



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



|                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                          |                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Form <b>990</b><br><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b><br><br>▶ The organization may have to use a copy of this return to satisfy state reporting requirements | OMB No 1545-0047                 |
|                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                          | <b>2010</b>                      |
|                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                          | <b>Open to Public Inspection</b> |

|                                                                                                                                                                                                                                                                                              |                                                                                                        |                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011</b>                                                                                                                                                                                                  |                                                                                                        |                                                                                                                                                                                                                                                                                                                      |
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>Baylor Medical Centers at Garland and McKinney                        | <b>D Employer identification number</b><br><br>75-1037591                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                              | Doing Business As                                                                                      | <b>E Telephone number</b><br><br>(214) 820-4135                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                              | Number and street (or P O box if mail is not delivered to street address)<br>2001 Bryan Street No 2200 | Room/suite                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                              | <b>G</b> Gross receipts \$ 217,539,289                                                                 |                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                              | City or town, state or country, and ZIP + 4<br>Dallas, TX 752013005                                    |                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                              | <b>F</b> Name and address of principal officer<br>Tom Trenary<br>2300 Marie Curie<br>Garland, TX 75042 | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                              |                                                                                                        |                                                                                                                                                                                                                                                                                                                      |
| <b>J Website:</b> ▶ www.BaylorHealth.com                                                                                                                                                                                                                                                     |                                                                                                        |                                                                                                                                                                                                                                                                                                                      |

|                                                                                                                                                                                    |                                 |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | <b>L</b> Year of formation 1958 | <b>M</b> State of legal domicile TX |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|

|               |                |
|---------------|----------------|
| <b>Part I</b> | <b>Summary</b> |
|---------------|----------------|

|                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                  |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------|---------------------|--------------------------------------------------------------------------------------------------|-------------|-------------|-------------------------------------------------------------------------------------------------|-------------|-------------|------------------------------------------------------------------------------------|-------------|-------------|------------------------------------------------------------------------------------------------------|-----------|---|-----------------------------------------------------------------------------------|-------------|-------------|------------------------------------------------------------------------------------|-------------|-------------|-------------------------------------------------------------------------|----------|------------|
| Activities & Governance                                                                          | <b>1</b> Briefly describe the organization's mission or most significant activities<br>Faith based acute care hospital providing exemplary patient care and medical education to Garland, Texas and the surrounding communities since 1964                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                  |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                  |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                  |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                  |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                  |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                       |                                  |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  | <table><tr><td><b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .</td><td><b>3</b></td><td>7</td></tr><tr><td><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .</td><td><b>4</b></td><td>6</td></tr><tr><td><b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .</td><td><b>5</b></td><td>1,430</td></tr><tr><td><b>6</b> Total number of volunteers (estimate if necessary) . . . . .</td><td><b>6</b></td><td>283</td></tr><tr><td><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .</td><td><b>7a</b></td><td>0</td></tr><tr><td><b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .</td><td><b>7b</b></td><td>0</td></tr></table>                                                                                                                                                                                                                                                              | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .  | <b>3</b>                         | 7                   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . | <b>4</b>    | 6           | <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . . | <b>5</b>    | 1,430       | <b>6</b> Total number of volunteers (estimate if necessary) . . . . .              | <b>6</b>    | 283         | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .             | <b>7a</b> | 0 | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . | <b>7b</b>   | 0           |                                                                                    |             |             |                                                                         |          |            |
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .             | <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7                                                                                     |                                  |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . | <b>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6                                                                                     |                                  |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
| <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1,430                                                                                 |                                  |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
| <b>6</b> Total number of volunteers (estimate if necessary) . . . . .                            | <b>6</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 283                                                                                   |                                  |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .         | <b>7a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                                                                                     |                                  |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .                | <b>7b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                                                                                     |                                  |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
| Revenue                                                                                          | <table><tr><td><b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .</td><td><b>Prior Year</b></td><td><b>Current Year</b></td></tr><tr><td><b>9</b> Program service revenue (Part VIII, line 2g) . . . . .</td><td>369,419</td><td>775,347</td></tr><tr><td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .</td><td>212,678,041</td><td>205,704,874</td></tr><tr><td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>352,343</td><td>1,770,919</td></tr><tr><td><b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .</td><td>0</td><td>0</td></tr><tr><td></td><td>213,399,803</td><td>208,251,140</td></tr></table>                                                                                                                                                                                                                                                                                                                                      | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .                      | <b>Prior Year</b>                | <b>Current Year</b> | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .                                  | 369,419     | 775,347     | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .              | 212,678,041 | 205,704,874 | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 352,343     | 1,770,919   | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . | 0         | 0 |                                                                                   | 213,399,803 | 208,251,140 |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Prior Year</b>                                                                     | <b>Current Year</b>              |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 369,419                                                                               | 775,347                          |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 212,678,041                                                                           | 205,704,874                      |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 352,343                                                                               | 1,770,919                        |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                                                     | 0                                |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  | 213,399,803                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 208,251,140                                                                           |                                  |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
| Expenses                                                                                         | <table><tr><td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .</td><td>5,009,936</td><td>2,588,836</td></tr><tr><td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .</td><td>0</td><td>0</td></tr><tr><td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>81,783,199</td><td>85,249,841</td></tr><tr><td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .</td><td>0</td><td>0</td></tr><tr><td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶<sup>0</sup></td><td></td><td></td></tr><tr><td><b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .</td><td>126,839,601</td><td>127,831,156</td></tr><tr><td><b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>213,632,736</td><td>215,669,833</td></tr><tr><td><b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .</td><td>-232,933</td><td>-7,418,693</td></tr></table> | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . | 5,009,936                        | 2,588,836           | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                | 0           | 0           | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)     | 81,783,199  | 85,249,841  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . . | 0           | 0           | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>                    |           |   | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .  | 126,839,601 | 127,831,156 | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 213,632,736 | 215,669,833 | <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . . | -232,933 | -7,418,693 |
|                                                                                                  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5,009,936                                                                             | 2,588,836                        |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0                                                                                     | 0                                |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 81,783,199                                                                            | 85,249,841                       |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                                                                                     | 0                                |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |                                  |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 126,839,601                                                                           | 127,831,156                      |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 213,632,736                                                                           | 215,669,833                      |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .                          | -232,933                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -7,418,693                                                                            |                                  |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
| Net Assets or Fund Balances                                                                      | <table><tr><td></td><td><b>Beginning of Current Year</b></td><td><b>End of Year</b></td></tr><tr><td><b>20</b> Total assets (Part X, line 16) . . . . .</td><td>125,434,786</td><td>125,453,326</td></tr><tr><td><b>21</b> Total liabilities (Part X, line 26) . . . . .</td><td>15,532,245</td><td>18,825,334</td></tr><tr><td><b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .</td><td>109,902,541</td><td>106,627,992</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                       | <b>Beginning of Current Year</b> | <b>End of Year</b>  | <b>20</b> Total assets (Part X, line 16) . . . . .                                               | 125,434,786 | 125,453,326 | <b>21</b> Total liabilities (Part X, line 26) . . . . .                                         | 15,532,245  | 18,825,334  | <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .      | 109,902,541 | 106,627,992 |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Beginning of Current Year</b>                                                      | <b>End of Year</b>               |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  | <b>20</b> Total assets (Part X, line 16) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 125,434,786                                                                           | 125,453,326                      |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
|                                                                                                  | <b>21</b> Total liabilities (Part X, line 26) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15,532,245                                                                            | 18,825,334                       |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .                    | 109,902,541                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 106,627,992                                                                           |                                  |                     |                                                                                                  |             |             |                                                                                                 |             |             |                                                                                    |             |             |                                                                                                      |           |   |                                                                                   |             |             |                                                                                    |             |             |                                                                         |          |            |

|                |                        |
|----------------|------------------------|
| <b>Part II</b> | <b>Signature Block</b> |
|----------------|------------------------|

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.

|                               |                                                                           |                      |                    |                                                 |              |
|-------------------------------|---------------------------------------------------------------------------|----------------------|--------------------|-------------------------------------------------|--------------|
| <b>Sign Here</b>              | ▶ _____<br>Signature of officer                                           |                      | 2012-05-11<br>Date |                                                 |              |
|                               | ▶ Robert Knowlton VP Finance/Hosp Fin Off<br>Type or print name and title |                      |                    |                                                 |              |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                                | Preparer's signature | Date               | Check if self-employed <input type="checkbox"/> | PTIN         |
|                               | Firm's name ▶                                                             |                      |                    |                                                 | Firm's EIN ▶ |
|                               | Firm's address ▶                                                          |                      |                    |                                                 | Phone no ▶   |

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☐ Yes ☐ No

Part IIISTatement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

☒

1Briefly describe the organization’s mission

Founded as a Christian ministry of healing, Baylor Medical Center at Garland exists to serve all people through exemplary health care, education, research and community service

2Did 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

3Did 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

4Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 190,674,722 including grants of \$ 2,588,836 ) (Revenue \$ 204,050,956 )

See Schedule OBaylor Medical Center at Garland (Baylor Garland) is a faith-based, non-profit, 250-bed acute care hospital providing exemplary patient care and medical education to residents of Garland, Texas and surrounding communities since 1964. Baylor Garland is an affiliate of Baylor Health Care System (BHCS), a nationally acclaimed network of acute care hospitals and related health care entities providing quality patient care, medical education, medical research and other community services to the North Texas region. Baylor Garland provides inpatient and outpatient medical services to treat individuals with diseases, illnesses and injuries of varying complexities. Services include all of the comprehensive health care services typical of a quality teaching and acute care hospital with multidisciplinary interaction among physicians, providing patients with innovative methods of prevention, diagnosis, treatment, education and support. These services include comprehensive care for all stages of illness through all stages of life. Some of these clinical services are provided despite a financial loss to Baylor Garland. During the fiscal year ended June 30, 2011, Baylor Garland admitted 10,432 inpatients resulting in a total of 48,865 days of care, treated 65,808 outpatients, delivered 1,337 babies and had 54,507 emergency department visits. As part of its charitable mission, Baylor Garland is committed to providing free and/or subsidized care to both financially and medically indigent patients in the community. During the year, Baylor Garland reported community benefits (as reported to the Texas Department of State Health Services and in accordance with the State of Texas Statutory methodology) of \$59,291,791. Baylor Garland provided community benefits (as reported on the IRS Form 990, Schedule H) of \$13,959,042 during the tax year. The Texas Annual Statement of Community Benefit Standard includes approximately \$15,644,354 of unreimbursed cost of Medicare that is not included in the IRS Form 990, Schedule H. Baylor Garland also provided community education and outreach activities with particular emphasis on the prevention and treatment of cancer, heart and vascular diseases, diabetes, injury prevention and other health activities. Baylor Garland also provided in-kind support of other non-profit organizations that uphold similar missions, visions and values. One such organization is the New Beginnings Center, whose mission is to foster an environment of safety, support and respect for families affected by domestic violence. Their mission is accomplished through crisis intervention, counseling, shelter, education, advocacy and diverse community partnership. During the year, these community benefit programs served over 7,000 people at an unreimbursed cost of \$822,038.

4b

(Code ) (Expenses \$ 2,929,377 including grants of \$ ) (Revenue \$ 1,038,365 )

See Schedule OBaylor Garland provided medical residency programs for the training of future physicians, nurses and other health professionals in an effort to increase the supply of health care professionals nationwide. During the year, Baylor Garland provided medical residencies for 18 medical students. Assisting with the preparation of future nurses at entry and advanced levels of nursing is critical to establishing a supply of qualified nurses. Baylor Garland strengthened and increased the number of affiliations with schools of nursing through their work with six Dallas County schools of nursing. During the year, Baylor Garland invested 6,243 hours in the training of 213 undergraduate nurses. Total unreimbursed cost of providing these physician and nursing education programs is \$1,891,012.

