.Form 990-T	E	Extended to Ma Exempt Organization Bus				ax Return	. L	OMB No 1545-0047
The state of the s	_	(and proxy tax und				(100)	<i>0</i> [
	For ca	lendar year 2019 or other tax year beginning JUL 1, 20	19	, ar	nd ending JUN	30, 2020		2019
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may					F	Open to Public Inspection for
A Check box if		Name of organization (Check box if name of				1001 15 & 30 1(c)(3).	D Emple	501(c)(3) Organizations Only over identification number loyees' trust, see
address changed							instru	octions)
B Exempt under section	Print	Baylor Medical Center at Irving						75-2586857 ated business activity code
X 501(c)(3)	Type	Number, street, and room or suite no. If a P.O. bot 301 N. Washington Avenue	x, see II	nstructions.	•			nstructions)
408(e) 220(e)					.da			
408A530(a)	<u> </u>	City or town, state or province, country, and ZIP of Dallas, TX 75246	rioreig	ni postai co	oue		62150	00
Pook value of all assets		F Group exemption number (See instructions.)	<u> </u>					
at end of year 769,137,	373.	G Check organization type ► X 501(c) corp	poratio	n 🔲	501(c) trust	401(a)	trust	Other trust
H Enter the number of the	organıza	tion's unrelated trades or businesses.	1		Describe	the only (or first) un	related	
•		erence Laboratory Services			_	complete Parts I-V.		
		ce at the end of the previous sentence, complete Pa	irts I an	id II, compl	ete a Schedule	M for each addition	al trade	or
business, then complete		-V. oration a subsidiary in an affiliated group or a pare	at auba	.d.ov oo ot	allad araus?	Stmt 2	X_ Ye	s No
		tifying number of the parent corporation.	27	Y	411	212099	١٥ ليخت	.2 [] 140
J The books are in care of				, –	Teleph	one number 🕨 (214)	820-1075
		le or Business Income		(A)	Income	(B) Expenses		(C) Net
1a Gross receipts or sale	s	3,017.						
b Less returns and allow	vances	c Balance ▶	1c		3,017.			
2 Cost of goods sold (S		· · · · ·	2		2,414.		_	602
3 Gross profit. Subtract			3		603.			603.
4a Capital gain net incom	•	n Schedule D) art II, line 17) (attach Form 4797)	4a 4b					
c Capital loss deduction		· · · · · · · · · · · · · · · · · · ·	4c					
•		ship or an S corporation (attach statement)	5					
6 Rent income (Schedu	•	,	6					
7 Unrelated debt-financ	ed incor	ne (Schedule E)	7			-		
· · · · · · · · · · · · · · · · · · ·		nd rents from a controlled organization (Schedule F)	8					
		on 501(c)(7), (9), or (17) organization (Schedule G)						
10 Exploited exempt activ	•	· ' '	10					
11 Advertising income (S12 Other income (See ins		•	11 12					
13 Total. Combine lines		•	13		603.			603.
Part II Deductio	ns No	t Taken Elsewhere (See instructions for	or limita	ations on o	deductions)			
		e directly connected with the unrelated busin						
	icers, dii	rectors, and trustees (Schedule K) RECEI	VE[14	
15 Salaries and wages16 Repairs and mainten	ance	/ 14					15 16	
17 Bad debts		MAY 18	202				17	
18 Interest (attach sche	dule) (se	1 1 ()	a. = 4	, (0)			18	
19 Taxes and licenses		OGDEN	1 11	ᆕᆜᄣᅬ			19	,, ,
20 Depreciation (attach		19-1	1, U		20			
	umed of	Schedule A and elsewhere on return			21a		21b	
22 Depletion	<u></u>	managation along					22	-
23 Contributions to defe 24 Employee benefit pro		npensation plans					23 24	,
25 Excess exempt exper	-	hedule ()					25	
26 Excess readership co							26	
27 Other deductions (at	tach sch	edule)					27	
28 Total deductions. A							28	0.
/		ncome before net operating loss deduction. Subtrac			13		29	603.
	erating l	oss arising in tax years beginning on or after Janua	ry 1, 20	118			20	0.
(see instructions)	ayahle ir	ncome. Subtract line 30 from line 29					30 31	603.
31 Unrelated business to		work Poduction Act Notice and instructions					31	Form 990-T (2010)

