Form	990-T	E	empt Organi							eturn 908		ОМВ	No 15	45-0687	
FOILI	••••	(and proxy tax under section 6033(e)) 96 For calendar year 2018 or other tax year beginning 09/01, 2018, and ending 08/31, 2									م ا	<u>എ</u> എ എ			
		For cale		-							<u> </u>	4	ZW I	IØ	
	ment of the Treasury	N 0-	► Go to www.irs.go								-	Open to	Public Ir	rspection for zations Only	
A	Check box if	D0	not enter SSN numbers Name of organization (-	_	ne changed and					Emplo	501(c)(3) ver identif			
	address changed		, , ,			-		,		'	(Employ	rees' trust, s	ee instri	uctions)	
_	mpt under section	Deine	BCES HEALTH							 -} _					
X	501(C)(23)	Print or	Number, street, and roor	m or suite no I	faPO	box, see instru	ctions			<u> </u>	74-1260710				
\vdash	408(e) 220(e)	Туре	1506 DEVAD O	DOGGTNG							E Unrelated business activity code (See instructions)				
\vdash	408A 530(a)		1506 BEXAR C		ond 7	ID or famina no	atal anda								
	529(a) k value of all assets	{	SAN ANTONIO,			ir or loreign po	istai code								
	end of year	F Gro	up exemption number												
2	21.337.680.		ck organization type	` , 		••	1 5	01(c) tr	niet	140)1(a) t	ruet	T	Other trust	
		•	nization's unrelated trac				1 13	01(0) 11		scribe the					
	ade or business her	_		203 01 0001110	0000		If only	one. co		arts I-V If	-				
			end of the previous se	entence cor	nolete	Parts I and II.	-						,, 0000		
	ade or business, the		·				,								
			corporation a subsidia	ry in an affili	ated q	roup or a pare	nt-subsid	liary con	trolled gr	oup?			Ye	s X No	
			identifying number of t										_	_	
J Th	ne bø6ks are in care	e of ▶CI	AUDIA OLIVEIR	A			Tele	phone r	number 🖡	≥ 210-8	332-	5000			
Par	Unrelated	Trade o	or Business Incom	1e		(A) In	come		(B) E	xpenses			(C) N	Net	
1a	Gross receipts or s	sales													
b	Less returns and allowa	nces		c Balance	1c	·-··									
2	Cost of goods sol	d (Sched	ule A, line 7)		2								_		
3			2 from line 1c		3										
4a	Capital gain net ii	ncome (a	ttach Schedule D)		4a						_/				
b	•		Part II, line 17) (attach Fo		4b					/	_				
С	Capital loss dedu	ction for t	rusts		4c										
5		-	an S corporation (attach state		5										
6	•	-			6			\rightarrow	4.	REC	150 66	<u> ED</u>	-1		
7			come (Schedule E) .		7			-4-	<u> </u>	1111			껧		
8			nts from a controlled organizati		8		/	$\overline{}$		MAY	0 1	2020 -	श्चि		
9			1(c)(7), (9), or (17) organization		9		/		 				뚾		
10		-	ncome (Schedule I)		10				 	OG:	ΞN,	UT	7		
11 12	_		tions, attach schedule)		11										
13			ough 12		13	/		0.							
	Deduction	ns Not	Taken Elsewhere	(See instr		ns for limit	ations		duction	s.) (Exce	ept fo	or contr	bute	ons	
			be directly connec							o., (- p				
14			directors, and trustees (14				
15															
16	Repairs and main	tenance	<i>/</i> .							[16				
17	Bad debts		<i>./</i>							[17				
18	Interest (attach se	chedule) ((see instructions)			<i></i> .				[18		_		
19	Taxes and license	s	./.								19				
20	Charitable contrib	outions (S	See instructions for limit	tation rules)			, ,				20				
21	Depreciation (atta	ch Form	4562)				21								
22			on Schedule A and els				22a				22b				
23 134	Depletion	/									23				
[²⁴			compensation plans .								24				
25											25				
26			Schedule I)								26				
27			chedule J)								27				
28			chedule)								28				
29			s 14 through 28								29				
30′			le income before ne							1	30	_			
31 32		•	g loss arising in tax ye income Subtract line	•	-		•								
32 For P			lotice, see instructions		. U				• • • •	<u> </u>	32	F(om 9!	90-T (2018)	

