNECTED WITH THE INCOME IN COLUMN 2 (A) AND 2 (B) (ATTACH SCHEDULE)
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13,901.

6,818.

TOTAL

TOTAL

6,818.

(C) TOTAL INCOME. ADD TOTALS OF COLUMN 2 (A) AND 2 (B).
ENTER HERE AND ON PAGE 1, PART I, LINE 6, COLUMN (A)

13,901.

(B) TOTAL DEDUCTIONS. ENTER
HERE AND ON PAGE 1, PART I,
LINE 6, COLUMN (B)

6,818.

Attachment
Texas Health Presbyterian Hospital Dallas
Form 990-T
EIN 75-1047527
Charitable Contribution Carryover to 2019

Charitable Contribution Limitation

Total UBI Part III, Line 33 before Charitable Contribution	2,515,574
Total Disallowed Fringe Part III, Line 34	86,918
Total Taxable Income before Charitable Contribution	2,602,491 65
Limitation %	10%
Charitable Contribution Deduction	260,249

Year	Contribution	Amount Deducted in Prior Years	Amount Deducted in 2018	Tentative Carryover	Amt Converted to NOL per Sec 172(b)(2)	Carryover to 2019
2015	615,634	306,780		308,854		308,854
2016	15,179,960	297,908		14,882,052		14,882,052
2017	13,728,625	269,291	-	13,459,334		13,459,334
2018	3,435,313		260,249	3,175,064		3,175,064
Totals	32,959,532	873,979	260,249	31,825,304	-	31,825,304

Attachment
Texas Health Presbyterian Hospital Dallas
Form 990-T
EIN 75-1047527
Net Operating Loss Carryover to 2019

Activity	Loss Year Ending	Original Loss	Contribution Converted to NOL per Sec 172(b)(2)	Loss Previously Used	Loss Available
Patient Services	12/31/2018	141,810		-	141,810
	NOL carried to 12/31/2019		-	-	141,810