£	, 990-T	l F	Extended Exempt Organizatio					e Tax	(Re	turn	1	OMB N	o 1545-0687	
,		_	(and proxy						D G				0.40	-
		For cal	lendar year 2018 or other tax year beginning J	UL 1, 20	18	, :	and ending	JUN 30	, 20	19	_	2	018	
Dens	artment of the Treasury	-	Go to www.irs.gov/Form	1990T for in	structio									_
	nal Revenue Service		Do not enter SSN numbers on this for	m as it may	be ma	de public	if your o	rganization	n is a 5	01(c)(3).		501(c)(3) C	ublic Inspection for rganizations Only	_
A [Check box if address changed		Name of organization (Check bo	ox if name c	hanged	and see i	instructio	ns.)			(Empl	oyee identif oyees' tru: ctions)	ication number st, see	
В	exempt under section	Print	Baylor Research Institute									75-192		_
X	= ` <u>~</u>	or Type	Number, street, and room or suite no.	If a P.O. box	x, see in	struction	s.					sted busing astructions	ess activity code i)	
Ļ	408(e)220(e)	.,,,,	301 N. Washington Avenue											
<u> </u>	408A530(a) 529(a)		City or town, state or province, country Dallas, TX 75246	y, and ZIP o	r foreig	n postal c	ode							_
C B	ook value of all assets end of year		F Group exemption number (See instr	uctions.)	<u> </u>		_						-	_
	165,250,		G Check organization type 🕨 🗓 🗴	501(c) corp	poration	1	501(c)	trust		401(a)	trust		Other trust	_
		•	ition's unrelated trades or businesses.	-				escribe the		•				
	ade or business here							ly one, con	•				9,	
			ice at the end of the previous sentence, o	complete Pa	irts I an	d II, comp	olete a Sc	hedule M t	or each	additiona	al trade	or		
	usiness, then complete			D 01 0 D0101	at oubou	diani son	trailed as	oun? St	mt 2		X Ye		 □ No	-
			oration a subsidiary in an affiliated grou tifying number of the parent corporation.		200	ujary con	dolleg di	""八"之	1306	3<	<u></u> 16	s <u> </u>	NO	
_	he books are in care of		-/			,	7. (1/	Telephone	numbe	<i>7.</i> 5 r ▶ 21	14-82	0-2677		-
			de or Business Income	 -		(A) Income			Expenses			(C) Net	-
1a	Gross receipts or sale	es			ŀ		•							Ì
b	Less returns and allow	wances	c Balance	•	1c									ļ
2	Cost of goods sold (S	Schedule	A, line 7)		2								•	Ī
3	Gross profit. Subtract	line 2 fr	om line 1c		3									_
4 a		•	•		4a									_
b			art II, line 17) (attach Form 4797)		4b								*	-
C					4c							-		-
5			ship or an S corporation (attach stateme	nt)	5									-
6 7	Rent income (Schedu	•	na (Sahadula E)		7	_		<u> </u>						-
8	Unrelated debt-finance		nd rents from a controlled organization	(Schadula F)	8			- -						-
9	-		on 501(c)(7), (9), or (17) organization (S											-
10	Exploited exempt acti				10							-		-
11	Advertising income (S				11									•
12	Other income (See in:	struction	is; attach schedule)		12									_
13	Total. Combine lines				13			0.						_
<u> P</u>			ot Taken Elsewhere (See inst											
_	· · · ·		utions, deductions must be directly	connected	with t	he unrela	ated bus	siness inc	ome)					_
14	•	icers, du	rectors, and trustees (Schedule K)					-			14			_
15	Salaries and wages			F	REC	EIVE					15			-
16 17	Repairs and mainten Bad debts	ance		1_[81			16			-
7 18	Interest (attach sche	dula\ /ea	ee instructions)		AUG	0 4 20	20	RS-OSC			17		•	-
3 19	Taxes and licenses	dulo) (st	se manuciona)	 		_		8			19			-
a 20		ons (See	e instructions for limitation rules)	1	<u> </u>	EN,	IIT	⁻ 1			20	-		-
21	Depreciation (attach	•	•		766	<u>Æ.1₹,</u>	- 21	 						-
22			n Schedule A and elsewhere on return				22a				22b			
23	Depletion							-			23			_
24	Contributions to defe	erred coi	mpensation plans								24			_
25	Employee benefit pro	ograms									25			_
Z 26	Excess exempt expe	•	•								26			_
ري ت	Excess readership co	•	•								27			-
ش28 م	Other deductions (at										28			-
29	Total deductions. A						- 40				29		0.	-
30			ncome before net operating loss deducti					20)			30		0.	7
31	•	-	loss arising in tax years beginning on or	arter Janua	ry 1,20	ıb (see if	ISTRUCTION	15)			31 32		0.	ī
<u>32</u>			ncome. Subtract line 31 from line 30 work Reduction Act Notice, see instruc	tions	_						لتإثا	Form	990-T (2018	_
0231	5. 01-03-19 LIM I	aper									•	7	(2010	1

