| | | COO. T. 48' | | | tended to Ma | | | T D-d | L | 1 045 | · |
|---------|----------|---|-------------|---|------------------------------------|--|---------------------------------------|--------------------|---------------------|--|---|
| | Form | 990-T | t | | anization Bus and proxy tax und | | | : lax не 1 | turn | UME | 3 No 1545-0687 |
| , | | • | For ca | - | rear beginning JUL 1, 20 | | | JUN 30, 201 | 9 | | 2018 |
| | _ | | | | w.irs.gov/Form990T for in | | | | | | |
| | | tment of the Treasury al Revenue Service | | • | ers on this form as it may | | | | | | Public Inspection for Organizations Only |
| | A [2 | Check box if | | Name of organization (| Check box if name of | hanged | d and see instructions | i.) | [(Em | D Employer identification number (Employees' trust, see | |
| | | address changed | | | | | | | inst | instructions) | |
| | | xempt under section | Print or | Baylor Universit | E Hor | 75-1837454 E Unrelated business activity code | | | | | |
| | X |] 501(c)(3)] 408(e) | Туре | Number, street, and rooms 301 N. Washington | om or suite no. If a P.O. bo | x, see II | nstructions. | | | instruction | |
| | 누 | | | | | r foros | n postal codo | | | | |
| | F | _408A | | Dallas, TX 7524 | ovince, country, and ZIP o 46 | i lureig | Jii postar code | | 6215 | 500 | |
| | C Bo | ok value of all assets | L | F Group exemption num | | > | · · · · · · · · · · · · · · · · · · · | | | | |
| | ate | end of year 2,567,220, | 374. | G Check organization ty | | poratio | n 501(c) tr | ust | 401(a) trust | | Other trust |
| | H En | ter the number of the | organiza | ation's unrelated trades or | businesses. | 3 | Desc | ribe the only (or | first) unrelate | d | |
| | tra | de or business here 🕽 | Refe | erence Laboratory | Revenue | | . If only | one, complete Pa | rts I-V. If mo | re than c | one, |
| | de | scribe the first in the b | lank spa | ice at the end of the previ | ous sentence, complete Pa | arts I an | nd II, complete a Sche | edule M for each a | idditional trad | le or | |
| | | siness, then complete | | | | | | | | | |
| | | | | | n affiliated group or a parei | nt-subs | 11.7 | 2\2tmt 6/2 | X X | es L | No |
| | | | | tifying number of the pare | ent corporation. | 7VI | <u> 46- 1</u> | 777048 | / <u>></u> /214\ | 920 | 1012 |
| ı | _ | e books are in care of | | de or Business in | come | | (A) Income | lephone number | (214) (penses | 820-: | (C) Net |
| ļ | | Gross receipts or sale | | 48,955 | | 1 | (A) IIICOIIIE | (6) 27 | thenses | + | (O) NET |
| | | Less returns and allow | | | c Balance | 1c | 48.9 | 55. | | | |
| | 2 | Cost of goods sold (S | | Δ line 7) | C Datafice | 2 | 55,6 | | | + | |
