∭ 990-T		Extended to M Exempt Organization Bus (and proxy tax und endar year 2018 or other tax year beginning JUL 1, 2	sines ler sec	ss Income Totion 6033(e))	1906 30, 2019			1545-0687
partment of the Treasury ernal Revenue Service		► Go to www.irs.gov/Form990T for i Do not enter SSN numbers on this form as it ma				(c)(3).	Open to Put	olic Inspection ganizations On
X Check box if address changed				and see instructions.)		D	Employer identific Employees' trust instructions)	cation number
Exempt under section	Print	<u>Bayl</u> or Scott & White Health	White Health 46-3					
x 501(c)(303)	or	Number, street, and room or suite no. If a P.O. bo	x, see in	structions.			Unrelated busines See instructions	
408(e) 220(e)	Туре	301 N. Washington Avenue						,
408A 530(a)		City or town, state or province, country, and ZIP of Dallas, TX 75246	or foreign	n postal code		54	1610	
Book value of all assets at end of year		F Group exemption number (See instructions.)						
1,114,365		G Check organization type ► X 501(c) co	•			401(a) tru		Other trus
	-	tion's unrelated trades or businesses.	1		the only (or f	•		
trade or business here							nore than one,	•
		ce at the end of the previous sentence, complete P	arts i and	o II, complete a Schedule	M for each a	aaitionai t	rade or	
	the corp	oration a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?	Stmt 3	▶ x	Yes] No
The books are in care o	F 🕨 7	ngie Hutson				-	-820-1075	
Part I Unrelate	d Trac	de or Business Income	_	(A) Income	(B) Ex	penses	((C) Net
a Gross receipts or sa		108,095.	1	108,095.				
b Less returns and allo		c Balance	1c 2	100,033.				
Cost of goods sold (Gross profit. Subtract			3	108,095.				108,09
la Capital gain net inco			4a					
		art II, line 17) (attach Form 4797)	4b					
c Capital loss deduction			4c					
•		ship or an S corporation (attach statement)	5		_			
Rent income (Sched	ule C)		6					_
Unrelated debt-finan	ced incoi	ne (Schedule E)	7					
•	-	nd rents from a controlled organization (Schedule F)						
		on 501(c)(7), (9), or (17) organization (Schedule G						
Exploited exempt ac	-		10					
Advertising income Other income (See i			11		-			
 Other income (See in Total. Combine line 			13	108,095.		-		108,09
Part II Deducti	ons No	t Taken Elsewhere (See instructions		itions on deductions)				,
(Except for	contrib	utions, deductions must be directly connecte	d with-t	he-unrelated-business				
Compensation of o	fficers, di	rectors, and trustees (Schedule K)		RECEIVE	D [14	
5 Salaries and wages			w.		ာ္တု	L	15	65,3
Repairs and mainte	nance		A035	SEP 04 2020	RS-OS(16	
7 Bad debts			^				17	
3 Interest (attach sch		ee instructions)		OGDEN, U	т —		18	
		o unetruotione for limitation rules)	<u> </u>				19 20	
Taxes and licenses Charitable contribution	いいいつ (つど	•		21				· · · · · ·
Charitable contribu	h Form 4			22a		7	22b	
Charitable contribution (attac		n Schedule A and elsewhere on return					23	
Charitable contribution Depreciation (attac								
Charitable contribution (attaction calculation) Charitable contribution (attaction)	laimed o	n Schedule A and elsewhere on return				L	24	
Charitable contribution Depreciation (attact Less depreciation of Depletion	laimed o	n Schedule A and elsewhere on return					25	13,0
Charitable contribution (attact Less depreciation of Depletion Contributions to de Employee benefit p Excess exempt exp	laimed o ferred co rograms enses (S	n Schedule A and elsewhere on return mpensation plans chedule I)					25 26	13,0
Charitable contribution (attact Less depreciation of Depletion Contributions to de Employee benefit page 17 Excess exempt exp	ferred co rograms enses (S costs (Sc	n Schedule A and elsewhere on return mpensation plans chedule I) hedule J)			- 2		25 26 27	
Charitable contribution (attact Less depreciation (attact Less depreci	ferred co rograms enses (S costs (So attach sc	n Schedule A and elsewhere on return mpensation plans chedule I) hedule J) nedule)		See Statemer	nt 2		25 26 27 28	18,6
Charitable contribution (attact Less depreciation (attact Less depreci	ferred co rograms enses (S costs (So attach sc Add lines	n Schedule A and elsewhere on return mpensation plans chedule I) hedule J) nedule) 14 through 28	ot lung 20	See Statemer	nt 2	38	25 26 27 28 29	18,60 96,99
Charitable contribution (attact Less depreciation (attact Less depreci	ferred co rograms enses (S costs (So attach sc Add lines taxable i	n Schedule A and elsewhere on return mpensation plans chedule I) hedule J) nedule)		See Statemer 9 from line 13	nt 2	3 8	25 26 27 28	18,6

