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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

OMB No 1545-0047
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization BAYLOR MEDICAL CENTER AT IRVING	D Employer identification number 75-2586857
		Doing Business As	E Telephone number (214) 820-4135
		Number and street (or P O box if mail is not delivered to street address) Room/suite 2001 BRYAN STREET	G Gross receipts \$ 263,406,036
		City or town, state or country, and ZIP + 4 DALLAS, TX 752013005	
F Name and address of Principal Officer CINDY SCHAMP 1901 N MACARTHUR BLVD IRVING, TX 75061		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions) H(c) Group Exemption Number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Web site: WWW.BAYLORHEALTH.COM			
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other		L Year of Formation 1995	M State of legal domicile TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Faith based acute care hospital providing exemplary patient care to Irving, Texas and the surrounding communities since 1964		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of employees (Part V, line 2a)	5	1,213
	6 Total number of volunteers (estimate if necessary)	6	290
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34	7a 7b	0 0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	955,226	455,458
	9 Program service revenue (Part VIII, line 2g)	214,755,913	222,284,658
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,239,749	-2,145,941
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	223,950,888	220,594,175
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	3,127,579
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	66,396,676	74,493,071
	16a Professional fundraising fees (Part IX, column (A), line 11e) b (Total fundraising expenses, Part IX, column (D), line 25 ⁰)	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	129,499,584	126,178,317
	18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	195,896,260	203,798,967
	19 Revenue less expenses Subtract line 18 from line 12	28,054,628	16,795,208
Net Assets or Fund Balances		Beginning of Year	End of Year
	20 Total assets (Part X, line 16)	225,014,503	229,047,770
	21 Total liabilities (Part X, line 26)	20,591,228	23,029,593
22 Net assets or fund balances Subtract line 21 from line 20	204,423,275	206,018,177	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here	Signature of officer	Date 2010-04-26		
	LUCY CATALA VP OF FINANCE Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4	ERNST & YOUNG US LLP 2323 VICTORY AVENUE SUITE 2000 DALLAS, TX 75219	EIN	Phone no (214) 969-8000
	May the IRS discuss this return with the preparer shown above? (See instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission
 BAYLOR MEDICAL CENTER AT IRVING EXISTS TO SERVE THE PEOPLE OF IRVING AND SURROUNDING COMMUNITIES THROUGH EXEMPLARY HEALTH CARE, EDUCATION AND COMMUNITY SERVICE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 190,979,484 including grants of \$ 3,127,579) (Revenue \$ 221,329,295)
 Baylor Medical Center at Irving ("Baylor Irving") is a faith based 296 bed acute care hospital providing exemplary patient care to Irving, Texas and the surrounding communities since 1964. Baylor Irving is an affiliate of the Baylor Health Care System, a nationally acclaimed network of acute care hospitals and related health care entities that provide quality patient care, medical education, medical research, and community services to the North Texas Region. Baylor Irving provides inpatient and outpatient medical services to treat individuals with diseases, illnesses and injuries of varying complexities. Some of those clinical services are provided despite a financial loss to Baylor Irving. Services include all of the comprehensive services typical of a quality acute care hospital with multidisciplinary interactions among physicians, providing patients with innovative methods of prevention, diagnosis, treatment, education and support. These services included comprehensive care for all stages of illness through all stages of life. During the fiscal year ended June 30, 2009, Baylor Irving admitted 10,687 inpatients resulting in a total of 52,783 days of care, treated 49,722 outpatients, delivered 2,019 babies and had 50,550 emergency department visits. As part of its charitable mission, Baylor Irving is committed to providing free and/or subsidized care to both financially and medically indigent patients of the community. During the year, Baylor Irving provided a community benefit of \$44,205,276 in unreimbursed cost of charity care, Medicaid, and other government sponsored health care services in accordance with the Texas Health and Safety Code Section 311. Baylor Irving is also committed to promoting the healthy well being of individuals and families beyond the health activities of the traditional hospital or clinic setting through its community outreach programs. At the North Irving well-child clinic, underserved children receive free well-child exams and immunizations. Baylor Irving also has a tradition of collaborating with key community groups like the school district by offering programs such as Camp Airways for Asthmatic Children, "Diabetes-Be Aware" diabetes education program, and "tobacco know" education program designed to discourage smoking. Equipping people with quality health information encourages individuals to make appropriate life style changes to benefit their health. Through these programs Baylor Irving assists with early detection of potential health problems and early treatment of any identified problems to save lives. The unreimbursed cost of providing these programs was \$225,615. Baylor Irving provided supervisory education programs for the training of future nurses in an effort to increase the supply of health care professionals nation-wide. Assisting with the preparation of future nurses at entry and advanced levels of nursing is critical in establishing a workforce of qualified nurses. During the year, Baylor Irving invested 1,836 hours in the training of 237 undergraduate nurses. Total unreimbursed cost of providing this nursing education program is \$391,559.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 190,979,484 *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	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		No
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	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		
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		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		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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		No
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		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	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	Yes	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the U S?		No
b 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		No
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		No
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		No
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		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		No
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	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	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		No
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	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		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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		No
b 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		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		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		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	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)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 170		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 1,213		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
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?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a the governing body?	Yes	
8b	b each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	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		
15a	a The organization's CEO, Executive Director, or top management official?	Yes	
15b	b Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	b 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?	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed _____
18	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. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> 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 LUCY CATALA 1901 N MACARTHUR BLVD IRVING, TX 75061 (972) 579-8104

