10400512 796684 BUMC

990-T	E	Exempt Orga	tended to Manization Bus	sine	ss Income 1	Tax Return	<b>)</b>	OMB No 1545-0047
			nd proxy tax und			7006		2019
	For ca	lendar year 2019 or other tax year	.irs.gov/Form990T for ir		, and ending JUI		-	2019
Department of the Treasury Internal Revenue Service	<b>I</b> ▶	Do not enter SSN numbe	-		•			Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		Name of organization (					D Emplo	eyer identification number
address changed					and doo mod dononor,			oyees' trust, see ctions )
B Exempt under section	Print	Baylor University	y Medical Center					75-1837454
X 501(c (0)3 )	or	Number, street, and roon	n or suite no. If a P.O. bo	x, see II	nstructions.		E Unrela	ited business activity code
408(e) 220(e)	Туре	301 N. Washington	n Avenue				] (0.00.11	
408A 530(a)		City or town, state or pro	vince, country, and ZIP o	r foreig	n postal code			
529(a)		Dallas, TX 7524					62150	0
C Book value of all assets at end of year		F Group exemption num		<u> </u>				
2,767,839		G Check organization typ		poratioi 3		401(a		Other trust
H Enter the number of the	-	tion's unrelated trades of t erence Laboratory				the only (or first) ur		Ab
				rto Lon		, complete Parts I-V.		· ·
business, then complete		ce at the end of the previous	us sentence, complete ra	11 15 1 all	u n, complete a schedul	e IVI TOT EACH AUGILION	ai ii aue	OI .
I During the tax year, was			affiliated group or a parei	nt-subs	idiary controlled group?	Stmt 3	X Ye	s No
		tifying number of the paren			46-3130			· 110
J The books are in care of	<b>.</b> ?	ingie Hutson_		-		none number 🕨 (	214)_	820-1075
Part I Unrelate	d Trac	le or Business Inc	ome		(A) Income	(B) Expense:	3	(C) Net
1a Gross receipts or sale	es	51,383.						
b Less returns and allow	wances		c Balance 🔻 🕨	10	51,383.			
2 Cost of goods sold (S	Schedule	A, line 7)	-1771	2				
3 Gross profit. Subtract		<u> </u>	116	3	51,383.			51,383.
4a Capital gain net incon			4707)	4a				
		art II, line 17) (attach Form	1 4/9/)	4b				
c Capital loss deduction		sts ship or an S corporation (at	ttach ctatement)	4c 5		//		
<ul><li>5 Income (loss) from a</li><li>6 Rent income (Schedu</li></ul>	•	ship of all 3 corporation (a	itacii statement)	6				
7 Unrelated debt-finance		ne (Schedule E)		7				
		nd rents from a controlled o	organization (Schedule F)	8				
9 Investment income of	a sectio	in 501(c)(7), (9), or (17) or	rganization (Schedule G)	9			ĺ	
10 Exploited exempt acti	vity inco	me (Schedule I)		10				
11 Advertising income (S	Schedule	J)	/	11				
12 Other income (See in:		,		12				
13 Total. Combine lines	3 throu	gh 12		13	51,383.			51,383.
Part II Deductions	ns No	t Taken Elsewher be directly connected wi	C (See instructions for the the unrelated busin	or limita	ations on deductions )			
				(			1 1	
<ul><li>14 Compensation of off</li><li>15 Salaries and wages</li></ul>	icers, aii	rectors, and trustees (Sche	POLE	استواد	7.61		14	33,955.
16 Repairs and mainten	ance			المالوناسيوسيون			16	
17 Bad debts			181 him 01	5051	165		17	
18 Interest (attach sche	dule) (se	ee instructions)	121		<u></u>		18	
19 Taxes and licenses	, ,		OGDE	J. U			19	
20 Depreciation (attach	Form 48	562)	OGU		20			
21 Less depreciation cla	aimed or	Schedule A and elsewhere	e on return		21a		21b	ŀ
22 Depletion							22	
23 Contributions to defe		mpensation plans					23	
24 Employee benefit pro							•24	
25 Excess exempt expe							25	
26 Excess readership co		=			See Statemer	nt 2	26 27	9,977.
<ul><li>27 Other déductions (at</li><li>28 Total deductions. A</li></ul>		•			_co cocome	<b>-</b>	28	43,932.
/		ncome before net operating	Lloss deduction, Subtract	t line 28	3 from line 13		29	7,451.
,		oss arising in tax years beg						
(see instructions)	winiy 1	ood arrowing in tack yourd bot	,	., ., 20			30	0.
<i>'</i> '	axable ır	ncome. Subtract line 30 fro	m line 29				31	7,451.
923701 01-27-20 LHA FO								Form <b>990-T</b> (2019)

