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DLN: 93493137007350

Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public
Inspection

\ Fo	rthe 2	2008 cale	ndar yea	r, or tax year beginning 07-01-2008	and ending 06-30-2009	<del></del>					
				C Name of organization			D Employer i	dentification number			
_	Iress cha		Please ise IRS	BAYLOR REGIONAL MEDICAL CENTER AT	75-1777	75-1777119					
_		Ti I	abel or	Doing Business As	E Telephone						
Nar _	ne chan		orint or type. See		(214) 926	) 412E					
Inıt	ıal retur		Specific Instruc-	Number and street (or P O box if mail is	not delivered to street address	ss) Room/su	(214) 820	ipts \$ 250,936,222			
– Ter	mınatıoı		ions.	2001 BRYAN STREET			d dioss rece	ipts \$ 230,930,222			
– <sub>Am</sub>	ended r	return									
_				City or town, state or country, and ZIP + DALLAS, TX 752013005							
App	nication	pending									
				ne and address of Principal Officer		H(a) Is	this a group retu	rn for			
				LAWSON /COLLEGE		affi	ılıates?	⊤Yes <b>▽</b> No			
				VINE,TX 76051		U/b\ ^=	e all affiliates inclu	ded?			
Ta	x-exem	pt status		(3) <b>◄</b> (insert no )							
							oup Exemption N	st See instructions )			
W	eb site	e: <b>F</b> vv vv vv	BAYLOR	HEALTH COM		<b>п(с)</b>	oup Exemption i	dinber P			
<u>,                                    </u>			<del>-</del>	on		1. ,, ,		M C			
Стур	e or org	anization	Corporati	on   trust   association   other <b>F</b>		L Year of	Formation 1981	<b>M</b> State of legal domicile TX			
Pai	rt I	Summ	ary								
	1	Briefly de	scribe the	e organization's mission or most sig	nıfıcant actıvıtıes						
		Faith has	ed acute	care hospital providing exemplary p	atient care to Granevine	Texas an	d the surroundin	a communities			
<u> </u>		r aren bas	cu ucutc	care nospital providing exemplary p	ations care to Grapevine	, rexus un	a the samounam	g communicies			
<u> </u>											
<u>a</u>											
sovemance	2	Check thi	s box 🗀	If the organization discontinued its o	operations or disposed o	f more thar	n 25% of its ass				
	3	Number o	f voting n	nembers of the governing body (Par	tVI, line 1a)		. 3	5			
o o	4	Number o	fındepen	dent voting members of the governi	ng body (Part VI, line 1b	)	4	5			
Acumines	5	Total num	nber of en	nployees (Part V, line 2a)			5	1,275			
Ē				lunteers (estimate if necessary) .			6	286			
ទ្ធ						7-					
•				ed business revenue from Part VII							
	b	Net unrel	ated busi	ness taxable income from Form 990	I-T, line 34		7b	0			
_						P	Prior Year	Current Year			
	8	Contribu	itions and	grants (Part VIII, line 1h)			812,561	46,528			
를	9	Program	service	evenue (Part VIII, line 2g)			206,503,063	233,389,725			
Revenu	10	Investm	ent incon	ne (Part VIII, column (A), lines 3, 4	, and 7d)		2,110,237	54,252			
<del>iii</del>	11	O ther re	venue (P	art VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)		0	15,837			
	12	Total rev	venue—a	ld lines 8 through 11 (must equal P							
		12)					209,425,861	233,506,342			
	13	Grants a	nd simila	r amounts paid (Part IX, column (A	), lınes 1–3)		6,000	1,897,269			
	14	Benefits	paid to o	r for members (Part IX, column (A),	line 4)		0	0			
	15	Salaries	, other co	mpensation, employee benefits (Pa	rt IX, column (A ), lines 5	i _	_				
\$		10)	, 010. 00	mpensation, employee bellents (i a	(1.17.) column (1.17) mes s		65,047,314	77,369,977			
Expenses	16a	Professi	onal fund	raising fees (Part IX, column (A), lir	ne 11e)		0	0			
Ě	ь	(Total fun	draising evi	penses, Part IX, column (D), line 25 <sup>0</sup>	,						
ш	17	•		Part IX, column (A), lines 11a–11d	11f_24f)	113 003 770 121 551 70					
							113,093,779	121,551,708			
	18			add lines 13-17 (must equal Part I			178,147,093	200,818,954			
00	19	Revenue	less exp	enses Subtract line 18 from line 12	2		31,278,768	32,687,388			
\$ 8 \$						Begi	nning of Year	End of Year			
9 #	l						187,321,004	230,975,537			
ያቸ .	20	Total as	sets (Par	t X, line 16)							
A 55.50			,	•			9.879.493	13.722.006			
iet Asse und Bak	21	Total lıa	bilities (P	art X, line 26)	20		9,879,493	13,722,006			
	21 22	Total lia Net asse	bilities (P ets or fun	art X, line 26) d balances Subtract line 21 from lii	ne 20		9,879,493 177,441,511	13,722,006 217,253,531			
	21	Total lia Net asse <b>Signa</b>	bilities (Pets or fun	art X, line 26) d balances Subtract line 21 from lin			177,441,511	217,253,531			
	21 22	Total lia Net asse Signa Under pen	bilities (Pets or funture Blown alties of person alties of person bilities of person bestellt between the bilities of person bestellt bet bestellt bestellt bestellt bestellt bestellt bestellt bestellt	art X, line 26)  d balances Subtract line 21 from line  ock  gury, I declare that I have examined this re	turn, including accompanying		177,441,511	217,253,531 or the best of my knowledge			
Par	21 22 t III	Total lia Net asse Signa Under pen	bilities (Pets or funture Blown alties of person alties of person bilities of person bestellt between the bilities of person bestellt bet bestellt bestellt bestellt bestellt bestellt bestellt bestellt	art X, line 26) d balances Subtract line 21 from lin	turn, including accompanying	l on all inform I	177,441,511  d statements, and to nation of which prep	217,253,531 or the best of my knowledge			
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### Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission FOUNDED AS A CHRISTIAN MINISTRY OF HEA CARE, EDUCATION, RESEARCH, AND COMMU		MEDICAL CENTER AT GRAPE	VINE EXISTS TO SERVE ALL PEOPI	E THROUGH EXEMPLARY HEALTH
2	Did the organization undertake any	significant program se	rvices during the year	which were not listed on	_
_	the prior Form 990 or 990-EZ?				✓ Yes  No
	If "Yes," describe these new service				
3	Did the organization cease conduction services?				┌ Yes ┌ No
4	Describe the exempt purpose achie Section 501(c)(3) and (4) organizat others, the total expenses, and reve	vements for each of th ions and 4947(a)(1) t	rusts are required to re	eport the amount of grants	
4a	(Code ) (Expenses Baylor Regional Medical Center at Grapevi Texas and the surrounding communities Erelated health care entities that provide question of Grapevine provides inpatient and outpatient services are provided despite a financial lomultidisciplinary interactions among physic services included comprehensive care for a 13,101 inpatients resulting in a total of 63, part of its charitable mission, Baylor Grape community During the year, Baylor Grape sponsored health care services as reported well being of individuals and families beyo programs are targeted to positively alterin support groups for individuals suffering with these programs was \$336,393 Baylor Grahealth care professionals nation-wide Assiqualified nurses. During the year, Baylor Grunsing education programs is \$5,434	ne ("Baylor Grapevine") is laylor Grapevine is an affiliality patient care, medical in medical services to treat so to Baylor Grapevine. Sei lans, providing patients with all stages of illness through 332 days of care, treated vine is committed to providine provided a community under the Texas Health and the health activities of to the texas such as diabete pevine also provided superstring with the preparation of the community in the seases such as diabete pevine also provided superstring with the preparation of the community in the seases such as diabete pevine also provided superstring with the preparation of the community in the seases such as diabete pevine also provided superstring with the preparation of the community in the seases such as diabete pevine also provided superstring with the preparation of the community in the communit	eate of Baylor Health Care Sy education, medical research individuals with diseases, il rvices include all of the come in innovative methods of pre- all stages of life. During the 48,655 outpatients, delivered fing free and/or subsidized of benefit of \$34,520,010 in and Safety Code Section 311 the traditional hospital or clir inity through outreach and e s, cardiovascular and pulmo visory education programs for for future nurses at entry and	vistem, a nationally acclaimed net in, and community services to the inesses and injuries of varying coprehensive services typical of a quevention, diagnosis, treatment, explicated year ended June 30, 2009 d 3,045 babies and had 39,765 exare to both financially and medicunreimbursed cost of charity care. Baylor Grapevine is also committed the community of the training of future nary diseases, and cancer. The upon the training of future nurses in diadvanced levels of nursing is critical research.	work of acute care hospitals and North Texas Region Baylor implexities. Some of those clinical uality acute care hospital with ducation and support. These is Baylor Grapevine admitted mergency department visits. As ally indigent patients of the indigent, and other government ted to promoting the health and outreach programs. These interiton, childhood obesity, and interimbursed cost of providing an effort to increase the supply of tical in establishing a workforce of
4b	(Code ) (Expenses	\$	including grants of \$	) (Revenue \$	)
<b>4c</b>	(Code ) (Expenses	\$	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe	ın Schedule O )			
	(Expenses \$	including grants of	f\$	) (Revenue \$	)
4e	Total program service expenses \$	177,434,62	9 Must equal Part IX,	Line 25, column (B).	