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 \$ 193,604,099

Part IV Checklist of Required Schedules

|                                                                                                                                                                                                                                                                                                                                         | Yes     | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                    | 1 Yes   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?                                                                                                                                                   | 2 Yes   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                 | 3       | No |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                  | 4 Yes   |    |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                                                                                           | 5       |    |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6       | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II                                      | 7       | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                    | 8       | 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  | 9       | No |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                        | 10      | No |
| 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                                                       |         |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.                                                                                                                 | 11a Yes |    |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.                                            | 11b     | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.                                            | 11c     | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.                                                              | 11d     | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.                                                                                                                           | 11e Yes |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.    | 11f Yes |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII                                                                                          | 12a     | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional              | 12b Yes |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                    | 13      | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                         | 14a     | 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 United States? If "Yes," complete Schedule F, Parts I and IV                                                                                                       | 14b     | 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 U S ? If "Yes," complete Schedule F, Parts II and IV                                                                                                                         | 15      | 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 U S ? If "Yes," complete Schedule F, Parts III and IV                                                                                                                             | 16      | No |
| 17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                                                                                                                       | 17      | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                       | 18      | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                                                 | 19      | No |
| 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H                                                                                                                                                              | 20a Yes |    |
| b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                                                                                                    | 20b Yes |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                        |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                      | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                       | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .            | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . . | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                              | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                   | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                        | 24d |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                  | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   | 25b |     | No |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .        | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                          |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                               | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                            | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                              | 29  |     | 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> . . . . .                                                                                              | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                    | 31  |     | 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> . . . . .                                                                                                                                  | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                  | 33  |     | 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> . . . . .                                                                                                                                     | 34  | Yes |    |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                    | 35  | Yes |    |
| a   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No       |     |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                       | 36  |     | No |
| 37  | Did the organization conduct more than 5% 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> . . . . .                                         | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                           | 38  | Yes |    |

|                                                                                                 |                                                                                                                                                                                                                                                                              |            |           |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>                  |                                                                                                                                                                                                                                                                              |            |           |
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/> |                                                                                                                                                                                                                                                                              |            |           |
|                                                                                                 |                                                                                                                                                                                                                                                                              | <b>Yes</b> | <b>No</b> |
| <b>1a</b>                                                                                       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.                                                                                                                                                                                                | <b>1a</b>  | 203       |
| <b>b</b>                                                                                        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.                                                                                                                                                                                             | <b>1b</b>  | 0         |
| <b>c</b>                                                                                        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                                                                     | <b>1c</b>  | Yes       |
| <b>2a</b>                                                                                       | 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.                                                                                         | <b>2a</b>  | 1,430     |
| <b>b</b>                                                                                        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                      | <b>2b</b>  | Yes       |
| <b>3a</b>                                                                                       | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                | <b>3a</b>  | No        |
| <b>b</b>                                                                                        | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.                                                                                                                                                                            | <b>3b</b>  |           |
| <b>4a</b>                                                                                       | 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)?                                   | <b>4a</b>  | No        |
| <b>b</b>                                                                                        | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.                                                                                                     |            |           |
| <b>5a</b>                                                                                       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                                                        | <b>5a</b>  | No        |
| <b>b</b>                                                                                        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                             | <b>5b</b>  | No        |
| <b>c</b>                                                                                        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                                                            | <b>5c</b>  |           |
| <b>6a</b>                                                                                       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?                                                                                                  | <b>6a</b>  | No        |
| <b>b</b>                                                                                        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                                                | <b>6b</b>  |           |
| <b>7</b>                                                                                        | <b>Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                                         |            |           |
| <b>a</b>                                                                                        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                                                              | <b>7a</b>  | No        |
| <b>b</b>                                                                                        | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                                                              | <b>7b</b>  |           |
| <b>c</b>                                                                                        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                                                         | <b>7c</b>  | No        |
| <b>d</b>                                                                                        | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                                                           | <b>7d</b>  |           |
| <b>e</b>                                                                                        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                                                              | <b>7e</b>  |           |
| <b>f</b>                                                                                        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                                                 | <b>7f</b>  |           |
| <b>g</b>                                                                                        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                                                             | <b>7g</b>  |           |
| <b>h</b>                                                                                        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                                                           | <b>7h</b>  |           |
| <b>8</b>                                                                                        | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | <b>8</b>   |           |
| <b>9</b>                                                                                        | <b>Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                                             |            |           |
| <b>a</b>                                                                                        | Did the organization make any taxable distributions under section 4966?                                                                                                                                                                                                      | <b>9a</b>  |           |
| <b>b</b>                                                                                        | Did the organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                                                                       | <b>9b</b>  |           |
| <b>10</b>                                                                                       | <b>Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                                               |            |           |
| <b>a</b>                                                                                        | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                                                    | <b>10a</b> |           |
| <b>b</b>                                                                                        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                                                                 | <b>10b</b> |           |
| <b>11</b>                                                                                       | <b>Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                                              |            |           |
| <b>a</b>                                                                                        | Gross income from members or shareholders.                                                                                                                                                                                                                                   | <b>11a</b> |           |
| <b>b</b>                                                                                        | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                                                                 | <b>11b</b> |           |
| <b>12a</b>                                                                                      | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                            | <b>12a</b> |           |
| <b>b</b>                                                                                        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                                                       | <b>12b</b> |           |
| <b>13</b>                                                                                       | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                                                      |            |           |
| <b>a</b>                                                                                        | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                                                             | <b>13a</b> |           |
| <b>b</b>                                                                                        | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.                                                                                                                   | <b>13b</b> |           |
| <b>c</b>                                                                                        | Enter the amount of reserves on hand.                                                                                                                                                                                                                                        | <b>13c</b> |           |
| <b>14a</b>                                                                                      | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                                                   | <b>14a</b> | No        |
| <b>b</b>                                                                                        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                                                   | <b>14b</b> |           |

Part VI

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

|    |                                                                                                                                                                                                                               |     |     |    |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|    |                                                                                                                                                                                                                               |     | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                                 | 1a7 |     |    |
| b  | Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                  | 1b6 |     |    |
| 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? . . . . .                                               | 2   |     | 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? . . . . . | 3   |     | No |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                    | 4   |     | No |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                          | 5   |     | No |
| 6  | Does the organization have members or stockholders? . . . . .                                                                                                                                                                 | 6   | Yes |    |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .                                                                                         | 7a  | Yes |    |
| b  | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .                                                                                                             | 7b  | Yes |    |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .                                                                                    |     |     |    |
| a  | The governing body? . . . . .                                                                                                                                                                                                 | 8a  | Yes |    |
| b  | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               | 8b  | Yes |    |
| 9  | Is there any officer, director, 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 . . . . .        | 9   |     | No |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

|     |                                                                                                                                                                                                                                                                                                          |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|     |                                                                                                                                                                                                                                                                                                          |     | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                            | 10a |     | No |
| b   | 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? . . . . .                                                                             | 10b |     |    |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                             | 11a | Yes |    |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .                                                                                                                                                                                                   |     |     |    |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                       | 12a | Yes |    |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                              | 12b | Yes |    |
| c   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .                                                                                                                                             | 12c | Yes |    |
| 13  | Does the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                     | 13  | Yes |    |
| 14  | Does the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                                | 14  |     | No |
| 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? . . . . .                                                                           |     |     |    |
| a   | The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                         | 15a | Yes |    |
| b   | Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                            | 15b | Yes |    |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .                                                                                                                                                                                                             |     |     |    |
| 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? . . . . .                                                                                                                                          | 16a |     | No |
| 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? . . . . . | 16b |     |    |

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.<br><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 ▶<br>Robert Knowlton<br>2300 Marie Curie Blvd<br>Garland, TX 75042<br>(972) 487-5358                                                                                                                                        |

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A)<br>Name and Title                        | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                              |                                                                                        | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) Ron Carter<br>Trustee                    | 1 00                                                                                   | X                                      |                       |         |              |                              |        | 0                                                                    | 315                                                                       | 0                                                                                             |
| (2) Roy Lamkin<br>Chairman                   | 1 00                                                                                   | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (3) Paul Madeley MD<br>Trustee               | 1 00                                                                                   | X                                      |                       |         |              |                              |        | 0                                                                    | 733,749                                                                   | 81,205                                                                                        |
| (4) George McCleskey<br>Trustee              | 1 00                                                                                   | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (5) Timothy Owens<br>Trustee                 | 1 00                                                                                   | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (6) Mark Dyer<br>Trustee                     | 1 00                                                                                   | X                                      |                       |         |              |                              |        | 0                                                                    | 0                                                                         | 0                                                                                             |
| (7) Walker Harman<br>Trustee                 | 1 00                                                                                   | X                                      |                       |         |              |                              |        | 0                                                                    | 4,683                                                                     | 0                                                                                             |
| (8) Karen Stubbs<br>CNO/COO                  | 40 00                                                                                  |                                        |                       | X       |              |                              |        | 0                                                                    | 230,734                                                                   | 9,327                                                                                         |
| (9) Janice Walker<br>CNO/COO                 | 40 00                                                                                  |                                        |                       | X       |              |                              |        | 132,260                                                              | 0                                                                         | 17,592                                                                                        |
| (10) Tom Trenary<br>President                | 40 00                                                                                  |                                        |                       | X       |              |                              |        | 468,037                                                              | 0                                                                         | 70,758                                                                                        |
| (11) James Winter<br>VP Finance/Hosp Fin Off | 40 00                                                                                  |                                        |                       | X       |              |                              |        | 160,576                                                              | 0                                                                         | 22,142                                                                                        |
| (12) William Boyd<br>Secretary               | 1 00                                                                                   |                                        |                       | X       |              |                              |        | 0                                                                    | 971,758                                                                   | 220,513                                                                                       |
| (13) Margaret Nguyen<br>Clinical Pharmacist  | 48 00                                                                                  |                                        |                       |         |              | X                            |        | 162,697                                                              | 0                                                                         | 17,093                                                                                        |
| (14) Mercy Matthew<br>Registered Nurse       | 58 00                                                                                  |                                        |                       |         |              | X                            |        | 169,526                                                              | 0                                                                         | 4,304                                                                                         |
| (15) Charley Shaw<br>Clinical Pharmacist     | 46 00                                                                                  |                                        |                       |         |              | X                            |        | 155,912                                                              | 0                                                                         | 19,047                                                                                        |
| (16) Giang Nguyen<br>Clinical Pharmacist     | 43 00                                                                                  |                                        |                       |         |              | X                            |        | 150,315                                                              | 0                                                                         | 19,301                                                                                        |

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and Title                                          | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                        | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (17) Julie Allen<br>Director Pharmacy                          | 40 00                                                                                  |                                        |                       |         |              | X                            |        | 147,861                                                              | 0                                                                         | 20,800                                                                                        |
| (18) Stan Tatum<br>Former Officer                              |                                                                                        |                                        |                       |         |              |                              | X      | 0                                                                    | 166,982                                                                   | 16,308                                                                                        |
| (19) James Thaxton<br>Former Officer                           |                                                                                        |                                        |                       |         |              |                              | X      | 0                                                                    | 567,554                                                                   | 60,040                                                                                        |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-Total</b>                                            |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                        |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                        |                                        |                       |         |              |                              |        | 1,547,184                                                            | 2,675,775                                                                 | 578,430                                                                                       |

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶103

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

Section B. Independent Contractors

| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization                |                                |                     |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
|   | (A)<br>Name and business address                                                                                                                                     | (B)<br>Description of services | (C)<br>Compensation |
|   | Baylor Health Care System<br>2001 Bryan St Ste 2200<br>Dallas, TX 75201                                                                                              | Management Services            | 26,975,491          |
|   | HealthTexas Provider Network<br>2001 Bryan St Ste 2200<br>Dallas, TX 75201                                                                                           | Clinical/Admin Services        | 4,694,615           |
|   | Aramark Services Inc<br>P O Box 651009<br>Charlotte, NC 282651009                                                                                                    | Engineering/Food Services      | 3,633,101           |
|   | MEDCO Construction LLC<br>2001 Bryan St Ste 2200<br>Dallas, TX 75201                                                                                                 | Construction Services          | 2,945,809           |
|   | Supplemental Health Care<br>P O Box 27124<br>Salt Lake City, UT 84127                                                                                                | Staffing Services              | 668,273             |
| 2 | Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶31 |                                |                     |