Part I	II] T	otal Unrelated Business Taxal	ole Income					
33	Total	of unrelated business taxable income comput	ed from all unrelated trades or busines	ses (see instruction	is)	33		0.
34	Amou	nts paid for disallowed fringes				34		
35	Dedu	ction for net operating loss arising in tax years	s beginning before January 1, 2018 (se	e instructions)	Stmt 4	35		0.
36	Total	of unrelated business taxable income before s	specific deduction. Subtract line 35 fron	n the sum of				
	lines :	33 and 34			→	36		
37	Speci	fic deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)		751	37	1,	,000.
38	Unrel	ated business taxable income. Subtract line	37 from line 36. If line 37 is greater that	an line 36,	•			
	enter	the smaller of zero or line 36				3,8		0.
Part I	V 1	Tax Computation						
39	Organ	izations Taxable as Corporations. Multiply	ine 38 by 21% (0.21)		>	. 39		0.
40	Trust	Taxable at Trust Rates. See instructions fo	r tax computation. Income tax on the ai	mount on line 38 fro	om;	_ _		
		Tax rate schedule or 🔲 Schedule D (Fo	rm 1041)		•	· \$ 0		
41	Proxy	tax. See instructions			•	· #1		
42	Altern	ative minimum tax (trusts only)				42		
43	Tax o	n Noncompliant Facility Income. See instruc	ctions			43		
44		Add lines 41, 42, and 43 to line 39 or 40, wh	ichever applies					0.
Part V	<u>/ </u>	ax and Payments						
45 a	Foreiq	in tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a		-		
b	Other	credits (see instructions)		45b		⊣!		
C		al business credit. Attach Form 3800		45c		-11		
		for prior year minimum tax (attach Form 880	91 or 8827)	45d		-// -		
е		credits. Add lines 45a through 45d				/ 45e		
46		act line 45e from line 44				46		0.
47			Form 8611 Form 8697 Fe	orm 8866 💹 Ot	her (attach schedule)			
48		tax. Add lines 46 and 47 (see instructions)				48		0.
49		net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column (k), line 2	15 1 1	225	49		0.
		ents: A 2017 overpayment credited to 2018	7	50a	225	-11		
		estimated tax payments	اح	り <u>物</u>	6,069	 		
		eposited with Form 8868		50c				
		n organizations: Tax paid or withheld at sour	ce (see instructions)	504		-		
		p withholding (see instructions)	one (eMach Farm 2041)	50e		-1 /		
		for small employer health insurance premiur		50f		⊣\		
g	$\overline{}$	· · · · · =	orm 2439 ther	510	13,032	. 1		
				tatement 3	15,032		19	326.
51 50		payments. Add lines 50a through 50g ated tax penalty (see instructions). Check if Fo		tuterion s		52		520.
52 52		ue. If line 51 is less than the total of lines 48,			_	53		
53 54		exyment. If line 51 is larger than the total of lines		naid	4	54	19	326.
55		the amount of line 54 you want; Credited to)	Refunded 4	·		326.
Part \		Statements Regarding Certain		nation (see in:		31 001 1		
		time during the 2018 calendar year, did the		<u>-</u>			Yes	No
•		a financial account (bank, securities, or other)	•		=		133	1
		N Form 114, Report of Foreign Bank and Fina	• • •	· ·				
	here		,		•			X
57		g the tax year, did the organization receive a c	distribution from, or was it the grantor of	of, or transferor to.	a foreign trust?			х
		s," see instructions for other forms the organi	•	,				
58		the amount of tax-exempt interest received or	-					
	Un	der penalties of perjury, I declare that I have examined rect, and complete. Declaration of preparer (other than	this return, including accompanying schedules	s and statements, and t	o the best of my know	ledge and belief, it is t	rue,	
Sign	co	rrect, and complete Declaration of preparer (other than	taxpayer) is based on all information of which	preparer has any know				th
Here		Jany. Mary	<i>t -le-20</i> \ vp Fir	nance/CFO		May the IRS discuss t the preparer shown be		Viui
	▋	Signature of/officer	Date Title			instructions)?	Yes 🗀	No
		Print/Type preparer's name	Preparer's signature	Date	Check	ıf PTIN		
Paid					self- employe	d		
Prepa	rer							
Use C		Firm's name			Firm's EIN	<u> </u>		
-	,							
		Firm's address 🕨			Phone no.			
823711 01	-09-19					Form	990-T	(2018)

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchases	2		7 Cost of goods sold. S	ubtract 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	1 263A (v	vith respect to		Ye	s No
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 (F (see instructions)	From Real I	Property and	Personal Property L	_ease	d With Real Prop	erty)		
1. Description of property								
(1)								
(2)								
(3)								
(4)							_	
	2. Rent receive	ed or accrued			*			
(a) From personal property (if the perce rent for personal property is more t 10% but not more than 50%)	entage of han	of rent for pe	d personal property (if the percenta rsonal property exceeds 50% or if is based on profit or income)	ige	3(a) Deductions directly columns 2(a) an	connected d 2(b) (atta	d with the income ach schedule)	ıın
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	.		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Debt	t-Financed	Income (see i	nstructions)	T				
			2. Gross income from		Deductions directly conr to debt-financ			
Description of debt-fina	inced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deducti (attach schedul	
(1)								
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis Ilocable to nced property i schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable dedu lumn 6 x total of 3(a) and 3(b	columns
(1)			%					
(2)			%					
(3)	<u></u>		%	I				
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)	1	ter here and on p art I, line 7, colum	•
Totals			•		0	.]		0.
Total dividends-received deductions and	luded in column	8	-		•			0.