Part VIII Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . 1a _____					
	b Membership dues 1b _____					
	c Fundraising events 1c _____					
	d Related organizations . . . 1d 100,000					
	e Government grants (contributions) 1e _____					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 355,458					
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total (Add lines 1a-1f)	455,458				
Program Service Revenue	2a PATIENT CARE REVENUE	Business Code 621,990	212,123,565	212,123,565		
	b RENT	531,120	7,307,019	7,307,019		
	c AFFILIATE INCOME	621,990	1,684,470	1,684,470		
	d DUPLICATION FEES	561,439	106,295	106,295		
	e CAFETERIA	722,210	933,817		933,817	
	f All other program service revenue		129,492	74,250	55,242	
	g Total. Add lines 2a-2f \$ 222,284,658					
Other Revenue	3 Investment income (including dividends, interest other similar amounts)		3,422,569	33,696	3,388,873	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	37,243,351			
		(ii) Other				
		b Less cost or other basis and sales expenses	42,811,861			
		c Gain or (loss)	-5,568,510			
d Net gain or (loss)		-5,568,510		-5,568,510		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a						
	b Less direct expenses . . . b _____					
	c Net income or (loss) from fundraising events		0			
9a Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
	b Less direct expenses . . . b _____					
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold . . . b _____					
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue _____						
e Total. Add lines 11a-11d \$ 0						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		220,594,175	221,329,295		-1,190,578	

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,127,579	3,127,579		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
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	1,002,588		1,002,588	
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	59,197,175	58,889,437		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,818,254	1,779,549	38,705	
9	Other employee benefits	8,162,196	8,119,765	42,431	
10	Payroll taxes	4,312,858	4,243,059	69,799	
11	Fees for services (non-employees)				
a	Management	56,793	56,793		
b	Legal	143,151		143,151	
c	Accounting	131,153		131,153	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	27,245,662	17,259,590	9,986,072	
12	Advertising and promotion	664,039	1,206	662,833	
13	Office expenses	33,888,492	33,779,029	109,463	
14	Information technology	2,994,989	2,994,989		
15	Royalties	0			
16	Occupancy	18,516,536	18,484,741	31,795	
17	Travel	131,345	79,589	51,756	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	14,986	14,111	875	
20	Interest	8,235	8,235		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	9,646,706	9,646,706		
23	Insurance	220,485	139,532	80,953	
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)				
a	BAD DEBT	31,385,622	31,385,622		
b	LAUNDRY	572,926	572,926		
c	RECRUITING	369,480	265,573	103,907	
d	PERSONAL PROPERTY TAXES	90,596	90,596		
e	SPECIAL FUNCTIONS	53,793	15,601	38,192	
f	All other expenses	43,328	25,256	18,072	
25	Total functional expenses. Add lines 1 through 24f	203,798,967	190,979,484	12,819,483	0
26	Joint Costs. Check <input type="checkbox"/> if following 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)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	41,597	1	3,424
	2 Savings and temporary cash investments	3,733,251	2	16,556,071
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	23,375,927	4	25,191,696
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net	293,402	7	118,717
	8 Inventories for sale or use	2,698,627	8	3,820,406
	9 Prepaid expenses and deferred charges	33,632	9	71,724
	10a Land, buildings, and equipment cost basis			
		10a 120,778,319		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 66,814,554	57,125,737	10c 53,963,765
	11 Investments—publicly traded securities	126,233,079	11	119,954,361
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>	1,730,703	13	1,811,985
	14 Intangible assets		14	
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	9,748,548	15	7,555,621	
16 Total assets. Add lines 1 through 15 (must equal line 34)	225,014,503	16	229,047,770	
Liabilities	17 Accounts payable and accrued expenses	10,964,144	17	13,719,167
	18 Grants payable		18	
	19 Deferred revenue	8,487,462	19	8,575,409
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable	310,505	24	135,066
	25 Other liabilities <i>Complete Part X of Schedule D</i>	829,117	25	599,951
	26 Total liabilities. Add lines 17 through 25	20,591,228	26	23,029,593
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	194,738,530	27	198,426,359
	28 Temporarily restricted net assets	7,037,148	28	4,252,120
	29 Permanently restricted net assets	2,647,597	29	3,339,698
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	204,423,275	33	206,018,177	
34 Total liabilities and net assets/fund balances	225,014,503	34	229,047,770	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	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?	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

