Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) For calendar year 2017 or other tax year beginning. 0701 2017, and ending			4m ~~	ſ										i				
For calendar year 2017 or other tax year beganning 07/01 2017, and anding 06/00 2017 2017, and anding 06/00 2017 2017, and anding 06/00 2017 2017, and anding 06/00 2017, and and and and and anding 06/00 2017, and and and and and anding 06/00 2017, and and and and and and anding 06/00 2017, and and and and and and and anding 06/00 2017, and and and and and and and anding 06/00 2017, and		(DOO_T	F								Retur	n, /	<u> </u>	OMB No 1545-0	0687		
Department of the Trissury between Services Department of the Tri		Form	130-I		(and pro	xy tax under	sect	ion	6033(e	:))	19	M_{\sim}	2	മെ 4 ■	7		
Pean fiet entire of the Teasury Pean fiet entire of the State of		4		For cale	ndar year 2017	or other tax y	ear beginning 07	/01 ,	2017,	and ending	06	/30 1, 20	48	.				
Name of organization Corec to so if name changed and see restructions Discreption Discreptio		Departme	ent of the Treasury											020	n to Bublic Inche	ation for		
BRAZOSPORT HEALTH FOUNDATION, INC Sont Cut 2306				▶ Do i					·			ion is a 50	1(c)(3).	501	(c)(3) Organization	ns Only		
Print Say(CV) Say CV Say		A 🗸 a	heck box if ddress changed		i				and se	ee instruction	ıs)							
Series				Print- or Type BRAZOSPORT REALTH FOUNDATION, INC Number, street, and room or suite no. If a P.O. box, see instructions 100 MEDICAL DRIVE E Un (Se														
spak																		
LAKE JACKSON, TX 77566 Service LAKE JACKSON, TX 77566 Taylor Lake Jackson Lake																		
General assets Forup exemption number (See instructions.) ► Poscribe the organization's primary unrelated business activity. ► NONE During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . ► ☑ Yes ☐ No If Yes, and identifying number of the parent corporation. ► CATHOLIC HEALTH INITIATIVES 47-0517373 The books are in care of ► CHLOK JEFFRESS Telephone number ► ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ► ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ► ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ► ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ► ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ► ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ► ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ► ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ► ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ► ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ► ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ► ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ► ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ► ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ○ (797)278-15190 The books are in care of ► CHLOK JEFFRESS Telephone number ○ (797)278-15190 The books are in care of the parent Jeffres		_			1	•	•	or toreign	posta	ai code					, 			
Describe the organization is pimary juriedated business activity. ▶ NONE		C Book	9(a) yalue of all assets															
Note Describe the organization's primary unrelated business activity. Note During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Parent During the tax year, was the corporation as unstailed group or a parent-subsidiary controlled group? Parent During the tax year, was the corporation of a parent Parent During the tax year, was the corporation of the parent corporation. CATHOLIC HEALTH INITIATIVES 47-0517373		at end							on .	□ 501	(c) tru	st [7 401	(a) tru	st	er trust		
Durng 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. ▶ CATHOLIC HEALTH HINTATIVES 47-0817373. J The books are in care of ▶ CHUCK JEFFRESS	•	H De									<u>, , </u>		-					
The books are in care of CHUCK JEFFRESS Telephone number T979/27-8190	•														▶ ✓ Yes [No		
Total Combine lines Check																		
1a Gross receipts or sales		J The	e books are in o	care of	► CHUCK J	EFFRESS				Tel	ephor	ne numbe	er 🕨		(979) 297-61	90		