Part VIII

Statement of Revenue

|                                                           |                                           |                                                                                                                                               | (A)                                                                                      | (B)                                         | (C)                              | (D)                                                                                   |         |
|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------|---------|
|                                                           |                                           |                                                                                                                                               | Total revenue                                                                            | Related or<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded<br>from<br>tax<br>under<br>sections<br><br>512,<br>513, or<br>514 |         |
| Contributions, gifts, grants<br>and other similar amounts | 1a                                        | Federated campaigns . . .                                                                                                                     | 1a                                                                                       |                                             |                                  |                                                                                       |         |
|                                                           | b                                         | Membership dues . . . . .                                                                                                                     | 1b                                                                                       |                                             |                                  |                                                                                       |         |
|                                                           | c                                         | Fundraising events . . . . .                                                                                                                  | 1c                                                                                       |                                             |                                  |                                                                                       |         |
|                                                           | d                                         | Related organizations . . . . .                                                                                                               | 1d                                                                                       | 434,500                                     |                                  |                                                                                       |         |
|                                                           | e                                         | Government grants (contributions)                                                                                                             | 1e                                                                                       | 309,966                                     |                                  |                                                                                       |         |
|                                                           | f                                         | All other contributions, gifts, grants, and<br>similar amounts not included above                                                             | 1f                                                                                       | 30,881                                      |                                  |                                                                                       |         |
|                                                           | g                                         | Noncash contributions included in lines 1a-1f \$                                                                                              |                                                                                          |                                             |                                  |                                                                                       |         |
|                                                           | h                                         | Total. Add lines 1a-1f . . . . .                                                                                                              |                                                                                          | 775,347                                     |                                  |                                                                                       |         |
|                                                           | Program Service Revenue                   | 2a                                                                                                                                            | Business Code                                                                            |                                             |                                  |                                                                                       |         |
|                                                           |                                           | Patient Care Revenue                                                                                                                          | 621990                                                                                   | 203,112,270                                 | 203,112,270                      |                                                                                       |         |
| b                                                         |                                           | Rent                                                                                                                                          | 531120                                                                                   | 995,001                                     | 995,001                          |                                                                                       |         |
| c                                                         |                                           | EHR Incentive                                                                                                                                 | 900099                                                                                   | 958,842                                     | 958,842                          |                                                                                       |         |
| d                                                         |                                           | Cafeteria                                                                                                                                     | 722210                                                                                   | 565,593                                     |                                  |                                                                                       | 565,593 |
| e                                                         |                                           | Vending                                                                                                                                       | 454210                                                                                   | 36,708                                      |                                  |                                                                                       | 36,708  |
| f                                                         |                                           | All other program service revenue                                                                                                             |                                                                                          |                                             | 23,208                           |                                                                                       | 13,252  |
| g                                                         |                                           | Total. Add lines 2a-2f . . . . .                                                                                                              |                                                                                          | 205,704,874                                 |                                  |                                                                                       |         |
| Other Revenue                                             |                                           | 3                                                                                                                                             | Investment income (including dividends, interest<br>and other similar amounts) . . . . . |                                             | 797,461                          |                                                                                       |         |
|                                                           | 4                                         | Income from investment of tax-exempt bond proceeds . .                                                                                        |                                                                                          |                                             |                                  |                                                                                       |         |
|                                                           | 5                                         | Royalties . . . . .                                                                                                                           |                                                                                          |                                             |                                  |                                                                                       |         |
|                                                           | 6a                                        | Gross Rents                                                                                                                                   | (i) Real                                                                                 | (ii) Personal                               |                                  |                                                                                       |         |
|                                                           | b                                         | Less rental<br>expenses                                                                                                                       |                                                                                          |                                             |                                  |                                                                                       |         |
|                                                           | c                                         | Rental income<br>or (loss)                                                                                                                    |                                                                                          |                                             |                                  |                                                                                       |         |
|                                                           | d                                         | Net rental income or (loss) . . . . .                                                                                                         |                                                                                          |                                             |                                  |                                                                                       |         |
|                                                           | 7a                                        | Gross amount<br>from sales of<br>assets other<br>than inventory                                                                               | (i) Securities                                                                           | (ii) Other                                  |                                  |                                                                                       |         |
|                                                           | b                                         | Less cost or<br>other basis and<br>sales expenses                                                                                             |                                                                                          |                                             |                                  |                                                                                       |         |
|                                                           | c                                         | Gain or (loss)                                                                                                                                |                                                                                          |                                             |                                  |                                                                                       |         |
|                                                           | d                                         | Net gain or (loss) . . . . .                                                                                                                  |                                                                                          | 973,458                                     |                                  |                                                                                       | 973,458 |
|                                                           | 8a                                        | Gross income from fundraising events<br>(not including<br>\$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a                                                                                        |                                             |                                  |                                                                                       |         |
|                                                           | b                                         | Less direct expenses . . . . .                                                                                                                | b                                                                                        |                                             |                                  |                                                                                       |         |
|                                                           | c                                         | Net income or (loss) from fundraising events . .                                                                                              |                                                                                          |                                             |                                  |                                                                                       |         |
|                                                           | 9a                                        | Gross income from gaming activities See Part IV, line 19 . .                                                                                  | a                                                                                        |                                             |                                  |                                                                                       |         |
|                                                           | b                                         | Less direct expenses . . . . .                                                                                                                | b                                                                                        |                                             |                                  |                                                                                       |         |
|                                                           | c                                         | Net income or (loss) from gaming activities . .                                                                                               |                                                                                          |                                             |                                  |                                                                                       |         |
|                                                           | 10a                                       | Gross sales of inventory, less<br>returns and allowances . . . . .                                                                            | a                                                                                        |                                             |                                  |                                                                                       |         |
|                                                           | b                                         | Less cost of goods sold . . . . .                                                                                                             | b                                                                                        |                                             |                                  |                                                                                       |         |
|                                                           | c                                         | Net income or (loss) from sales of inventory . .                                                                                              |                                                                                          |                                             |                                  |                                                                                       |         |
|                                                           |                                           | Miscellaneous Revenue                                                                                                                         | Business Code                                                                            |                                             |                                  |                                                                                       |         |
|                                                           | 11a                                       |                                                                                                                                               |                                                                                          |                                             |                                  |                                                                                       |         |
|                                                           | b                                         |                                                                                                                                               |                                                                                          |                                             |                                  |                                                                                       |         |
| c                                                         |                                           |                                                                                                                                               |                                                                                          |                                             |                                  |                                                                                       |         |
| d                                                         | All other revenue . . . . .               |                                                                                                                                               |                                                                                          |                                             |                                  |                                                                                       |         |
| e                                                         | Total. Add lines 11a-11d . . . . .        |                                                                                                                                               |                                                                                          |                                             |                                  |                                                                                       |         |
| 12                                                        | Total revenue. See Instructions . . . . . |                                                                                                                                               | 208,251,140                                                                              | 205,089,321                                 | 0                                | 2,386,472                                                                             |         |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the U S See Part IV, line 21                                                                                                                                                     | 2,588,836             | 2,588,836                       |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the U S See Part IV, line 22                                                                                                                                                                       |                       |                                 |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16                                                                                                                          |                       |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members                                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                               | 1,085,795             |                                 | 1,085,795                              |                             |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                                          |                       |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages                                                                                                                                                                                                                         | 68,029,117            | 67,318,821                      | 710,296                                |                             |
| 8                                                                              | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                                                          | 2,083,916             | 2,040,306                       | 43,610                                 |                             |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                                                | 9,363,696             | 9,339,391                       | 24,305                                 |                             |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                                          | 4,687,317             | 4,624,112                       | 63,205                                 |                             |
| a                                                                              | Fees for services (non-employees)                                                                                                                                                                                                                |                       |                                 |                                        |                             |
|                                                                                | Management . . . . .                                                                                                                                                                                                                             | 77,616                | 77,616                          |                                        |                             |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                                                  | 140,324               |                                 | 140,324                                |                             |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| e                                                                              | Professional fundraising services See Part IV, line 17 . . . . .                                                                                                                                                                                 |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| g                                                                              | Other . . . . .                                                                                                                                                                                                                                  | 38,848,658            | 20,222,001                      | 18,626,657                             |                             |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                                              | 843,512               | 79,992                          | 763,520                                |                             |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                                                        | 30,144,929            | 29,965,455                      | 179,474                                |                             |
| 14                                                                             | Information technology . . . . .                                                                                                                                                                                                                 | 6,999,445             | 6,999,445                       |                                        |                             |
| 15                                                                             | Royalties . . . . .                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy . . . . .                                                                                                                                                                                                                              | 6,699,137             | 6,672,940                       | 26,197                                 |                             |
| 17                                                                             | Travel . . . . .                                                                                                                                                                                                                                 | 106,833               | 82,444                          | 24,389                                 |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                                         |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                                 | 65,970                | 65,409                          | 561                                    |                             |
| 20                                                                             | Interest . . . . .                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| 21                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                              | 9,259,284             | 9,259,284                       |                                        |                             |
| 23                                                                             | Insurance . . . . .                                                                                                                                                                                                                              | 4,494,440             | 4,397,370                       | 97,070                                 |                             |
| 24                                                                             | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )                                                  |                       |                                 |                                        |                             |
| a                                                                              | Bad Debt                                                                                                                                                                                                                                         | 29,422,865            | 29,422,865                      |                                        |                             |
| b                                                                              | Ambulance Expense                                                                                                                                                                                                                                | 152,617               | 152,617                         |                                        |                             |
| c                                                                              | Dues & Memberships                                                                                                                                                                                                                               | 117,065               | 74,790                          | 42,275                                 |                             |
| d                                                                              | Special Functions                                                                                                                                                                                                                                | 68,421                | 25,561                          | 42,860                                 |                             |
| e                                                                              | Meals & Entertainment                                                                                                                                                                                                                            | 34,404                | 26,388                          | 8,016                                  |                             |
| f                                                                              | All other expenses                                                                                                                                                                                                                               | 355,636               | 168,456                         | 187,180                                |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                                               | 215,669,833           | 193,604,099                     | 22,065,734                             | 0                           |
| 26                                                                             | Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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 . . . . .                                                                                                                                                                                                                                                                 |     |             | 3,859             | 1           | 4,136       |
|                             | 2                                                                                                                                         | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                    |     |             |                   | 2           |             |
|                             | 3                                                                                                                                         | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                        |     |             |                   | 3           |             |
|                             | 4                                                                                                                                         | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                  |     |             | 12,828,530        | 4           | 14,268,668  |
|                             | 5                                                                                                                                         | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                                                                                                                                       |     |             |                   | 5           |             |
|                             | 6                                                                                                                                         | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . . |     |             |                   | 6           |             |
|                             | 7                                                                                                                                         | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                           |     |             |                   | 7           |             |
|                             | 8                                                                                                                                         | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                               |     |             | 3,409,280         | 8           | 3,410,508   |
|                             | 9                                                                                                                                         | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                     |     |             | 190,766           | 9           | 125,742     |
|                             | 10a                                                                                                                                       | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .                                                                                                                                                                                                       | 10a | 162,284,424 | 70,104,566        | 10c         | 68,556,337  |
|                             | b                                                                                                                                         | Less: accumulated depreciation . . . . .                                                                                                                                                                                                                                                            | 10b | 93,728,087  |                   |             |             |
|                             | 11                                                                                                                                        | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                    |     |             | 31,411,887        | 11          | 30,859,246  |
|                             | 12                                                                                                                                        | Investments—other securities. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                        |     |             |                   | 12          |             |
|                             | 13                                                                                                                                        | Investments—program-related. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                         |     |             |                   | 13          |             |
|                             | 14                                                                                                                                        | Intangible assets . . . . .                                                                                                                                                                                                                                                                         |     |             | 1,993,097         | 14          | 1,979,159   |
|                             | 15                                                                                                                                        | Other assets. See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                        |     |             | 5,492,801         | 15          | 6,249,530   |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .                                                                       |                                                                                                                                                                                                                                                                                                     |     | 125,434,786 | 16                | 125,453,326 |             |
| Liabilities                 | 17                                                                                                                                        | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                     |     |             | 7,297,728         | 17          | 10,362,798  |
|                             | 18                                                                                                                                        | Grants payable . . . . .                                                                                                                                                                                                                                                                            |     |             |                   | 18          |             |
|                             | 19                                                                                                                                        | Deferred revenue . . . . .                                                                                                                                                                                                                                                                          |     |             | 2,109,265         | 19          | 2,618,695   |
|                             | 20                                                                                                                                        | Tax-exempt bond liabilities . . . . .                                                                                                                                                                                                                                                               |     |             |                   | 20          |             |
|                             | 21                                                                                                                                        | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .                                                                                                                                                                                                                     |     |             |                   | 21          |             |
|                             | 22                                                                                                                                        | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .                                                                                                                      |     |             |                   | 22          |             |
|                             | 23                                                                                                                                        | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                            |     |             |                   | 23          |             |
|                             | 24                                                                                                                                        | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                              |     |             |                   | 24          |             |
|                             | 25                                                                                                                                        | Other liabilities. Complete Part X of Schedule D . . . . .                                                                                                                                                                                                                                          |     |             | 6,125,252         | 25          | 5,843,841   |
|                             | 26                                                                                                                                        | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                |     |             | 15,532,245        | 26          | 18,825,334  |
| 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 . . . . .                                                                                                                                                                                                                                                                   |     |             | 104,409,740       | 27          | 100,378,462 |
|                             | 28                                                                                                                                        | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                         |     |             | 691,536           | 28          | 1,407,003   |
|                             | 29                                                                                                                                        | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                         |     |             | 4,801,265         | 29          | 4,842,527   |
|                             | 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 . . . . .                                                                                                                                                                                                                                                         |     |             | 109,902,541       | 33          | 106,627,992 |
| 34                          | Total liabilities and net assets/fund balances . . . . .                                                                                  |                                                                                                                                                                                                                                                                                                     |     | 125,434,786 | 34                | 125,453,326 |             |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

|   |                                                                                                               |   |             |
|---|---------------------------------------------------------------------------------------------------------------|---|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)                                                     | 1 | 208,251,140 |
| 2 | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2 | 215,669,833 |
| 3 | Revenue less expenses Subtract line 2 from line 1                                                             | 3 | -7,418,693  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 109,902,541 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)                                          | 5 | 4,144,144   |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 106,627,992 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

|    |                                                                                                                                                                                                                                                                                                                                                  | Yes | No |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                      |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                                                                                                                                                                  |     | No |
| b  | Were the organization's financial statements audited by an independent accountant?                                                                                                                                                                                                                                                               | Yes |    |
| c  | If "Yes," to 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis             |     |    |
| 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?                                                                                                                                                                                         | Yes |    |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                             | Yes |    |

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

|                                                                            |                                              |
|----------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Baylor Medical Centers at Garland and McKinney | Employer identification number<br>75-1037591 |
|----------------------------------------------------------------------------|----------------------------------------------|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 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).**
- 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).**
- 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?  

