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Name of organization (پرد	~ ′		For ca	lendar year 2018 or other tax year	beginning JUL 1, 20	18	, an	d ending J	את 30, 20	19	_	Z	8			
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Mumber, street, and room or suite no. IT a P.O. Dos, see mistructions Describe the content of the part of the		A L.			Name of organization (Check box if name cl	hanged .	and see ins	structions.)			(Emp	loyees' tr ictions)	ust, see			
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# Start the number of the organization type ▼ X SO (c) corporation SO (c) trust 40 (a) brest Other trust # Start the number of the organization's unrelated trades or businesses. ► Bescribe the original form of the start of th					I I	ince, country, and ZIP of	rtoreign	i postai coi	je								
H. Eater then unber of the organization's unrelated trade or businesses. ►		C Boo	ook value of all assets F Group exemption number (See instructions.)														
trade or business here See Statement 1 december to into blank space at the end of the previous contones, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.	•	u. c	at end of year											Other trust			
decrebe the first in the blank space at the end of the previous centroics, complete Parts I and II, complete a Schedule M for cach additional brade or business, then complete Parts III-V. I During the bax year, was the corporation a subcadary in an affiliated group or a parent subadiary controlled group? Strint 2 I During the first in the lamin and dentifying minisher of the potential organization. The parent corporation is the parent corporation in III-Via. In the first in the lamin and dentifying minisher of the parent corporation in III-Via. In the first in the lamin and dentifying minisher of the parent corporation in III-Via. In the first in the lamin and dentifying minisher of the parent corporation in III-Via. In the first in III-Via. In the III-Via. I			Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trades or businesses.														
During the tax year, was the compete Parts III-V.	•													ne,			
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Telephone number C2541215-9259 Part Ir Unrelated Trade or Business Income (A) Income (B) Expanses (C) Nat)ti	140			
Rart Ir Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net						corporation >)C	, J1				er > (254)2	15-92	59			
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32 Officialed business taxable income. Subtract line 31 normalic 50			•	n for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)									なが、で				
									-] 32					

Form 990-1			28509	920	Page 2	
Part I		Total Unrelated Business Taxable Income		r r		
33		of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.	
34		unts paid for disallowed fringes		34		
35		iction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35		
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
		33 and 34	38	36	1,000,	
37	•	The state of the s	ן ס נ	3/1	1,000.	
38		lated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, the smaller of zero or line 36			0.	
Part I		Tax Computation		38	<u> </u>	
		nizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		20	0.	
39	_			39		
40	$\overline{}$	ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)		40		
41		y tax. See instructions		41		
42	-	native minimum tax (trusts only)		42		
43		on Noncompliant Facility Income. See instructions	- 1	43		
44		I. Add lines 41, 42, and 43 to line 39 or 40, whichever applies)	44	0.	
Part \	_	Tax and Payments				
45 a		gn tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a				
Ь		r credits (see instructions) 45b				
C		ral business credit. Attach Form 3800 45c				
d	Credit	it for prior year minimum tax (attach Form 8801 or 8827)				
е	Total	credits Add lines 45a through 45d		45e		
46	Subtra	ract line 45e from line 44	Ī	46	0.	
47	Other	r taxes. Check if from: 🔲 Form 4255 📄 Form 8611 🦳 Form 8697 🔲 Form 8866 🦳 Other (attach sche	idule)	47		
48	Total	tax. Add lines 46 and 47 (see instructions)		48	0.	
49	2018	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.	
50 a	Paym	nents: A 2017 overpayment credited to 2018				
b	2018	estimated tax payments 51 b 50b 1,	492.			
		deposited with Form 8868				
d	Foreig	gn organizations; Tax paid or withheld at source (see instructions) 50d				
		up withholding (see instructions) 50e				
f		it for small employer health insurance premiums (attach Form 8941)				
9	$\overline{}$	r credits, adjustments, and payments: Form 2439				
	_	Form 4136 Other Total ▶ 50g		<u>.</u>	1 400	
51		payments. Add lines 50a through 50g		51	1,492.	
52		nated tax penalty (see instructions). Check if Form 2220 is attached		52		
53		due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	1,492.	
54 55	•	payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid the amount of line 54 you want: Credited to 2019 estimated tax		54/ ,65	1,492.	
55 Part \		the amount of line 54 you want: Credited to 2019 estimated tax Credited to 2019 estimated tax Refunded		<u> </u>	1,472.	
56		by time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No	
30		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			165 110	
		EN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the name of the foreign country				
	here				x	
57		ng the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust	~		х	
•		is," see instructions for other forms the organization may have to file.				
58		the amount of tax-exempt interest recepted or accrued during the tax year >\$				
		nder penallies o perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my prrect, and complete. Peclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	knowled	lge and belief, it is tru	18,	
Sign	CO	orrect, and complete Declaration of preparer (other/than taxpayer) is based on all information of which preparer has any knowledge				
Here		VP Finance/CFO		May the IRS discuss this return the preparer shown below (see		
		Signature of Officer Date Title		· · · —	es X No	
		Print/Type preparer's name Preparer's signature Date Check	ıf	PTIN		
Paid		self- emp	loyed	1		
Prepa	rer					
Use C		Firm's name ▶ Firm's E	IN 🕨			
	,					
		Firm's address Phone r	0.			