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	24a 25a		N o
ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			1 63	110
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
3 <b>1</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νo

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 160			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
24	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited  Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or	7a		Νo
	more?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		No
4	file Form 8282?	70		110
u	The rest, indicate the number of forms 5252 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	required?	<b>/</b> '''		
•	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	against amounts due of received nomenell /			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

## Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section <i>E</i>	<u> A. Governing</u>	Body	<u>and</u>	<u>Management</u>	t

							165	140
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, d processes, or changes in Schedule O. See instructions.	des cr	ibe the	cırcun	stances,			
1a	Enter the number of voting members of the governing body 1	1a				5		
b	Enter the number of voting members that are independent 1	1b				5		
2	Did any officer, director, trustee, or key employee have a family relationship or a busin other officer, director, trustee, or key employee?				•	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .							Νο
4	Did the organization make any significant changes to its organizational documents sinfiled? $\cdot$ .	ice th	ne prio	r Form	990 was	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect or governing body?				ers of the	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders	s, or	other	person	s?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions year by the following	ıs un	dertak	en duri	ng the			
а	the governing body?					8a	Yes	
b	each committee with authority to act on behalf of the governing body?					8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?					9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the acti affiliates, and branches to ensure their operations are consistent with those of the organization.					9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was must describe in Schedule O the process, if any, the organization uses to review the Fo			_		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, the organization's mailing address? If "Yes," provide the names and addresses in Sche					11		Νο

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13.  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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### Part VII

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did no	t compens	ate any	OHIC	ei, u	mec	ισι, τι	uste	e of key employee		
Check this box if the organization did no	(B)	Posii t	tion (	cheo	ck a		uste	(D) Reportable	(E) Reportable	<b>(F)</b> Estimated amount of other
(A) Name and Title	Average hours per week	Individual Trustee or Director	stitutional Trustee	Officei	Ke) emplojee	nest compensated Notee	Former	compensation from the organization (W- 2/1099MISC)	compensation from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations

### art VII Continued

<b>(A)</b> Name and Title	(B) A verage hours per week	or Treater	_	appl Officei	y) 否	Highes:	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E)  Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		ן ז	o o			at ed				
1b Total							•	1,483,75	1,310,656	360,979

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►48

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

	<b>(A)</b> Name and business address	( <b>B</b> ) Description of services	(C) Compensation
Baylor Health Care System 2001 Bryan Street Suite 2200 DALLAS, TX 75201		Management Services	23,645,139
Medco Construction LLC 2001 Bryan Street Suite 2200 DALLAS, TX 75201		Construction Svcs	24,433,303
Aramark Services Inc P O Box 651009 CHARLOTTE, NC 282651009		Engineering/Food Svc	4,431,038
HDR Architecture Inc P O Box 3480 OMAHA, NE 681030480		Architecture Service	1,523,357
HealthTexas Provider Network 2001 Bryan Street Suite 2200 DALLAS, TX 75201		Clin/Admin Svcs	832,004
2 Total number of independe	nt contractors (including those in 1) who rec	eived more than \$100,000 in compensation	31

Part VIII

Statement of Revenue

					(A) Total Revenue	( <b>B</b> ) Related or Exempt	(C) Unrelated Business	(D) Revenue Excluded from
						Function Revenue	Revenue	Tax under IRC 512, 513, or 514
	1a	Federated car	npaigns 1a					
まま	ь	Membership d	ues					
Contributions, gifts, grants and other similar amounts			1b					
S,€	С	Fundraising ev	vents <b>1c</b>					
慧志	d	Related organ	ızatıons1d	36,961				
<u>₹</u>	e	Government grar	nts (contributions) <b>1e</b>					
구 조	f	All other contribu	tions, gifts, grants, and	9,567				
e e		sımılar amounts ı	not included above					
돌	g	Noncash cont	rıbutıons ıncluded ın					
္မ					46 520			
	h	Total (Add lin	es 1a-1f)		46,528 ——————			
<b>a</b> )				Business Code				
1	2a	PATIENT CARE R	EVENUE	621,990	230,968,174	230,968,174		
e Ke	b	RENT		531,120	1,875,726	1,875,726		
ъ Щ	С	EDUCATION		900,099	41,197	41,197		
rwc	d	REGISTRATION F	EES	900,099	82,714	82,714		
B.	e	CAFETERIA		722,210	598,701			598,701
Tan.	f	All other prog	ram service revenue		-176,787	-197,774		20,987
Program Service Revenue	g		es 2a-2f					
	3	► \$ 233,389,7		donds interest				-
			come (including dividence)	· · · · · · · · · · · · · · · · · · ·	2,326,865			2,326,865
				▶	· ·			_,
	4	Income from inve	estment of tax-exempt bo	ond proceeds	0			
	5	Royalties .			15,837			15,837
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental inc	ome or (loss)					
				<b>*</b>				
	7-	Gross amount	(ı) Securities 15,153,539	(II) O ther 3,728				
	7a	from sales of	13,133,333	3,720				
		assets other than inventory						
	ь	Less cost or other basis and	17,419,249	10,631				
	_	sales expenses Gaın or (loss)	-2,265,710	-6,903				
	c d			-0,903	-2,272,613			-2,272,613
	u	Net gain or (lo		. ▶	2,2,2,013			2,2,2,013
	8a		from fundraising					
		events (not in \$	cruaing					
an e		of contribution	ns reported on line					
₹		1c) See Part  Attach Schedul	IV , line 18 <i>le G if total exceeds</i>					
æ			a					
Other Revenue	ь	Less directe	xpensesb					
둦	с	Net income or	· (loss) from fundraisi	ng events	0			
•	9a	Gross income	from gaming					
		activities See	part IV, line 19					
		Complete Sche exceeds \$15,00						
		. ,	а					
	ь	Less directe	xpensesb					
	С		(loss) from gaming a	activities •	0			
	10a	Gross sales o	f inventory, less	<u>-</u>				
		returns and al	lowances .					
			a					
	Ь		goods sold b		0			
	С		(loss) from sales of		0			-
	11a	Miscellaneou	is Reveilue	Business Code				
								<del> </del>
	Ь							<del> </del>
	c							
	d		nue					
	е	Total. Add line	es 11a-11d	\$				
	12	Total Revenue	<b>e.</b> Add lines 1h, 2g, 3		233,506,342	232,770,037		689,777
		8c,	l1e					]
	1	July allu 1		•				1