| | 3 | Gross profit. Subtract | | • | | 3 | 48,9 | 55. | | - | 48,955. |
| | - | Capital gain net incon | | | | 4a | | | | 1 | · · · · · · · · · · · · · · · · · · · |
| | | | • | Part II, line 17) (attach For | rm 4797) | | | | | | |
| | C | Capital loss deduction | for trus | sts | | | | | | | |
| | 5 | Income (loss) from a | partners | ship or an S corporation (| (attach statement) | 5 | | | | | |
| | 6 | Rent income (Schedu | le C) | | | 6 | | | | | |
| | 7 | Unrelated debt-finance | ed incor | me (Schedule E) | | 7 | | | | | |
| • | 8 | | | | d organization (Schedule F) | 8 | | | | | |
| į | 9 | | | | organization (Schedule G) | | | | | | |
| į | 10 | Exploited exempt acti | | , | | 10 | | | | - | |
| Z | 11 | Advertising income (S | | * | | 11 | | - | | + - | |
| SCANNED | 12 | Other income (See in: Total, Combine lines | | | | 13 | 48,9 | 55 | | + | 48,955. |
| | Pa | | | | ere (See instructions for | | 1 | | | | |
| | | | | | st be directly connected | | | | | | |
| | 14 | Compensation of off | icers, di | rectors, and trustees (Sci | hedule K) | | | | 14 | | |
| | 15 | Salaries and wages | | , | , | | | | 15 | | 31,702. |
| | 16 | Repairs and mainter | ance | | | | | | 16 | | |
| | 17 | Bad debts | | | | | | | 17 | 1 | |
| | 18 | Interest (attach sche | dule) (s | ee instructions) | | | | | 18 | | |
| | 19 | Taxes and licenses | | | | _ | | | 19 | | |
| | 20 | | • | e instructions for limitation | on rules) Statement | 5 | See State | ement 2 | 20 | - | 0. |
| | 21 | Depreciation (attach | | • | | | 21 | | | - | |
| | 22 | • | aimed o | n Schedule A and elsewho | | $\overline{}$ | 7 [22a] | | 22b | +- | |
| | 23 | Depletion Contributions to def | arrad aa | manantina alaas | RECEIVE | ٣_ | ol | | 23 | + | |
| • | 24 25 | Employee benefit pro | | · · · · · · · · · · · · · · · · · · · | | | RS-OSC | | 25 | +- | |
| • | 26 | Excess exempt expe | _ | | ALIC 0 4 20% | 50 , | <u>& </u> | | 26 | + | |
| | 27 | Excess readership c | • | chedule J) | AUG 0 4 200 | | 7戻 | | 27 | 1 | |
| | 28 | Other deductions (at | • | 1 | OGDEN, | UT | See State | ement 3 | . 28 | | 7,065. |
| | 29 | Total deductions. A | | | OGUEN, | | - | | 29 | | 38,767. |
| | 30 | | | - | ng toss deduction. Subtrac | | | | 30 | | 10,188. |
| | 31 | • | - | | peginning on or after Janua | ry 1, 20 | 018 (see instructions |) | 31 | | |
| | 32 | Unrelated business | axable ı | income. Subtract line 31 f | rom line 30 | | | | 32 | | 10,188. |
| | 8237 | 01 01-09-19 LHA F | or Pape | rwork Reduction Act Noti | | | | | | For | m 990-T (2018 |
| | | <u> </u> | | | | 16 | | | a== | | |
| .35 | 40 | 76/3 796684 | BUM | IC . | 2018 | .06 | 000 BAYLO | R UNIVER | SITY M | EDIC | AL BUMC_ |

