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Form *990-T	E	kempt Orgai					ax Re			OMB No 1545-0047	
		· · · · · · · · · · · · · · · · · · ·	nd proxy tax un		ection 60			1004	9	2040	
	For calen	dar year 2019 or other tax yea	· · -				1 30, 202	0	-	2019	
Department of the Treasury		•	.irs.gov/Form990T for					44-1401	Оре	n to Public Inspection	for
Internal Revenue Service	+	o not enter SSN number					ation is a 50			n to Public Inspection (c)(3) Organizations O identification number	
A Check box if address changed] [Name of organization (L	Check box if name	change	d and see ins	tructions.)		[es' trust, see	
B Exempt under section	Print E	Baylor Health Car	re System Founda	ation						-1606705	
X 501(c)(3 0)	. I Twna I	Number, street, and room		ox, see ı	nstructions.			[1	Unrelated (See instru	business activity coductions)	le
408(e) 220(e)	'l ''	301 N. Washington									
408A530(a)		City or town, state or prov		or foreig	n postal cod	е					
529(a) Book value of all assets	· 	Group exemption numb		•				<u> </u>		· · · · · · · · · · · · · · · · · · ·	— ,
C Book value of all assets at end of year 432,187		Check organization type			n	501(c) trust		401(a) 1	truet	Other trus	- 4
H Enter the number of the				ιρυιαιιο	<u>" </u>		the only (or			· Other trus	<u>"</u> 1
trade or business here	•						, complete Pa	•		าก ซึกะ	
		at the end of the previou	us sentence, complete f	Parts I ar		-	-			00,	
business, then complete	•	•			,,		.,,,				
During the tax year, was			affiliated group or a par	ent-subs	idiary contro	lled group?	Stmt 2	▶ [3	Yes	No No	_
-		ing number of the paren									
J The books are in care of						Teleph	one number	▶ (2	14) 820	0-1075	_
Part I Unrelate	d Trade	or Business Inc	ome	,	(A) In	come	(B) E	xpenses		(C) Net	
1a Gross receipts or sal	es _										1
b Less returns and allo	wances _	<u></u>	c Balance	1c	ļ					/_	_إ
2 Cost of goods sold (S		•		2	ļ						!
3 Gross profit. Subtrac				3	ļ						_
4a Capital gain net incor	•		.=-=:	4a						/	
		t II, line 17) (attach Form	14797)	4b					/	<u></u>	-
c Capital loss deductio			tach statement\	40	RE	CEIVE	ED		\mathcal{X}		
• •	•	p or an S corporation (at	tach statement)	5	<u> </u>		73		$\overline{/}$		-
6 Rent income (Schedu7 Unrelated debt-finance	•	(Cohodulo E)		6 L	<u>Pl</u>	J A 1 20	71 Ö		/ -		_
		rents from a controlled o	organization (Schodulo E		<u> </u>	VULL	- &				_
	•	501(c)(7), (9), or (17) or	•	$\overline{}$		5 T.V.			_		
10 Exploited exempt act			gamzation (concusto d	10	OG	DEN,	U I	/			
11 Advertising income (•	•		11			/	<i>f</i>			
12 Other income (See in	•			12							
13 Total. Combine lines				13		0.					
		Taken Elsewhere				eductions)					
(Deductions	s must be	directly connected wit	th the unrelated busi	ness in	come)						
14 Compensation of of	ficers, direc	ctors, and trustees (Sche	dule K)						14		
15 Salaries and wages								-	15		
16 Repairs and mainter	nance							-	16	 	
17 Bad debts	- 4 \							ŀ	17		
18 Interest (attach sche	eaule) (see	instructions)						-	18		
19 Taxes and licenses20 Depreciation (attach	Form 4562	2 \				20		⊢	19		
•		=) ichedule A and elsewhere	e on return			21a		─┤,	21b		
22 Depletion						. = 1			22		
23 Contributions to def	ferred comp	ensation plans						ľ	23		
24 Employee benefit pr	•							Ī	24		_
25 Excess exempt expe	-	dule I)							25		_
26 Excess readership c	osts (Sched	dule J)							26		
27 Other deductions (a	ttach sched	lule)							27		_
28 Total deductions. A		-						-	28		<u></u> α υ
		ome before net/operating				3		 	29		<u>ه.</u>
30 Deduction for net op	perating los	s arısıng ın tax years beg	inning on or after Janu	ary 1, 20)18			- 1			

Form 990-T (2019)

(see instructions)