Form 990-1		1350 Page 2
Part I	Total Unrelated Business Taxable Income	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33 11,097.
34	Amounts paid for disallowed fringes	34
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	
	lines 33 and 34 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	36 11,097.
37		
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	1 1
	enter the smaller of zero or line 36	10,097.
Part I		0 39 2,120.
39		39 2,120.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	- -
44	Tax rate schedule or Schedule D (Form 1041)	40
41	Proxy tax. See instructions Alternative manufacture and the second seco	42
42	Alternative minimum tax (trusts only) Tax on Noncompliant Facility Income. See instructions	43
43 44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	2,120.
Part \		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	
	Other credits (see instructions) 45b	7
c	General business credit. Attach Form 3800 45c	7
d	Credit for prior year minimum tax (attach Form 8801 or 8827)] _ [_]
е	Total credits. Add lines 45a through 45d	45e
46	Subtract line 45e from line 44	46 2,120.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47
48	Total tax. Add lines 46 and 47 (see instructions)	48 2,120.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	0.
	Payments: A 2017 overpayment credited to 2018	-
	2018 estimated tax payments 399,919	⊣ .
	Tax deposited with Form 8868 51 50c 39,217	-
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	-
	Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) 50e 50e 50e	┥╽
		-
g	Form 4136 Other Total 50g	111
51	Total payments. Add lines 50a through 50g	51 439,136.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54 437,016.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	437,016.
Part \	Statements Regarding Certain Activities and Other Information (see instructions)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	Yes No
	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	<u></u>
	here ▶	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X X
	If "Yes," see instructions for other forms the organization may have to file.	
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\) Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	ledge and belief it is true
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	eage and belief, it is true,
Here		May the IRS discuss this return with
		the preparer shown below (see instructions)? Yes No
		if PTIN
.	Print/Type preparer's name Preparer's signature Date Check Self- employe	
Paid		"
Prepa	le	<u> </u>
Use (only in the same of the same o	
	Firm's address Phone no.	
823711 O	-09-19	Form 990-T (2018)

Schedule A - Cost of Goods	s Sold. Enter n	nethod of inven	tory va	luation 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. Subtract l			ine 6				
3 Cost of labor	3	from line 5. Enter here and in P				Part I,			
4a Additional section 263A costs				line 2			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	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					Ш.
Schedule C - Rent Income ((From Real P	roperty and	l Pers	onal Property L	ease	d With Real Prop	erty)	
(see instructions)						.=			
1. Description of property									
(1)									
(2)							_		
(3)									
(4)						<u> </u>			
	2. Rent received					3(a) Deductions directl		ated with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	` for rent for p	personal p	nal property (if the percentag property exceeds 50% or if d on profit or income)	j e	columns 2(a) a	ind 2(b)	(attach schedule)	
(1)									
(2)									
(3)		•							
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er •			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed I	ncome (see	ınstruc	tions)					
			١,	Gross income from		3. Deductions directly conto debt-finant			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)							\neg		
(2)			1				\neg		
(3)							\neg		
(4)					·	·			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finance	djusted basis ocable to ced property schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of cc 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						Enter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals .				▶			٥.		0.
Total dividends-received deductions in	ncluded in column	8					►		0.
								Form 990-T	(2018)

Schedule F - Interest, A	nnuities	, Royalt	ies, and					tions	(see ins	truction	s)
				Exempt (Controlled O	rganizatio	ons				
1. Name of controlled organizate	on	2. Emp Identific numl	ation		elated income instructions)		al of specified nents made	include	t of column 4 to ad in the contration's gross i	olling	6. Deductions directly connected with income in column 5
(1)	+		_								
(2)			_							1	
(3)									•		
(4)	<u> </u>										
Ionexempt Controlled Organiz	zations	•								•	
7. Taxable Income		related incom se instructions		9. Total	of specified payr made	nents	10. Part of colu in the controll gross	mn 9 that ing organ s income	is included ization's	11. De with	ductions directly connected
(1)						İ					
(2)							•				
(3)	_										
(4)											
			-				Add colur Enter here and line 8,		1, Part I,	Enter h	ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
<u> </u>									0.		0
Schedule G - Investme (see instr		ne of a S	ection	501(c)(7	'), (9), or (17) Org					
1. Descr	ription of incon	ne			2. Amount of	income	3. Deduction directly connected (attach scheduler)	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											<u> </u>
(2)						_					
(3)				_							
(4)											
				_	Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
^{Totals} Schedule I - Exploited ∣	Exempt	Activity	Income	e, Other	Than Adv	7 1	g Income				
(see instru	ictions)										
1. Description of exploited activity	2. G unrelated l income trade or b	business from	directly o with pro of unr	penses connected oduction elated s income	4. Net inconfrom unrelated business (cominus colum gain, comput through	d trade or olumn 2 n 3) If a e cols 5	5. Gross income from activity is not unrelated business income.	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)	Enter here page 1, line 10, c	Part I, col (A)					- •				Enter here and on page 1, Part II, line 26
Totals •	•	0.]		0.	l						0
Schedule J - Advertision Part I Income From					solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (o col 3) If a g	tising gain tol 2 minus ain, comput hrough 7	5. Ctrcula		6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											1
(3)	1										1
(4)											
Totals (carry to Part II, line (5))	•		0.		0.						Form 990-T (201

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)

Neme 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	0.	0.				0.
	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)	0.	0.	<u></u>			0.

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		<u> </u>	0

Form 990-T (2018)

Footnotes

Statement 1

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: Baylor Scott & White Health
- 2. Address: 301 N. Washington Avenue, Dallas, TX 75246
- 3. Taxpayer Identification Number: 46-3131350

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: Baylor Scott & White Health
- 2. Address: 301 N. Washington Avenue, Dallas, TX 75246
- 3. Taxpayer Identification Number: 46-3131350

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 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	Other Deductions	Statement 2
Description		Amount
Other Administrative	Expenses	18,606.
Total to Form 990-T,	Page 1, line 28	18,606.
Form 990-T Parent	Corporation's Name and Identifying Number	Statement 3
Corporation's Name		Identifying No
Baylor Scott & White	e Holdings	46-3130985