217

Phone no.

Form 990-T (2018)

823711 01-09-19

Firm's address

| Schedule A - Cost of Goods | Sold. Enter | method of inven | tory v | aluation N/A | | | | · · · · · · · · · · · · · · · · · · · | | | |
|---|----------------------|--|--|--|-----------|--|-------------|---|--|--|--|
| 1 Inventory at beginning of year | 1 | 0. | 6 | Inventory at end of year | r | | 6 | 0. | | | |
| 2 Purchases | 2 | · | 7 | Cost of goods sold. Su | ibtract I | ine 6 | | | | | |
| 3 Cost of labor | 3 | | | from line 5. Enter here | and in F | 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? | | | | | | | |
| Schedule C - Rent Income ((see instructions) | From Real | Property and | Per | sonal Property L | ease | d With Real Prop | erty) | | | | |
| Description of property | | | | | | | | | | | |
| | | | | | | | | | | | |
| (1) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | - | | | | | | | | | | |
| | 2. Rent receive | ed or accrued | | | | | | | | | |
| rent for personal property is more than of rent for pe | | | | onal property (if the percentag property exceeds 50% or if ed on profit or income) | ge | 3(a) Deductions directly columns 2(a) ar | | ted with the income in 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 | ı (A) | • | | | 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 | ictions) | | | | | | | |
| | | | 2 | 2. Gross income from | | 3. Deductions directly cont to debt-finance | | | | | |
| 1. Description of debt-fir | nanced property | | or allocable to debt- financed property | | (a) | Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | 1 | - | | | | | | | |
| (4) | | | | | | | | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis illocable to nced property n schedule) | • | 5. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | (| 8, Allocable deductions (column 6 x total of columns 3(a) and 3(b)) | | | |
| (1) | | | | % | | | | | | | |
| (2) | | | | % | | | | | | | |
| (3) | | | | % | | | | | | | |
| (4) | | | <u> </u> | % | | | | | | | |
| • | | | | | | nter here and on page 1, Part I, line 7, column (A) | | Enter here and on page 1, Part I, line 7, column (B) | | | |
| Totals | | | | ▶ | | 0 | | 0. | | | |
| Total dividends-received deductions in | cluded in columi | 18 | | | | > | • _ | 0. | | | |
| | | | | | | | | Form 990-T (2018) | | | |

| Schedule F - Interest, A | <u>Annuities</u> | s, Royali | ies, an | d Rents | From Co | <u>ntrolled</u> | l Organiza | itions | (see ins | truction | s) |
|-------------------------------------|--|-----------------------------------|-----------------------------------|---|---|---|---|--|------------------------------------|-----------------|---|
| | | | | Exempt 0 | Controlled O | ganizatio | ons | | | | |
| 1. Name of controlled organizat | ion | 2. Em identific num | cation | | elated income instructions) | | al of specified lents made | 5. Part of column 4 that is included in the controlling organization's gross incom | | olling | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | | | | | | - | ••• |
| (2) | | | | | _ | | | | | | |
| (3) | | | | | | | | | | -+ | |
| | | | | | | | | | | | |
| (4) | -4 | | | | | | | | | | |
| Nonexempt Controlled Organi | r | | | T | | | | | | | |
| 7. Taxable Income | | nrelated incom ee instructions | | 9. Total | of specified payr made | nents | 10. Part of colu- in the controlli- gross | mn 9 that ing organi s income | is included zation's | 11, Der with | ductions directly connected income in column 10 |
| (1) | | | | | | | - | | | | |
| (2) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | <u> </u> | | | l | | - | | | | | |
| | | | | | | | Add colun Enter here and line 8, e | | 1, Parti, | Enter h | d columns 6 and 11 ere and on page 1, Part I, line 8, column (B) |
| Totals | | | | | | | | | 0. | | 0. |
| Schedule G - Investme | | ne of a S | ection | 501(c)(7 |), (9), or (| 17) Org | anization | | | | |
| 1. Desc | ription of inco | me | | | 2. Amount of | income | 3. Deductio directly conne (attach sched | cted | 4. Set- | | 5. Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | i | | | , |
| | | | | | Enter here and Part I, line 9, co | | | | | | Critic has and on page 1, Part I, line 9, column (B) |
| Totals | | | | • | | ٥. | | | | | 0. |
| Schedule I - Exploited (see instru | - | Activity | Income | e, Other | Than Adv | ertisin | g Income | | | | • |
| Description of exploited activity | 2. G | e from | directly of with pro of uni | penses connected oduction related is income | 4. Net incom from unrelated business (co minus colum gain, compute through | trade or lumn 2 n 3) If a cols 5 | 5. Gross inco from activity is not unrelat business inco | that ted | 6. Exp attribut colur | able to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | • | | | | | İ | | | <u> </u> |
| (2) | | | | | | | | <u> </u> | | | |
| (3) | | | | | | <u> </u> | | | | | |
| | | | | | - | | | + | | | |
| (4) | Enter her page 1 line 10, | col (A) | page 1 | re and on 1, Part I, , col (B) | | <u> </u> | | | - | | Enter here and on page 1, Part II, line 26 |
| Totals • | <u> </u> | 0. | | 0. | l | | <u> </u> | | + | | 0. |
| Schedule J - Advertisi | | | | | | | | | | _ | |
| Part I Income From | Periodic | als Repo | orted o | n a Cons | solidated | Basis | | | | | |
| 1. Name of periodical | | 2. Gross advertising income | | 3. Direct entising costs | | | 5. Circula income | | 6. Read cost | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | 1 | | | | | | |
| (3) | | | | | 7 | | | | | | |
| (4) | - | | 1 | | 7 | | | | | | |
| | 1 | | | | | | + | | | | · |
| Totals (carry to Part II, line (5)) | • | | 0. | O |). | | | | | | 0. Form 990-T (2018) |