Form 99	0-T (2019	Baylor Health Care System For	ındation				75-16	06705	Page 2	
Parl	t ÎH,	Total Unrelated Business Taxal	ole Income			-				
32	Total o	f unrelated business taxable income computed	from all unrelated trades or businesses ((see instri	ictions)		32		0.	
33		nts paid for disallowed fringes	33							
34		ible contributions (see instructions for limitation	34		0.					
35		nrelated business taxable income before pre-20				 -				
		·	•			f lines 32 and 33	35			
36		tion for net operating loss arising in tax years b)		36			
37		f unrelated business taxable income before spe	0	37						
38		c deduction (Generally \$1,000, but see line 38	•			8	38	1	,000.	
39		related business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,								
<u> </u>		he smaller of zero or line 37					39		0.	
Part		Tax Computation								
40		zations Taxable as Corporations. Multiply lin				•	► 40		0.	
41		Taxable at Trust Rates. See instructions for to		nt on line	39 from:					
	Ш Т	ax rate schedule or Schedule D (Form	1041)			•	→ 41			
42	Proxy t	tax. See instructions				•	42			
43	Alterna	tive minimum tax (trusts only)					43			
11 44	Tax on	Noncompliant Facility Income. See instruction	ons				44			
11 45		Add lines 42, 43, and 44 to line 40 or 41, which	never applies				45		0.	
Part	W.	Tax and Payments								
46 a	Foreign	tax credit (corporations attach Form 1118; tru	ists attach Form 1116)	46	a					
b	Other c	redits (see instructions)		46	b					
C	Genera	I business credit. Attach Form 3800		46	ic		_			
d	Credit f	for prior year minimum tax (attach Form 8801	or 8827)	46		-	_			
e		redits. Add lines 46a through 46d	•				46e			
47									0.	
48	Other to	axes. Check if from: Form 4255	47							
49		ax. Add lines 47 and 48 (see instructions)	49		0.					
50		et 965 tax liability paid from Form 965-A or Fo	rm 965-R Part II column /k) line 3				50	_	0.	
		nts: A 2018 overpayment credited to 2019	The observation (K), this o	51	.		1.50	-		
	-	stimated tax payments	la			595	;			
		posited with Form 8868	W	51			"			
		organizations. Tax paid or withheld at source	(see instructions)	51			⊣			
	-	withholding (see instructions)	(see man denons)	51	1		-			
	-	for small employer health insurance premiums	(attach Form 8041)	51			-			
		· - · -	orm 2439	1-31	<u>'</u>					
y			ther Total	F 1	_		1 1			
52		avments. Add lines 51a through 51g	Total	▶ 51	9		 -		E0E	
52 53	•		a 2220 is attached				52 53		595.	
		ted tax penalty (see instructions). Check if Form	· · · · · · · · · · · · · · · · · · ·			_				
54 56		e. If line 52 is less than the total of lines 49, 50	•			16 Z	54		505	
55 56		yment. If line 52 is larger than the total of line ne amount of line 55 you want; Credited to 202			_	10	55		595.	
56 Part		Statements Regarding Certain		ation /	-	funded	56		595.	
					see instru	ctions)		1	 	
		time during the 2019 calendar year, did the org			-			Yes	No.	
		inancial account (bank, securities, or other) in	• • •	•						
		Form 114, Report of Foreign Bank and Financi	al Accounts. If "Yes," enter the name of th	ne foreign	country				↓	
	here							_	<u> x</u>	
		the tax year, did the organization receive a dist		transfero	r to, a forei	gn trust?			X	
		see instructions for other forms the organizat	•					ĺ	1 1	
59		ne amount of tax-exempt interest received or ac								
Sign	CO	nder penalties of perjury, I declare that I have examined prect, and complete. Declaration of preparer (other than	tnis return, including accompanying schedules an taxpayer) is based on all information of which pre	nd statemen aparer has a	its, and to the iny knowledge	best of my know	ledge and belief, it	is true,		
Here	- 1.	Bulleyer	relulas .				May the IRS discu	as this return v	with	
. ICI C		Supply of officers A	5/14/21 Presiden	nt			the preparer show		_	
		Signature of officer	Date Title				instructions)?	Yes	No	
		Print/Type preparer's name	Preparer's signature	Date		Check	If PTIN			
Paid						self- employe	d			
Prep	arer			<u> </u>						
_	Only	Firm's name				Firm's EIN	<u> </u>			
		Firm's address				Phone no.				
923711	01-27-20						For	m 990-T	(2019)	