D Less returns and allowances	ĺ	Part	Unrelated	d Trad	e or Busine	ess Incom	ne			(A) Income		(B) E	xpense	8	(C) Net			
Cost of goods sold (Schedule A, line 7)			•				_											
3 Gross profit. Subtract line 2 from line 1c. 3 0 0 0 0 0 0 0 0 0		_						\vdash				A TATE	T NASSESSES					
Aa			_	-		-			 		 -	计,四种	3 4 7 S	はされ				
b Net gan (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from partnerships and S corporations (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 0 0 0 0 9 Investment income of a section 501(o)(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501(o)(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) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Repairs and maintenance 18 Repairs and maintenance 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Depreciation (attach Form 4562) 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Ourielated business taxable income before specific deduction. Subtract line 23 from line 30 31 Net operating loss deduction (limited to the amount on line 30) 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 34 Unrelated business taxable income before specific deduction. Subtract line 31 is greater than line 62, enter the smaller of zero or line 32.			•					—				4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	金さいが	25, 5, 52 27, 7, 28, 60		-		
C Capital loss deduction for trusts 5 1 1 1 1 0 0 0 0 0 0			. •		•					ļ	E CARROLL	LLAN PAR	BULLY BULLY		`			
Fig. Income (Iosa) from partnerships and S corporations (attach statement) Fig. Rent income (Schedule C) O			-															
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Note			6 Rent income (Schedule C)						- The less beautifully		Physical The		0					
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Total. Combine lines 3 through 12			_		-			<u> </u>		<u> </u>			ļ					
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Taxes and licenses. CGDEN, U	3	10							.L		-	أينسب	뜨	18		0		
Less depreciation claimed on Schedule A and elsewhere on return 22									l .	OGD	EN,	, U.T.	.	-		`		
Less depreciation claimed on Schedule A and elsewhere on return 22	Ξ	20					•						<u> </u>		<u></u>	0		
Depletion		21														ا		
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Employee benefit programs														\vdash				
Excess exempt expenses (Schedule I)	2	. 25			-	-												
Excess readership costs (Schedule J)	ر															0		
Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.				-		•								<u> </u>		0		
Total deductions. Add lines 14 through 28		28												28		0 -		
Net operating loss deduction (limited to the amount on line 30)		29	Total deducti	ons. Ad	dd lines 14 th	rough 28								29		0		
Unrelated business taxable income before specific deduction. Subtract line 31 from line 30														30		-		
Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)					•			-								`		
Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.						•							•	-		`		
enter the smaller of zero or line 32														33		0		
		34								_			6	101				
		For Par										· · · /		*				

Form 99	0-T (2017)					Page 2
Part	III Tax Computation					
35	Organizations Taxable as Corporations. See Instructions for tax comput members (sections 1561 and 1563) check here Fig. See Instructions and		up 🦓			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income bra					
_	(1) \$ (2) \$ (3) \$	1		5 2		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$				
_	(2) Additional 3% tax (not more than \$100,000)	\$	- 189 2			-
С	Income tax on the amount on line 34		→ 3	5c		0
36	Trusts Taxable at Trust Rates. See instructions for tax compute			<u> </u>		1-
	the amount on line 34 from: Tax rate schedule or Schedule D (Form 10			36		
37	Proxy tax. See instructions		<u> </u>	37	<u> </u>	0
38	Alternative minimum tax		_	38		
39	Tax on Non-Compliant Facility Income. See instructions)— <u> </u>	39		0
40				40		0
Part	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies Tax and Payments			40 [***********	-01