Form 990-T (2018) Baylor University Medical Center 75-1837454 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 | • | 0. | 0. | | | | 0. |
| | Ü | 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) | <u> </u> | 0. | 0. | | | | 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 | | • | · 0. |

Form 990-T (2018)

SCHEDULE M' (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and anding JUN 30, 2019

OMB No 1545-0687

Entity

2018

Department of the Treasury Internal Revenue Service (99) ▶ 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).

Open to Public Inspection for 501(c)(3) Organizations Only

| Name of the or | ganızatıon Baylor University Medical Center | | | | yer identification 5 – 1 8 3 7 4 5 4 | number |
|-------------------|---|---------|----------------------------|---------------|---|---------------------|
| | | | | | 3-1037434 | |
| | Business detivity code (see instructions) | enera | ting unrelated busi | ness inc | come | |
| Part I U | nrelated Trade or Business Income | | (A) Income | (B) Exp | penses | (C) Net |
| 1a Gross | receipts or sales | | | | | • |
| b Less ret | turns and allowances c Balance > | 1c | | | | |
| 2 Cost of | f goods sold (Schedule A, line 7) | 2 | | | | |
| 3 Gross | profit Subtract line 2 from line 1c | 3 | | _ | | |
| 4 a Capital | gain net income (attach Schedule D) | 4a | | | | |
| b Netgai | in (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | | |
| c Capital | loss deduction for trusts | 4c | | | | |
| 5 Income | e (loss) from a partnership or an S corporation (attach | | | | | |
| statem | ent) | 5 | 6,249. | | | 6,249. |
| 6 Rent in | come (Schedule C) | 6 | | | j | |
| 7 Unrelat | ted debt-financed income (Schedule E) | 7 | | | | |
| 8 Interes | t, annuities, royalties, and rents from a controlled | | | | | |
| organiz | ration (Schedule F) | 8 | | | | |
| 9 Investr | nent income of a section 501(c)(7), (9), or (17) | | | | | |
| | zation (Schedule G) | 9 | | | | |
| • | ed exempt activity income (Schedule I) | 10 | | | | |
| • | ising income (Schedule J) | 11 | | | | |
| | ncome (See instructions, attach schedule) | 12 | | | | |
| | Combine lines 3 through 12 | 13 | 6,249. | · - | | 6,249. |
| | eductions Not Taken Elsewhere (See instruct eductions must be directly connected with the u | | | | (Except for | contributions, |
| 14 Compe | ensation of officers, directors, and trustees (Schedule K) | | - | | 14 | |
| 15 Salarie | s and wages | | | | 15 | |
| 16 Repairs | s and maintenance | | | | 16 | |
| 17 Bad de | ebts . | | | | 17 | |
| 18 Interes | t (attach schedule) (see instructions) | | | | 18 | |
| 19 Taxes | and licenses | | | | 19 | |
| 20 Charita | able contributions (See instructions for limitation rules) | | 1 (| | 20 | 0. |
| • | ciation (attach Form 4562) | | 21 | | | |
| 22 Less de | epreciation claimed on Schedule A and elsewhere on return | | 22a | | 22b | |
| 23 Depleti | ion . | | | | 23 | |
| 24 Contrib | outions to deferred compensation plans | | | | 24 | |
| 25 Employ | yee benefit programs | | | | 25 | |
| 26 Excess | s exempt expenses (Schedule I) | | | | 26 | |
| 27 Excess | readership costs (Schedule J) | | | | 27 | |
| 28 Other of | deductions (attach schedule) | | See Statement | t 8 | . 28 | 1,804. |
| | deductions. Add lines 14 through 28 | | | | 29 | 1,804. |
| 30 Unrelat | ted business taxable income before net operating loss dedu | ction. | Subtract line 29 from line | 13 | 30 | 4,445. |
| 31 Deduct | tion for net operating loss arising in tax years beginning on c | r after | January 1, 2018 (see | | _ | |
| ınstruc | , | | | | 31 | |
| 32 Unrelat | ted business taxable income. Subtract line 31 from line 30 | | | | 32 | 4,445. |
| LHA For Pa | aperwork Reduction Act Notice, see instructions. | | | | Schedule | M (Form 990-T) 2018 |