BAYLOR MEDICAL CENTER AT IRVING

Employer identification number

75-2586857

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2 A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 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)
- 6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each 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						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts 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 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 instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(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 Gross receipts from admissions, 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 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 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						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts 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						
c 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 organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	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
- b 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
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** 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 C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 990-EZ, 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)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization BAYLOR MEDICAL CENTER AT IRVING

Employer identification number

75-2586857

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities \$
3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's internal funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

- A** Check if the filing organization belongs to an affiliated group
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns—		
If the amount on line 1e, column (a) or (b) is:		
Not over \$500,000	The lobbying nontaxable amount is:	
Over \$500,000 but not over \$1,000,000	20% of the amount on line 1e	
Over \$1,000,000 but not over \$1,500,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,500,000 but not over \$17,000,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
g Grassroots nontaxable amount (enter 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- if line f is more than line c		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c 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 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

	(a)		(b)
	Yes	No	Amount
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			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		7,851
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		49,954
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i Other activities. If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			57,805
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b 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			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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.)

1 Dues, assessments and similar amounts from members	1 \$
2 Section 162(e) non-deductible lobbying and political expenditures (<i>do not include amounts of political expenses for which the section 527(f) tax was paid</i>).	
a 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

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. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		STATEMENT REGARDING LEGISLATIVE ACTIVITY Health care policy is critical to all Americans, and Baylor Medical Center at Irving ("BMCI") 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. BMCI has established relationships with persons and industry associations that often communicate BMCI's positions on major health care issues. These contacts may include direct contact, telephone conversations and/or letters. Also, BMCI may attempt to educate the local community on certain legislative initiatives that may impact BMCI'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. BMCI has not intervened in any political campaign.

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization BAYLOR MEDICAL CENTER AT IRVING

Employer identification number 75-2586857

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose of easements, number of easements, acreage, and monitoring details.

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.

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain why in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e 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 as

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				0
b Buildings		55,149,314	16,879,243	38,270,071
c Leasehold improvements				0
d Equipment		65,629,005	49,935,311	15,693,694
e Other				0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				53,963,765

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) 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 X, line 15.

(a) Description	(b) Book value
INTEREST IN ASSETS IRVING FDN	7,555,621
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ENVIRONMENTAL LIABILITY	599,951
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	599,951

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	220,594,175
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	203,798,967
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	16,795,208
4	Net unrealized gains (losses) on investments	4	-13,107,379
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,092,927
9	Total adjustments (net) Add lines 4 - 8	9	-15,200,306
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,594,902

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	207,377,492
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-13,107,379
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-109,304
e	Add lines 2a through 2d	2e	-13,216,683
3	Subtract line 2e from line 1	3	220,594,175
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	220,594,175

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	203,789,664
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	-9,303
e	Add lines 2a through 2d	2e	-9,303
3	Subtract line 2e from line 1	3	203,798,967
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	203,798,967

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
SCHEDULE D SUPPLEMENTAL INFORMATION		PART XI OTHER Net Assets held at Irving Healthcare Foundation \$(1,992,927) transfers between entities under common control \$(100,000) PART XII OTHER transfer between entities under common control \$100,000 Loss on asset disposition \$9,304 PART XIII OTHER loss on asset disposition \$9,304 FIN 48 DISCLOSURE The organization is also 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

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization BAYLOR MEDICAL CENTER AT IRVING

Employer identification number 75-2586857

Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

- 1a Does the organization have a charity care policy?
1b If "Yes," is it a written policy?
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy...
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients...
4 Does the organization's policy provide free or discounted care to the "medically indigent"?
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?
5b If "Yes," did the organization's charity care expenses exceed the budgeted amount?
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
6a Does the organization prepare an annual community benefit report?
6b If "Yes," does the organization make it available to the public?