		Baylor University Medical Center	75-	1837454	Page 2
Part	JI \\1	Total Unrelated Business Taxable Income			
32	Total of	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	1	10,265.
33	Amount	ts paid for disallowed fringes	83		
34	Charitat	ble contributions (see instructions for limitation rules) Stmt 5 Stmt 6	34		0.
35		related business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33_	^ <del>                                    </del>	1	10,265.
36		ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)			10,265.
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		
		•			1,000.
38	•	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)  **Red business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	111		_,,,,,,
39		ne smaller of zero or line 37	39		0.
Dart		Tax Computation	1 33	<del></del>	
		· · · · · · · · · · · · · · · · · · ·	140		0.
40	-	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		<del></del>
41	$\overline{}$	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on ima 39 from:	<del></del>		
		ax rate schedule or Schedule D (Form 1041)	41	-	
42	-	ax. See instructions	42		
43		tive minimum tax (trusts only)	43		
44		Noncompliant Facility Income. See instructions	44		
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		0.
		ax rate schedule or Schedule D (Form 1041)  ax. See instructions tive minimum tax (trusts only)  Noncompliant Facility Income. See instructions Add lines 42, 43, and 44 to line 40 or 41, whichever applies  Tax and Payments  I tax credit (corporations attach Form 1118, trusts attach Form [45]6)  46a  redits (see instructions)			
46 a⁄	Foreign	tax credit (corporations attach Form 1118, trusts attach Form (46)	<b>⊣</b> ∣		
b	Other cr	redits (see instructions)	<b>⊣</b> ∣		
C	General	I business credit. Attach Form 3800	_		
d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)			
е	Total cr	redits. Add lines 46a through 46d	46e		
47	Subtrac	ct line 46e from line 45	47		0.
48	Other ta	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
49	Total ta	ax. Add lines 47 and 48 (see instructions)	49		0.
50	2019 ne	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
51 a		nts: A 2018 overpayment credited to 2019	·. 🗀		
ь	2019 es	stimated tax payments 51b	7		
		posited with Form 8868	7		
		organizations; Tax paid or withheld at source (see instructions)	7		
	-	withholding (see instructions) Q & 516 134			
		or small employer health insurance premiums (attach Form 8941)	7		
		redits, adjustments, and payments: Form 2439	7		
y		orm 4136 Other Total > 51g			
52		ayments. Add lines 51a through 51g	52	1	0,134.
53	•	ed tax penalty (see instructions). Check if Form 2220 is attached	53		,
		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		
54		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	1	0,134.
29		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	56		0.
Part		ne amount of line 55 you want: Credited to 2020 estimated tax  Statements Regarding Certain Activities and Other Information (see instructions)	1 301 1		
				1 1/2	no N-
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		<u> Y</u>	es No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
		Cayman Islands		—— ├^	$-\!\!\!\!+\!\!\!\!-\!\!\!\!-$
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		-	<u> х</u>
		see instructions for other forms the organization may have to file.			
		ne amount of tax-exempt interest received or accrued during the tax year > \$	ladas and bir	inf at an desire	
Sign		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ieage and beli	ei, it is true,	
_		1 los 1 los	May the IRS o	liscuss this retu	irn with
Here				hown below (se	e
			instructions)?	Yes	No
		Print/Type preparer's name Preparer's signature Date Check	if PTIN		
Paid		self- employe	d		
	arer				
•	Only	Firm's name ► Firm's EIN	<b>-</b>		
		Firm's address Phone no.			
923711	01-27-20			Form <b>990</b> -	T (2019)
		3			•