| Form 990-T (M) Other Deductions | | Statement 8 | | |
|---------------------------------|---------|-------------|--|--|
| Description | | Amount | | |
| Indirect Admin Expenses | | 1,804. | | |
| Total to Schedule M, Part II, | line 28 | 1,804. | | |

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

| Entity | 2 |
|--------|-----------|
| OMB No | 1545-0687 |

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning JUL 1, 2018 , and ending JUN 30, 2019

Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Go to www.irs.gov/Form9901 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).

Open to Public Inspection for 501(c)(3) Organizations Only

| Name | of the organization Baylor University Medical Center | | | Employer identif | |
|---------------|--|----|------------|------------------|---------------------------------------|
| $\overline{}$ | Inrelated business activity code (see instructions) 453000 | | | | |
| | Describe the unrelated trade or business Retail Sales | | | | |
| Pa | Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
| 1 a | Gross receipts or sales 181,937. | | | | |
| b | Less returns and allowances | 1c | 181,937. | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | 94,287. | | · |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | 87,650. | | 87,650. |
| 4 a | Capital gain net income (attach Schedule D) | 4a | | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | |
| С | Capital loss deduction for trusts | 4c | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | |
| | statement) | 5 | _ | | |
| 6 | Rent income (Schedule C) | 6 | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | |
| | organization (Schedule F) | 8 | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) | | | | |
| | organization (Schedule G) | 9 | | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | | |
| 11 | Advertising income (Schedule J) | 11 | | | |
| 12 | Other income (See instructions, attach schedule) | 12 | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 87,650. | | 87,650. |
| Pa | Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the unconnected with th | | | | ot for contributions, |
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | <u></u> | 14 |
| 15 | Salaries and wages | | | | 15 61,817. |
| 16 | Repairs and maintenance | | | <u>_</u> | 16 |
| 17 | Bad debts | | | <u>_</u> | 17 |
| 18 | Interest (attach schedule) (see instructions) | | | <u></u> | 18 |
| 19 | Taxes and licenses | | | <u></u> | 19 |
| | | | | | · · · · · · · · · · · · · · · · · · · |

| 16 | Hepairs and maintenance | | 16 | |
|----|---|--------------------|-----|----------|
| 17 | Bad debts | | 17 | |
| 18 | Interest (attach schedule) (see instructions) | | 18 | |
| 19 | Taxes and licenses | | 19 | |
| 20 | Charitable contributions (See instructions for limitation rules) | | 20 | 0. |
| 21 | Depreciation (attach Form 4562) | 21 | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b | |
| 23 | Depletion | • | 23 | |
| 24 | Contributions to deferred compensation plans | | 24 | |
| 25 | Employee benefit programs | | 25 | 6,733. |
| 26 | Excess exempt expenses (Schedule I) | | 26 | |
| 27 | Excess readership costs (Schedule J) | | 27 | |
| 28 | Other deductions (attach schedule) | See Statement 9 | 28 | 95,341. |
| 29 | Total deductions. Add lines 14 through 28 | | 29 | 163,891. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract li | ne 29 from line 13 | 30 | -76,241, |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1 | , 2018 (see | | |
| | instructions) | | 31 | • |
| 32 | Unrelated business taxable income Subtract line 31 from line 30 | | 32 | -76,241. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