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1a through 6b.

7 Charity Care and Certain Other Community Benefits at Cost

Table with 7 columns: Program Category, (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Charity Care and Means-Tested Programs and Other Benefits.

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices (Optional for 2008)

Section A. Bad Debt Expense

- 1** Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- 2** Enter the amount of the organization's bad debt expense (at cost)
- 3** Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy
- 4** Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit

	Yes	No
1		
2		
3		
5		
6		
7		
9a		
9b		

Section B. Medicare

- 5** Enter total revenue received from Medicare (including DSH and IME)
- 6** Enter Medicare allowable costs of care relating to payments on line 5
- 7** Enter line 5 less line 6—surplus or (shortfall)
- 8** Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a** Does the organization have a written debt collection policy?
- 9b** If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI

Part IV Management Companies and Joint Ventures (Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization BAYLOR MEDICAL CENTER AT IRVING

Employer identification number 75-2586857

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes entries for DALLAS ACAD OF MED and DALLAS COUNTY INDIGENT CARE.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
BAYLOR MEDICAL CENTER AT IRVING

Employer identification number
75-2586857

Part I Questions Regarding Compensation

- 1a** 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.
- | | |
|--|---|
| <input type="checkbox"/> First class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b 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

2 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?

3 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c 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.

5 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?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 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

a The organization?

b Any related organization?

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

7 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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No

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-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Lucy Catala	(i)	176,155	15,243	480	0	9,074	200,952	0
	(ii)	0	0	0	0	0	0	0
Gary Hamrick	(i)	138,287	0	5,985	0	14,473	158,745	0
	(ii)	64,131	43,659	24,347	0	14,527	146,664	0
Cindy Schamp	(i)	146,374	5,000	39,788	15,571	57,980	264,713	0
	(ii)	0	0	0	0	0	0	0
James Thaxton	(i)	192,814	42,269	8,446	20,087	15,579	279,195	42,269
	(ii)	152,554	93,509	6,194	20,087	12,721	285,065	0
Jerri Garison	(i)	0	0	0	0	0	0	0
	(ii)	252,839	88,934	15,838	28,465	32,996	419,072	19,820
Jason Whitfield	(i)	0	0	0	0	0	0	0
	(ii)	194,831	23,030	28,322	8,380	27,706	282,269	0
Walter Skip Wilson	(i)	152,763	23,599	5,744	0	18,235	200,341	0
	(ii)	0	0	0	0	0	0	0
Gary Green	(i)	129,415	17,274	7,429	0	24,248	178,366	0
	(ii)	0	0	0	0	0	0	0
Julie Campbell	(i)	118,957	13,285	375	0	22,025	154,642	0
	(ii)	0	0	0	0	0	0	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Software ID:
Software Version:
EIN: 75-2586857
Name: BAYLOR MEDICAL CENTER AT IRVING

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 compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Lucy Catala	(i)	176,155	15,243	480	0	9,074	200,952	0
	(ii)	0	0	0	0	0	0	0
Gary Hamrick	(i)	138,287	0	5,985	0	14,473	158,745	0
	(ii)	64,131	43,659	24,347	0	14,527	146,664	0
Cindy Schamp	(i)	146,374	5,000	39,788	15,571	57,980	264,713	0
	(ii)	0	0	0	0	0	0	0
James Thaxton	(i)	192,814	42,269	8,446	20,087	15,579	279,195	42,269
	(ii)	152,554	93,509	6,194	20,087	12,721	285,065	0
Jerri Garison	(i)	0	0	0	0	0	0	0
	(ii)	252,839	88,934	15,838	28,465	32,996	419,072	19,820
Jason Whitfield	(i)	0	0	0	0	0	0	0
	(ii)	194,831	23,030	28,322	8,380	27,706	282,269	0
Walter Skip Wilson	(i)	152,763	23,599	5,744	0	18,235	200,341	0
	(ii)	0	0	0	0	0	0	0
Gary Green	(i)	129,415	17,274	7,429	0	24,248	178,366	0
	(ii)	0	0	0	0	0	0	0
Julie Campbell	(i)	118,957	13,285	375	0	22,025	154,642	0
	(ii)	0	0	0	0	0	0	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization BAYLOR MEDICAL CENTER AT IRVING