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).						
Do r	ot include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	( <b>D)</b> Fundraising expenses	
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,891,269	1,891,269			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	6,000	6,000			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0				
4	Benefits paid to or for members	0				
5	Compensation of current officers, directors, trustees, and key employees	957,970		957,970		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0				
7	Other salaries and wages	62,288,450	61,785,963			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,868,044	1,819,069	48,975		
9	Other employee benefits	7,660,316	7,598,519	61,797		
10	Payroll taxes	4,595,197	4,504,558	90,639		
11	Fees for services (non-employees)					
а	Management	23,353	23,353			
ь	Legal	63,696		63,696		
c	Accounting	154,250		154,250		
d	Lobbying	0				
е	Professional fundraising See Part IV, line 17	0				
f	Investment management fees	0				
g	Other	33,814,567	15,209,184	18,605,383		
12	Advertising and promotion	2,075,693	934	2,074,759		
13	Office expenses	37,980,707	37,782,153	198,554		
14	Information technology	5,256,560	5,256,560			
15	Royalties	0				
16	Occupancy	7,685,432	7,483,189	202,243		
17	Travel	177,394	132,993	44,401		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0				
19	Conferences, conventions and meetings	76,529	70,634	5,895		
20	Interest	1,425	1,425			
21	Payments to affiliates	0				
22	Depreciation, depletion, and amortization	14,254,552	14,254,003	549		
23	Insurance	994,720	887,851	106,869		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)					
а	BAD DEBT	17,776,874	17,776,874			
b	LAUNDRY	566,978	566,978			
c	SPECIAL FUNCTIONS	317,859	244,036	73,823		
d	DUES & MEMBERSHIPS	80,841	61,118	19,723		
e	MEALS & ENTERTAINMENT	39,776	30,267	9,509		
f	All other expenses	210,502	47,699	162,803		
25	Total functional expenses. Add lines 1 through 24f	200,818,954	177,434,629	23,384,325		
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,	, ,,			

Part X	Balance	Sheet

					(A)		(B	
	1	Cash—non-interest-bearing			Beginning of year 137,741	1	End of	19,426
	2	Savings and temporary cash investments		288,396	2		439,334	
	3	Pledges and grants receivable, net			200,000	3		400,004
	4	Accounts receivable, net			12,337,936		11	3,846,803
	5	Receivables from current and former officers, directors, trustee			12,007,000			0,010,000
		other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		•		5		
	6	Receivables from other disqualified persons (as defined under a persons described in section 4958(c)(3)(B) Complete Part II of				6		
	7	Notes and loans receivable, net			6,892	7		536
	8	Inventories for sale or use			4,851,294	8		5,654,715
ş	9	Prepaid expenses and deferred charges			62,022	9		75,565
Assets	10a	Land, buildings, and equipment cost basis	10a	227,196,899				
₹	ь	Laca pagumulated degraciation Complete Part VI of	104	227,100,000	-			
	"	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	91,807,338	116,616,791	<b>10</b> c	13	5,389,561
	11	Investments—publicly traded securities	50,659,421	11	6-	4,371,732		
	12	Investments—other securities See Part IV, line 11 $\it Complete B \it Schedule D$	Part VI	I of		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete of Schedule D$ .	0	13	8	8,305,687		
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		2,360,511	15		2,872,178	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			187,321,004	16	23(	0,975,537
	17	Accounts payable and accrued expenses .			7,671,116	17		1,687,242
	18	Grants payable	7,07,1,770	18		.,,		
	19	Deferred revenue	2,154,826	19		1,744,764		
	20	Tax-exempt bond liabilities		20		.,,		
S.	21	Escrow account liability Complete Part IV of Schedule D	_		21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u>.</u>		persons Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third partie	53,551	23		0		
	24	Unsecured notes and loans payable	•		24			
	25	Other liabilities Complete Part X of Schedule D		0	25		290,000	
	26	Total liabilities. Add lines 17 through 25			9,879,493	26	1;	3,722,006
		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plet e l	lines 27	, ,			<u> </u>
У Ф С		through 29, and lines 33 and 34.	•					
g G	27	Unrestricted net assets			175,077,398	27	21	4,491,240
Balance	28	Temporarily restricted net assets			2,364,113	28	:	2,762,291
돧	29	Permanently restricted net assets			0	29		
r Fund		Organizations that do not follow SFAS 117, check here ►   a lines 30 through 34.	nd con	nplet e				
9	30	Capital stock or trust principal, or current funds	_			30		
Ą	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets or	32	Retained earnings, endowment, accumulated income, or other f				32		
Net /	33	Total net assets or fund balances			177,441,511	33	217	7,253,531
Ž	34	Total liabilities and net assets/fund balances			187,321,004	34		0,975,537
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	<b>b</b> Were the organization's financial statements audited by an independent accountant?			Νo
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Employer identification number

### OMB No 1545-0047

### **SCHEDULE A**

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public Inspection

A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)								
the								
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
Section 170(b)(1)(A)(iv). (Complete Part II)								
ublic								
d gross								
of								
sses								
)								
urposes of								
<b>)(3).</b> Check								
the box that describes the type of supporting organization and complete lines 11e through 11h  a								
persons								
(a)(1) or								
ganization,								
ı								
Yes No								
i) A mount of support?								
зирроп.								