Form	990-T <u>(</u> 2	018)			Pa	age 2
Par	t Hi 🧻	Total Unrelated Business Taxable Income				
33/	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see				
		tions)	33			
24		•	1			
34		ts paid for disallowed fringes	34			
35		ion for net operating loss arising in tax years beginning before January 1, 2018 (see	+ + +			
	instruct	tions)	35	_		
36	Total o	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	11			
	of lines	· 33 and 34	36			
37	Specific	c deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		1,0	00.
38	•	ted business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36.	17		•	
30						0.
		ne smaller of zero or line 36	38_			
Par	t IV	Tax Computation	_			
39	Organi	zations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		_	
40	Trusts	Taxable at Trust Rates. See instructions for tax computation income tax on				
	the am	ount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
41		ax. See instructions				,
	Proxy t	tive minimum tax (trusts only)			<u>·</u>	
42						
43		Noncompliant Facility Income. See instructions				
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Par	t V	Tax and Payments				
45 a	Foreign	n tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
b	Other o	credits (see instructions)	1			
		Il business credit Attach Form 3800 (see instructions)	1			
4	Cradit	for prior year minimum tax (attach Form 8801 or 8827)	1			
u	T-4-1	redits. Add lines 45a through 45d	45e			
			1 1			—
46		ct line 45e from line 44				—
47		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)				
48	Total ta	ax. Add lines 46 and 47 (see instructions)	48			0.
49	2018 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
50 a	Paymer	nts A 2017 overpayment credited to 2018	╛			
		stimated tax payments	1 1			
		posited with Form 8868	7 1			
		organizations Tax paid or withheld at source (see instructions) 50d	1 1			
		withholding (see instructions)	1			
•			1 1			
ī		for small employer health insurance premiums (attach Form 8941)	-			
g		redits, adjustments, and payments Form 2439	1			
	F	orm 4136 Other Total ▶ 50g	4			
51	Total p	ayments . Add lines 50a through 50g	51			
52	Estimat	ted tax penalty (see instructions) Check if Form 2220 is attached	52			
53	Tax du	e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed ▶	53			
54	Overpa	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
55	•	e amount of line 54 you want Credited to 2019 estimated tax				_
	t VI	Statements Regarding Certain Activities and Other Information (see instruction				
				authority	Yes	No
56	-	time during the 2018 calendar year, did the organization have an interest in or a signature of		-		
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of		1		
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	roreigi	n country	- 1.	
	here >	•		}		<u> </u>
57	During	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trus	it? L		<u> </u>
	If "Yes."	see instructions for other forms the organization may have to file				
58		he amount of tax-exempt interest received or accrued during the tax year ▶ \$				_
	U	nder penalties of penury. I declare that I have examined this return, including accompanying schedules and statements, and to the	best of r	ny knowledge ar	nd belief	i, it is
Sign	1 L tr	ue correct, and complete Wetlantton of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Her				IRS discuss		
1161				preparer sho cons)? X Yes		
						No
Paid	1	Print/Type preparer's name Preparer's segrature — Date Che	، لــــا x:	f PTIN	055	
		KEVIN ENSMINGER KEVIN ENSMIN EX 03/15/2019 self-	employed			<u>. </u>
	arer Only		s EIN 🕨			
	Jilly	Firm's address ▶ 14241 DALLAS PARKWAY, SUITE 1100, DALLAS, TX 75254 Phor	ie no 9	72-702-8	262	
ICA				Form 99		2018)

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Total dividends-received deductions included in column 8

Page 4

Schedule i - Interest, Aint	uides, Royaldes	1		ntrolled Or			40110 (001	7 111001 0000	,,,,		
Name of controlled organization	2 Employer Identification number 3. No		t unrela	ated income 4. Total of specinstructions) payments ma		of specifie	I moluded in the comboning		olling	connected with income	
(1)											
(2)	-										
(3)	•										
(4)									_		
Nonexempt Controlled Organia	zations										
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		9. Total of specified payments made			ınclu				11 Deductions directly onnected with income in column 10	
(1)						0.30					
(2)	· · · · · · · · · · · · · · · · · · ·										
(3)										·	
(4)		<u> </u>									
Totals					▶	Ente Part	l columns 5 a r here and on I, line 8, colu	page 1, mn (A)	Ent	ld columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Schedule G-Investment Ir	come of a Sec	ction 501(c	: <u>)(7),</u>			nizatio	n (see ins	tructions)			
1 Description of income	2 Amount of income		3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedul				5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)										<u>.</u>	
(2)											
(3)											
(4)											
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	column (A)	er Th	an Adverti	sing In	come	(see instru	ctions)		Enter here and on page 1, Part I, line 9, column (B)	
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expens directly connected production unrelated business inc	es with of	4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	related tradé ess (column s column 3) n, compute 5 Gr from is no		ross income activity that of unrelated ness income 6 Expense attributable column 5		ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)								 			
(2)		_						 			
(3)	-			-				<u> </u>		-	
(4)				 							
Totals	Enter here and on page 1, Part I, line 10, col (A)	page 1, Pari						I		Enter here and on page 1, Part II, line 26	
Schedule J- Advertising Ir	come (see instr	ructions)									
Part I Income From Per			neoli	idated Ras	eie					· · · · · · · · · · · · · · · · · · ·	
Name of penodical	2 Gross advertising income	3 Direct advertising of	l	4. Advert gain or (los 2 minus co	dvertising r (loss) (col us col 3) If n, compute		5 Circulation 6. Re income c		ership s	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)		-	-	1			-				
(2)		=		1				 		7	
(3)	<u> </u>			†						┥	
(4)	-			1						-	
<u></u>				-				 			
Totals (carry to Part II, line (5))										Form 990-T (2018)	

74-1260710 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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

ATTACHMENT 1

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