Employer identification number 75-2586857

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization
BAYLOR MEDICAL CENTER AT IRVING

Employer identification number

75-2586857

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		<p>IRC 6038 STATEMENT BAYLOR MEDICAL CENTER AT IRVING (BMCI) IS CONTROLLED BY BAYLOR HEALTH CARE SYSTEM (BHCS), EMPLOYER IDENTIFICATION NUMBER 75-1812652 BHCS ALSO OWNS CHURCH UNIVERSITY INSURANCE COMPANY, LTD (CUIC) AND HEALTH CARE INSURANCE COMPANY OF TEXAS, LTD (HCIC) CUIC AND HCIC ARE CONTROLLED FOREIGN CORPORATIONS BHCS FURNISHES ALL INFORMATION REQUIRED OF BMCI BY IRC SECTION 6038 AND THE REGULATIONS THEREUNDER WITH RESPECT TO CUIC AND HCIC THEREFORE, PURSUANT TO TREASURY REGULATION SEC 1 6038-2(J)(2), BMCI IS EXCEPTED FROM PROVIDING SUCH INFORMATION BHCS FILES ITS RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX IN OGDEN, UTAH FORM 990, PART VI, QUESTION 4 SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS Effective April 1, 2010, the business and affairs of the organization shall be managed by Baylor Health Care System (BHCS), the organizations sole member except certain matters that are managed or performed by the organizations governing body The organizations governing body shall now have a minimum of 3 persons appointed by BHCS All rights and powers are reserved to BHCS as the sole member, except only those rights and powers expressly set forth in the bylaws, required by state or federal law, or to meet the requirements and standards promulgated by Joint Commission For example, the members reserved rights and powers include, without limitation, approval of the organizations articles of incorporation and bylaws and amendments thereto, appointment and removal of members of the organizations governing body, approval of dissolutions and mergers, and other similar decisions over the organization Furthermore, a non-voting, advisory hospital board was created consisting of the former members of the governing body to provide advice and support to the organizations governing body FORM 990, PART VI, QUESTION 6 MEMBERS OR STOCKHOLDERS The organization is a Texas nonprofit membership organization in which Baylor Health Care System, a tax exempt, Texas nonprofit corporation, is the sole member FORM 990, PART VI, QUESTION 7A ELECTION OF MEMBERS OF GOVERNING BODY BY MEMBERS, STOCKHOLDERS, OR OTHER PERSONS The sole member, Baylor Health Care System, elects and removes the members of the governing body FORM 990, PART VI, QUESTION 7B GOVERNING BODY DECISIONS SUBJECT TO APPROVAL The sole member, Baylor Health Care System, has final authority over certain decisions/powers of the organization such as approval of the organization's articles of incorporation and bylaws and amendments thereto, appointment and removal of the members of the organization's governing body, approval of dissolutions and mergers, and other similar decisions/powers over the organization FORM 990, PART VI, QUESTION 10 PROCESS USED TO REVIEW THE FORM 990 The Form 990 is prepared and reviewed by the Baylor Health Care System's tax department with assistance from a national public accounting firm During the return preparation process the tax department works with other functional areas including finance, accounting, treasury, legal, human resources, and corporate compliance for advice, information and assistance to prepare a complete and accurate return Upon completion, the Form 990 is reviewed by the organization's President, financial officer and/or other key officers The Form 990 is then reviewed by the organization's governing body and a complete final copy of the return is provided to the organization's governing body prior to filing with the IRS FORM 990, PART VI, QUESTION 12C PROCESS USED TO MONITOR AND ENFORCE COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY Persons with the actual or perceived ability to influence the organization have the duty to disclose annually and otherwise promptly as potential conflicts are identified, any familial, professional or financial relationships with entities or individuals that do, or seek to do business with the organization or that compete with the organization These individuals include the organization's officers, governing body, management, physicians with administrative services agreements and other key personnel who interact with outside organizations or businesses on behalf of the organization The Baylor Health Care System ("BHCS") Board of Trustees Audit and Compliance Committee and the BHCS Corporate Compliance Committee review all relevant disclosures submitted by these individuals to determine whether a conflict of interest exists and to determine an appropriate resolution, if necessary Any individual with a perceived or potential conflict is prohibited from voting or participating in the decision making process regarding such transaction with that individual FORM 990, PART VI, QUESTIONS 15A & 15B PROCESS FOR DETERMINING COMPENSATION The organization, a controlled affiliate of Baylor Health Care System ("BHCS"), recognizes that those chosen to lead the organization are vital to its ongoing success and growth Thus, it must attract, retain and engage the highest quality officers and key employees to lead the organization and help BHCS maintain its national reputation for hitting high targets for medical quality, patient safety, and patient satisfaction A significant portion of the organization's officers' and key employees' total compensation is based on significant performance achievements This strategy, known as the Performance Award Program, works to put a greater emphasis on the importance of the organization achieving targeted improvements in the areas of People, Quality, Patient Satisfaction and Financial Stewardship, annually Total executive compensation is part of an integrated talent management strategy developed by the BHCS Board of Trustees and its Compensation and Governance Committee (Committee) to attract, motivate, and retain the best leadership resources for the organization Executive compensation is determined pursuant to guidelines outlined in the intermediate sanction rules under IRC Section 4985 including taking steps to meet the rebuttable presumption standard of reasonableness under Treasury Regulation 53 4598-6, as summarized below When making compensation decisions, the organization compares itself to similar-sized, and structured businesses including similar entities in other integrated health care service systems and other similar sized organizations both locally and nationally The BHCS Board of Trustees and Committee, on behalf of the organization, works directly with an independent compensation expert to identify reasonable and competitive market rates as well as provide an annual review of the total compensation of the organization's top management officials and key employees The Committee is made up of members of the BHCS Board of Trustees, who are independent, community volunteers Guided by the information provided by the independent compensation expert, the Committee approves and recommends to the BHCS Board of Trustees salary increases, earned incentives, and benefit offerings for the organization's President, other officers and/or key employees to be comparable to similar organizations for similar services and/or positions Furthermore, the Committee is charged with the responsibility of reviewing annually the major elements of the executive compensation program to assure designs remain consistent with the business needs, market practices, and compensation philosophy As part of the decision making process, the Committee will often meet in executive session to discuss and review recommendations made by the independent compensation expert During the executive session no officer or key employee whose compensation is being reviewed is present during these discussions All decisions are contemporaneously documented in the Committee minutes which are timely reviewed and approved by the Committee FORM 990, PART VI, QUESTION 19 PROCESS FOR MAKING GOVERNMENT DOCUMENTS, CONFLICT OF INTEREST POLICY, & FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC The filing organization does not have separate individual audited financial statements, however, 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 FORM 990, PART VII HOURS DEVOTED TO RELATED ORGANIZATIONS Jay Whitfield, Jerrı Garrison and James Thaxton are employees of related organizations They devote an average of 40 hours per week to the related organization Gary Hamrick transferred to a related organization during the year He worked an average of 40 hours per week for the related organization after the transfer</p>