(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 supported organization(s)

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

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support |
|---------------------------------------|-------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|----------------------------|
|                                       |             |                                                                                                 | Yes                                                                       | No | Yes                                                                | No | Yes                                                           | No |                            |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                            |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                            |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                            |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                            |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                            |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                            |
| Total                                 |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                            |

Part II

Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support                                                                                                                                                                             |          |          |          |          |          |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 lines 1 through 3                                                                                                                                                                        |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public Support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                  |          |          |          |          |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                             | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|----|--|
| 14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))                                                                                                                                                                                                                                                                                                      |  |  |  |  | 14 |  |
| 15 Public Support Percentage for 2009 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                           |  |  |  |  | 15 |  |
| 16a 33 1/3% support test—2010. 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 ▶                                                                                                                                                                         |  |  |  |  |    |  |
| b 33 1/3% support test—2009. 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 ▶                                                                                                                                                                    |  |  |  |  |    |  |
| 17a 10%-facts-and-circumstances test—2010. 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 ▶    |  |  |  |  |    |  |
| b 10%-facts-and-circumstances test—2009. 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 ▶ |  |  |  |  |    |  |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶                                                                                                                                                                                                                                                        |  |  |  |  |    |  |

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                               | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 through 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 \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8 Public Support (Subtract line 7c from line 6 )                                                                                                                           |          |          |          |          |          |           |

| Section B. Total Support                                                                                                                                                                                                                                                     |          |          |          |          |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                                               | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 June 30, 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 section 501(c)(3) organization, check this box and <b>stop here</b>  |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                     |    |  |  |
|-----------------------------------------------------------------------------------------|----|--|--|
| 15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | 15 |  |  |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15                    | 16 |  |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                                                                                                                           |    |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|--|
| 17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))                                                                                                                                                                                                                                                                     | 17 |  |  |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17                                                                                                                                                                                                                                                                                          | 18 |  |  |
| 19a 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization          |    |  |  |
| b 33 1/3% support tests—2009. 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 <b>stop here</b> . 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

**If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- 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), then**

- 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then**

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

|                                                                            |                                              |
|----------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Baylor Medical Centers at Garland and McKinney | Employer identification number<br>75-1037591 |
|----------------------------------------------------------------------------|----------------------------------------------|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

|   |                                                                                                          |            |
|---|----------------------------------------------------------------------------------------------------------|------------|
| 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 Complete if the organization is exempt under section 501(c)(3).**

|    |                                                                                         |                                                          |
|----|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 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 a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b  | If “Yes,” describe in Part IV                                                           |                                                          |

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 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 funds contributed to other organizations for section 527 exempt funtion activities                                                                                                                                                                                                                                                                                                                                                                                                        | ▶ \$ _____                                               |
| 3 | Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b                                                                                                                                                                                                                                                                                                                                                                                                                                          | ▶ \$ _____                                               |
| 4 | Did the filing organization file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were 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 |                                                          |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   | (a) Filing<br>Organization's<br>Totals                              | (b) Affiliated<br>Group<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                   |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table> |                                                   | If the amount on line 1e, column (a) or (b) is:                     | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | The lobbying nontaxable amount is:                |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 20% of the amount on line 1e                      |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$100,000 plus 15% of the excess over \$500,000   |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$175,000 plus 10% of the excess over \$1,000,000 |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not 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 If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| i Subtract line 1f from line 1c If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   |                                                                     |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

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 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period         |          |          |          |          |           |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
| 2a Lobbying non-taxable amount                               |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots non-taxable amount                              |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

|                                    |                                                                                                                                                                                                                              | (a) |        | (b)    |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|--------|
|                                    |                                                                                                                                                                                                                              | Yes | No     | Amount |
| <b>1</b>                           | 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 |     |        |        |
|                                    | <b>a</b> Volunteers?                                                                                                                                                                                                         |     | No     |        |
|                                    | <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                        | Yes |        |        |
|                                    | <b>c</b> Media advertisements?                                                                                                                                                                                               |     | No     |        |
|                                    | <b>d</b> Mailings to members, legislators, or the public?                                                                                                                                                                    |     | No     |        |
|                                    | <b>e</b> Publications, or published or broadcast statements?                                                                                                                                                                 |     | No     |        |
|                                    | <b>f</b> Grants to other organizations for lobbying purposes?                                                                                                                                                                | Yes |        |        |
|                                    | <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                         | Yes |        |        |
|                                    | <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                           |     | No     |        |
|                                    | <b>i</b> Other activities? If "Yes," describe in Part IV                                                                                                                                                                     |     | No     |        |
| <b>j</b> Total lines 1c through 1i |                                                                                                                                                                                                                              |     | 59,227 |        |
| <b>2a</b>                          | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     | No     |        |
| <b>b</b>                           | If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                            |     |        |        |
| <b>c</b>                           | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                   |     |        |        |
| <b>d</b>                           | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |        |        |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|   |                                                                                                  | 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

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

|   |                                                                                                                                                                                                                                            |    |  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 1 | Dues, assessments and similar amounts from members                                                                                                                                                                                         | 1  |  |
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                |    |  |
| 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 (see instructions)                                                                                                                                                                   | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part IV, Supplemental Information |                  | Statement Regarding Legislative Activity Health care policy is critical to all Americans, and Baylor Medical Centers at Garland and McKinney ("BMCG") 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. BMCG has established relationships with persons and industry associations that often communicate BMCG's positions on major health care issues. These contacts may include direct contact, telephone conversations and/or letters. Also, BMCG may attempt to educate the local community on certain legislative initiatives that may impact BMCG'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. BMCG has not intervened in any political campaign. |

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
Baylor Medical Centers at Garland and McKinney

Employer identification number  
75-1037591

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

|   |                                                                                                                                                                                                                                                                                                                                        |                              |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|   | (a) Donor advised funds                                                                                                                                                                                                                                                                                                                | (b) Funds and other accounts |
| 1 | Total number at end of year                                                                                                                                                                                                                                                                                                            |                              |
| 2 | Aggregate contributions to (during year)                                                                                                                                                                                                                                                                                               |                              |
| 3 | Aggregate grants from (during year)                                                                                                                                                                                                                                                                                                    |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                                                                                         |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                           |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2010

**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 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
- 1b

If "Yes," explain the arrangement 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
- 2b

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 . . . . .                      |                 |               |                   |                     |                    |
| 1b Contributions . . . . .                                  |                 |               |                   |                     |                    |
| 1c Investment earnings or losses . . . . .                  |                 |               |                   |                     |                    |
| 1d Grants or scholarships . . . . .                         |                 |               |                   |                     |                    |
| 1e Other expenditures for facilities and programs . . . . . |                 |               |                   |                     |                    |
| 1f Administrative expenses . . . . .                        |                 |               |                   |                     |                    |
| 1g 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) Accumulated depreciation | (d) Book value |
|--------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                          |                                      | 2,359,881                      |                              | 2,359,881      |
| 1b Buildings . . . . .                                                                     |                                      | 109,221,038                    | 58,424,462                   | 50,796,576     |
| 1c Leasehold improvements . . . . .                                                        |                                      |                                |                              |                |
| 1d Equipment . . . . .                                                                     |                                      | 50,703,505                     | 35,303,625                   | 15,399,880     |
| 1e Other . . . . .                                                                         |                                      |                                |                              |                |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 68,556,337     |



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  |  |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                         | 2  |  |
| 3  | Excess or (deficit) for the year Subtract line 2 from line 1                    | 3  |  |
| 4  | Net unrealized gains (losses) on investments                                    | 4  |  |
| 5  | Donated services and use of facilities                                          | 5  |  |
| 6  | Investment expenses                                                             | 6  |  |
| 7  | Prior period adjustments                                                        | 7  |  |
| 8  | Other (Describe in Part XIV)                                                    | 8  |  |
| 9  | Total adjustments (net) Add lines 4 - 8                                         | 9  |  |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 |  |

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  |  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12                         |    |  |
| a | Net unrealized gains on investments . . . . .                                              | 2a |  |
| b | Donated services and use of facilities . . . . .                                           | 2b |  |
| c | Recoveries of prior year grants . . . . .                                                  | 2c |  |
| d | Other (Describe in Part XIV) . . . . .                                                     | 2d |  |
| e | Add lines 2a through 2d . . . . .                                                          | 2e |  |
| 3 | Subtract line 2e from line 1 . . . . .                                                     | 3  |  |
| 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  |  |

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

|   |                                                                                             |    |  |
|---|---------------------------------------------------------------------------------------------|----|--|
| 1 | Total expenses and losses per audited financial statements . . . . .                        | 1  |  |
| 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 | Other losses . . . . .                                                                      | 2c |  |
| d | Other (Describe in Part XIV) . . . . .                                                      | 2d |  |
| e | Add lines 2a through 2d . . . . .                                                           | 2e |  |
| 3 | Subtract line 2e from line 1 . . . . .                                                      | 3  |  |
| 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  |  |

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 IV, 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. Also complete this part to provide any additional information.

| Identifier                                          | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description of Uncertain Tax Positions Under FIN 48 | Part X           | Part X, Line 2 The filing organization does not have separate individual audited financial statements, however, the organization is included in Baylor Health Care System's combined audited financial statements (System). The System follows the provisions of ASC 740 "Income Taxes." As of June 30, 2011 and 2010, the System had no material gross unrecognized tax benefits. |

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

**Name of the organization**  
Baylor Medical Centers at Garland and McKinney

**Employer identification number**  
75-1037591

Part I

Financial Assistance and Certain Other Community Benefits at Cost

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |     |    |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes | No  |    |
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1a  | Yes |    |
| b  | If "Yes," is it a written policy? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1b  | Yes |    |
| 2  | If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year<br><br><input checked="" type="checkbox"/> Applied uniformly to all hospitals<br><input type="checkbox"/> Generally tailored to individual hospitals<br><input type="checkbox"/> Applied uniformly to most hospitals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |     |    |
| 3  | Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year<br><br>a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care<br><br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %<br><br>b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . .<br><br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <b>500.000000000000</b> % | 3a  | Yes |    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3b  | Yes |    |
| c  | If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |     |    |
| 4  | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4   | Yes |    |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5a  | Yes |    |
| b  | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5b  | Yes |    |
| c  | 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? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5c  |     | No |
| 6a | Does the organization prepare a community benefit report during the tax year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6a  | Yes |    |
| 6b | If "Yes," did the organization make it available to the public? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6b  | Yes |    |
|    | Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |     |    |

7

Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs                                             | (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 |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheets 1 and 2)                                              |                                                 |                               | 12,595,541                          | 0                             | 12,595,541                        | 6 760 %                      |
| b Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .                                        |                                                 |                               | 17,327,278                          | 21,569,710                    | -4,242,432                        | 0 %                          |
| c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .    |                                                 |                               | 0                                   | 0                             |                                   | 0 %                          |
| d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .                    |                                                 |                               | 29,922,819                          | 21,569,710                    | 8,353,109                         | 4 480 %                      |
| <b>Other Benefits</b>                                                                                 |                                                 |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) . . . . . |                                                 |                               | 555,140                             | 0                             | 555,140                           | 0 300 %                      |
| f Health professions education (from Worksheet 5) . . . . .                                           |                                                 |                               | 2,929,377                           | 1,038,365                     | 1,891,012                         | 1 020 %                      |
| g Subsidized health services (from Worksheet 6) . . . . .                                             |                                                 |                               | 6,146,604                           | 4,156,245                     | 1,990,359                         | 1 070 %                      |
| h Research (from Worksheet 7)                                                                         |                                                 |                               | 0                                   | 0                             |                                   | 0 %                          |
| i Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .                     |                                                 |                               | 2,854,734                           | 0                             | 2,854,734                         | 1 530 %                      |
| j <b>Total</b> Other Benefits . . . . .                                                               |                                                 |                               | 12,485,855                          | 5,194,610                     | 7,291,245                         | 3 920 %                      |
| k <b>Total.</b> Add lines 7d and 7j . . . . .                                                         |                                                 |                               | 42,408,674                          | 26,764,320                    | 15,644,354                        | 8 400 %                      |

Part II

Community Building Activities during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

|    | (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

Section A. Bad Debt Expense

|   |                                                                                                                                                                                                                                                                                                                  |     |           |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|
|   |                                                                                                                                                                                                                                                                                                                  | Yes | No        |
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .                                                                                                                                                                          | 1   | Yes       |
| 2 | Enter the amount of the organization's bad debt expense (at cost) . . . . .                                                                                                                                                                                                                                      | 2   | 9,606,325 |
| 3 | Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy . . . . .                                                                                                                                     | 3   | 960,633   |
| 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, and rationale for including a portion of bad debt amounts as community benefit. |     |           |

Section B. Medicare

|   |                                                                                                                                                                                                                                                                                                                                                                                                                       |   |            |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 5 | Enter total revenue received from Medicare (including DSH and IME) . . . . .                                                                                                                                                                                                                                                                                                                                          | 5 | 58,653,926 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 . . . . .                                                                                                                                                                                                                                                                                                                                       | 6 | 68,022,722 |
| 7 | Subtract line 6 from line 5. This is the surplus or (shortfall) . . . . .                                                                                                                                                                                                                                                                                                                                             | 7 | -9,368,796 |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:<br><input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |   |            |

Section C. Collection Practices

|    |                                                                                                                                                                                                                                 |    |     |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|
| 9a | Does the organization have a written debt collection policy? . . . . .                                                                                                                                                          | 9a | Yes |
| b  | 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 . . . . . | 9b | Yes |

Part IV

Management Companies and Joint Ventures

| (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                 |                                               |                                                  |                                                                                   |                                               |

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

[illegible]

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility  
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 8

| Name and address |                                                                                     | Type of Facility (Describe) |
|------------------|-------------------------------------------------------------------------------------|-----------------------------|
| 1                | Baylor Center for Pain Mgmt<br>2520 N Central Exp Suite 400<br>Richardson, TX 75080 | Pain Center                 |
| 2                | Baylor Center for Pain Mgmt<br>2520 N Central Exp Suite 400<br>Richardson, TX 75080 | Pain Center                 |
| 3                | Baylor Center for Pain Mgmt<br>2520 N Central Exp Suite 400<br>Richardson, TX 75080 | Pain Center                 |
| 4                | Baylor Center for Pain Mgmt<br>2520 N Central Exp Suite 400<br>Richardson, TX 75080 | Pain Center                 |
| 5                | Baylor Center for Pain Mgmt<br>2520 N Central Exp Suite 400<br>Richardson, TX 75080 | Pain Center                 |
| 6                | Baylor Center for Pain Mgmt<br>2520 N Central Exp Suite 400<br>Richardson, TX 75080 | Pain Center                 |
| 7                | Baylor Center for Pain Mgmt<br>2520 N Central Exp Suite 400<br>Richardson, TX 75080 | Pain Center                 |
| 8                | Baylor Center for Pain Mgmt<br>2520 N Central Exp Suite 400<br>Richardson, TX 75080 | Pain Center                 |
| 9                |                                                                                     |                             |
| 10               |                                                                                     |                             |