		41a	1.5	3431	-	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .	41b		6.0		
	Other credits (see instructions)			40.4		1
C	General business credit. Attach Form 3800 (see instructions)	416	— \$	4		- 1
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d				ا
	Total credits. Add lines 41a through 41d		<u> </u>	1e		0
42	Subtract line 41e from line 40		_	42		0
43	Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866			43		<u> </u>
	Total tax. Add lines 42 and 43			44		0
	Payments: A 2016 overpayment credited to 2017	45a 0		2 15		1
	2017 estimated tax payments					
C	Tax deposited with Form 8868	45c	₹			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d				
	Backup withholding (see instructions)	45e		33		
	Credit for small employer health insurance premiums (Attach Form 8941) .	45f				
_	Other credits and payments: Form 2439		Ģ.	[4]		1
	☐ Form 4136 ☐ Other ☐ 0 Total ►	[45g] 0		축절		
46	Total payments. Add lines 45a through 45g			46		0
47	Estimated tax penalty (see Instructions). Check if Form 2220 is attached	,, ▶		47	<u></u>	0
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		▶ <u> </u> <u>'</u>	48		0
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount	ınt overpaid	<u> </u>	49		0
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶	0 Refunded	<u>▶</u> !	50		0
Part	V Statements Regarding Certain Activities and Other Informati	on (see instructions)		<u> </u>		
51	At any time during the 2017 calendar year, did the organization have an inter	est in or a signature of	or othe	er author	עיי עיי	es No
	over a financial account (bank, securities, or other) in a foreign country? If Y				ile 🏋	3 2 N
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES,	enter the name of the	forei	gn coun	try 🚆	
	here >				L	
52	During the tax year, did the organization receive a distribution from, or was it the grant	tor of, or transferor to, a	foreig	n trust?	·	
	If YES, see instructions for other forms the organization may have to file.				\[\bar{\pi}_{\bar{\pi}}\]	
53	Enter the amount of tax-exempt interest received or accrued during the tax ye	ear 🕨 💲			0	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedul	les and statements, and to the	e best c	of my know	ledge and	belle!, it is
Sign	frue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of w	vnich preparer has any knowle	age.	May the IRS	discuss t	this return
Here	(\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			vith the pre		
	Signature of officer Date Title		[see Instructi	ous) (V)	еа Пио
Paid	Print/Type preparer's name Preparer's signature	Date	Chas	k 🗆 if	PTIN	
	MARK SHELTON	13/10/19		mployed	P012	203482
Prepa	Leaning to the Catholic Deal to Mitiatives			EIN ►	47-061	7373
Use (Firm's address ► 198 INVERNESS DRIVE W, ENGLEWOOD, CO 80112		Phone no. (303) 298-9100			
)- T (2017)

Form 990-T (2017)										Page 3
Schedule A—Cost of Good	ls Sold. Er	nter me	thod of in	ventory	val	uation >				
1 Inventory at beginning of	f year	1	0		6	Inventory a	t end of year	6	0	
2 · Purchases		2	0		7	Cost of g	goods sold. Subtract			
3 Cost of labor	Г	3	0			line 6 from	line 5. Enter here and			
4a Additional section 263	A costs					ın Part I, lın	e2	7	0	
(attach schedule)		4a	0	1	8	Do the rule	es of section 263A (wi	th respect	to Yes	No
b Other costs (attach sche	edule)	4b	0			property pr	oduced or acquired for	resale) ap	ply	
5 Total. Add lines 1 through		5	0				nization?			1
Schedule C-Rent Income	(From Re	al Prop	erty and	Persor	nal l	Property L	eased With Real Pro	perty)		
(see instructions)	•	-	•							
Description of property										
(1)										
(2)										
(3)										
(4)		<u> </u>		•						
<u> </u>	2. Rent receiv	ed or acc	rued						-	
(a) From personal property (if the perc for personal property is more than 1 more than 50%)		percer	From real and stage of rent for or if the rent is	or persona	al prop	perty exceeds	3(a) Deductions directlin columns 2(a) an			ne
(1)								_		
(2)		1								
(3)										
(4)										
Total	0	Total				((b) Total deductions.			