		Baylor Medical Center at Irv	ing			75-2586	857 Page 2
Par	tilla	Total Unrelated Business Taxal	ble Income				
32`	Total o	f unrelated business taxable income computed	from all unrelated trades or businesses	see instructions)		32)	603.
33		ts paid for disallowed fringes	, _Λ ((\		33	
34	Charita	ble contributions (see instructions for limitatio	on rules) Stmt 3 (\)	Stmt 4		34	0.
35	Total u	nrelated business taxable income before pre-20	018 NOLs and specific deduction Subtrac	t line 34 from the sum of	lines 32 and 33	35	603.
36		on for net operating loss arising in tax years b	\		•	36	
37		f unrelated business taxable income before spe	· · · · · · · · · · · · · · · · · · ·	•	/)	37	603.
38		deduction (Generally \$1,000, but see line 38			C)	38	1,000.
39		ted business taxable income. Subtract line 3	· · · · · · · · · · · · · · · · · · ·	e 37	v	19	
•••		ne smaller of zero or line 37				39	0.
Par		Tax Computation				1 99 1	
40		zations Taxable as Corporations. Multiply line	e 39 by 21% (0.21)			40	0.
41	-	Taxable at Trust Rates. See instructions for ta	• •	it on line 30 from:		70	
••		ax rate schedule or Schedule D (Form	·	it on line os nom.	_	41	
42		ax. See instructions	(1041)			42	
43 \	•	tive minimum tax (trusts only)				43	
44)	L .	Noncompliant Facility Income. See instruction	· · ·				
45		Add lines 42, 43, and 44 to line 40 or 41, which				44	0.
IDan	TOJAL. /	Tax and Payments	lever applies	•		45	
	/			- Tag T		اضدا	
	-	tax credit (corporations attach Form 1118; tru	usis attach Form 1116)	46a		{ !	
		redits (see instructions)		46b		{ !	
C		business credit. Attach Form 3800	00071	46c			
đ		or prior year minimum tax (attach Form 8801	or 8827)	46d		 	
		redits. Add lines 46a through 46d		•		46e	
47		t line 46e from line 45				47	<u> </u>
48			Form 8611 Form 8697 Form	n 8866 Other	(attach schedule)	48	
49		x. Add lines 47 and 48 (see instructions)		•		49	0.
50		et 965 tax liability paid from Form 965-A or Fo	rm 965-B, Part II, column (k), line 3	1 7 1		50	0.
		nts: A 2018 overpayment credited to 2019		10 5ta		 	
		stimated tax payments	V	/V 51b	9,287.		
C	Tax dep	osited with Form 8868		5 <u>1</u> c			
đ	Foreign	organizations; Tax paid or withheld at source	(see instructions)	5 d			
е	Backup	withholding (see instructions)	•	51e			
f	Credit f	or small employer health insurance premiums	(attach Form 8941)	5 f			
g		- · · · · · · - =	orm 2439				
	F	orm 4136 01	ther Total	► 51g			
52	Total p	ayments. Add lines 51a through 51g		•		32	9,287.
53	Estimat	ed tax penalty (see instructions). Check if Forn	n 2220 is attached 🕨 🔃			53	
54	Tax du	e. If line 52 is less than the total of lines 49, 50), and 53, enter amount owed		\1\	54	
55	Overpa	yment. If line 52 is larger than the total of line	s 49, 50, and 53, enter amount overpaid	•	10	55	9,287.
56		e amount of line 55 you want: Credited to 202			funded	56	9,287.
Part	:VII	Statements Regarding Certain	Activities and Other Informa	i tion (see instru	ctions)		
57	At any t	ime during the 2019 calendar year, did the org	ganization have an interest in or a signatur	e or other authority			Yes No
	over a f	inancial account (bank, securities, or other) in	a foreign country? If "Yes," the organization	on may have to file			
	FinCEN	Form 114, Report of Foreign Bank and Financi	ial Accounts. If "Yes," enter the name of th	e foreign country			
	here	>			_		x
58	During	the tax year, did the organization receive a dist	tribution from, or was it the grantor of, or	transferor to, a forei	gn trust?		х
	If "Yes,"	see instructions for other forms the organizati	ion may have to file.		-	•	
59		e amount of tax-exempt interest received or ac					
	Ur	der penalties of perjury, I declare that I have examined	this return, including accompanying schedules an	d statements, and to the	best of my knowled	lge and belief, it is t	rue,
Sign	l i	rrect, and complete Declaration of preparer (other than	taxpayer) is based on all information of which pre	parer has any knowledge			
Here		Stoke Roused	5.12 2021 VP CFO			ay the IRS discuss to preparer shown be	
		Signature of officer	Date Title	-			Yes No
		Print/Type preparer's name	Preparer's signature	Date	Check If		
Paid		[self- employed	""	
					Jpioyou		
-	Only	Firm's name ▶		L	Firm's EIN	1	
USE	Only		·		The second second		
		Firm's address			Phone no.		
923711	01-27-20			'	1 . 110110 110.	Earm (990-T (2019)
						i Oilli	(4013)