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Identifier | ReturnReference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                 | Part I, Line 3c and Line 3b In addition to providing free care to financially indigent patients at 200% of the federal poverty guidelines ("FPG"), the organization provides discounted care to the medically indigent which is based on both the FPG (up to 500% ) and the percentage of the patient's total bills from all providers in relation to the patient's annual income Pursuant to the charity care policy, a patient's total balance due will not exceed 10% of total annual income if the patient qualifies as medically indigent The organization also provides discounted care to those individuals whose amount of total bills, after all payments from third parties, exceeds 50% of the patient's annual income (regardless of the level of income) if the patient is unable to pay the remaining bill |

| Identifier | ReturnReference | Explanation                                                                                                                                                                                                                                                                          |
|------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                 | Part I, Line 6a The organization prepares and files an Annual Report of Community Benefit Plan with the Texas Department of State Health Services This report is made available through the organization's website at <a href="http://www.baylorhealth.com">www.baylorhealth.com</a> |

| Identifier | ReturnReference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                 | Part I, Line 7 A ratio of patient care cost to charges, as determined in Worksheet 2, was used to report the amounts in Part I, Lines 7a - 7d For amounts reported on lines 7e - 7k, actual expenses for each community benefit activity are tracked and reported using both community benefit software and/or the organization's cost accounting system Part I, Line 7b, Column (d) Includes payments from the State Medicaid Private Hospital Upper Payment Limit Program, which funds are to be used to expand indigent care Part I, Line 7i, Column (c) Includes charity care payments of \$2,587,836 that are made directly to or on the behalf of a local public hospital and/or other nonprofit organizations for the treatment of indigent patients of those organizations Part I, Line 7, Column (f) The tax software used to prepare and file electronically the Form 990 for the organization may not properly print the percentages in Part 1, Lines 7a-7k, column (f) if the product results in a negative percentage |

| Identifier | ReturnReference | Explanation                                                                                                                                                           |
|------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                 | Part I, L7 Col(f) The amount of bad debt expense included on Form 990, Part IX, line 25, but removed for Schedule H, Part I, Line 7, Column (f) totaled \$ 29,422,865 |

| Identifier | ReturnReference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                 | <p>Part III, Line 4 As stated in the combined audited financial statements, the organization maintains allowances for uncollectible accounts for estimated losses resulting from a payor's inability to make payments on accounts The organization assesses the reasonableness of the allowance account based on the historical write-offs, cash collections, and the aging of the accounts Accounts are written off when collection efforts have been exhausted Management continually monitors and adjusts its allowance associated with its receivable Bad debt does not include amounts for patients who are known to qualify under the organization's charity care policy The amount of bad debt at cost was calculated using Worksheet A from Schedule H instructions The amount of bad debt attributable to patient's accounts is net of contractual allowances, payments received and recoveries of bad debt previously written off Based on prior experience and certain demographics and other information obtained during admission, the organization believes a portion of the bad debt expenses at cost would be attributable to patients that would otherwise qualify for charity care Despite all of the effort and ways the organization educates patients about qualifying for its charity care program as demonstrated in Part IV, question 3 below, many uninsured patients either refuse or fail to complete a charity care application or provide sufficient information at the time of admission, during their stay or after being discharged to qualify for assistance under the organization's charity care policy The amount reported on Part III, Line 3 was estimated by reviewing the average acceptance rate for charity care applications received at certain facilities during the year multiplied by the number of denials that were attributable to those facilities due to insufficient information</p> |

| Identifier | ReturnReference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                 | <p>Part III, Line 8 The amount reported on Part III, Section B, line 6 was calculated in accordance with the Schedule H instructions utilizing the organization's allowable cost reported in the Medicare cost report based on a cost to charge ratio. However, the allowable costs in the Medicare cost report do not reflect the actual cost of providing care to patients since the Medicare cost report excludes many direct patient care costs that are essential to providing quality care to these patients. For example, certain coverage fees to physicians, cost of Medicare C and D, and other similar direct patient care expenses are specifically excluded as allowable cost in the cost reports. Using the same methodology to calculate the unreimbursed cost of providing charity care and Medicaid (using applicable Schedule H Worksheets) would result in a shortfall of \$18,625,907, which is \$9,257,108 higher than the shortfall reported on Part III, Section B, Line 7. The organization believes that all of the shortfall should be considered as a community benefit for the following reasons. First, the IRS Community Benefit Standard includes the provision of care to the elderly and Medicare patients. IRS Revenue Ruling 69-545 provides, in part, that hospitals serving patients with governmental health benefits, including for example Medicare, is an indication that the hospital operates for the promotion of health in the community. Second, the organization provides care to Medicare patients regardless of this shortfall, i.e., loss, and thereby relieves the state and federal government of the burden of paying the full cost for the care of Medicare beneficiaries. Medicare does not provide sufficient reimbursement to cover the entire cost of providing care to these patients causing the organization to use other surplus funds to cover the shortfall. It is expected that reimbursement under the Medicare program will continue to decline and therefore may further limit access to care due to the anticipated reduction of participating Medicare providers in the community. As a result, the care for these patients will likely increase at, and rest on the shoulders of, nonprofit hospitals or county hospital districts. Third, many of the Medicare participants have low fixed incomes and therefore would qualify for charity care or other means tested government programs absent being enrolled in the Medicare program. Fourth, Texas nonprofit hospitals must provide a minimum level of community benefit in order to obtain exemption from state and local taxes. According to the current Texas Health and Safety Code, the unreimbursed cost of Medicare is considered to be a community benefit in determining these state statutory requirements as it helps relieve a governmental burden of providing this care that would otherwise be provided through the county hospital system in Texas.</p> |

| Identifier | ReturnReference | Explanation                                                                                                                                                                                                                                    |
|------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                 | Part III, Line 9b The organization's debt collection policy and procedures prohibit any collection efforts for the portion of the patient account balance that qualifies for financial assistance under the organization's charity care policy |

| Identifier | ReturnReference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                 | <p>Part VI, Line 2 Like many other nonprofit hospitals in the 12 county North Texas region, the organization elected to base their service area needs on a report generated by the local county hospital district The community health needs assessment titled Our Community Health Checkup 2008 for the Dallas/Fort Worth Combined Metropolitan Statistical Area ("Checkup") was a collaborative effort of 16 member hospitals of the Dallas Fort Worth Hospital Council ("DFWHC") The preparation (including support, research and analysis) of the report was provided by the staffs of the Strategic Planning and Population Medicine Department of the Parkland Health &amp; Hospital System (also known as the Dallas County Hospital District), Baylor Health Care System and other health care providers The Checkup was developed to address issues relative to health pertaining to individuals, families, and communities for use by the residents of the community and the institutions serving them The Checkup provided a framework by which health needs can be joined with the assets or investments made by the community in its social and physical infrastructure Overall coordination of this collaboration was under the auspices of the DFWHC These documents can be found online at <a href="http://www.dfwhc.org">www.dfwhc.org</a></p> |

| Identifier | ReturnReference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                 | <p>Part VI, Line 3 The organization is committed to promoting health in the community including providing or finding financial assistance programs to assist patients Patients who may qualify for financial assistance through the organization's charity care program or other federal, state and local government programs are informed and educated about their eligibility in several ways including, but not limited to, the following 1 ) posting signs and notices regarding the charity care policy in the emergency departments, admitting areas and business offices located throughout the organization 2 ) annual posting regarding the organization's charity care program in the local newspapers 3 ) information regarding financial assistance, including the organization's charity care policy, is posted on the organization's website 4 ) notices about the organization's financial assistance policies are posted on each bill sent to patients including providing a phone number to access the customer service unit dedicated to answering patients billing questions, as well as provide information regarding financial assistance and 5 ) the organization provides free financial counselors to help patients determine how to meet their financial obligations for services provided Specifically financial counselors assist patients in applying for government assistance programs such as Medicaid or the organization's charity care program Any patient may request to speak to a financial counselor when being treated at the organization Uninsured patients who are admitted to the hospital will automatically receive help from a financial counselor These services are provided in writing and through interpretation services in the primary language of the patient requesting assistance Though the most often needed alternate language is Spanish, the organization can accommodate multiple languages including American Sign Language</p> |

| Identifier | ReturnReference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                 | <p>Part VI, Line 4 The organization serves the northeast Dallas County region including Garland and the surrounding cities of Rockwall, Rowlett, Wylie, Mesquite, Sachse, Murphy and Richardson with a total service area population of 614,628 This service area grew 5.9 percent from 2000 to 2008, and 8.1 percent of the population in 2008 was over the age of 65 The proportion of the population in the 45 to 64 year age group has also grown from 20.4 percent in 2000 to 24.5 percent in 2008, as compared to 22.6 percent of the same age group county wide As with much of the nation, the oldest age groups (45-64 and 65+) are the fastest growing in the organization's service area During the FY 2011 year, approximately 31% of the total patient encounters were uninsured or Medicaid recipients The Mesquite/Garland/Rowlett area has become more ethnically diverse In 2008, the ethnic makeup of the service areas was 47.9 percent White, 30.6 percent Hispanic, 12.8 percent Black, 6.4 percent Asian, and 1.8 percent other In 2008, 15.4 percent of the Mesquite/Garland/Rowlett households earned under \$25,000 Additionally, 18.6 percent of the households earned more than \$100,000 and 51.1 percent earned between \$25,000 and \$75,000 According to the 2000 Census, approximately 7.6 percent of Mesquite/Garland/Rowlett population lived below 100 percent of the federal poverty level A total of 22.6 percent lived below 200 percent of the federal poverty level, leaving 77.4 percent of the Mesquite/Garland/Rowlett population earning more than 200 percent of the federal poverty level As of 2008, approximately 17.7 percent of Mesquite/Garland/Rowlett population over the age of 25 has not graduated high school However, 23.5 percent have a bachelor's degree or more, which is lower than the Dallas County rate (27.2 percent) Heart disease is the leading cause of death in the Mesquite/Garland/Rowlett service area The Checkup identified cancer as the second leading cause of death in Dallas County and it is one of the leading causes of death for residents under the age of 45 in the organization's service area Diabetes is one of the fastest growing health problems in the U S and is one of the top leading causes of death in Dallas County According to the Center for Disease Control and Prevention an estimated 1.7 million persons aged eighteen years and older in Texas (9.7% of this age group) have been diagnosed with diabetes</p> |

| Identifier | ReturnReference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                 | <p>Part VI, Line 6 With the oversight of an independent volunteer community board and Baylor Health Care System, the organization's sole member, the organization has promoted health and benefited the community by providing access to more than 20 specialty centers designed to treat a range of medical conditions. The organization's governing body is comprised of volunteer community representatives that provide leadership and governance for the organization. The members of the governing body contribute their wisdom, insights, and expertise to ensure the organization is fulfilling its mission and charitable purpose while providing efficient administrative support services and direction for the System. The members are well respected residents and/or own businesses in the organization's primary or secondary service area and understand the needs of the community. The medical staff of the organization is open to all physicians in the community who meet membership and clinical privileges requirements. Surplus funds are continuously utilized to maintain access to limited patient services or expand access points of care to patients throughout the community including, but not limited to, the following. The organization provides the only full-service emergency department in its service area and has one of the busiest emergency departments in the Baylor Health Care System, treating more than 54,000 patients annually. During the fiscal year 2010, the organization completed a two-year, \$10.5 million project through the redesign and expansion of its emergency department. The primary goals of the project were to improve the patient experience in the emergency department and efficiently redesign and streamline operations for the nurses and staff. The expansion added 4,300 square feet to the former 20,300-square-foot department, for a total of 24,600 square feet. The features of the new design included a dedicated ambulance entrance, a new waiting area, a sub-waiting area which helped to alleviate overcrowding, 20 private treatment rooms, eight medical screening exam rooms, and 7 critical-care rooms. An in-house laboratory and pharmacy eliminated the need to go outside the department to run tests and retrieve medications. Having a laboratory physically located in the emergency department improved turnaround time on lab work, and radiology services will be brought into the department, including a 16-slice CT scanner, decreasing the time it takes to get results on X-ray and CT studies. The expansion also reduced emergency department wait times by 50%. The organization is committed to promoting the healthy well being of individuals and families beyond the healthy activities of traditional hospital or clinic settings through its community outreach programs. The organization provides free community health seminars throughout the year at local libraries and community centers and collaborates with the school districts by offering programs such as Project Power, a free diabetes program provided in both English and Spanish to those who have no health insurance. Other programs include library seminars on dementia, options for care, urological problems, and breast cancer awareness. The organization also provides free health screenings in the community specifically targeted to meet the needs identified in the community needs assessment. Through these programs, over 13,000 people were served. In FY 2011, the organization's Clinical Center of Excellence lowered congestive heart failure (CHF) patient readmission rates below the national average through the creation of a Health Management Center as part of its Heart and Vascular Center. Many CHF patients fail to follow up with physicians because after hospitalization they feel fine. Failure to notice small signs of trouble increase risk of readmission. The program was designed to help patients understand these symptoms and prevent from making return visits. The use of electronic health recording the staff more accurately tracks patient progress and readmission prevention. The programs readmission rates were at 12 percent as compared to the national rate of 23 percent. Since late 2009, the organization has been supporting Hope Clinic. Many physicians and nurses on the organizations medical staff, as well as Family Medicine residents from the organization medical education program staff this clinic. The clinic served the working poor who have no private health insurance and who are ineligible for Medicare, Medicaid or similar programs. In addition to urgent care needs and health screenings, Hope Clinic helps its clients manage chronic conditions such as diabetes, high blood pressure, COPD and heart failure. Medications for this population are made more accessible through the clinic's prescription assistance program. Having the designation of a medically underserved area, the organization partners with other organizations to provide access to health care services for an underserved population, those</p> |

| Identifier | ReturnReference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                 | living in poverty, in areas where infant mortality is high and where the ratio of primary care physicians per 1,000 populations is low To aid in improving access to care in this medically underserved area medical education is a crucial part of the organization's mission During a residency, a physician trains in a particular medical specialty, developing clinical skills and professional competencies and taking on increasing responsibility for patient care The organization's Family Residency Program provides three years of training for 18 medical residents with 6 graduates per year Quality teaching programs add many dimensions to the organization's ability to serve patients The organization attracts first-rate medical specialists who help improve the level of medical care for the entire community Teaching programs also aid attending physicians in keeping their own knowledge current Upon completion of their residency programs at the organization, most physicians remain in North Texas, providing a continuous supply of well-trained medical professionals for the region In addition, the organization provides internships for nursing students who are not employees, nor who are required to become employees on graduation from nursing schools This program served 208 nursing students during the fiscal year 2011 |

