

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

OMB No 1545-0687

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_.

**2018**Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form990T](http://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

<b>A</b> <input type="checkbox"/> Check box if address changed		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions ) <b>TEXAS HEALTH RESOURCES</b>		<b>D</b> Employer identification number (Employees' trust, see instructions ) 75-2702388	
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		<b>Print or Type</b> Number, street, and room or suite no. If a P O box, see instructions 612 E. LAMAR BLVD, STE 600 City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, TX 76011		<b>E</b> Unrelated business activity code (See instructions ) 621610	
<b>C</b> Book value of all assets at end of year 6365601470.		<b>F</b> Group exemption number (See instructions ) ▶		<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> 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 ▶ QUALIFYING PARTNERSHIP INTEREST 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 ▶

**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	389,219.	389,219.
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	389,219.	389,219.

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

14	Compensation of officers, directors, and trustees (Schedule K) . . . . .	14	
15	Salaries and wages . . . . .	15	
16	Repairs and maintenance . . . . .	16	
17	Bad debts . . . . .	17	
18	Interest (attach schedule) (see instructions) . . . . .	18	
19	Taxes and licenses . . . . .	19	
20	Charitable contributions (See instructions for limitation rules) . . . . .	20	
21	Depreciation (attach Form 4562) . . . . .	21	
22	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	22a	
23	Depletion . . . . .	23	
24	Contributions to deferred compensation plans . . . . .	24	
25	Employee benefit programs . . . . .	25	
26	Excess exempt expenses (Schedule I) . . . . .	26	
27	Excess readership costs (Schedule J) . . . . .	27	
28	Other deductions (attach schedule) . . . . .	28	
29	Total deductions Add lines 14 through 28 . . . . .	29	
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 . . . . .	30	389,219.
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	389,219.

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Form **990-T** (2018)

**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	33	1,470,770.
34	Amounts paid for disallowed fringes	34	3,911.
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	1,474,681.
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	1,473,681.

**Part IV Tax Computation**

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	39	309,473.
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	309,473.

**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	309,473.
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	309,473.
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	61,845.
b	2018 estimated tax payments.	50b	346,000.
c	Tax deposited with Form 8868.	50c	120,000.
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	50g	
51	Total payments. Add lines 50a through 50g.	51	527,845.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52	772.
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	217,600.
55	Enter the amount of line 54 you want <input checked="" type="checkbox"/> Credited to 2019 estimated tax <input type="checkbox"/> 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 <u>CAYMAN ISLAND</u>	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	X
58	Enter the amount of tax-exempt interest received or accrued during the tax year <u>\$ 39,392,143.</u>		

**Sign Here**

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.

Signature of officer DAVID JACKSONTitle ASSISTANT SECRETARYDate 11-15-19May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No**Paid Preparer Use Only**

Print/Type preparer's name

MELVA SCOTT

Preparer's signature

Melva Scott

Date

11/11/2019Check ☐ if self-employed

PTIN

P01207335Firm's name ERNST & YOUNG U.S. LLPFirm's EIN 34-6565596Firm's address 425 HOUSTON STREET, STE 600, FORT WORTH, TX 76102Phone no 817-335-1900

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

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

**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)
<b>Totals</b>				
<b>Total dividends-received deductions</b> included in column 8				

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)						
<b>Totals from Part I.</b> . . . . . ▶						
	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
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**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)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

Form **990-T** (2018)

**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\_\_\_\_

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

Name of organization

TEXAS HEALTH RESOURCES

Employer identification number

75-2702388

Unrelated business activity code (see instructions) ► 621400

Describe the unrelated trade or business ► REHABILITATION HOSPITAL MINORITY INTEREST

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) ATTCH 2	5	1,115,330.	1,115,330.
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	1,115,330.	1,115,330.

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	163,854.
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	163,854.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	951,476.
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	951,476.

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Schedule M (Form 990-T) 2018

**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\_\_\_\_

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Name of organization

TEXAS HEALTH RESOURCES

Employer identification number

75-2702388

Unrelated business activity code (see instructions) ▶ 561000

Describe the unrelated trade or business ▶ ADMINISTRATIVE SERVICES

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales	13,138,176.				
<b>b</b>	Less returns and allowances		<b>c Balance ▶</b>			
			<b>1c</b>	13,138,176.		
<b>2</b>	Cost of goods sold (Schedule A, line 7)		<b>2</b>			
<b>3</b>	Gross profit Subtract line 2 from line 1c		<b>3</b>	13,138,176.		13,138,176.
<b>4a</b>	Capital gain net income (attach Schedule D)		<b>4a</b>			
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>			
<b>c</b>	Capital loss deduction for trusts		<b>4c</b>			
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	ATCH 3	<b>5</b>	270,544.		270,544.
<b>6</b>	Rent income (Schedule C)		<b>6</b>			
<b>7</b>	Unrelated debt-financed income (Schedule E)		<b>7</b>			
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>			
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>			
<b>10</b>	Exploited exempt activity income (Schedule I)		<b>10</b>			
<b>11</b>	Advertising income (Schedule J)		<b>11</b>			
<b>12</b>	Other income (See instructions, attach schedule)		<b>12</b>			
<b>13</b>	<b>Total.</b> Combine lines 3 through 12		<b>13</b>	13,408,720.		13,408,720.

