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Forn	990-T		(and	d proxy tax	un	siness Inco der section (09/01, 2015,	6033(e))	l	омв 	No 1545-0687
0	war and of the Transcent	i			_	structions is availab				(4	W I J
	rtment of the Treasury al Revenue Service					ay be made public if				Open to (Public Inspection for Organizations Only
A	Check box if		Name of organization			me changed and see ii			D Empl	oyer identif	ication number
_	address changed								(Empl	oyees' trust, s	ee instructions)
BEX	empt under section	j	BCFS HEAL	TH AND HUMA	AN S	ERVICES					
X	501(C)(3)	Print	Number, street, and	d room or suite no I	faPO	box, see instructions			74-1	260710	
-	408(e) 220(e)	Or									ess activity codes
	408A 530(a)	1700	1506 BEXA	R CROSSING					(See	nstructions)	
	529(a)		City or town, state	or province, country	, and a	ZIP or foreign postal co	de				
	ok value of all assets	1	SAN ANTON	IO, TX 7823	32						
at	end of year	F Gro	up exemption num	ber (See instructi	ons)	>					
	12,082,326.	G Che	ck organization typ	pe ► X 501	(c) co	rporation	501(c) trust	401(a)	trust	Other trust
	escribe the organiz						ACHM	ENT 1			
1 [ouring the tax year,	was the	corporation a subs	sidiary in an affili	ated g	roup or a parent-sub	osidiary o	controlled grou	p ⁷	▶ _	Yes X No
	"Yes," enter the n										<u> </u>
JT	he books are in car	e of 🕨	CLAUDIA OL	IVEIRA		ТТ	elephor	ne number 🕨	210-83	2-5000	
Pa	rt i Unrelated	Trade	or Business In	come		(A) income	,	(B) Exp	enses		(C) Net
1a	Gross receipts or	sales									
ь	Less returns and allowa			c Balance ▶	1c						
2	Cost of goods so	ld (Sched	ule A, line 7)		2						
3	Gross profit Sub	tract line	2 from line 1c		3						
4a	Capital gain net i	ncome (a	ttach Schedule D)		4a						
ь	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (atta	ch Form 4797)	4b						
С	Capital loss dedu	ction for t	rusts		4c						
5	Income (loss) from	partnershi	ps and S corporations	(attach statement)	5						
6	Rent income (Sch	edule C)			6						
7	Unrelated debt-fi	nanced in	come (Schedule E))	7						
8	Interest, annuities, roya	lties, and re	nts from controlled orga	nizations (Schedule F)	8						
3 9	Investment income of	section 50	1(c)(7), (9), or (17) orga	nızatıon (Schedule G)	9					_	
≥ 10		-	ncome (Schedule I		10						
∮11	Advertising incon	ne (Sched	lule J)		11						
12	Other income (Se	ee instruc	tions, attach sched	lule)	12						
<u>] 13</u>	Total. Combine li	nes 3 thr	ough 12	 <u></u>	13		0.	<u> </u>			
Pa	rt Deductio) (Except	for contr	ibutions,
						nrelated busine				-т	
14										_	
15	_										
16	•										
17	Bad debts				• • •			· · · · · · ·	17		
18	Interest (attach s	cnedule) -		REC	EIL	ED			18	_	
19									· · · · - · ·		
20	Charitable contril	outions (See instructions for	minimation rules)			1		20	-	
21	Depreciation (att	ach Form	4562)	1 <i>9. </i> · · MAY · 1	. Q) ⋅ j	2017 · 10114	\rightarrow				
22 23	Denletion	, ciaimed	On Schedule A an	elsewhere on re		8	<u>" (</u>		221	_	
23	Contributions to	deferred	\dots \int_Z	ئانى ھىلىقى د و	Divie				24		
25	Employee benefit	brogram	compensation plan	S-1-4,,,,,,,,,,,	غ جاري ^ه	- 100 M			25		
26											
27											
28											
29											
30						deduction Subtra					
31											
32						tract line 31 from lin					
33						or exceptions)					
34			-			ne 32 If line 33					
-						<u> </u>	_		· 1	.	0.
	Paperwork Reduct	ion Act I	Notice, see instruc								om 990-T (2015)
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Form **990-T** (2015) PAGE 51