| Identifier | ReturnReference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                 | <p>Part VI, Line 7 The organization is part of a large faith based integrated health care delivery system ("System") serving the health care needs of the twelve county Dallas-Fort Worth metroplex area The System exists to serve all people through exemplary health care, education, research and community service Community benefits are provided through the provision of charity care, governmental sponsored programs (such as Medicaid and Medicare), medical research, medical education, community health improvement services, donations to other nonprofit health care providers, and many other community service activities During the year, the affiliated nonprofit hospitals reported community benefits (as reported to the Texas Department of State Health Services, and in accordance with the State of Texas Statutory methodology) in excess of \$502,000,000 The System's nonprofit hospitals provided community benefits (as reported on the IRS Form 990, Schedule H) in excess of \$151,000,000 during the tax year The Texas Annual Statement of Community Benefit Standard includes approximately \$302,000,000 of unreimbursed cost of Medicare that is not included in the IRS Form 990, Schedule H The System is comprised of separate legal entities including philanthropic foundations, a research institute, a physician network, acute care hospitals, short-stay hospitals, specialty hospitals, ambulatory surgery centers and other health care providers all which fall under the common control of Baylor Health Care System, the organization's sole member As part of the System, certain affiliates make grants and/or contributions to other related nonprofit affiliates to help financially support and/or fund worthy community benefits activities The System has also established a patient transfer system among the affiliated hospitals allowing patients needing a particular level of care to be transferred as needed to a related hospital that can provide that service in an efficient and effective manner As part of the System, all hospitals and other affiliated health care providers are required to adhere to high standards for medical quality, patient safety and patient satisfaction These standards are set forth by Baylor Health Care System, the organization's sole member, which helps ensure consistency across the System</p> |

| Identifier                | ReturnReference | Explanation |
|---------------------------|-----------------|-------------|
| Reports Filed With States | Part VI, Line 7 | TX          |

OMB No 1545-0047

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**  
**▶ Attach to Form 990**

### Open to Public Inspection

**Employer identification number**  
75-1037591

## 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? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part III** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed. . . . .  

[illegible]

- |          |                                                                                |   |
|----------|--------------------------------------------------------------------------------|---|
| <b>2</b> | Enter total number of section 501(c)(3) and government organizations . . . . . | 2 |
| <b>3</b> | Enter total number of other organizations . . . . .                            | 0 |

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|------------------------------------------------------|---------------------------------------|
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |
|                                |                         |                         |                                  |                                                      |                                       |

Part IV

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

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

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Baylor Medical Centers at Garland and McKinney

Employer identification number

75-1037591

Part I

Questions Regarding Compensation

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |     |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                |     |     |
|    | <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |     |     |
| b  | If any of the boxes in line 1a are 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                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1b  | Yes |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2   | Yes |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |     |
|    | <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>                                                                                                                                                                                  |     |     |
| 4  | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |
| a  | Receive a severance payment or change-of-control payment from the organization or a related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4a  | No  |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4b  | Yes |
| c  | Participate in, or receive payment from, an equity-based compensation arrangement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4c  | No  |
|    | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |     |
|    | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |     |
| 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5a  | No  |
| b  | Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5b  | No  |
|    | 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6a  | No  |
| b  | Any related organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6b  | No  |
|    | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7   | Yes |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8   | No  |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9   |     |

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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) Retirement and other 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 reportable compensation |                                                |                         |                                 |                                                            |
| (1) Paul Madeley MD | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
|                     | (ii) | 503,357                                            | 0                                   | 230,392                             | 67,185                                         | 14,020                  | 814,954                         | 226,611                                                    |
| (2) Karen Stubbs    | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
|                     | (ii) | 181,921                                            | 48,183                              | 630                                 | 9,096                                          | 231                     | 240,061                         | 0                                                          |
| (3) Tom Trenary     | (i)  | 326,616                                            | 109,529                             | 31,892                              | 52,967                                         | 17,791                  | 538,795                         | 14,680                                                     |
|                     | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (4) James Winter    | (i)  | 160,048                                            | 0                                   | 528                                 | 0                                              | 22,142                  | 182,718                         | 0                                                          |
|                     | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (5) William Boyd    | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
|                     | (ii) | 538,151                                            | 409,474                             | 24,133                              | 197,632                                        | 22,881                  | 1,192,271                       | 0                                                          |
| (6) Margaret Nguyen | (i)  | 160,554                                            | 0                                   | 2,143                               | 5,425                                          | 11,668                  | 179,790                         | 0                                                          |
|                     | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (7) Mercy Matthew   | (i)  | 164,640                                            | 300                                 | 4,586                               | 4,195                                          | 109                     | 173,830                         | 0                                                          |
|                     | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (8) Charley Shaw    | (i)  | 151,064                                            | 0                                   | 4,848                               | 6,490                                          | 12,557                  | 174,959                         | 0                                                          |
|                     | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (9) Giang Nguyen    | (i)  | 140,720                                            | 5,000                               | 4,595                               | 4,968                                          | 14,333                  | 169,616                         | 0                                                          |
|                     | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (10) Julie Allen    | (i)  | 129,047                                            | 18,746                              | 68                                  | 6,642                                          | 14,158                  | 168,661                         | 0                                                          |
|                     | (ii) | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
| (11) Stan Tatum     | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
|                     | (ii) | 125,267                                            | 0                                   | 41,715                              | 0                                              | 16,308                  | 183,290                         | 0                                                          |
| (12) James Thaxton  | (i)  | 0                                                  | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                          |
|                     | (ii) | 382,861                                            | 136,239                             | 48,454                              | 47,428                                         | 12,612                  | 627,594                         | 33,114                                                     |
| ( 13 )              |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
| ( 14 )              |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
| ( 15 )              |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |
| ( 16 )              |      |                                                    |                                     |                                     |                                                |                         |                                 |                                                            |

**Part III**   **Supplemental Information**

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

| Identifier               | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | Part I, Line 1a  | Tax indemnification and gross up payments - The organization provides tax indemnification where an authorized member of management determines there is justification to reimburse an individual for the tax impact on certain taxable, non-cash benefits provided to them. All tax indemnification payments provided are treated as taxable compensation. Seven of the persons listed in the Form 990, Part VII, Section A, received this benefit during the tax year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                          | Part I, Line 1a  | Discretionary spending account-The organization provides eligible employees who travel frequently in their personal vehicle an auto expense allowance in lieu of reimbursement for business mileage under the organization's business travel and expense reimbursement policy. All auto expense allowances are treated as taxable compensation. One person listed in the Form 990, Part VII, Section A, received this benefit during the tax year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                          | Part I, Line 1a  | Housing allowance or residence of personal use-The organization provides temporary housing to eligible employees under the organization's moving and relocation reimbursement policy. All temporary housing provided to any employee is treated as taxable compensation. One person listed in the Form 990, Part VII, Section A, received this benefit during the tax year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                          | Part I, Line 4b  | In order to recruit and retain key talent, Baylor Health Care System ("BHCS") offers a supplemental non qualified retirement plan to eligible employees. The plan provides an annual benefit (based on a percentage of compensation) to the employee that is paid to the employee on a future date upon vesting in the plan. The following individual(s) participated in and/or received payments (noted in parenthesis) from BHCS' supplemental non qualified retirement plan during the tax year: James Thaxton (\$33,114), Stan Tatum, Tom Trenary (\$14,680), Paul Madeley, M.D. (\$226,611) and William Boyd. Also, select certain officers, as designated by BHCS's governing body, are eligible to participate in a Long Term Incentive Plan that is designed to recognize the key senior leaders' value and contribution to BHCS as well as align their compensation to the long term strategy of BHCS. Performance targets are based upon a percentage of the participant's base salary and are developed by independent third party expert(s) using market competitive data within the guidelines of reasonableness. The plan is based on BHCS's three-year performance against its peers, determined based on peer rankings or percentile rankings in quality, patient satisfaction and financial performance. At the end of three years, awards are determined by BHCS's governing body for participants. Payouts are partially made in cash and the remainder vests over an additional two year period. The following individual participated in and/or received payments (noted in parenthesis) from this plan during the tax year: William Boyd. |
|                          | Part I, Line 7   | The organization has adopted and implemented BHCS's, the organization's sole member, Performance Award Program to provide a market competitive total cash compensation incentive program that is designed to attract and retain key leaders and establish greater individual accountability and alignment to business performance. Payout targets are based upon a percentage of base pay and are developed by independent third party expert(s) using comparable market competitive data within the bounds of reasonableness and that are reviewed and approved by BHCS's governing body. Payout levels are based upon a combination of system, entity, and individual performance using various metrics related to quality, patient satisfaction, employee retention, and financial stewardship. BHCS's governing body may approve modifications to annual incentive awards provided under the program consistent with market comparability data.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Supplemental Information | Part III         | Supplemental Information: Governing Body Compensation. The members of the governing body serve on a voluntary basis and receive no cash compensation from the organization for these duties as a member of the governing body. Some, but not all, members have received modest benefits incident to their service on the board and/or multiple board committees or received compensation as an employee of a related organization. These benefits include reimbursement for certain reasonable expenses paid on behalf of the member's spouse while accompanying the member on business travel on behalf of the related organization and/or a wellness physical. All such benefits are treated as taxable compensation to the extent required by law and are reported in the Form 990 where applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public  
Inspection

|                                                                                   |                                                     |
|-----------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of the organization</b><br>Baylor Medical Centers at Garland and McKinney | <b>Employer identification number</b><br>75-1037591 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------|

| Identifier                           | Return Reference | Explanation                                                                                                                                                                                      |
|--------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Section A, line 6 |                  | Members or stockholders The organization is a Texas nonprofit membership organization in which Baylor Health Care System ("BHCS"), a tax exempt, Texas nonprofit corporation, is the sole member |

| Identifier                            | Return Reference | Explanation                                                                                                                                                  |
|---------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Section A, line 7a |                  | Election of members of governing body by members, stockholders, or other persons The sole member, BHCS, elects and removes the members of the governing body |

| Identifier                            | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Section A, line 7b |                  | Governing body decisions subject to approval All rights and powers are reserved to the sole member, BHCS, 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 member's reserved rights and powers include, without limitation, approval of the organization's articles of incorporation and bylaws and amendments thereto, appointment and removal of members of the organization's governing body, approval of dissolutions and mergers, and other similar decisions over the organization |

| Identifier                            | Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Section B, line 11 |                  | Process used to review the Form 990 The Form 990 is prepared and reviewed by BHCS's tax department 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 A complete final copy of the return is provided to the organization's governing body prior to filing with the IRS |

| Identifier | Return Reference                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | Form 990,<br>Part VI,<br>Section B,<br>line 12c | <p>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 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. The BHCS Compensation and Governance Committee also reviews all relevant disclosures by individuals serving on BHCS's governing body. 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.</p> |

| Identifier | Return Reference                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | Form 990,<br>Part VI,<br>Section B,<br>line 15 | <p>Process for determining compensation The organization, a controlled affiliate of 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 achieving 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 4958 including taking steps to meet the rebuttable presumption standard of reasonableness under Treasury Regulation 53.4958-6, as summarized below When making compensation decisions, the organization compares itself to similar-sized, and structured businesses including 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, work directly with independent compensation expert(s) 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(s), 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(s) 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</p> |

| Identifier | Return Reference                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | Form 990, Part VI, Section C, line 19 | Process for making governing documents, conflict of interest policy, & financial statements available to the public<br>The organization's articles of incorporation and amendments thereto are made available to the public by the filing of those documents with the Texas Secretary of State. Also, the organization is included within the combined financial statements of BHCS that are made available to the public by the posting of those documents through DAC Bond and are attached to this return. The organization's other governing documents and conflicts of interest policy are not made available to the public. |

| Identifier | Return Reference                                                                  | Explanation                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | Form 990, Part VI,<br>Question 14 Document<br>Retention and Destruction<br>Policy | The organization has been following a written Document Retention and Destruction Policy since April 2003 that was approved by management at Baylor Health Care System, the organization's sole member. As a controlled affiliate of Baylor Health Care System, system-wide policies are put in place to promote best governance practices and to implement consistent policies among controlled affiliates. |

| Identifier | Return Reference                                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | Form 990, Part VII<br>Hours devoted to<br>related organizations | The persons listed below also serve either as a voluntary member of the governing body, an employed officer, or an employee of a related organization The average hours per week devoted to the related organizations are listed below William Boyd (40 Hours) Walker Harman (10 Hours) Roy Lamkin (10 Hours) Paul Madeley, MD (40 Hours) Stan Tatum (40 Hours) James Thaxton (40 Hours) Karen Stubbs (40 Hours) |

| Identifier                             | Return Reference          | Explanation                                                                                                                                                                                      |
|----------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Changes in Net Assets or Fund Balances | Form 990, Part XI, line 5 | Net unrealized gains on investments 3,268,841 Transfers Between Entities Under Common Control 118,574 Change in Net Assets Held at BHCS Fdn 756,729 Total to Form 990, Part XI, Line 5 4,144,144 |

| Identifier | Return Reference                                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | Supplemental Information IRC Section 6038 Statement | Baylor Garland is controlled by BHCS, employer identification number 75-1812652. BHCS also owns Health Care Insurance Company of Texas, Ltd. (HCIC). HCIC is a controlled foreign corporation. BHCS furnishes all information required of Baylor Garland by IRC Section 6038 and the regulations thereunder with respect to HCIC. Therefore, pursuant to Treasury Regulation Sec. 1.6038-2(j)(2), Baylor Garland is excepted from providing such information. BHCS files its Return of Organization Exempt from Income Tax in Ogden, Utah. |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
Baylor Medical Centers at Garland and McKinney