**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 )

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b>	Salaries and wages		<b>15</b>	8,259,572.
<b>16</b>	Repairs and maintenance		<b>16</b>	
<b>17</b>	Bad debts		<b>17</b>	1,896.
<b>18</b>	Interest (attach schedule) (see instructions)		<b>18</b>	
<b>19</b>	Taxes and licenses		<b>19</b>	118,360.
<b>20</b>	Charitable contributions (See instructions for limitation rules)		<b>20</b>	
<b>21</b>	Depreciation (attach Form 4562)	21		
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	22a	<b>22b</b>	
<b>23</b>	Depletion		<b>23</b>	
<b>24</b>	Contributions to deferred compensation plans		<b>24</b>	
<b>25</b>	Employee benefit programs		<b>25</b>	2,704,387.
<b>26</b>	Excess exempt expenses (Schedule I)		<b>26</b>	
<b>27</b>	Excess readership costs (Schedule J)		<b>27</b>	
<b>28</b>	Other deductions (attach schedule)	ATCH 4	<b>28</b>	2,233,383.
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28		<b>29</b>	13,317,598.
<b>30</b>	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		<b>30</b>	91,122.
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b>	
<b>32</b>	<b>Unrelated business taxable income</b> Subtract line 31 from line 30		<b>32</b>	91,122.

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Schedule M (Form 990-T) 2018

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

**Unrelated Business Taxable Income for  
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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 RESOURCES

Employer identification number

75-2702388

Unrelated business activity code (see instructions) ► 531120

Describe the unrelated trade or business ► TIMESHARE OFFICE RENTAL

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c Balance ► 1c</b>			
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>			
<b>3</b> Gross profit Subtract line 2 from line 1c	<b>3</b>			
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>			
<b>6</b> Rent income (Schedule C) . . . . . ATTCH 5	<b>6</b>	139,520.	100,567.	38,953.
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>			
<b>11</b> Advertising income (Schedule J)	<b>11</b>			
<b>12</b> Other income (See instructions, attach schedule)	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12.	<b>13</b>	139,520.	100,567.	38,953.

**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 )

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b> Depletion	<b>22b</b>	
<b>24</b> Contributions to deferred compensation plans	<b>23</b>	
<b>25</b> Employee benefit programs	<b>24</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>25</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>26</b>	
<b>28</b> Other deductions (attach schedule)	<b>27</b>	
<b>29 Total deductions.</b> Add lines 14 through 28.	<b>28</b>	
<b>30</b> Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	<b>29</b>	38,953.
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).	<b>30</b>	
<b>32</b> Unrelated business taxable income Subtract line 31 from line 30	<b>31</b>	
	<b>32</b>	38,953.

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Schedule M (Form 990-T) 2018



**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 \_\_\_\_\_

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Name of organization

TEXAS HEALTH RESOURCES

Employer identification number

75-2702388

Unrelated business activity code (see instructions) ► 551112

Describe the unrelated trade or business ► HOLDING COMPANY

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) ATTCH. 6	5	-440.	-440.
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	-440.	-440.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-440.
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	-440.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

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PAGE 192

**Charitable Contribution Limitation**

Total UBI Part III, Line 33 before Charitable Contribution	1,634,624
Total Disallowed Fringe Part III, Line 34	3,911
Total Taxable Income before Charitable Contribution	1,638,535
Limitation %	10%
Charitable Contribution Deduction	163,854

**Contribution Carryforward**

Year	Amount	Utilized	Amt Converted to NOL per Sec 172(d)(2)	Carryforward	Expire
2014	343,450			343,450	2019
2015	654,824			654,824	2020
2016	922,218			922,218	2021
2017	302,574	(207,278)		95,296	2022
2018	374,323	(163,854)		210,469	2023
Total	2,597,389	(371,132)	-	2,226,257	

**Net Operating Loss**

Year	Silo	Amount	Utilized	Amt Converted to NOL per Sec 172(d)(2)	Carryforward
2018	TH Aetna Holding Company	440		-	440
		440	-	-	440

ATTACHMENT 1

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

TX HEALTH HOMECARE  
DFW ACO

389,486.  
-267.

INCOME (LOSS) FROM PARTNERSHIPS

389,219.

TX HEALTH ARLINGTON REHAB

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

TX HEALTH ARLINGTON REHAB

1,115,330.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

1,115,330.

PURCHASED SERVICES MGMT

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

PREMIER PURCHASING 270,544.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS 270,544.

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

PURCHASED SERVICES	1,052,663.
MANAGEMENT FEE	771,559.
RENTS	278,143.
IT EXPENSE	97,780.
PROFESSIONAL FEES	23,095.
MISCELLANEOUS	10,143.

PART II - LINE 28 - OTHER DEDUCTIONS

2,233,383.

ATTACHMENT 5

TIMESHARE

SCHEDULE M LINE 6 - SCHEDULE C RENT INCOME

1 DESCRIPTION OF PROPERTY

1 TIMESHARE - OFFICE SPACE RENTAL

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)

1

139,520.

100,567.

TOTAL

TOTAL

100,567.

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

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

139,520.

100,567.

TH AETNA HOLDING CO

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

TH AETNA HOLDING COMPANY

-440.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-440.