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation N/A				<u>_</u>	
1 Inventory at beginning of year	1			Inventory at end of year	ar		6	_	
2 Purchases	2		7	•	goods sold. Subtract line 6				
3 Cost of labor	3		1	from line 5. Enter here					
4a Additional section 263A costs			1	line 2		,	7	1	
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to	Yes	No	
b Other costs (attach schedule)	4b		7	property produced or a	•				
5 Total. Add lines 1 through 4b	5		1	the organization?		,,			
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per		.ease	d With Real Prop	erty)	
1. Description of property									
(1)			-						
(2)									
(3)					-				
(4)									
	2. Rent receive	ed or accrued				T		· · ·	
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than	` of rent for	personal	onal property (if the percenta, property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	connected (b) (c)	eted with the income in attach schedule)	ı
(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		ter >			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from	Deductions directly connected with or allocable to debt-financed property				
1. Description of debt-fir	nanced property			or allocable to debt- financed property				(b) Other deduction (attach schedule)	S
(1)			1						
(2)			1						
(3)			1				1	•	
(4)			1				1		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis flocable to need property schedule)	6	. Column 4 divided by column 5	reportable (column (column 6 x total of			8. Allocable deducti column 6 x total of col 3(a) and 3(b))	
(1)			1	%					
(2)			Ì	%					
(3)				%					
(4)			İ	%					
			•			nter here and on page 1, eart I, line 7, column (A)		Enter here and on page Part I, line 7, column (I	
Totals				▶		0	<u>.</u>		0.
Total dividends-received deductions in	icluded in column	8	<u> </u>				<u> </u>		0.
								Form 990-T	(2019)

(1) (2) (3) (4) (5) (7) (8) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Page	ons)	struction	S (see in:	tions	d Organiza	ntrolle	From Co	nd Rents	Royalties, a	uities,	t, Anr	edule F - Interest	Sche
(1) (1) (2) (3) (4) (Nonexempt Controlled Organizations 7. Taxable Income 8. Net undested in the controlling organization's gruss income of inco				` `								-		
(3) (4) Nonexempt Controlled Organizations 7. Taxable income 8. Net urefalted income [lose] (see instructions) 9. Total of specified payments made in the controlling organizations (see instructions) 10. Pert of column 9 that is included in the controlling organizations (see instructions) (4) Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 2. Amount of income 3. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Expenses of controlled City or the income of a section of income or exploited exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net record (see) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Coss or common or exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Expenses of controlled Exempt Activity Income, Other Than Advertising Income (see instructions) 5. Gross income (see instructions) 7. Exempter of page 1, Part 1, line 10, col (8) (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net record (see) (see instructions) 5. Gross income (see) (see instructions) 6. Expenses (see)	tions directly d with income olumn 5	connected	rolling	otal of specified ments made 5. Part of column 4 th included in the control					identification		nization	1. Name of controlled organi	1	
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And columns 3 and 10 Enter here and on page 1, Part 1, line 3 column (A)			 -						<u> </u>					
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7. Tavable income 8. Net urrelated income (loss) (see instructions) 9. Total of specified payments in the controlling caracterist gross income (1) (2) (3) (4) Add column 5 and 10 Enter here and on page 1, Part 1, line 8, column (A) (see instructions) 1. Description of income 2. Amount of income 2. Amount of income (see instructions) 1. Description of income 2. Amount of income 3. Description of income (see instructions) 1. Description of income 2. Amount of income 3. Description of income (see instructions) 1. Description of income 2. Amount of income 3. Description of income (see instructions) 4. Sel-sandes (states schedule) (see instructions) 1. Description of income (see instructions) 2. Cross urrelated business income (see instructions) 4. Sel-sandes (states schedule) (see instructions) 1. Description of income (see instructions) 2. Cross urrelated business income (see instructions) 4. Net income broad on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (B) (see instructions) 1. Description of income (see instructions) 2. Cross urrelated business income (see instructions) 3. Expenses from excluding in this controlling of column 3 in the controlling in the controlling of column 3 in the controlling in the controlling of column 3 in the controlling in the contr												anizati	vamnt Cantrollad Orga	
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(d) Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (A) 1. Description of income 2. Amount of income 2. Amount of income 2. Amount of income 3. Destutions 4. Set-asides (ettach schedule) (1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (B) Enter here and on page 1, Part 1, line 9, column (B) Enter here and on page 1, Part 1, line 9, column (B) Enter here and on page 1, Part 1, line 9, column (B) Enter here and on page 1, Part 1, line 10, col (B) O . Schedule J - Advertising Income (see instructions) Part 1 Income From Periodicals Reported on a Consolidated Basis	column 10	ith income in c	in the controlling organization's with incom		ients		9. 102				7. Taxable Income			
(d) Add columns 5 and 10 Enter have and on page 1, Part 1, line 6, column (A) (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 2. Amount of income 3. Description of income (see instructions) 4. Set-asides (attach schedule) (policy of column (A) (policy														(1)
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Page 5 Part III 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) 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 2. Gross advertising 3. Direct 6. Readership 5. Coculation 1. Name of periodical advertising costs ıncome costs ілсота (1) (2) (3) (4) ▶ 0 0. Totals from Part I ٥. Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B) on page 1, Part II, line 26 Totals, Part II (lines 1-5) 0. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to 4. Compensation attributable to unrelated business 1. Name 2. Title (1) (2) % (3) %

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