1. Name of controlled organizat	ion	0							
Name of convolled organization		2. Employer identification number		related income e instructions)	Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
(4)					•				
Ionexempt Controlled Organi	zations								
7. Taxable Income		lated income (los instructions)	s) 9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 that is inc ng organizatio s income	cluded 11.	Deductions directly connect with income in column 10
(1)									
(2)									
(3)									
(4)									
otals						Enter here and	on page 1, Pa	rt I, En	Add columns 6 and 11 ter here and on page 1, Part I line 8, column (B)
chedule G - Investme	nt Income	of a Sec	tion 501(c)(7	7), (9), or (17) Ora	anization		<u> </u>	
(see insti				,, (-), (,9				
1 . Desc	ription of income			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set-asides (attach schedu	
(1)									
(2)									
(3)			-						
(4)				i					
				Enter here and o Part I, line 9, co			•		Enter here and on pag Part I, line 9, column (
otals			>	<u> </u>	0.				
Schedule I - Exploited (see instru	-	ctivity Inc	ome, Other	Than Adv	ertisin	g Income			
1. Description of exploited activity	2. Gros unrelated bus income fr trade or bus	om	3. Expenses rectly connected with production of unrelated pusiness income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Expenses attributable to column 5	
(1)	<u> </u>					_			
(2)									
(3)	1	1	-				Ì		1
(4)	<u> </u>								
	Enter here a page 1, Pa line 10, col	arti, (A)	nter here and on page 1, Part I, line 10, col (B)						Enter here and on page 1, Part II, line 26
otals ► Schedule J - Advertisir	na Income	0.	o.	<u> </u>					
Part I Income From I				solidated	Basis				
1. Name of periodical	ac	. Gross fvertising income	3. Direct advertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulat income		6. Readership costs	7. Excess readership costs (column 6 minu column 5, but not mor than column 4)
(1)									
(2)									
				7					
(3)				⊣					
(3)						<u> </u>			

Part II	Income From Perio	dicals Reporte	ed on a Separ	ate Basis (For eac	ch periodical listed	l in Part II, fill in	
	columns 2 through 7 on a	line-by-line basis.)					
	1. Name of periodical	2. Gross advertising	3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute	5. Circulation income	6. Readership costs	

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	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.
	1	ter here and on page 1, Part I, ne 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.				0.
Schodulo K - Companso	tion of	Officers I	Directors and	Tructocc (otructions)		

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)

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

Form 990-1	Othe	er Credits and Pa	yments	Statement 3
Description	on			Amount
Form 8827,	13,032			
Total incl	uded on Form 990-T	Page 2, Part V,	line 50g	13,032
Form 990-1	eduction	Statement 4		
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/00	537,947.	10,677.	527,270.	527,270.
06/30/01	338,961.	0.	338,961.	338,961.
06/30/02	644,747.	0.	644,747.	644,747.
06/30/04	84,823.	0.	84,823.	84,823.
06/30/05	441,758.	0.	441,758.	441,758.
06/30/06	289,013.	0.	289,013.	289,013.
06/30/09	1,516,578.	0.	1,516,578.	1,516,578.
06/30/11	36,120.	0.	36,120.	36,120.
06/30/12	510,085.	0.	510,085.	510,085.
06/30/13	707,757.	0.	707,757.	707,757.
06/30/14	587,892.	0.	587,892.	587,892.
		Year	5,685,004.	5,685,004.

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

Form **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.

	do to www.iis.gov/i of illooz/ for the fatest illiofiliation.		
Name		Employer ide	entification number
Baylor Resear	ch Institute	75-	1921898
1 Alternative minimum t	ax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	1	
2 Minimum tax credit ca	rryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827	2	13,032.
3 Enter any 2017 unallo	wed qualified electric vehicle credit (see instructions)	3	
4 Add lines 1, 2, and 3		4	13,032.
5 Enter the corporation's instructions)	s 2018 regular income tax liability minus allowable tax credits (see	5	0.
6 Enter the refundable m	ninimum tax credit (see instructions)	6	13,032.
7 Add lines 5 and 6		7	13,032.
	no 4 or line 7; If the corporation had a post 1986 ownership change or has credits, see instructions	8a	13,032.
•	n tax credit. Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d of your return). If the corporation had a post-1986 ownership change or has pre-acquisition		
excess credits, see ins	tructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c	8b	0.
c Subtract line 8b from	ine 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	13,032.
9 Minimum tax credit c	arryforward to 2019. Subtract line 8a from line 4. Keep a record of this		
amount to carry forwa	rd and use in future years	9	