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Form**990-T** (2018)

823711 01-09-19

Form 990-T (2018) Scott & White	Continuing	Care Hospita	1		20-28509	20	F	Page 3
Schedule A - Cost of Good	s Sold. Enter	method of invent	ory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	r		6		
2 Purchases	2		7 Cost of goods sold. Se	ine 6				
3 Cost of labor	3	· ·	from line 5. Enter here					
4 a Additional section 263A costs			line 2	ĺ	7			
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	•	· · · · · · · · · · · · · · · · · · ·			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income		Property and		ease	d With Real Prope	erty)		
(see instructions)								
Description of property								
(1)		 ;						
(2)								
(3)								
(4)	_		<u>.</u>					
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for po	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with the d 2(b) (attach sched	income in Iule)	
(1)			· · · · · · · · · · · · · · · · · · ·					
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter			(b) Total deductions.			
here and on page 1, Part I, line 6, columi	n (A)	>		0.	Enter here and on page 1, Part I, line 6, column (B)	.		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)					
			2. Gross income from		3. Deductions directly conn to debt-finance		able	
Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other (attach	deduction schedule)	9
(1)				—				
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocab (column 6 x 3(a)		
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I line 7, column (A)	Enter here a Part I, line 7		
Totals			•	1	0	.		0.
Total dividends-received deductions	ncluded in columi	ı 8		•	>			0.

Form 990-T (2018)

			Exempt	Controlled O	rganızatı	ons			· · ·		
Name of controlled organization		2. Employer identification number	3. Net un (loss) (ser	related income e instructions)		tal of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
(1)			+		.						
(2)											
(3)											
(4)							·				
lonexempt Controlled Organi	zations				<u> </u>		1				
7. Taxable Income	8. Net unrelate	ed income (loss) tructions)	9 Total	of specified payr made	nents	10. Part of colu in the controlli gross	nn 9 tha ng orgar s income	nization's		ductions directly connected income in column 10	
(1)		 -									
(2)			1								
(3)			<u> </u>								
(4)		•••									
Fotals					•	Add colun Enter here and Irne 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I line 8, column (8)	
Schedule G - Investme	nt Income o	of a Section	on 501(c)(7	7), (9), or (17) Org	ganization					
· · · · · · · · · · · · · · · · · · ·	ructions)					3. Deductio		4 601		5 Total deductions	
1. Desc	cription of income			2. Amount of	income	directly conne (attach sched		4. Set- (attach s	asides chedule)	and set-asides (col 3 plus col 4)	
(1)						!					
(2)											
(3)						i					
(4)				1							
otals			>	Enter here and o Part I, line 9, co	lumn (A)	1 5 	, ,			Enter here and on page 1 Part I, line 9, column (B)	
Schedule I - Exploited (see instri	-	ivity Inco	me, Other	Than Adv	ertisin/	g Income					
Description of exploited activity	2. Gross unrelated busin income from trade or busine	ess direc	Expenses tly connected n production f unrelated ness income	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 Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	1										
(2)											
(3)											
(4)	Enter here and page 1, Part line 10, col (A	. pa	r here and on ge 1, Part I, 10, col (B)	;	. , '	, '6 ·	1	. •		Enter here and on page 1, Part II, line 26	
Totals •	<u> </u>	0.	0.	<u> </u>		<u></u>		•		0	
Schedule J - Advertisi											
Part I Income From	Periodicals	Reported	on a Con	solidated	Basis						
1. Name of periodical	adve	Gross rtising ome	3. Direct advertising costs	or (loss) (c		5. Circulat		6. Reade		7 Excess readership costs (column 6 minus column 5 but not more than column 4)	
(1)										•	
(2)										•	
(3)					•					n ,	
(4)					•	<u> </u>					
			-								
otals (carry to Part II, line (5))	>	0.		0.						0 Form 990-T (2018	