Par	t III Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation Controlled group	1 1			
	members (sections 1561 and 1563) check here ▶ See instructions and	1 1			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order) (1) \$ (2) \$ (3) \$				
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$				
	(2) Additional 3% tax (not more than \$100,000)				
с 36	Income tax on the amount on line 34	35c			
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041)	36			
37	Proxy tax. See instructions	37			
38	Alternative minimum tax	38			
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies				
Par	t IV Tax and Payments				
40 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 40a				
	Other credits (see instructions)	}			
	General business credit Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1			
	Total credits. Add lines 40a through 40d	40e			
41	Subtract line 40e from line 39	41			
42	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	42			
43	Total tax. Add lines 41 and 42	43			_ 0.
44 a	Payments A 2014 overpayment credited to 2015				
	2015 estimated tax payments	1			
	Tax deposited with Form 8868	1			
	Foreign organizations Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions)	j			
f	Credit for small employer health insurance premiums (Attach Form 8941)	1			
g	Other credits and payments Form 2439))			
	Other credits and payments Form 2439 Other Total ► 44g				
45	Total payments. Add lines 44a through 44g	45			
46	Estimated tax penalty (see instructions) Check if Form 2220 is attached	46			
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47			
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48			
49	Enter the amount of line 48 you want	49			
Par	t V Statements Regarding Certain Activities and Other Information (see instruction	s)			
1	At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authorit	y over a	financial	Yes	No
	account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, I	Report o	f Foreign		1
	Bank and Financial Accounts If YES, enter the name of the foreign country here ▶				X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust	?		X
	If YES, see instructions for other forms the organization may have to file				
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				
	edule 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				
3	Cost of labor	[_ [
4 a	Additional section 263A costs Part I, line 2	7		,	_
_	(attach schedule) 4a 8 Do the rules of section 263A (w		· .	Yes	No_
_	Other costs (attach schedule) . 4b property produced or acquired for				.,
	Total. Add lines 1 through 4b . 5 to the organization?		· · · · ·	and hole	X
C!	true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge	esi oi m	, knowledge a	and Deli	er, II IS
Sig			RS discuss		
Her	- 1, 1/2		preparer sh		_
	Signature of officer Print/Type preparer's name Prepared Subtree Date Once the preparer's name of the prepared Subtree of	e marmelle	PTIN	S	No
Paic	Chec			0225	3
	JUHN R. BRUCE, CPA US701/2017 self-	employed			
	Only Firm's name PARD, LLE		210 34		
	Firm's address ► 10001 REUNION PLACE, SUITE 400 Phon SAN ANTONIO, TX 78216-4137	e no	210.34		
	DAN ANIONIO, IA (UZIU-41J)			, , , ,	120131

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Form 990-T (2015) Page 3 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 3(a) Deductions directly connected with the income (a) From personal property (if the percentage of rent (b) From real and personal property (if the for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule) more than 50%) 50% or if the rent is based on profit or income) (1) (2) (3) (4) Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b) Enter Enter here and on page 1 here and on page 1, Part I, line 6, column (A) Part I, line 6, column (B) Schedule E - Unrelated Debt-Financed Income (see instructions) 3 Deductions directly connected with or allocable to 2 Gross income from or debt-financed property allocable to debt-financed 1 Description of debt-financed property (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2) (3) (4) 4. Amount of average 5 Average adjusted basis 6 Column 8 Allocable deductions of or allocable to acquisition debt on or 7. Gross income reportable 4 divided (column 6 x total of columns debt-financed property (attach schedule) allocable to debt-financed (column 2 x column 6) by column 5 3(a) and 3(b)) property (attach schedule) % (1) % (2) % (3) % (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Total dividends-received deductions included in column 8 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 1. Name of controlled 2 Employer 5 Part of column 4 that is 6 Deductions directly 3 Net unrelated income Total of specified identification number included in the controlling connected with income organization (loss) (see instructions) payments made organization's gross income ın column 5 (1) (2) (3) (4) Nonexempt Controlled Organizations 10 Part of column 9 that is 11 Deductions directly connected with income in 8. Net unrelated income 9. Total of specified 7 Taxable Income included in the controlling (loss) (see instructions) payments made organization's gross income column 10 (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Enter here and on page 1, Part I, line 8, column (A) Part 1, line 8, column (B) Totals Form 990-T (2015)

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Schedule G'- Investment In	come of a Sec	tion 501(c)	(7), (nizat	ion (see inst	ructi	ons)		
1 Description of income 2. Amount of i		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)						ļ				
(3)										
(4)						<u> </u>				
	Enter here and Part I, line 9, c								Enter here and on page 1, Part I, line 9, column (B)	
Totals ▶										
Schedule I - Exploited Exe	mpt Activity In	come, Othe	r Tha	n Advertising In	com	e (see instru	ction	s)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected w production unrelated business inco	rith of	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	fro IS	Gross income m activity that not unrelated siness income		6. Expenses tributable 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	Enter here and	1 or				L		Enter here and	
	page 1, Part I, line 10, col (A)	page 1, Part line 10, col (l	i, Į						on page 1, Part II, line 26	
Totals			1							
Schedule J - Advertising In				I-to d Do-do						
Part I Income From Per	lodicals Report	ed on a Cor	nsolic	lated Basis						
1 Name of periodical	2 Gross advertising income	3. Direct advertising co	osts	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7				. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)			$\neg \neg$							
(2)			$\neg \neg$						٦	
(3)										
(4)				ı			_		-	
<u></u>			-+				_		 	
Tetala (correcto Bort II (inc. (5))			1							
Part II Income From Per 2 through 7 on a l	riodicals Repo		epar	ate Basis (For e	each	periodical I	iste	d in Part	II, fill in columns	
1 Name of periodical	2 Gross advertising income	3. Direct advertising co	osts	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	====================================	i Circulation income	6	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)	 						 			
(2)										
(3)									 	
	 						_		 	
(4)	 -		 		L		L		 	
Totals from Part I	Enter here and on page 1, Part 1,	Enter here and page 1, Part	tf, [Enter here and on page 1,	
Totals, Part II (lines 1-5) > Schedule K - Compensatio	Ine 11, col (A)	line 11, col (ISTARS (SAR INSTRI	ıctıor	ne)			Part II, line 27	
1. Name	or ornoers, b	00.013, 41		2 Title	-2.00	3 Percent of time devoted to business			ensation attributable to related business	
(1)					-+	2401000	%			
(2)		-					% %			
(3)		+			\dashv		$\neg \neg$			
(4)					\dashv		%			
	Part II. line 14						%			
Total. Enter here and on page 1, P	art II, IIIIe 14,		· · · ·	 			. 🔼			
ISA									Form 990-T (2015)	

BCFS HEALTH AND HUMAN SERVICES

74-1260710

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC SECTION 512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.