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)				
	Facts and Circumstances Test				

Schedule A (Form 990 or 990-EZ) 2008

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes." to Form 990, Part IV, Line 5 (Proxy Tax)

	me of the organization			Employer iden	itification number
BAY	YLOR REGIONAL MEDICAL CENTER	AT GRAPEVINE			
ar		ed by all organizations exemptions (See the instructions for Schedul		75-1777119 n <b>501(c) and section</b>	527
1	<del>-</del>	ne organization's direct and indirect po	•	tivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
°a r	<b>To be complete</b> for Schedule C for	ed by all organizations exempor details.)	pt under sectio	<b>n 501(c)(3).</b> (See the	instructions
1	Enter the amount of any e	xcise tax incurred by the organization	under section 4955	5	\$
2	Enter the amount of any e	xcise tax incurred by organization mai	nagers under sectio	n 4955	\$
3	If the organization incurre	d in a section 4955 tax, did it file Forr	m 4720 for this yea	r?	☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part	IV			
Par		ed by all organizations exemptions for Schedule C for details.)	pt under sectio	n 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly	expended by the filing organization for	section 527 exem	pt function activities	\$
2	Enter the amount of the fil 527 exempt funtion activi	ling organization's internal funds contr ities	ıbuted to other orga	nizations for section	\$
3	Total of direct and indirec 1120-POL, line 17b	t exempt function expenditures Add li	nes 1 and 2 and en	ter here and on Form	\$
4	Did the filing organization	file Form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amo political contributions rec	es and Employer Identification Numbe ount paid and indicate if the amount wa eived and promptly and directly delive ical action committee (PAC) If addition	s paid from the filing red to a separate po	g organization's own interna olitical organization, such a	l funds or were s a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
		•	1	I	1

	(election under sec	organizations exempt under section 501( tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
1a	Total lobbying expenditures to influe			
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is:  20% of the amount on line 1e  \$100,000 plus 15% of the excess over \$500,000  \$175,000 plus 10% of the excess over \$1,000,000  \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	<b>(e)</b> Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line d, column (e))						
f	Grassroots lobbying expenditures						

Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form	_
	<b>5768 (election under section 501(h)).</b> (See the instructions for Schedule C for details.)	

		(3	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
ь	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		7,662
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		48,749
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV		Νo	
j	Total lines 1c through			56,411
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
ь	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912		ļ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A. To be completed by all organizations exempt under section $501(c)(4)$	section	501(c	)(5) or

### Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

## Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	_

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

Ident if ier	Return Reference	<b>Explanat ion</b>
SUPPLEMENTAL INFORMATION		STATEMENT REGARDING LEGISLATIVE ACTIVITY Health care policy is critical to all Americans, and Baylor Regional Medical Center at Grapevine ("BRMCG") believes that health care providers must participate in forming health care policy by interacting with national, state and local representatives and their staff members to help them better understand the complexities and ramifications of key health care policies including, without limitation, those related to uninsured and indigent patient needs as well as the legislative and regulatory needs to assure the delivery of cost-efficient, quality health care BRMCG has established relationships with persons and industry associations that often communicate BRMCG's positions on major health care issues. These contacts may include direct contact, telephone conversations and/or letters. Also, BRMCG may attempt to educate the local community on certain legislative initiatives that may impact BRMCG's ability to provide quality health care services to the community through direct mailings, media advertising or broadcast statements. The amount of resources (time and money) involved in these activities is insubstantial. BRMCG has not intervened in any political campaign.

1 \$

Part IV Supplemental I	Part IV Supplemental Information						
Ident if ier	Return Reference	Explanation					

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization
BAYLOR REGIONAL MEDICAL CENTER AT GRAPEVINE

Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered "Yes" to Form 990, Part IV, line 6.

(a) Donor advised funds

(b) Funds and other accounts

Total number at end of year

1 Total number at end of year
2 Aggregate Contributions to (during year)
3 Aggregate Grants from (during year)
4 Aggregate value at end of year

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes No

5 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Pur	Purpose(s) of conservation easements held by the organization (check all that apply)					
$\sqcap$	Preservation of land for public use (e g , recreation or pleasure)	$\sqcap$	Preservation of an historically importantly land area			
Γ	Protection of natural habitat	Γ	Preservation of certified historic structure			

□ Preservation of open space

Total number of conservation easements

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- Held at the End of the Year
- **b** Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06

- 2a
  2b
  2c
  2d
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶
- 4 Number of states where property subject to conservation easement is located **>**
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Ves EN
- 6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- **b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

**-** \$

(ii) Assets included in Form 990, Part X

- \$

**►** \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

**▶**- ⊈

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Part	Organizations Maintaining Collections of A	rt, His	tori	cal Treas	ures, or Othe	r Similar Ass	sets (c	ontinued)
3	Using the organization's accession and other records, check a items (check all that apply)	ny of th	ie foll	owing that a	re a sıgnıfıcant ι	ıse of ıts collectı	on	
а	Public exhibition	d	Г	Loan or exc	change programs	1		
b	Scholarly research	e	Γ	Other				
с	Preservation for future generations							
4	Provide a description of the organization's collections and exp Part XIV	laın hov	v the	/ further the	organization's e	xempt purpose ır	ı	
5	During the year, did the organization solicit or receive donation assets to be sold to raise funds rather than to be maintained a						- Yes	Г No
Par		. Com	plete	e if the org		ered "Yes" to	Form 9	90,
1a	Is the organization an agent, trustee, custodian or other internincluded on Form 990, Part X?	nediary	for c	ontributions	or other assets		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following ta	ble						
						A me	ount	
С	Beginning balance				<b>1</b> c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form 990, Part X, $\mbox{Ii}$	ne 21?				Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete if the organization							
4_	(a)Current Year	(b	Prior \	rear (c)	wo Years Back (d)	Three Years Back	(e)Four Y	ears Back
1a	Beginning of year balance	_						
b	Contributions	_						
с	Investment earnings or losses	_						
d	Grants or scholarships	_						
е	Other expenditures for facilities and programs							
f	Administrative expenses	_						
g	End of year balance	_						
2	Provide the estimated percentage of the year end balance held	– las						
a	Board designated or quasi-endowment -	1 43						
	Permanent endowment							
b								
	Term endowment	4				* la _		
3a	Are there endowment funds not in the possession of the organic organization by	ization	tnata	ire neid and	administered for	tne	Yes	No
	(i) unrelated organizations					3a(i		1
	(ii) related organizations					3a(ii	i)	
b	If "Yes" to 3a(II), are the related organizations listed as requir	ed on S	ched	ule R? .		Зь		
4	Describe in Part XIV the intended uses of the organization's e	ndowm	ent fu	nds				
Par	VI Investments—Land, Buildings, and Equipm	ent. S	ee F	orm 990, F	Part X, line 10.	T		
	Description of investment			Cost or other (investment)	<b>(b)</b> Cost or other basıs (other)	(c) Depreciation	( <b>d)</b> Bo	ok value
1a L	and				2,751,051			2,751,051
b B	Guildings				143,538,056	35,002,750	10	8,535,306
c L	easehold improvements							0
d E	quipment				80,907,792	56,804,588	2	4,103,204
<b>e</b> 0	)ther				·			0
	Add lines 1a-1e (Column (d) should equal Form 990, Part X, colu	umn (B)	, line	10(c).) .			13	5,389,561
						Schedule D	(Form 9	90) 2008

uncertain tax positions under FIN 48

(a) Description of security or cateory		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
	<del> </del>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12	) <b>&gt;</b>	
Part VIII Investments—Program Related.	See Form 990, Part X, line 13	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
		, , , , , , , , , , , , , , , , , , , ,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13	) 🕨	
Part IX Other Assets. See Form 990, Part >		
	scription	(b) Book value
BRMCG ASSETS AT BHCS FDN		2,582,178
PHYSICIAN GUARANTEE RECEIVABLE		290,000
Total. (Column (b) should equal Form 990, Part X, col.(B) I		· · · · · · · •
Part X Other Liabilities. See Form 990, Pa	(b) A mount	
Federal Income Taxes	(D) mindant	
PHYSICIAN GUARANTEE LIABILITY	290,000	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25	290,000	
In Part XIV, provide the text of the footnote to the orga	,	at reports the organization's liability for