Schedule A - Cost of Goods	Sold. Enter	method of invento	ory va	aluation Cost		<u>.</u>	_	·· ·· ·	
1 Inventory at beginning of year	1	0.		Inventory at end of year	 ır		6		0.
2 Purchases	2	2,414.		Cost of goods sold. St		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	2,	414.	
(attach schedule)	4a		8	Do the rules of section	with respect to		Yes	No	
b Other costs (attach schedule)	4b			property produced or a	for resale) apply to				
5 Total. Add lines 1 through 4b	5	2,414.		the organization?	•	,			х
Schedule C - Rent Income (F (see instructions)	rom Real	Property and	Pers	sonal 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 than 10% but not more than 50%)	entage of han	of rent for per	sonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ai	r connec nd 2(b) (cted with the income in (attach schedule)	1
(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)	>		0.
Schedule E - Unrelated Debt	-Financed	Income (see in	stru	ctions)					
			9	. Gross income from		3. Deductions directly con to debt-finance			
1. Description of debt-fina	nced property		or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	
(1)							\top		
(2)							\top		
(3)							1		
(4)						-			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or e debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)				%		-	T		
(2)				%					
(3)				%					
(4)				%	_	· · · · · · · · · · · · · · · · · · ·			
<u> </u>				· · · · · · · · · · · · · · · · · · ·		nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals				▶		0	.		0.
Total dividends-received deductions inc	luded in column	ı 8				b			0.
2		-						Form 000 T	-

Schedule F - Interest, F	Annuities	, Royali	ies, and	Rents	From Co	ntrolle	d Organiza	tions	see ins	struction	s)	
	Ĭ			Exempt	Controlled O	rganizati	ons					
1. Name of controlled organizate	ion	2. Emj identifi num	cation		elated income nstructions)		al of specified nents made	ınclud	rt of column 4 led in the contraction's gross	rolling	6. Deductions directly connected with income in column 5	
(1)											•	
(2)					_							
(3)	· · · · · · ·	-				-						
(4)										Ī		
Nonexempt Controlled Organia	zations					•						
7. Taxable Income	8. Net un	related incom		9. Total	of specified payr made	nents	10. Part of column the controllingross	mn 9 tha ng organ s income	nization's	11. De with	iductions directly connected n income in column 10	
(1)		•										
(2)				-								
(3)												
(4)												
			·				Add colum Enter here and	on page	o 1, Part I, A)	l .	dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)	
Totals						<u> </u>			0.		0	
Schedule G - Investme		ne of a S	ection 5	501(c)(7	'), (9), or (⁻	17) Org	janization					
(see instr	ructions)	· · · · · · · · · · · · · · · · · · ·										
1. Descr	ription of incon	ne			2. Amount of	ıncome	 Deduction directly conne (attach sched) 	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)									<u> </u>			
(3)												
(4)												
					Enter here and o Part I, line 9, co	lumn (A)					Enter here and on page Part I, line 9, column (B)	
Totals						0.					0	
Schedule I - Exploited (see instru		Activity	Income,	Other	Than Adv	ertisin	g Income					
1. Description of exploited activity	2. Gr unrelated b income trade or b	ousiness from	3. Expedirectly conwith production of unrelabusiness	nnected luction lated	4. Net incom from unrelated business (co minus columi gain, compute through	I trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat eđ	att ibut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	İ											
(2)	<u> </u>											
(3)	i											
(4)	Enter here page 1, line 10, c	Part I,	Enter here page 1,1 line 10, c	Part I,	\	Î					Enter here and on page 1, Part II, tine 25	
Totals •		0.		0.	<u> </u>						0	
Schedule J - Advertisir												
Part I Income From I	Periodica	als Repo	orted on	a Cons	solidated	Basis						
1. Name of periodical		2. Gross advertising income		. Direct tising costs	4. Advert or (loss) (c col 3) If a gr cols 5 th	ain, comput	5. Circulate income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					1							
(2)					7							
(3)					7							
(4)					7				1			
··					1				İ			
Totals (carry to Part II, line (5))	▶		0.	(, ,						d	
retails (oding to rait in, line (J))					-1						Form 990-T (2019	

Totals, Part II (lines 1-5)

٥.

columns 2 through 7	_	•	ate Basis (For each	ch periodical liste	d in Part II, fill in	
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.
	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

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 (2019)

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-T	Contributions	Statement 3
Description/Kind of Property	Method Used to Determine FMV	Amount
FY '20 Cash Contributions	N/A	26,080.
Total to Form 990-T, Page 2, 1	ine 34	26,080.

Form 990-T Contributions Summa	ary	Statement	4
Qualified Contributions Subject to 100% Limit Qualified Contributions Subject to 25% Limit			
Carryover of Prior Years Unused Contributions For Tax Year 2014 35,852 For Tax Year 2015 27,908 For Tax Year 2016 3,960 For Tax Year 2017 27,425 For Tax Year 2018 12,488			
Total Carryover Total Current Year 10% Contributions	 107,633 26,080		
Total Contributions Available Taxable Income Limitation as Adjusted	133,713	-	
Excess Contributions Excess 100% Contributions Total Excess Contributions	133,713 0 133,713	-	
Allowable Contributions Deduction		-	0
Total Contribution Deduction			0