| University Medical | Center | 75-183 |
|--------------------|--------|--------|

| Form 990-T (2018) | | | | | | | | | Page 3 |
|--|--------------------|---|--------|---|----------|--|---------------|--|----------|
| Baylor Univer | | | | | | 75-18374 | 54 | | |
| Schedule A - Cost of Goods | s Sold. Enter | method of invento | ory va | aluation 🕨 Cost | | | | | |
| 1 Inventory at beginning of year | | | 6 | Inventory at end of year | r | | 6 | | |
| 2 Purchases | 2 | 94,287. | 7 | Cost of goods sold. Su | btract I | ine 6 | | | |
| 3 Cost of labor | 3 | | | from line 5. Enter here a | and in F | Part I, | | | |
| 4a Additional section 263A costs | · | | | line 2 | | | 7 | 94 | 287. |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (\ | with respect to | | Yes | No |
| b Other costs (attach schedule) | 4b | | | property produced or a | cquired | for resale) apply to | | | <u> </u> |
| 5 Total. Add lines 1 through 4b | 5 | 94,287. | | the organization? | | | | | Х |
| Schedule C - Rent Income | (From Real | Property and I | Pers | sonal Property L | ease | d With Real Prop | erty) | | |
| (see instructions) | | | | | | | | | |
| Description of property | | | | | | | | | |
| (1) | | <u>.</u> | | | | | · · · · · · · | | |
| (2) | | | | | | | | | |
| (3) | | • | | | | | | | |
| (4) | | | | | | · | | | |
| | 2. Rent receiv | ed or accrued | | | | 24-30-1-1-1 | | | |
| rent for personal property is more than of rent for per | | | | d personal property (if the percentage rsonal property exceeds 50% or if is based on profit or income) 3(a) Deductions directly connected with the incomic columns 2(a) and 2(b) (attach schedule) | | | | | 1 |
| (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 | | nter | | | 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 in | nstru | ctions) | | • | | | |
| | | | 2 | . Gross income from | | 3. Deductions directly conr to debt-financ | | able | |
| 1. Description of debt-fit | nanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | r deduction schedule) | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or debt-fine | e adjusted basis allocable to inced property h schedule) | 6 | . Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | (column 6 x | ble deduct total of co and 3(b)) | |
| (1) | | | | % | | | | | |
| (2) | | | | % | | | | | |
| (3) | | | | % | | | | | |
| (4) | | | | % | | | | | |
| | | | | | | nter here and on page 1, Part I. line 7. column (A) | Enter here a | and on pag | |

Form 990-T (2018)

Total dividends-received deductions included in column 8

| Form 990-T (M) Other Deductions | | Statement 9 |
|---------------------------------|--------|-------------|
| Description | | Amount |
| Supplies | | 148. |
| Indirect Admin Expenses | | 26,258. |
| Purchased Services | | 82. |
| Printing | | 471. |
| Rent | | 68,159. |
| Books & Periodicals | | 223. |
| Total to Schedule M, Part II, 1 | ine 28 | 95,341. |

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 University Medical Center
- 2. Address: 301 N. Washington Avenue, Dallas, TX 75246
- 3. Taxpayer Identification Number: 75-1837454