Employer identification number  
75-1037591

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |
|                                                     |                         |                                                  |                     |                           |                                  |

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled organization |    |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|---------------------------------------------------|----|
|                                                       |                         |                                                  |                            |                                                     |                                  | Yes                                               | No |
| See Additional Data Table                             |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                                   |    |
|                                                       |                         |                                                  |                            |                                                     |                                  |                                                   |    |

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax<br>under sections 512-<br>514) | (f)<br>Share of total income | (g)<br>Share of end-of-year<br>assets | (h)<br>Disproporionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------|----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                         |                                                              |                                     |                                                                                                       |                              |                                       | Yes                                    | No |                                                                         | Yes                                       | No |                                |
| See Additional Data Table                                |                         |                                                              |                                     |                                                                                                       |                              |                                       |                                        |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                       |                              |                                       |                                        |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                       |                              |                                       |                                        |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                       |                              |                                       |                                        |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                       |                              |                                       |                                        |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                       |                              |                                       |                                        |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                       |                              |                                       |                                        |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                              |                                     |                                                                                                       |                              |                                       |                                        |    |                                                                         |                                           |    |                                |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a)<br>Name, address, and EIN of related organization                                                                                         | (b)<br>Primary activity              | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|------------------------------|------------------------------------------|--------------------------------|
| (1) Baylor Health Enterprises LP<br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-1997378                                             | Fitness<br>Center/Pharmacy/<br>Hotel | TX                                                        | N/A                                 | C                                                      |                              |                                          |                                |
| (2) Baylor Health Network Inc<br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-2463251                                                | Billing/ Collection                  | TX                                                        | N/A                                 | C                                                      |                              |                                          |                                |
| (3) BMP Incorporated<br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-1436779                                                         | Post Office                          | TX                                                        | N/A                                 | C                                                      |                              |                                          |                                |
| (4) Health Care Insurance Company of Texas Ltd<br>PO Box GT 2nd Fl Buckingham Sq<br>Grand Cayman<br>CJ<br>98-0403182                          | Investments                          | CJ                                                        | N/A                                 | C                                                      |                              |                                          |                                |
| (5) Baylor Medical Center at Grapevine Condominium<br>Owners Association Inc<br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-2747555 | Condo Association                    | TX                                                        | N/A                                 | C                                                      |                              |                                          |                                |
| (6) BUMCRoberts Condominium Owners Association Inc<br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-2897806                           | Condo Association                    | TX                                                        | N/A                                 | C                                                      |                              |                                          |                                |
| (7) Baylor All Saints Med Cntr at Ft Worth Condo Owners<br>Association Inc<br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>26-1661900   | Condo Association                    | TX                                                        | N/A                                 | C                                                      |                              |                                          |                                |

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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 No

1k Yes

1l Yes

1m No

1n No

1o Yes

1p No

1q Yes

1r Yes

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)<br>Name of other organization | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount<br>involved |
|-----------------------------------|---------------------------------|------------------------|-------------------------------------------------|
| (1)<br>See Additional Data Table  |                                 |                        |                                                 |
| (2)                               |                                 |                        |                                                 |
| (3)                               |                                 |                        |                                                 |
| (4)                               |                                 |                        |                                                 |
| (5)                               |                                 |                        |                                                 |
| (6)                               |                                 |                        |                                                 |

Schedule R (Form 990) 2010

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

[illegible]

**Part VII**   **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Software ID:

Software Version:

EIN: 75-1037591

Name: Baylor Medical Centers at Garland and McKinney

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

| (a)<br>Name, address, and EIN of related organization                                                                                 | (b)<br>Primary activity  | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled organization |    |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------------|----|
|                                                                                                                                       |                          |                                                  |                            |                                                     |                                  | Yes                                                | No |
| Baylor Health Care System<br><br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-1812652                                        | Management Services      | TX                                               | 501(c)(3)                  | 11, Type III                                        | N/A                              |                                                    | No |
| Baylor University Medical Center<br><br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-1837454                                 | Acute Care Hospital      | TX                                               | 501(c)(3)                  | 3                                                   | Baylor Health Care System        | Yes                                                |    |
| Baylor Medical Center at Irving<br><br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-2586857                                  | Acute Care Hospital      | TX                                               | 501(c)(3)                  | 3                                                   | Baylor Health Care System        | Yes                                                |    |
| Baylor Medical Center at Waxahachie<br><br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-1844139                              | Acute Care Hospital      | TX                                               | 501(c)(3)                  | 3                                                   | Baylor Health Care System        | Yes                                                |    |
| Baylor Regional Medical Center at Plano<br><br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>82-0551704                          | Acute Care Hospital      | TX                                               | 501(c)(3)                  | 3                                                   | Baylor Health Care System        | Yes                                                |    |
| Baylor Regional Medical Center at Grapevine<br><br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-1777119                      | Acute Care Hospital      | TX                                               | 501(c)(3)                  | 3                                                   | Baylor Health Care System        | Yes                                                |    |
| Baylor Institute for Rehabilitation at Gaston Episcopal Hospital<br><br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-1037226 | Rehabilitation Hospital  | TX                                               | 501(c)(3)                  | 3                                                   | Baylor Health Care System        | Yes                                                |    |
| Baylor Specialty Health Centers<br><br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-1765385                                  | Long Term Care Hospitals | TX                                               | 501(c)(3)                  | 3                                                   | Baylor Health Care System        | Yes                                                |    |
| Baylor All Saints Medical Center<br><br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-1008430                                 | Acute Care Hospital      | TX                                               | 501(c)(3)                  | 3                                                   | Baylor Health Care System        | Yes                                                |    |
| Baylor Health Care System Foundation<br><br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-1606705                             | Fundraising              | TX                                               | 501(c)(3)                  | 7                                                   | Baylor Health Care System        | Yes                                                |    |
| All Saints Health Foundation<br><br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-1947007                                     | Fundraising              | TX                                               | 501(c)(3)                  | 7                                                   | Baylor All Saints Medical Center | Yes                                                |    |
| HealthTexas Provider Network<br><br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-2536818                                     | Physician Practices      | TX                                               | 501(c)(3)                  | 3                                                   | Baylor Health Care System        | Yes                                                |    |

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

| (a)<br>Name, address, and EIN of related organization                                                                 | (b)<br>Primary activity           | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled organization |    |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------|----------------------------|--------------------------------------------------------|----------------------------------|----------------------------------------------------|----|
|                                                                                                                       |                                   |                                                     |                            |                                                        |                                  | Yes                                                | No |
| Baylor Health Services<br><br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-1917311                           | Inactive                          | TX                                                  | 501(c)(3)                  | 3                                                      | Baylor Health Care System        | Yes                                                |    |
| Baylor Research Institute<br><br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-1921898                        | Research                          | TX                                                  | 501(c)(3)                  | 4                                                      | Baylor Health Care System        | Yes                                                |    |
| Southern Sector Health Initiative<br><br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>26-3087442                | Diabetes Health & Wellness Center | TX                                                  | 501(c)(3)                  | 11, Type I                                             | Baylor University Medical Center | Yes                                                |    |
| Baylor Health Care System Employee Benefit Trust<br><br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-1848557 | VEBA                              | TX                                                  | 501(c)(9)                  |                                                        | Baylor Health Care System        | Yes                                                |    |
| Irving Healthcare Foundation<br><br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-1570933                     | Fundraising                       | TX                                                  | 501(c)(3)                  | 7                                                      | Baylor Medical Center at Irving  | Yes                                                |    |











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

| (a)<br>Name, address, and EIN of related organization                                                                                     | (b)<br>Primary activity       | (c)<br>Legal Domicile<br>(State or Foreign Country) | (d)<br>Direct Controlling Entity | (e)<br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total income<br>(\$ ) | (g)<br>Share of end-of-year assets<br>(\$ ) | (h)<br>Percentage ownership |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------|----------------------------------|-----------------------------------------------------|---------------------------------------|---------------------------------------------|-----------------------------|
| Baylor Health Enterprises LP<br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-1997378                                             | Fitness Center/Pharmacy/Hotel | TX                                                  | N/A                              | C                                                   |                                       |                                             |                             |
| Baylor Health Network Inc<br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-2463251                                                | Billing/Collection            | TX                                                  | N/A                              | C                                                   |                                       |                                             |                             |
| BMP Incorporated<br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-1436779                                                         | Post Office                   | TX                                                  | N/A                              | C                                                   |                                       |                                             |                             |
| Health Care Insurance Company of Texas Ltd<br>PO Box GT 2nd Fl Buckingham Sq<br>Grand Cayman<br>CJ<br>98-0403182                          | Investments                   | CJ                                                  | N/A                              | C                                                   |                                       |                                             |                             |
| Baylor Medical Center at Grapevine<br>Condominium Owners Association Inc<br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-2747555 | Condo Association             | TX                                                  | N/A                              | C                                                   |                                       |                                             |                             |
| BUMCRoberts Condominium Owners Association Inc<br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>75-2897806                           | Condo Association             | TX                                                  | N/A                              | C                                                   |                                       |                                             |                             |
| Baylor All Saints Med Cntr at Ft Worth Condo Owners Association Inc<br>2001 Bryan Street Suite 2200<br>Dallas, TX75201<br>26-1661900      | Condo Association             | TX                                                  | N/A                              | C                                                   |                                       |                                             |                             |

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

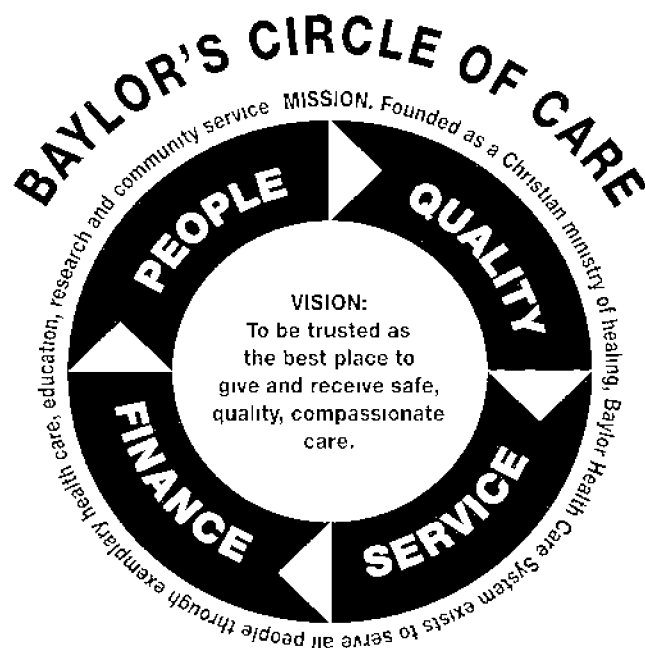
| (a)<br>Name of other organization |                                      | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount Involved<br>(\$) | (d)<br>Method of determining<br>amount involved |
|-----------------------------------|--------------------------------------|---------------------------------|--------------------------------|-------------------------------------------------|
| (1)                               | HealthTexas Provider Network         | A                               | 188,695                        | GAAP                                            |
| (2)                               | Baylor University Medical Center     | K                               | 50,080                         | GAAP                                            |
| (3)                               | Baylor Health Care System            | L                               | 27,757,649                     | GAAP                                            |
| (4)                               | Baylor University Medical Center     | L                               | 317,094                        | GAAP                                            |
| (5)                               | HealthTexas Provider Network         | L                               | 5,122,747                      | GAAP                                            |
| (6)                               | MEDCO Construction LLC               | L                               | 1,664,387                      | GAAP                                            |
| (7)                               | Baylor Health Care System            | O                               | 4,690,446                      | GAAP                                            |
| (8)                               | Baylor University Medical Center     | Q                               | 323,656                        | GAAP                                            |
| (9)                               | Baylor Health Care System Foundation | C                               | 434,500                        | GAAP                                            |
| (10)                              | Baylor Health Care System            | R                               | 118,574                        | GAAP                                            |
| (11)                              | BIR JV LLP                           | L                               | 904,697                        | GAAP                                            |



---

**Combined Financial Statements  
and Supplementary Information**

**Years ended June 30, 2011 and 2010**



**BAYLOR HEALTH CARE SYSTEM**

*Combined Financial Statements and Supplementary Information  
Years ended June 30, 2011 and 2010*

# **BAYLOR HEALTH CARE SYSTEM**

## **Combined Financial Statements and Supplementary Information**

Years ended June 30, 2011 and 2010

### **CONTENTS**

#### **Report of Independent Auditors**

#### **Audited Combined Financial Statements**

|                                                             |   |
|-------------------------------------------------------------|---|
| Combined Balance Sheets                                     | 2 |
| Combined Statements of Operations and Changes in Net Assets | 3 |
| Combined Statements of Cash Flows                           | 5 |
| Notes to Combined Financial Statements                      | 7 |

#### **Supplementary Information**

|                                                            |    |
|------------------------------------------------------------|----|
| Report of Independent Auditors on Accompanying Information | 52 |
| Other Community Benefits - Unaudited                       | 53 |



## REPORT OF INDEPENDENT AUDITORS

To the Board of Trustees  
Baylor Health Care System:

In our opinion, the accompanying combined balance sheets and the related combined statements of operations and changes in net assets, and of cash flows present fairly, in all material respects, the financial position of Baylor Health Care System and subsidiaries (the "System") at June 30, 2011 and 2010, and the results of their operations and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of the System's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As discussed in Note 2 to the financial statements, in 2011, the System changed the manner in which it accounts for noncontrolling interests of its not-for-profit subsidiaries.

