**Form 990-T (and proxy tax under section 6033(e))**

**Exempt Organization Business Income Tax Return**

For calendar year 2020 or other tax year beginning ________, 20____, 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).

**A** Check box if address changed.

**B** Exempt under section

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>501(c)(6)</td>
<td></td>
</tr>
<tr>
<td>408(e)</td>
<td></td>
</tr>
<tr>
<td>408A</td>
<td></td>
</tr>
<tr>
<td>520(a)</td>
<td></td>
</tr>
<tr>
<td>520A</td>
<td></td>
</tr>
</tbody>
</table>

**C** Book value of all assets at end of year

**D** Employer identification number

**E** Group exemption number

**F** Check box if an amended return

**G** Check organization type

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>501(c) corporation</td>
</tr>
<tr>
<td></td>
<td>501(c) trust</td>
</tr>
<tr>
<td></td>
<td>401(a) trust</td>
</tr>
<tr>
<td></td>
<td>Other trust</td>
</tr>
<tr>
<td></td>
<td>Applicable reinsurance entity</td>
</tr>
</tbody>
</table>

**H** Check if filing only to

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Claim credit from Form 8941</td>
</tr>
<tr>
<td></td>
<td>Claim a refund shown on Form 2439</td>
</tr>
</tbody>
</table>

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**J** Enter the number of attached Schedules A (Form 990-T).

**K** The books are in care of

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRENT J WAGNER, MD</td>
<td>520-790-2900</td>
</tr>
</tbody>
</table>

### Part I Total Unrelated Business Taxable Income

1. Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).
2. Reserved.
3. Add lines 1 and 2.
4. Charitable contributions (see instructions for limitation rules).
5. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3.
7. Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5.
8. Specific deduction (generally $1,000, but see instructions for exceptions).
10. Total deductions. Add lines 8 and 9.
11. Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.

### Part II Tax Computation

1. Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21).
2. Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041).
3. Proxy tax. See instructions.
4. Other tax amounts. See instructions.
5. Alternative minimum tax (trusts only).
6. Tax on noncompliant facility income. See instructions.
7. Total. Add lines 3 through 6 to line 1 or 2, whichever applies.

For Paperwork Reduction Act Notice, see instructions.
### Part III Tax and Payments

1. **Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116)
   - 1a

2. **Other credits** (see instructions)
   - 1b

3. **General business credit.** Attach Form 3800 (see instructions)
   - 1c

4. **Credit for prior year minimum tax** (attach Form 8801 or 8827)
   - 1d

5. **Total credits.** Add lines 1a through 1d
   - 1e

6. **Subtract line 1e from Part II, line 7**
   - 2

7. **Other taxes.** Check if from:
   - Form 4255
   - Form 8611
   - Form 8697
   - Form 8866
   - Other (attach statement)

8. **Other (attach statement)**
   - 3

9. **Total tax.** Add lines 2 and 3 (see instructions)
   - 4

10. **Section 1294. Enter tax amount here**
    - 5

11. **Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed
    - 6

12. **Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid
    - 7

### Part IV Statements Regarding Certain Activities and Other Information

1. At any time during the 2020 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
   - Yes No

2. During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
   - Yes No

3. Enter the amount of tax-exempt interest received or accrued during the tax year
   - $

4. a. Did the organization change its method of accounting? (see instructions)
   - Yes No

   b. If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V

### Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

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**Supplemental Information Attached**

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<signature>

11/15/2021

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JEANETTE VERRELLI

Preparer's signature

Date

PTIN

Yes No

**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

Phone no.

---

**Firm's name**

BKB, LLP

**Firm's address**

14241 DALLAS PARKWAY, SUITE 1100, DALLAS, TX 75254

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Form 990-T (2020)
EXPLANATION:

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES 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 THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.