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6		
2 Purchases	2		7 Cost of goods sold. S	Subtract I	ine 6			
3 Cost of labor	3		from line 5. Enter here	e and in F	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	n 263A (v	with respect to		Yes	No
<b>b</b> Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real I	Property and	Personal Property I	Lease	d With Real Prope	erty)		
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receive	d or accrued			24-32-1-1-1			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	and personal property (if the percents personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly of columns 2(a) and	connected with the d 2(b) (attach sche	e income in dule)	
(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	n (A)	<b>•</b>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)					
			2. Gross income from		<ol><li>Deductions directly conne to debt-finance</li></ol>		able	
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		deductions schedule)	
(1)								_
(2)		,						
(3)			T	I				
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finar	adjusted basis llocable to iced property schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ble deductions total of colum and 3(b))	
(1)		·	%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)		ind on page 1, 7, column (B)	
Totals			•		0.			0.
Total dividends-received deductions	ncluded in column	8			•			0.
			<del></del>				m 000-T /2(	

Schedule F - Interest, F	Annuities	s, Royal	ties, and		From Co			tions	(see ins	struction	s)
Name of controlled organizat	tion	2. Em Identifi num	cation	3. Net unr	elated income instructions)	4, Tot	tal of specified ments made	include	t of column 4 ed in the contration's gross i	rolling	6. Deductions directly connected with income in column 5
(1)								•			
(2)					•						
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	<b>8</b> . Netui (s	nrelated incom ee instructions	ne (loss) s)	9. Total	of specified payr made	nents	10. Part of colu in the controll gross	mn 9 that ing organ s income	ıs ıncluded ızatıon's	11. De with	ductions directly connected i income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colur Enter here and line 8, 4		1, Part I,	Enterh	ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals				=A-1 :-	1) (6)	47\ 6			0.		0
Schedule G - Investme		ne of a S	Section	501(c)(7	'), (9), or (	17) Org	ganization				
(see insti	ructions)				τ	1	9.5.4.4.	1			T = =
1, Desc	ription of inco	me			2. Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											ļ
(2)											
(3)					ļ					-	
(4)					Enter here and	on name 1					Enter here and on page 1
					Part I, line 9, co	lumn (A)					Part I, line 9, column (B)
Totals Schedule I - Exploited	Exempt	Activity	Income	<del>_</del> e, Other	Than Adv	0. ertisin	g Income				0
(see instru	ictions)								-		<del></del>
Description of exploited activity	2. G unrelated income trade or b	business e from	3. Exp directly co with pro of unre business	onnected duction elated	4. Net incom from unrelated business (co minus colum gain, compute through	I trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	that ted	<b>6.</b> Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	· · · · · · · · · · · · · · · · · · ·										
(3)	L										
(4)	Enter her page 1, line 10,	, Part I,	Enter her page 1, line 10,	, Part I,						-	Enter here and on page 1, Part II, line 25
Totals -	<u> </u>	0.		0.	l		-,				0
Schedule J - Advertising Part I   Income From I						Basis					
Part I Income From I	Periodic	ais Repo	orted or	ı a Con	solidated	Dasis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs			5. Circula income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)								[			
(4)							<b>_</b>				
Totals (carry to Part II, line (5))	•		0.		).						0
											Form 990-T (2019

Part II	Inco	me From	Periodicals	Reported or	n a Separate	Basis	(For each periodical listed in Part II, fill in
	colum	ns 2 through	n 7 on a line-by-l	ine 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)	T					
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 26
Totals, Part II (lines 1-5)	▶ 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		<b>&gt;</b>	0.

Form 990-T (2019)

#### Footnotes

Statement 1

Election to Waive NOL Carry-back under Section 172(b)(3)

For the tax year ended June 30, 2020, the taxpayer hereby makes the election to apply Section 172(b)(3) under Rev. Proc. 2020-24 for the NOL arising in 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)-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, 2020.

- 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, 2020. 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	Other Deductions	Statement 2
Description		Amount
Indirect Admin Expense		9,977.
Total to Form 990-T, Page 1, 1	ine 27	9,977.