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 University Medical Center
- 2. Address: 301 N. Washington Avenue, Dallas, TX 75246
- 3. Taxpayer Identification Number: 75-1837454

| Form 990-T | Contributions | Statement 2 | |
|--------------------------------|------------------------------|-------------|--|
| Description/Kind of Property | Method Used to Determine FMV | Amount | |
| FY '19 Cash Contributions | N/A | 744,508. | |
| Total to Form 990-T, Page 1, 1 | ine 20 | 744,508. | |

| Form 990-T Other Deductions | | Statement 3 |
|--------------------------------|--------|-------------|
| Description | | Amount |
| Indirect Admin Expense | | 7,065. |
| Total to Form 990-T, Page 1, 1 | ine 28 | 7,065. |

| Form 990-T | Parent | Corporation's | Name | and | Identifying | Number | Statement 4 |
|-------------------------------|--------|---------------|------|-----|-------------|------------|----------------|
| Corporation' | s Name | | | | | | Identifying No |
| Baylor Scott & White Holdings | | | | | | 46-3130985 | |

| Form 990-T | Contributions Summary | | Statement | 5 |
|--|----------------------------|-----------|-----------|---|
| Qualified Contributi | ions Subject to 100% Limit | | | |
| Carryover of Prior | Mears Unused Contributions | | | |
| For Tax Year 2013 | 74,304 | | | |
| For Tax Year 2014 | 78,390 | | | |
| For Tax Year 2015 | 948,021 | | | |
| For Tax Year 2016 For Tax Year 2017 | 1,222,967 4,493,100 | | | |
| FOR Tax Teal 2017 | 4,493,100 | | | |
| Total Carryover | | 6,816,782 | | |
| Total Current Year | 10% Contributions | 744,508 | | |
| Total Contributions | Availahle — | 7,561,290 | | |
| Taxable Income Limit | | 0 | | |
| | | F 564 000 | _ | |
| Excess 10% Contribut Excess 100% Contribu | | 7,561,290 | | |
| Total Excess Contrib | | 7,561,290 | | |
| Total Excess Contill | Jucions | 7,301,290 | <u></u> | |
| Allowable Contributi | ions Deduction | | | 0 |
| Total Contribution I | Deduction | | | 0 |

| Form 990-T | Other Credits and Payments | Statement 6 |
|------------------------|---------------------------------|-------------|
| Description | | Amount |
| Form 8827, line 8c | | 154. |
| Total included on Form | 990-T, Page 2, Part V, line 50g | 154. |

| Form 990-T |)-T Net Operating Loss Deduction | | Statement 7 | |
|-------------|----------------------------------|-------------------------------|-------------------|------------------------|
| Tax Year | Loss Sustained | Loss Previously Applied | Loss Remaining | Available This Year |
| 06/30/18 | 66,599. | 0. | 66,599. | 66,599. |
| NOL Carryov | er Available Thi | s Year | 66,599. | 66,599. |

Electing to Take 100% Refundable Credit Amt in 2018 - per CARES Act Sec. 2305(b)

Fam 8827

Credit for Prior Year Minimum Tax - Corporations

OMB No. 1545-0123 **2018**

Department of the Treasury Internal Revenue Service Attach to the corporation's tax return.
 Go to www.irs.gov/Form8827 for the latest information.

| Name | | Employer identification number | | |
|---|----|--------------------------------|--|--|
| Baylor University Medical Center | | 37454 | | |
| 1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626 | 1 | | | |
| 2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827 | 2 | 154. | | |
| 3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions) | 3 | | | |
| 4 Add lines 1, 2, and 3 | 4 | 154. | | |
| 5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions) | 5 | 0. | | |
| 6 Enter the refundable minimum tax credit (see instructions) | 6 | 154. | | |
| 7 Add lines 5 and 6 | 7 | 154. | | |
| 8a Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions | 8a | 154. | | |
| b Current year minimum tax credit. Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition | | | | |
| excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c | 8b | 0. | | |
| c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this | | | | |
| amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return) | 8c | 154. | | |
| 9 Minimum tax credit carryforward to 2019. Subtract line 8a from line 4. Keep a record of this | | | | |
| amount to carry forward and use in future years | 9 | | | |