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		leturn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	** XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	rt XIV,	lines 1b and 2b,

Ident if ier	Return Reference	Explanation
FIN 48 DISCLOSURE STATEMENT		The filing organization does not have separate individual audited financial statements, however, the organization is included in Baylor Health Care Systems combined audited financial statements (System) The System adopted the provisions of FASB Interpretation No 48, Accounting for Uncertainty in Income Taxes-an Interpretation of FASB Statement 109, or FIN 48, on July 1, 2007 As of June 30, 2009, there were no gross unrecognized tax benefits related to the filing organization

Name of the organization BAYLOR REGIONAL MEDICAL CENTER AT GRAPEVINE

### OMB No 1545-0047

Open to Public **Inspection** 

### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

**Employer identification number** 

						5-1777119			
Pa	rt I Charity Care and	l Certain O	ther Com	munity Benefits	at Cost (Optional fo	r 2008)		V	NI-
1-	Does the organization have a	charity care	nolicy2 If "N	lo " skin to ausstion 6	ia.		_	Yes	No
	If "Yes," is it a written policy				,		1a		
							1b		
2	If the organization has multip care policy to the various hos	spitals		-		of the charity			
	Applied uniformly to all he Generally tailored to indiv	ospitals vidual hospita	ls	Applied uniform	lly to most hospitals				
3	Answer the following based o organization's patients	n the charity	care eligibili	ty criteria that applie	s to the largest numbe	of the			
а	Does the organization use Fe						3a		
				Other			Sa		
b	Does the organization use FP "Yes," indicate which of the fo			· -			3ь		
	□ 200%    □ 250%	Г 300	о% Г	350% <b>Г</b> 40	00%	%			
c	If the organization does not u determining eligibility for free test or other threshold, regar	or discounte	d care Inclu	ıde ın the description	whether the organizati				
4	Does the organization's polic	y provide free	or discount	ed care to the "medic	ally indigent"?		4		
5a	Does the organization budget	t amounts for	free or disco	unted care provided i	under its charity care p	olicy?	5a		
b	If "Yes," did the organization	's charity car	e expenses	exceed the budgeted	amount?		5b		
С	If "Yes" to line 5b, as a resul care to a patient who was elig						5c		
6a	Does the organization prepar	e an annual c	ommunity be	enefit report?			6a		
6b	If "Yes," does the organization	on make it ava	aılable to the	public?			6b		
	Complete the following table worksheets with the Schedule		ksheets prov	vided in the Schedule	H instructions Do not	submit these			
7	Charity Care and Certain C	ther Commu	nıty Benefits	at Cost					
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community to expense	penefit	(f) Pero total ex	
а	Charity care at cost (from worksheets 1 and 2)								
b	Unreimbursed Medicaid (from worksheet 3, column a) .								
С	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)								
d	<b>Total</b> Charity Care and Means-Tested Programs .								
e	Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)								
f	Health professions education (from worksheet 5)								
g	Subsidized health services (from worksheet 6)								
	Research (from worksheet 7)								
	Cash and in-kind contributions to community groups (from worksheet 8)								
-	Total (line 7d and 71)					+			

	rt II Community Building activities) (Optional			(e) Net commur building expens	nity	(f) Percer total expe	nt of				
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- <del>6</del>	Coalition building  Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		( ) p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			1		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(	<b>b)</b> Description activity of		profit <sup>c</sup>	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	oc k
1											
2							$\top$				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							$\dashv$				
12		+					+				
13							+				
14							+				
		İ									

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
BAYLOR REGIONAL MEDICAL CTR AT GRAPEVINE 1650 W COLLEGE GRAPEVINE,TX 76051	×	х					х		SEE PART VI
Trinity MC LLC dba Baylor Medical CENTER AT CARROLLTON 4343 N JOSEY CARROLLTON,TX 75010	х	Х					х		

Part VI Supplemental Information (Optional for 2008)
Complete this part to provide the following information
1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b
2 Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves
3 Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
4 Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
5 Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.) PART V - DESCRIPTION OF OTHER FACILITIES - 1 Imaging Center, 1 Radiology Center, 1 Weight Loss Center, 1 Spine Center, 1 Card Rehab Clinic
7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served
8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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DLN: 93493137007350

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

**Grants and Other Assistance to Organizations,** 

Governments and Individuals in the U.S.

Open to Public **Inspection** 

Name of the organization						Employer identif	cation number
BAYLOR REGIONAL MEDICAL	_ CENTER AT GRA	PEVINE				75-1777119	
Part I General Inform	nation on Gran	ts and Assistance				·	
Form 990, Part I Part IV and Scho	d to award the gran rganization's proce her Assistance IV, line 21 for an edule I-1 if additi	ts or assistance? dures for monitoring the to Governments a y recipient that receional space is		e United States  n the United State  0. Check this box if	es. Complete if the o	rganızatıon answered eıved more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
BAYLOR UNIVERSITY MEDICAL CENTER3500 GASTON AVENUE DALLAS,TX 75246	75-1837454	501(C)(3)	1,891,269		N/A	N/A	Indigent Pat care
2 Enter total number of sec organizations		=					1
3 Enter total number of other	er organizations .						. 0

Part III	<b>Grants and Other Assis</b>	tance to Individuals in the United State	s. Complete if the organization	answered "Yes	" on Form 990,	Part IV,	lıne 22
	Use Schedule I-1 (Form 99	90) if additional space is needed.					

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	•				_

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

See Additional Data Fable		
Ident if ier	Return Reference	Explanation
Schedule I, Lines 1 & 2	Monitoring of grants and other assistance	As part of its mission, the organization provides grants and other assistance to related and/or unrelated not-for-profit organizations which are religious, charitable, scientific, or educational in nature, within the meaning of Internal Revenue Code Section 501(c)(3), but only when the use will further one or more tenets of Baylor's charitable mission and one or more of the following criteria for use of these funds is met (1) fulfills a need identified by a community needs assessment conducted by Baylor Health Care System (BHCS) or a third party (such as Community Health Check Up or by the United Way) and adopted as a priority by BHCS's Community Service Advisory Council, (2) serves an under-served community or group of people through medical mission work to improve their health status. For related organizations, all grants and other assistance are subject to the policies and procedures set forth by BHCS which ensures all funds are used in accordance with the guidelines set forth above and in accordance with the related organization's exempt purpose. Grants and other assistance provided to unrelated organizations are typically monitored by personal inspection. Examples include providing assistance to entities where the filing organization's employees are a board member for the recipient organization's or through attendance at community events where the filing organization employees work as volunteers or to help coordinate these events

efile GRAPHIC print - DO NOT PROCESS

Discretionary spending account

As Filed Data -

DLN: 93493137007350

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

Open to Public

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Inspection **Employer identification number** Name of the organization BAYLOR REGIONAL MEDICAL CENTER AT GRAPEVINE 75-1777119 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments

Personal services (e.g., maid, chauffeur, chef)

If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee

Written employment contract Independent compensation consultant Compensation survey or study

Form 990 of other organizations Approval by the board or compensation committee

During the year, did any person listed in Form 990, Part VII, Section A, line 1a

Receive a severance payment or change of control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?

Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

Any related organization? If "Yes," to line 5a or 5b, describe in Part III

For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

The organization?

Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III

2	Yes	

Yes

**1**b

Νo

4b Yes 4c Νo

5a Νo 5b Νo

6a Νo

6b Νo

7 Yes

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	C compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	incentive (m) other		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
William Boyd	(1) (11)	0 497,626	0 186,425	0 23,353	0 53,499	0 34,331	0 795,234	0	
Terrı Foster	(ı) (ıı)	56,178 91,090	22,727 0	256 584	0	6,235 11,405		0	
T Doug Lawson	(ı) (ıı)		63,968 0	22,487 0	22,300 0	31,275 0	395,549 0	0	
Scott Peek	(ı) (ıı)	65,111 108,440	48,146 3,494	4,311 9,492	7,354 10,295	10,103 16,667		0 3,494	
Preshie Wilson	(ı) (ıı)		0 24,550	225 100	0	14,538 8,475		0	
Sandra Aaron	(ı) (ıı)	0 198,427	0 38,500	0 43,266	0 10,355	0 28,283	0 318,831	0	
Laura Lycan	(ı) (ıı)	0 0	139,520 0	0	0 0	0	139,520	139,520 0	
Debra Mann	(ı) (ıı)	156,524 0	0 0	22 0	0 0	15,428 0	171,974 0	0	
Melissa Scott	(ı) (ıı)	138,324 0	100 0	8,014 0	0 0	20,492 0	166,930 0	0	
Robert Batton	(ı) (ıı)		0	3,622 0	0	22,822	165,989 0	0	
Robert Levell	(ı) (ıı)		1,400	1,245 0	0	21,835	150,891	0	
	(ii)								
	(ii)								
	(ii)								

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return	Explanation
	Reference	·
SCHEDULE J SUPPLEMENTAL INFORMATION		GOVERNING BODY COMPENSATION THE MEMBERS OF THE GOVERNING BODY SERVE ON A VOLUNTARY BASIS AND RECEIVE NO CASH COMPENSATION FROM THE ORGANIZATION FOR THESE DUTIES AS A MEMBER OF THE GOVERNING BODY SOME, BUT NOT ALL, MEMBERS HAVE RECEIVED MODEST BENEFITS INCLUDE RETEMBURSEMENT FOR CERTAIN REASON AND EXPENSES PAID ON BEHALF OF THE MEMBER'S SPOUSE WHILE ACCOMPANYING THE MEMBER ON BUSINESS TRAVEL ON BEHALF OF THE RELATED ORGANIZATION AND/OR A WELLNESS PHYSICAL ALL SUCH BENEFITS ARE TREATED AS TAXBLE COMPENSATION TO THE EXTENT REQUIRED BY LAW AND ARE REPORTED IN THE FORM 990 WHERE APPLICABLE SCHEDULE 1, QUESTION 1A DISCRETIONARY SPENDING ACCOUNTS - THE ORGANIZATION PROVIDES ELIGIBLE EMPLOYEES WHO TRAVEL FREQUENTLY IN THEIR PERSONAL VEHICLE AN AUTO EXPENSE ALLO WANCE IN LIEU OF REIMBURSEMENT FOR BUSINESS MILEAGE UNDER THE ORGANIZATION'S BUSINESS TRAVEL AND EXPENSE REIMBURSEMENT FOLLOY ALL AUTO EXPENSE ALLO WANCES ARE TREATED AS TAXABLE COMPENSATION TWO OF THE PERSONS LISTED IN THE FORM 990, PART VII, SECTION A, RECEIVED THIS BENEFIT DURING THE TAX YEAR HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - THE ORGANIZATION MAY REIMBURSE ELIGIBLE EMPLOYEES FOR DUES FOR A HEALTH CLUB AND/OR A SOCIAL CLUB WHERE THERE IS A BONA FIDE BUSINESS NEED FOR THE MEMBERSHIP SUCH REIMBURSEMENTS ARE TREATED AS TAXABLE COMPENSATION TO THE EXTENT ANY PART OF THE MEMBERSHIP IS USED FOR PERSONAL USE ONE PERSON LISTED IN THE FORM 990, PART VII, SECTION A, RECEIVED THIS BENEFIT DURING THE TAX YEAR TAX INDEMNIFICATION AND GROSS UP PAYMENTS - THE ORGANIZATION FOR PROSONAL USE ONE PERSON LISTED IN THE FORM 990, PART VII, SECTION A, RECEIVED THIS BENEFIT DURING THE TAX YEAR TAX YIDEMNIFICATION TO THE PERSONS LISTED IN THE FORM 990, PART VII, SECTION A, RECEIVED THIS BENEFIT DURING THE TAX YEAR TRAX INDEMNIFICATION TO THE PERSONS LISTED IN THE FORM 990, PART VII, SECTION A, RECEIVED THIS BENEFIT DURING THE TAX YEAR FORM THE PERSONS LISTED IN THE FORM 990, PART VII, SECTION A, RECEIVED THIS BENEFIT DURING THE TAX YEAR FORM THE PERSONS LISTED THE PERSON

### DLN: 93493137007350

### **SCHEDULE 0**

(Form 990)

Department of the Treasury
Internal Revenue Service

### **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization BAYLOR REGIONAL MEDICAL CENTER AT GRAPEVINE **Employer identification number** 

75-1777119

ldentifier	Return	Explanation
SUPPLEMENTAL INFORMATION	Reference	Explanation  For Section 6038 Statement BAYLOR RESIDNAL MEDICAL CENTER AT GRAPEVINE (BRMCS) is CONTROLLED  BY SAYLOR HEALTH-CARE SYSTEM (BHCS), EMPLOYER DENT FICATION NUMBER 75-1912662 BHCS ALSO  CMMS OF HEACH LINK (ESSTY Y INSURANCE COMPANY LTD (CUIC) AND HEALTH-CARE INSURANCE COMPANY  CTEARS, LTD (HOC) CLICK AND FOCO ARE CONTROLLED FORGERO CONCORATIONS  BESIDED TO CLOCK AND HEACH THEROPY INSURANCE COMPANY  ENSURED TO COLOR AND HEACH THE

ldentifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		FORM 990, PART XI, QUESTION 2B AUDITED FINANCIAL STATEMENTS The filing organization does not have separate individual audited financial statements, how ever, the organization is included in Baylor Health Care System's (Parent Organization) combined audited financial statements which are prepared in accordance with Generally Accepted Accounting Principles Baylor Health Care System's Board of Trustees Audit and Compliance Committee has responsibility for oversight of the audit and the selection of an independent accountant