Form 990-T	Parent	Corporation's	Name	and	Identifying	Number	Statement	3
Corporation'	s Name						Identifying	No
Baylor Scott	& White	Holdings					46-3130985	

Form 990-T	Net	Operating Loss	Deduction	Statement 4
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/18	66,599.	13,614.	52,985.	52,985.
NOL Carryov	er Available This	Year	52,985.	52,985.

Form 990-T	Contributions	Statement 5
Description/Kind of Property	Method Used to Determine FMV	Amount
FY '20 Cash Contributions FY '20 Cash Contributions	N/A N/A	1,114,505. 138,901.
Total to Form 990-T, Page 2, 1	ine 34	1,253,406.

Form 990-T	Contributions Summary		Statement	6
Qualified Contributions Qualified Contributions				
Carryover of Prior Years For Tax Year 2014 For Tax Year 2015 For Tax Year 2016 For Tax Year 2017 For Tax Year 2018	Unused Contributions 78,390 948,021 1,222,967 4,493,100 743,489			
Total Carryover Total Current Year 10% C	Contributions	7,485,967 1,253,406		
Total Contributions Avai Taxable Income Limitatio		8,739,373	_	
Excess Contributions Excess 100% Contribution Total Excess Contribution		8,739,373 0 8,739,373	_	
Allowable Contributions	Deduction -		_	0
Total Contribution Deduc	tion			0

### **SCHEDULE M** (Form 990-T)

# **Unrelated Business Taxable Income from an Unrelated Trade or Business**

and ending JUN 30, 2020

Entity

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning  $\underline{\hspace{1.5cm} JUL\hspace{1.5cm} 1}$  ,  $\hspace{1.5cm} 2019$  ` ► 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 organization  Baylor University Medical Center		Employer identification number 75-1837454			
	_				
Officiated Business Activity Gode (see instructions)		 ing unrelated busi	ness income		
Describe the difficiated dade of business	y generae.		· · · T		
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1 a Gross receipts or sales					
b Less returns and allowances c Balance	<b>▶</b> 1c				
2 Cost of 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 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction for trusts	4c				
5 Income (loss) from a partnership or an S corporation (attach					
statement)	5	4,601.		4,601.	
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)		1			
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	4,601.		4,601.	
Part II Deductions Not Taken Elsewhere (See instrudirectly connected with the unrelated business	income )		1	- must be	
14 Compensation of officers, directors, and trustees (Schedule K)	EIV!	(0)	14		
15 Salaries and wages	A CONTRACTOR OF THE PARTY OF TH		15		
16 Repairs and maintenance	17	0.51 1051	16		
17 Bad debts	16 0 1		17		
18 Interest (attach schedule) (see instructions) 19 Taxes and licenses	م وأن يواصعه		18		
19 Taxes and licenses	E TO DE	000	19		
20 Depreciation (attach Form 4562)	O Commence	20			
\	U File	21a	21b		
22 Depletion			22	·	
23 Contributions to deferred compensation plans			23		
24 Employee benefit programs			24		
25 Excess exempt expenses (Schedule I)			25		
26 Excess readership costs (Schedule J)		See Statement	26	1,787.	
27 Other deductions (attach schedule)		See Dearement	<del></del>	1,787.	
Total deductions. Add lines 14 through 27	12 28	2,814.			
29 Unrelated business taxable income before net operating loss de			13 29	2,014.	
30 Deduction for net operating loss arising in tax years beginning o	on or aπer J	anuary 1, 2018 (See	<del> </del>	0.	
instructions)	ο .		30	2,814.	
Unrelated business taxable income Subtract line 30 from line 2		Schodulo M (Form 990-T) 2019			

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Form 990-T (M) Other Deductions		Statement 7
Description		Amount
Indirect Admin Expenses		1,787.
Total to Schedule M, Part II, 1	ine 27	1,787.

### SGHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

I OMI

Entity

Employer identification number

75-1837454

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

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).