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		<p>SCHEDULE L, PART IV, Column B Description of Relationships between interested persons and the organization Lucinda Catala, organization's officer, serves as a board member for ICSH and receives no additional compensation for this service ICSH is a controlled affiliate of the organization Jerrı Garrison, organization's former President, serves as a board member for ICSH and receives no additional compensation for this service ICSH is a controlled affiliate of the organization Cindy Schamp, organization's President, serves as a board member for ICSH and receives no additional compensation for this service ICSH is a controlled affiliate of the organization Jeffrey Embrey, organization's volunteer board member, has a greater than 5% ownership in Irving Laboratories, PA SCHEDULE L, PART IV, Column B Description of Transaction TRANSACTION AMOUNT \$2,461,632 RENTAL OF REAL PROPERTY TO ICSH TRANSACTION AMOUNT \$130,255 Medical director services</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
BAYLOR MEDICAL CENTER AT IRVING

Employer identification number

75-2586857

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) 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 section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a	Yes	
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l	Yes	
1m		No
1n		No
1o	Yes	
1p		No
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Software ID:
Software Version:
EIN: 75-2586857
Name: BAYLOR MEDICAL CENTER AT IRVING

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

(A) 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))	(F) Direct Controlling Entity
Baylor Health Care System (BHCS) 2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 75-1812652	MGMT SVCS	TX	501(c)(3)	11, Type III	N/A
Baylor University Medical Center (BUMC) 2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 75-1837454	ACUTE CARE	TX	501(c)(3)	3	BHCS
Baylor Medical Center at Garland 2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 75-1037591	ACUTE CARE	TX	501(c)(3)	3	BHCS
Baylor Medical Center at Waxahachie 2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 75-1844139	ACUTE CARE	TX	501(c)(3)	3	BHCS
Baylor Regional Medical Center at Plano 2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 82-0551704	ACUTE CARE	TX	501(c)(3)	3	BHCS
Baylor Regional Medical Ctr at Grapevine 2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 75-1777119	ACUTE CARE	TX	501(c)(3)	3	BHCS
BIR at Gaston Episcopal Hospital 2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 75-1037226	REHAB HOSP	TX	501(c)(3)	3	BHCS
Baylor Specialty Health Centers 2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 75-1765385	LT CARE HOSP	TX	501(c)(3)	3	BHCS
Baylor All Saints Medical Center (BASMC) 2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 75-1008430	ACUTE CARE	TX	501(c)(3)	3	BHCS
Baylor Health Care System Foundation 2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 75-1606705	FUNDRAISING	TX	501(c)(3)	7	BHCS
All Saints Health Foundation 2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 75-1947007	FUNDRAISING	TX	501(c)(3)	7	BASMC
HealthTexas Provider Network 2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 75-2536818	PHYS PRACT	TX	501(c)(3)	3	BHCS
Baylor Health Services 2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 75-1917311	ASC/SSH	TX	501(c)(3)	3	BHCS
Baylor Research Institute 2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 75-1921898	RESEARCH	TX	501(c)(3)	4	BHCS
Southern Sector Health Initiative 2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 26-3087442	DIABETIC HLTH	TX	501(c)(3)	11, Type I	BUMC
Baylor Medical Center at McKinney 2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 26-3604064	ACUTE CARE	TX	501(c)(3)	3	BHCS