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Sc hedule O (Form 990) 2008

#### DLN: 93493137007350

2008

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

### **SCHEDULE R** (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

**Related Organizations and Unrelated Partnerships** 

BAYLOR REGIONAL MEDICAL CENTER AT GRAPEVINE 75-1777119 **Identification of Disregarded Entities** (A)
Name, address, and EIN of disregarded entity (C) (E) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity BRMCG Holdings LLC 2001 Bryan Street Suite 2200 8,305,687 N/A Holding Co ΤX -215,823 Dallas, TX 75201 27-0350647 Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity See Additional Data Table

<b>(A)</b> Name, address, and EIN of related organization	Prim	<b>(B)</b> Pary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	Pred Incom Inve	(E) ominant e(related, estment, related)	Share	<b>(F)</b> e of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	I) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	aging
										Yes	No		Yes	No
See Additional Data Table														
see Hantonal Bata Table														
Part IV Identification of Ro	elated	Organizations	Taxable as	a Corporation	ı or Tr	ust								
( <b>A)</b> Name, address, and EIN of related organiz		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> hare of i-of-yea assets	( <b>H)</b> Percentage r ownership		
See Additional Data Table														

(5)

(6)

Part V	<b>Transactions with</b>	<b>Related Organizations</b>	
--------	--------------------------	------------------------------	--

Part V Transactions with Related Organizations					
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 During the tax year, did the organization engage in any of the following transactio	ns with one or more related organizations listed in Parts I	I-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled en	tity		1a	Yes	
<b>b</b> Gift, grant, or capital contribution to other organization(s)			1b	Yes	
<b>c</b> Gift, grant, or capital contribution from other organization(s)			1c	Yes	
<b>d</b> Loans or loan guarantees to or for other organization(s)			1d		No
e Loans or loan guarantees by other organization(s)			1e		No
f Sale of assets to other organization(s)			<b>1</b> f		No
<b>g</b> Purchase of assets from other organization(s)			1g		No
h Exchange of assets			1h		No
i Lease of facilities, equipment, or other assets to other organization(s)			1i		No
j Lease of facilities, equipment, or other assets from other organization(s)			1j		No
<b>k</b> Performance of services or membership or fundraising solicitations for other or	ganızatıon(s)		1k	Yes	
I Performance of services or membership or fundraising solicitations by other org	ganization(s)		11	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets			1m		No
n Sharing of paid employees			1n		No
• Reimbursement paid to other organization for expenses			10	Yes	
<b>p</b> Reimbursement paid by other organization for expenses			1р		No
<b>q</b> O ther transfer of cash or property to other organization(s)			1q		No
<ul> <li>O ther transfer of cash or property from other organization(s)</li> </ul>			1r		No
2 If the answer to any of the above is "Yes," see the instructions for information of	on who must complete this line, including covered relation	ships and transaction thresholds			
(A)	(B) Transaction	(C)			
Name of other organization(s)	type(a-r)	Amount Involved			
(1)					
See					
Additional Data					
Table (2)		+			
(3)		+			
<b>\-</b> ',					
(4)		+			
• •					

### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_							
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	Organizations		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			20 of K-1		r J
			Yes	No		Yes	No		Yes	No						
			•			•	•	Sabadula	D / Form	000) 2000						

Software ID: Software Version:

**EIN:** 75-1777119

Name: BAYLOR REGIONAL MEDICAL CENTER AT GRAPEVINE

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related	ax-Exempt Organiza	lons		1	
<b>(A)</b> Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
Baylor Health Care System (BHCS)				1	
DALLAS, TX75201 75-1812652	MGMT SVCS	ТХ	501(c)(3)	11,Type III	N/A
Baylor University Medical Center (BUMC)	1	1	!	!	
DALLAS, TX75201 75-1837454	ACUTE CARE	тх	501(c)(3)	3	BHCS
Baylor Medical Center at Garland		<u> </u>		,	
DALLAS, TX75201 75-1037591	ACUTE CARE	ТХ	501(c)(3)	3	BHCS
Baylor Medical Center at Irving	1	1	!	!	BHCS
DALLAS, TX75201 75-2586857	ACUTE CARE	тх	501(c)(3)	3	ВПС
Baylor Medical Center at Waxahachie	!	1	!	1	BHCS
DALLAS, TX75201 75-1844139	ACUTE CARE	тх	501(c)(3)	3	внсь
Baylor Regional Medical Center at Plano	1	1	!	!	
DALLAS, TX75201 82-0551704	ACUTE CARE	тх	501(c)(3)	3	BHCS
BIR at Gaston Episcopal Hospital		'		,	
2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 75-1037226	REHAB HOSP	тх	501(c)(3)	3	внсѕ
Baylor Specialty Health Centers					
2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 _75-1765385	LT CARE HOSP	тх	501(c)(3)	3	внсѕ
Baylor All Saints Medical Center (BASMC)					
2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 75-1008430	ACUTE CARE	тх	501(c)(3)	3	внсѕ
Baylor Health Care System Foundation			1		
DALLAS, TX75201 75-1606705	FUNDRAISING	тх	501(c)(3)	7	внсѕ
All Saints Health Foundation	1	1	!	1	
DALLAS, TX75201 75-1947007	FUNDRAISING	тх	501(c)(3)	7	BASMC
HealthTexas Provider Network	1	1	!	!	
DALLAS, TX75201 75-2536818	PHYS PRACT	тх	501(c)(3)	3	BHCS
Baylor Health Services	1	1	!	!	
DALLAS, TX75201 75-1917311	ASC/SSH	тх	501(c)(3)	3	BHCS
Baylor Research Institute	1	1	!	!	
DALLAS, TX75201 75-1921898	RESEARCH	тх	501(c)(3)	4	BHCS
Southern Sector Health Initiative	1	1	!	!	
2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 26-3087442	DIABETIC HLTH	тх	501(c)(3)	11, Type I	BUMC
Baylor Medical Center at McKinney	1	1	!	!	
DALLAS, TX75201 26-3604064	ACUTE CARE	тх	501(c)(3)	3	BHCS
BHCS Employee Benefit Trust					
2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 75-1848557	VEBA	тх	501(c)(9)		BHCS
4					