0.

0.

0.

Enter here and

on page 1, Part II, line 27

%

%

% ▶

20-2850920 Form 990-T (2018) Scott & White Continuing Care Hospital 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) 7 Excess readership costs (column 6 minus column 5, but not more than column 4) Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 2. Gross 3. Direct 5. Circulation 6. Readership advertising income 1. Name of periodical costs advertising costs ıncome (1) (2) (3) (4) ٥. 0. ▶ Totals from Part I Enter here and on Enter here and on page 1, Part I, line 11, col (A) page 1, Part I, line 11 col (B) 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4 Compensation attributable to unrelated business 1 Name (1)

Form 990-T (2018)

(2)

(3)

(4)

Total. Enter here and on page 1, Part II, line 14

Footnotes

Statement 1

Describe Unrelated Trade or Business:

The Taxpayer Certainty and Disaster Tax Relief Act of 2019 retroactively repealed IRC Section 512(a)(7), which effectively imposed unrelated business income tax (UBIT) on qualified transportation fringe benefits offered by exempt organizations.

Form 990-T was extended solely to report qualified transportation fringe benefits. As such, a zero return is being filed.

Section 1.263(a)-3(n) Election

The taxpayer is making the election to capitalize repair and maintenance costs under Treas. Reg. Section 1.263(a)-3(n) for the tax year ended June 30, 2019.

- 1. Taxpayer Name: Scott & White Continuing Care Hospital
- 2. Address: 301 N. Washington Avenue, Dallas, TX 75246
- 3. Taxpayer Identification Number: 20-2850920

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

The taxpayer hereby makes the de minimis safe harbor election under Section 1.263(a)-1(f) of the Treasury Regulations, effective only for the tax year ending June 30, 2019. The taxpayer has an Applicable Financial Statement for the year of the election, and intends to apply the de minimis safe harbor election as described in Section 1.263(a)-1(f)(1)(i).

- 1. Taxpayer Name: Scott & White Continuing Care Hospital
- 2. Address: 301 N. Washington Avenue, Dallas, TX 75246
- 3. Taxpayer Identification Number: 20-2850920

IRC Section 6038 Statement:

Disclosure Statement Related to Forms 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations, Filed on Behalf of the Taxpayer: In accordance with IRC Section 6038 and the constructive ownership rules of IRC Sections 958(a) and (b), the taxpayer is required to file Forms 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations, with respect to certain controlled foreign corporations (CFCs) including Baylor Scott & White Assurance SPC. These filing requirements are or will be satisfied through the filing of Form 5471 for this CFC by the U.S. taxpayer identified

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Statement(s) 1

2018.06000 SCOTT & WHITE CONTINUING SWL____1

Scott & White Continuing Care Hospital

below who has the same filing requirement.

Taxpayer Name: Baylor University Medical Center Taxpayer Address: 301 N. Washington Avenue, Dallas, TX 75246 Taxpayer Identification Number of U.S. tax return with which the Forms 5471 were or will be filed: 75-1837454 IRS Service Center where U.S. tax return was or will be filed: E-Filed

Form 990-T	Parent	Corporation's	Name	and	Identifying	Number	Statement 2	
Corporation's Name						Identifying No		
Baylor Scott & White Holdings							46-3130985	