BHCS Employee Benefit Trust 2001 BRYAN STREET SUITE 2200 DALLAS, TX75201 75-1848557	VEBA	TX	501(c)(9)		BHCS

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership											
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Disprortionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) (\$)	(J) General or Managing Partner?	
							Yes	No		Yes	No
MEDCO Construction LLC 2001 Bryan Street Suite 2200 Dallas, TX75201 20-5965871	Construction	TX	NA	N/A							
Baylor Affiliated Services LLC 2001 Bryan Street Suite 2200 Dallas, TX75201 26-0614730	Benefit Plans	TX	NA	N/A							
Baylor Heart and Vascular Center LLP 2001 Bryan Street Suite 2200 Dallas, TX75201 75-2834135	Specialty Hosp	TX	NA	N/A							
Texas Heart Hospital of Southwest LLP 2001 Bryan Street Suite 2200 Dallas, TX75201 41-2101361	Specialty Hosp	TX	NA	N/A							
HTPN-Gastroenterology Services LLP 2001 Bryan Street Suite 2200 Dallas, TX75201 73-1697736	Specialty Hosp	TX	NA	N/A							
Trinity MC LLC 2001 Bryan Street Suite 2200 Dallas, TX75201 20-8889358	Acute care hosp	TX	NA	N/A							
Texas Health Venture Group LLC 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2696845	Interest-ASC/SSH	TX	NA	N/A							
Dallas Surgical Partners LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 72-2183815	Ambul Surgery Ctr	TX	NA	N/A							
Valley View Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2900902	Ambul Surgery Ctr	TX	NA	N/A							
Denton Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2708579	Ambul Surgery Ctr	TX	NA	N/A							
Bellaire Outpatient Surgery Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 56-2297308	Ambul Surgery Ctr	TX	NA	N/A							
Grapevine Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2854711	Ambul Surgery Ctr	TX	NA	N/A							
Lewisville Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2862263	Ambul Surgery Ctr	TX	NA	N/A							
North Garland Surgery Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 56-2399993	Ambul Surgery Ctr	TX	NA	N/A							
Garland Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2764855	Ambul Surgery Ctr	TX	NA	N/A							
Arlington Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2748040	Ambul Surgery Ctr	TX	NA	N/A							
Rockwall Ambulatory Surgery Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 20-5506447	Ambul Surgery Ctr	TX	NA	N/A							
Metroplex Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2567179	Ambul Surgery Ctr	TX	NA	N/A							
Baylor Surgicare at Plano LLC 15305 Dallas Parkway Suite 1600 Addison, TX75001 26-0308454	Ambul Surgery Ctr	TX	NA	N/A							
RockwallHeath Surgery Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 20-0334166	Ambul Surgery Ctr	TX	NA	N/A							
Irving Coppell Surgical Hospital LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 54-2086863	Short Stay Hosp	TX	NA	N/A	1,684,375	4,586,153	No			No	
North Central Surgical Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 20-1508140	Short Stay Hosp	TX	NA	N/A							
Trophy Club Medical Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 48-1260190	Short Stay Hosp	TX	NA	N/A							
Ft Worth Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2658178	Short Stay Hosp	TX	NA	N/A							
Frisco Medical Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2865177	Short Stay Hosp	TX	NA	N/A							
MSH Partners LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 75-2829613	Short Stay Hosp	TX	NA	N/A							
Arlington Orthopedic & Spine Hosp LLC 15305 Dallas Parkway Suite 1600 Addison, TX75001 26-1578178	Short Stay Hosp	TX	NA	N/A							
Univ Surgical Partners of Dallas LLP 15305 Dallas Parkway Suite 1600 Addison, TX75001 55-0823809	Ambul Surgery Ctr	TX	NA	N/A							
Baylor Surgicare at Granbury LLC 15305 Dallas Parkway Suite 1600 Addison, TX75001 26-3896477	Ambul Surgery Ctr	TX	NA	N/A							