Baylor University Medical Center

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

Unrelated Business Activity Code (see instructions) ▶ Retail Sales Describe the unrelated trade or business **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 138,453. 1a Gross receipts or sales 138,453, b Less returns and allowances c Balance 70,422. Cost of goods sold (Schedule A, line 7) 2 2 68,031. 68,031. 3 Gross profit Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4h c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 6 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12 68,031. 68,031, Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) JUN OI 2021 Compensation of officers, directors, and trustees (Set 14 14 47,524. Salaries and wages 15 15 16 16 Repairs and maintenance 17 17 Bad debts Interest (attach schedule) (see instructions) 18 18 19 19 Taxes and licenses 20 Depreciation (attach Form 4562) 21b Less depreciation claimed on Schedule A and elsewhere on return 21 22 22 Contributions to deferred compensation plans 23 23 6,207. 24 24 Employee benefit programs 25 25 Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) 26 26 See Statement 8 87,913. 27 27 Other deductions (attach schedule) 141,644. 28 28 Total deductions. Add lines 14 through 27

923741 01-28-20

29 30 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Unrelated business taxable income Subtract line 30 from line 29

LHA For Paperwork Reduction Act Notice, see instructions.

Stmt 9

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-73,613.

-73,613.

Schedule M (Form 990-T) 2019

0.

Form 990-T (M)	Other Deductions	Statement 8
Description		Amount
Supplies		19
Indirect Admin Expenses		26,88
Purchased Services		15
Rent		60,67
Office Expenes		1
Total to Schedule M, Part II, li	ne 27	87,91

Schedule M	Net	Statement 9		
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/19	76,241.		76,241.	76,241.
NOL Carryov	er Available This	Year	76,241.	76,241.

	•							Entity		2
Fora	n 990-T (2019)								1	Page
<u> </u>	Baylor Univer						75-1837	454		
<u>5c</u>	hedule A - Cost of Goods	S SOIG. Enter	method of invent	$\overline{}$				<del></del>		_
1	Inventory at beginning of year	1		7	Inventory at end of yea			6		
2	Purchases	2	70,422.	7	Cost of goods sold. St	ubtract	line 6	l i		
3	Cost of labor	3		4	from line 5. Enter here	and in I	Part I,			
4 a	Additional section 263A costs				line 2			7		422
	(attach schedule)	4a		8	Do the rules of section	•	•		Yes	No
b	Other costs (attach schedule)	4b		4	property produced or a	cquirec	l for resale) apply to			
5	Total. Add lines 1 through 4b	5	70,422.		the organization?		1969 - 10			х
	hedule C - Rent Income ( ee instructions)	(From Real	Property and	Per	sonal Property L	.ease	d With Real Prop	erty)		
	Description of property						<u> </u>			
(1)										
(2)										
(3)										
(4)		2. Rent receiv	red or accrued				· · · · · · · · · · · · · · · · · · ·			
_	(a) From personal property (if the per			nd nere	onal property (if the percental		3(a) Deductions directly	connected with th	e income in	
	rent for personal property is more 10% but not more than 50%)	than	` ' of rent for p	ersonal	property exceeds 50% or if ed on profit or income)	Ao	columns 2(a) a	nd 2(b) (attach sche	edule)	
(1)									_	
(2)										
(3)										
(4)										
Tota	ı	0.	Total			0.				
(c) T	otal income. Add totals of columns	2(a) and 2(b). Er	nter				(b) Total deductions.			
	and on page 1, Part I, line 6, column	• •	<u> </u>			0.	Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Scl	hedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
				2. Gross income from		3. Deductions directly connected with to debt-financed property			able	
1. Description of debt-financed property			or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
		<u> </u>								
(1)							<u> </u>			
(2)					. =					
(3)				<u> </u>						
(4)										
	<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	ot-financed of or allocable to		6	Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		(column 6 x	ble deduction total of column and 3(b))	
(1)					%					
(2)					%%					
(3)				<u>L.                                    </u>	%%_					
(4)					%					
							nter here and on page 1, Part I, line 7, column (A)	Enter here a	ind on page 7, column (l	

0.\_

٥.

Totals

Total dividends-received deductions ancluded in column 8