Form 990, Schedule R, Pa	rt III - Identificat	(C)			cable as a Partne		(н)		(1)	.	(1)
(A) Name, address, and EIN of related organization	(B) Primary activity	Legal Domicile (State or	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income (\$)	(G) Share of end-of-year assets (\$)		ortionate	Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065)	Gen Mar	eral or naging tner?
MEDCO Construct		Foreign Country)		unrelated)			Yes	No	(\$)	Yes	i No
MEDCO Construction LLC  2001 Bryan Street Suite 2200  Dallas, TX75201  20-5965871	Construction	тх	NA	N/A							
Baylor Affiliated Services LLC  2001 Bryan Street Suite 2200 Dallas, TX75201 26-0614730  Baylor Heart and Vascular	Benefit Plans	тх	N A	N/A							
Center LLP  2001 Bryan Street Suite 2200 Dallas, TX75201 75-2834135  Texas Heart Hospital of	Specialty Hosp	тх	N A	N/A							
Southwest LLP	Specialty Hosp	тх	NA	N/A							
HTPN-Gastroenterology Services LLP 2001 Bryan Street Suite 2200 Dallas, TX75201 73-1697736	Specialty Hosp	ТХ	NA	N/A							
Trinity MC LLC  2001 Bryan Street Suite 2200 Dallas, TX75201 20-8889358  Texas Health Venture Group	Acute care hosp		BRMCG HOLDINGS	RELATED	-85,837	64,908,833		No	323	Yes	
LLC 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2696845	Interest-ASC/SSH	тх	NA	N/A							
Dallas Surgical Partners LLP	Ambul Surgery Ctr	тх	NA	N/A							
Ltd	A mbul Surgery Ctr	тх	NA	N/A							
Denton Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2708579	Ambul Surgery Ctr	тх	NA	N/A							
Bellaire Outpatient Surgery Center LLP	Ambul Surgery Ctr	тх	NA	N/A							
Ltd	Ambul Surgery Ctr	тх	NA	N/A							
Lewisville Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2862263	A mbul Surgery Ctr	тх	NA	N/A							
1600 Addison, TX75001 56-2399993	Ambul Surgery Ctr	тх	NA	N/A							
Addison, TX75001 75-2764855 Arlington Surgicare Partners	Ambul Surgery Ctr	тх	NA	N/A							
1600 Addison, TX75001 75-2748040	Ambul Surgery Ctr	тх	NA	N/A							
1600 Addison, TX75001 20-5506447	Ambul Surgery Ctr	тх	NA	N/A							
1600 Addison, TX75001 75-2567179	Ambul Surgery Ctr	тх	NA	N/A							
Addison, TX75001 26-0308454 RockwallHeath Surgery Center	Ambul Surgery Ctr	тх	NA	N/A							
LLP	A mbul Surgery Ctr	тх	NA	N/A							
LLP  15305 Dallas Parkway Suite 1600 Addison, TX75001 54-2086863  North Central Surgical Center	Short Stay Hosp	тх	NA	N/A							
LLP  15305 Dallas Parkway Suite 1600 Addison, TX75001 20-1508140  Trophy Club Medical Center	Short Stay Hosp	тх	NA	N/A							
LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 48-1260190	Short Stay Hosp	тх	NA	N/A							
A ddison, TX75001 75-2658178	Short Stay Hosp	тх	NA	N/A							
A ddison, TX75001 75-2865177	Short Stay Hosp	ТХ	NA	N/A							
Addison, TX75001 75-2829613 Arlington Orthopedic & Spine	Short Stay Hosp	ТХ	NA	N/A							
Hosp LLC 15305 Dallas Parkway Suite 1600 Addison, TX75001 26-1578178	Short Stay Hosp	тх	NA	N/A							
1600 Addison, TX75001 55-0823809	A mbul Surgery Ctr	тх	NA	N/A							
Baylor Surgicare at Granbury LLC 15305 Dallas Parkway Suite 1600 Addison, TX75001 26-3896477	Ambul Surgery Ctr	тх	N A	N/A							

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(A) (B) (C) (D) (E) (F)

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
Name, address, and EIN of related organization	Primary activity	Legal Domicile (State or Foreign Country)	Direct Controlling Entity	Type of entity (C corp, S corp, or trust)	Share of total income (\$)	Share of end-of-year assets (\$)	Percentage ownership
Baylor Health Enterprises 2001 Bryan Street Suite 2200 Dallas, TX75201 75-1997378	Fitness, Pharmacy	тх	NA	C-Corp			
Baylor Health Network Inc 2001 Bryan Street Suite 2200 Dallas, TX75201 75-2463251	Billing/Collect	тх	NA	C-Corp			
BMP Inc 2001 Bryan Street Suite 2200 Dallas, TX75201 75-1436779	Post Office	ТХ	NA	C-Corp			
Church University Insurance 41 Cedar Avenue HAMILTON BD 98-0352108	Investments	BD	NΑ	C-Corp			
Health Care Insurance Co PO Box GT 720 W Bay Road GRAND CAYMAN CJ 98-0403182	Investments	CJ	NΑ	C-Corp			
BMC at Grapevine Condo Owner 2001 Bryan Street Suite 2200 Dallas, TX75201 75-2747555	Condo Association	тх	NA	C-Corp	0	0	100 %
BUMCRoberts Condo Owners 2001 Bryan Street Suite 2200 Dallas, TX75201 75-2897806	Condo Association	тх	NA	C-Corp			
BASMC at Ft Worth Condo O wne 2001 Bryan Street Suite 2200 Dallas, TX75201 26-1661900	Condo Association	тх	NA	C-Corp			
ODC Therapy Inc 2001 Bryan Street Suite 2200 Dallas, TX75201 20-0749021	Research	DE	N A	C-Corp			

Form 990, Schedule R	, Part V - Transactions with Related Organizations
	(A)

(8)

(9)

(10)

HealthTexas Provider Network

Texas Heart Hospital of the Southwest LLP

Medco Construction LLC

	(A)  Name of other organization	<b>(B)</b> Transaction type(a-r)	(C) A mount Involved (\$)
(1)	Baylor Health Care System	a	2,305,654
(2)	Baylor Health Care System	С	8,521,210
(3)	Baylor Health Care System	ı	25,433,708
(4)	Baylor Health Care System	0	1,549,233
(5)	Baylor University Medical Center	b	1,891,269
(6)	Baylor University Medical Center	ı	577,500
(7)	HealthTexas Provider Network	а	323,388

844,968

840,141

22,116,913

#### **Additional Data**

Software ID: Software Version:

**EIN:** 75-1777119

Name: BAYLOR REGIONAL MEDICAL CENTER AT GRAPEVINE

### Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a PATIENT CARE REVENUE	621,990	230,968,174	230,968,174		
<b>b</b> RENT	531,120	1,875,726	1,875,726		
c EDUCATION	900,099	41,197	41,197		
d REGISTRATION FEES	900,099	82,714	82,714		
e CAFETERIA	722,210	598,701			598,701

Software ID: Software Version:

**EIN:** 75-1777119

Name: BAYLOR REGIONAL MEDICAL CENTER AT GRAPEVINE

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
William Boyd (ii	:	0 186,425	0 0 23,353	0 53,499	0 34,331	0 . 795,234	0
Terri Foster (II	·		256	0	6,235 11,405	1	
T Doug Lawson (II		63,968	22,487	22,300 0	31,275 0	395,549	0
Scott Peek (II	(i) 65,111 108,440	/		7,354 10,295	10,103 16,667	· 1	
Preshie Wilson (II			225	0	14,538 8,475	1 ' 1	
Sandra Aaron (II	11	0 7 38,500	0 43,266	0 10,355	0 28,283	0 318,831	0
Laura Lycan (II	0 0	139,520	0 0	0	0	139,520	139,520 0
Debra Mann (II	156,524	, o	22	0 0	15,428 0	3 171,974 0 0	0 0
Melissa Scott (ii		100	8,014	0	20,492	166,930	0 0
Robert Batton (II		0	3,622	0	22,822	165,989	0
Robert Levell (II		1,400	1,245	0 0	21,835 0	150,891	0 0