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

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

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	Baylor Health Care System	c	100,000
(2)	Baylor Health Care System	l	15,677,256
(3)	Baylor Health Care System	o	927,991
(4)	Baylor University Medical Center	l	363,488
(5)	HealthTexas Provider Network	a	829,772
(6)	HealthTexas Provider Network	l	1,784,788
(7)	Irving Coppel Surgical Hospital LLP	a	3,568,560
(8)	Irving Coppel Surgical Hospital LLP	j	1,106,928
(9)	Irving Coppel Surgical Hospital LLP	r	1,569,800
(10)	Medco Construction LLC	l	2,214,882

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	212,123,565	212,123,565		
b RENT	531,120	7,307,019	7,307,019		
c AFFILIATE INCOME	621,990	1,684,470	1,684,470		
d DUPLICATION FEES	561,439	106,295	106,295		
e CAFETERIA	722,210	933,817			933,817

Additional Data

Software ID:

Software Version:

EIN: 75-2586857

Name: BAYLOR MEDICAL CENTER AT IRVING

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ronald Aebersold MD , Trustee	1 0	X						0	0	0
Robert W Beddingfield , Trustee	1 0	X						2,077	0	0
Kenneth Branam , Trustee	1 0	X						0	0	0
Mark Dyer , Trustee	1 0	X						1,409	0	0
J Ralph Ellis Jr , Trustee	1 0	X						1,161	0	0
Jeffrey Embrey MD , Trustee	1 0	X						1,957	0	0
Herlinda Glasscock , Trustee	1 0	X						1,255	0	0
Annette Griffin , Secretary	1 0	X						1,525	0	0
Helma Mazon , Trustee	1 0	X						1,435	0	0
Michael Rothkopf MD , Trustee	1 0	X						72,000	0	3,726
Roy Santoscoy , Trustee	1 0	X						1,893	0	0
Lucy Catala , VP Finance/Hosp Fin Off	40 0			X				191,878	0	9,074
Cindy Schamp , President	40 0			X				191,162	0	73,551
James Thaxton , President	40 0			X				243,529	252,257	68,474
Gary Hamrick , CNO/COO	40 0				X			144,272	132,137	29,000
Walter Skip Wilson , VP Administration	40 0				X			182,106	0	18,235
Gary Green , Director Pharmacy	40 0					X		154,118	0	24,248
Julie Campbell , Director Acute Care	40 0					X		132,617	0	22,025
Barbara Klausning , Director Education	40 0					X		125,778	0	22,792
Sandra Dunn , Director Cardiology	40 0					X		128,630	0	17,877
Joy Tenorio , Registered Nurse	50 0					X		123,924	0	20,623
Jerri Garison , Former Officer							X	0	357,611	61,461
Jason Whitfield , Former Officer							X	0	246,183	36,086