(c) Total income. Add totals of co	٠,						Enter here and on page			
here and on page 1, Part I, line 6, o							Part I, line 6, column (B	<u>}</u> ►		0
Schedule E—Unrelated De	ebt-Financ	ea inc	ome (see	instruction	ons)		3. Deductions directly co	nnected with	or allocable f	to
4 December of Joh						ome from or		ced property	or anodable t	
1. Description of deb	ot-financed pro	perty		allocable	prop	ebt-financed erty	(a) Straight line depreciation		ner deduction	
				-			(attach schedule)	(attac	ch schedule)	
(1)				ļ				_		
(2)									_	
(3)						=		- 		
(4)								<u> </u>		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of o debt-fir	ge adjuste r allocable nanced pro ich schedu	to perty		6. Col 4 divi by colu	ded	7. Gross income reportable (column 2 × column 6)	(column 6	able deducted × total of column a) and 3(b))	
(1)						%				
(2)						%			_	
(3)						%				
(4)						%				
,							Enter here and on page 1 Part I, line 7, column (A)		e and on pa ne 7, columi	
Totals						. ▶	<u> </u>	ו		0
Total dividends-received deduct	ions included	ın colun	n 8				<u> </u>	<u> </u>		0
								Fo	orm 990- T	(2017)

Schedule F-Interest, Ann	uities,	Royalties,				anizations (see	e instruc	tions)		
					Organizations					
		Employer ation number			4. Total of specified payments made	5. Part of column included in the corganization's gro	ontrolling	6. Deductions directly connected with income in column 5		
(1)										
(2)										
(3)										
(4)								<u> </u>		
Nonexempt Controlled Organia	zations					- - -				
7. Taxable Income		Net unrelated ind ss) (see instruct			otal of specified yments made	10. Part of colum included in the corganization's gro	ontrolling		eductions directly ted with income in column 10	
(1)										
(2)								_		
(3)			-							
(4)	l			L				ļ		
						Add columns 5 Enter here and o Part I, line 8, co	n page 1,	Enter h	olumns 6 and 11 ere and on page 1, line 8, column (B)	
Totals				•	<u> </u>	<u> </u>	0		0	
Schedule G-Investment	Income	e of a Sect	ion 501			zation (see inst	ructions)		to the desired services	
1. Description of income		2. Amount of	f income	dire	Deductions ctly connected ach schedule)	4. Set-aside: (attach schedu		and se	tal deductions et-asides (col. 3 plus col. 4)	
(1)										
(2)										
(3)										
(4)					25 25 × 7 €7 €7 □	Factorial of Calabatan Co.	ARTICE SE	F-1		
Totals		inter here and Part I, line 9, c		0					re and on page 1, ne 9, column (B).	
Schedule I—Exploited Exc	empt A	ctivity Inc	ome, Ot	her Than	Advertising In	come (see inst	ructions))		
1. Description of exploited activ	rity	2. Gross unrelated business inco from trade of business	me con	Expenses directly nected with oduction of inrelated ness 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. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)										
Totals	•	Enter here and page 1, Part line 10, col (a	i, pag	here and on ge 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 26	
Schedule J—Advertising										
Part I Income From P	eriodi	cals Repor	ted on a	a Consoli	T					
1. Name of penodical		2. Gross advertising income		3. Direct ertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read co:		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										
(2)					cois 3 through /					
(3)										
(4)										
Totals (carry to Part II, line (5))	>		0	0	0				0	
								F	orm 990-T (2017)	

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute 7. Excess readership costs (column 6 2. Gross 3. Direct 5. Circulation 6. Readership minus column 5, but 1. Name of penodical advertising advertising costs income costs not more than ıncome cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I ▶ 0 ol 0 Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) 0 Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 2. Title 1. Name unrelated business <u>(1)</u> % (2) % (3) % (4) % ▶ Total. Enter here and on page 1, Part II, line 14 0

Fo	rm 990T, Part III, Line 35c Tax Computation Worksheet for Members of a Controlled Group							
	•							
1	Enter unrelated business taxable income (line 34, page 1, Form 990-T)	0						
2 、	Enter line 1 or corporation's share of the \$50,000 taxable income bracket, whichever is less							
3	Subtract line 2 from line 1							
4	Enter line 3 or corporation's share of the \$25,000 taxable income bracket, whichever is less							
5	Subtract line 4 from line 3							
6	Enter line 5 or corporation's share of the \$9,925,000 taxable income bracket, whichever is less							
7	Subtract line 6 from line 5							
8	Enter 15% of line 2							
9	Enter 25% of line 4							
10	Enter 34% of line 6							
11	Enter 35% of line 7							
12	If the taxable income of the controlled group exceeds \$100,000, enter this member's share of the smaller of (a) 5% of the excess over \$100,000, or (b) \$11,750 (see instructions for additional 5% and additional 3% tax)							
13	If the taxable income of the controlled group exceeds \$15 million, enter this member's share of the smaller of (a) 3% of the excess over \$15 million, or (b) \$100,000 (see instructions for additional 5% and additional 3% tax)							
14	Add lines 8 through 13 Enter here and on line 35c, page 2, Form 990-T	0						