*PricewaterhouseCoopers LLP*

November 1, 2011

# BAYLOR HEALTH CARE SYSTEM

## COMBINED BALANCE SHEETS - JUNE 30, 2011 AND 2010 (In thousands)

| ASSETS                                                                                                 | 2011                | 2010                | LIABILITIES AND NET ASSETS                                                   | 2011                | 2010                |
|--------------------------------------------------------------------------------------------------------|---------------------|---------------------|------------------------------------------------------------------------------|---------------------|---------------------|
| <b>CURRENT ASSETS</b>                                                                                  |                     |                     | <b>CURRENT LIABILITIES</b>                                                   |                     |                     |
| Cash and cash equivalents                                                                              | \$ 218,263          | \$ 157,062          | Current maturities of long-term debt and capital lease obligations           | \$ 43,955           | \$ 46,542           |
| Short-term investments                                                                                 | 59,550              | 46,813              | Long-term debt subject to short-term remarketing arrangements                | 50,000              | -                   |
| THVG funds due from United Surgical Partners, Inc                                                      | 46,538              | 43,709              | Trade accounts payable                                                       | 163,336             | 158,305             |
| Accounts receivable                                                                                    |                     |                     | Payable under securities lending program                                     | 109,626             | 120,712             |
| Patient, net of allowance for uncollectibles of \$115,970 and \$104,358 in 2011 and 2010, respectively | 397,288             | 371,006             | Accrued liabilities                                                          |                     |                     |
| Other                                                                                                  | 66,357              | 50,523              | Payroll related                                                              | 157,102             | 161,957             |
| Invested collateral - securities lending program                                                       | 109,626             | 120,712             | Third-party programs                                                         | 57,984              | 33,754              |
| Other current assets                                                                                   | <u>99,775</u>       | <u>85,668</u>       | Other                                                                        | <u>111,416</u>      | <u>97,066</u>       |
| Total current assets                                                                                   | <u>997,397</u>      | <u>875,493</u>      | Total current liabilities                                                    | <u>693,419</u>      | <u>618,336</u>      |
| <b>LONG-TERM INVESTMENTS</b>                                                                           |                     |                     | <b>LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS, less current maturities</b> | <b>1,213,863</b>    | <b>1,035,822</b>    |
| Unrestricted                                                                                           | 1,473,908           | 1,198,951           |                                                                              |                     |                     |
| Restricted                                                                                             | <u>263,463</u>      | <u>236,143</u>      | <b>OTHER LONG-TERM LIABILITIES</b>                                           |                     |                     |
| Total long-term investments                                                                            | <u>1,737,371</u>    | <u>1,435,094</u>    | Self insurance and other insurance liabilities                               | 71,235              | 66,364              |
|                                                                                                        |                     |                     | Other                                                                        | <u>191,500</u>      | <u>189,383</u>      |
| <b>ASSETS WHOSE USE IS LIMITED</b>                                                                     |                     |                     | Total other long-term liabilities                                            | <u>262,735</u>      | <u>255,747</u>      |
| Other designated assets                                                                                | 6,663               | 5,995               |                                                                              |                     |                     |
| Self insurance retention trust                                                                         | 57,561              | 59,254              | <b>COMMITMENTS AND CONTINGENCIES</b>                                         |                     |                     |
| Funds held by bond trustee                                                                             | <u>118,903</u>      | <u>13</u>           | MINORITY INTERESTS                                                           | -                   | 143,553             |
| Total assets whose use is limited                                                                      | <u>183,127</u>      | <u>65,262</u>       | NONCONTROLLING INTERESTS – REDEEMABLE                                        | 120,830             | 33,498              |
| <b>PROPERTY AND EQUIPMENT, net</b>                                                                     | <b>1,941,261</b>    | <b>1,792,064</b>    | <b>NET ASSETS</b>                                                            |                     |                     |
| <b>CONTRIBUTIONS RECEIVABLE, net</b>                                                                   | <b>54,234</b>       | <b>40,980</b>       | Unrestricted - attributable to BHCS                                          | 2,443,733           | 2,047,550           |
| <b>INVESTMENTS OF INSURANCE SUBSIDIARIES</b>                                                           | <b>2,126</b>        | <b>1,903</b>        | Unrestricted - noncontrolling interests nonredeemable                        | <u>114,412</u>      | <u>15,545</u>       |
| <b>OTHER LONG-TERM ASSETS</b>                                                                          |                     |                     | Total unrestricted net assets                                                | 2,558,145           | 2,063,095           |
| Equity investments in unconsolidated entities                                                          | 13,100              | 24,476              | Temporarily restricted                                                       | 147,421             | 131,997             |
| Goodwill and intangible assets, net                                                                    | 217,691             | 167,330             | Permanently restricted                                                       | <u>175,113</u>      | <u>147,566</u>      |
| Other                                                                                                  | <u>25,219</u>       | <u>27,012</u>       | Total net assets                                                             | <u>2,880,679</u>    | <u>2,342,658</u>    |
| Total other long-term assets                                                                           | <u>256,010</u>      | <u>218,818</u>      | Total liabilities and net assets                                             | <u>\$ 5,171,526</u> | <u>\$ 4,429,614</u> |
| Total assets                                                                                           | <u>\$ 5,171,526</u> | <u>\$ 4,429,614</u> |                                                                              |                     |                     |

# BAYLOR HEALTH CARE SYSTEM

## COMBINED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

FOR THE YEARS ENDED JUNE 30, 2011 AND 2010

(In thousands)

|                                                                                                       | <u>2011</u>      | <u>2010</u>      |
|-------------------------------------------------------------------------------------------------------|------------------|------------------|
| <b>OPERATING REVENUE</b>                                                                              |                  |                  |
| Net patient care revenue                                                                              | \$ 3,821,093     | \$ 3,640,512     |
| Other operating revenue                                                                               | 152,246          | 143,627          |
| Net assets released from restrictions for operations                                                  | <u>54,650</u>    | <u>42,092</u>    |
| Total operating revenue                                                                               | <u>4,027,989</u> | <u>3,826,231</u> |
| <b>OPERATING EXPENSES</b>                                                                             |                  |                  |
| Salaries, wages, and employee benefits                                                                | 1,729,526        | 1,632,540        |
| Supplies                                                                                              | 681,084          | 658,401          |
| Other operating expenses                                                                              | 776,277          | 694,365          |
| Bad debt expense                                                                                      | 284,051          | 280,695          |
| Depreciation and amortization                                                                         | 201,517          | 192,142          |
| Interest                                                                                              | <u>69,848</u>    | <u>63,022</u>    |
| Total operating expenses                                                                              | <u>3,742,303</u> | <u>3,521,165</u> |
| Income from operations                                                                                | <u>285,686</u>   | <u>305,066</u>   |
| <b>NONOPERATING GAINS (LOSSES)</b>                                                                    |                  |                  |
| Gains on investments, net                                                                             | 256,062          | 132,604          |
| Contributions                                                                                         | 632              | 1,075            |
| Equity losses in unconsolidated entities                                                              | (3,961)          | (1,000)          |
| Loss from extinguishment of debt                                                                      | (2,513)          | -                |
| Gains (losses) on fixed asset disposals, net                                                          | 1,078            | (12,098)         |
| Other                                                                                                 | <u>284</u>       | <u>(491)</u>     |
| Total nonoperating gains                                                                              | <u>251,582</u>   | <u>120,090</u>   |
| <b>REVENUE AND GAINS IN EXCESS OF EXPENSES<br/>AND LOSSES BEFORE TAXES AND MINORITY<br/>INTERESTS</b> | <u>537,268</u>   | <u>425,156</u>   |
| <b>LESS INCOME TAX EXPENSE</b>                                                                        | <u>7,689</u>     | <u>5,134</u>     |
| <b>REVENUE AND GAINS IN EXCESS OF EXPENSES<br/>AND LOSSES BEFORE MINORITY INTERESTS</b>               | 529,579          | 420,022          |
| <b>LESS MINORITY INTERESTS</b>                                                                        | <u>-</u>         | <u>63,786</u>    |
| <b>REVENUE AND GAINS IN EXCESS OF EXPENSES AND<br/>LOSSES</b>                                         | 529,579          | 356,236          |

# BAYLOR HEALTH CARE SYSTEM

## COMBINED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS - continued

FOR THE YEARS ENDED JUNE 30, 2011 AND 2010

(In thousands)

|                                                                                                              | <u>2011</u>         | <u>2010</u>         |
|--------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| OTHER CHANGES IN UNRESTRICTED NET ASSETS                                                                     |                     |                     |
| Unrealized gains on investments, net                                                                         | \$ 5,907            | \$ 5,787            |
| Net assets released from restrictions for capital expenditures                                               | 9,990               | 3,243               |
| Other changes in net assets attributable to minority interests and noncontrolling interests - nonredeemable  | (60,439)            | (8,881)             |
| Revenue and gains in excess of expenses and losses attributable to noncontrolling interests - redeemable     | (106,146)           | (57,640)            |
| Net assets acquired                                                                                          | 16,612              | 8,237               |
| Other                                                                                                        | <u>2,309</u>        | <u>(7,317)</u>      |
| INCREASE IN UNRESTRICTED NET ASSETS BEFORE CHANGE IN ACCOUNTING PRINCIPLE                                    | 397,812             | 299,665             |
| Change in unrestricted net assets to initially apply non-profit guidance related to noncontrolling interests | <u>97,238</u>       | <u>-</u>            |
| INCREASE IN UNRESTRICTED NET ASSETS                                                                          | <u>495,050</u>      | <u>299,665</u>      |
| CHANGES IN TEMPORARILY RESTRICTED NET ASSETS                                                                 |                     |                     |
| Contributions                                                                                                | 46,949              | 49,442              |
| Realized gains and investment income, net                                                                    | 14,958              | 5,097               |
| Unrealized gains on investments, net                                                                         | 19,174              | 6,519               |
| Changes in value of split-interest agreements                                                                | 91                  | 1,858               |
| Net assets released from restrictions for operations                                                         | (54,650)            | (42,092)            |
| Net assets released from restrictions for capital expenditures                                               | (9,990)             | (3,243)             |
| Other                                                                                                        | <u>(1,108)</u>      | <u>(4,453)</u>      |
| INCREASE IN TEMPORARILY RESTRICTED NET ASSETS                                                                | <u>15,424</u>       | <u>13,128</u>       |
| CHANGES IN PERMANENTLY RESTRICTED NET ASSETS                                                                 |                     |                     |
| Contributions                                                                                                | 26,588              | 8,056               |
| Realized gains (losses) and investment income, net                                                           | 182                 | (115)               |
| Changes in value of split-interest agreements                                                                | 149                 | 1,655               |
| Unrealized gains on investments, net                                                                         | 457                 | 539                 |
| Changes in net assets of related foundation                                                                  | -                   | (3,340)             |
| Other                                                                                                        | <u>171</u>          | <u>11,682</u>       |
| INCREASE IN PERMANENTLY RESTRICTED NET ASSETS                                                                | <u>27,547</u>       | <u>18,477</u>       |
| INCREASE IN NET ASSETS                                                                                       | 538,021             | 331,270             |
| NET ASSETS, beginning of year                                                                                | <u>2,342,658</u>    | <u>2,011,388</u>    |
| NET ASSETS, end of year                                                                                      | <u>\$ 2,880,679</u> | <u>\$ 2,342,658</u> |

# BAYLOR HEALTH CARE SYSTEM

## COMBINED STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED JUNE 30, 2011 AND 2010

(In thousands)

|                                                                                                              | <u>2011</u>      | <u>2010</u>      |
|--------------------------------------------------------------------------------------------------------------|------------------|------------------|
| <b>CASH FLOWS FROM OPERATING ACTIVITIES</b>                                                                  |                  |                  |
| Increase in net assets                                                                                       | \$ 538,021       | \$ 331,270       |
| Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities      |                  |                  |
| Unrealized gains on investments, net                                                                         | (207,251)        | (76,682)         |
| Realized gains on sales of investments, net                                                                  | (37,088)         | (37,773)         |
| Restricted contributions, net of release for operations                                                      | (18,887)         | (17,542)         |
| Gift in kind – property and equipment                                                                        | -                | 2,136            |
| Bad debt expense                                                                                             | 284,051          | 280,695          |
| Depreciation and amortization                                                                                | 201,517          | 192,142          |
| (Gains) losses on sale or disposal of assets, net                                                            | (805)            | 9,478            |
| Change in value of split-interest agreements                                                                 | (240)            | (3,513)          |
| Deferred rent                                                                                                | 5,935            | 2,729            |
| Other changes attributable to noncontrolling interests                                                       | 132,700          | 61,549           |
| Change in unrestricted net assets to initially apply non-profit guidance related to noncontrolling interests | (97,238)         | -                |
| Changes in operating assets and liabilities (net of acquisition)                                             |                  |                  |
| Increase in net patient accounts receivable                                                                  | (305,310)        | (283,853)        |
| (Increase) decrease in other accounts receivable                                                             | (19,460)         | 3,968            |
| Increase in other assets                                                                                     | (20,058)         | (3,878)          |
| Increase in trade accounts payable and accrued liabilities                                                   | 50,126           | 908              |
| Decrease in minority interest                                                                                | -                | (11,054)         |
| Increase in other liabilities                                                                                | <u>6,856</u>     | <u>15,854</u>    |
| Net cash provided by operating activities                                                                    | <u>512,869</u>   | <u>466,434</u>   |
| <b>CASH FLOWS FROM INVESTING ACTIVITIES</b>                                                                  |                  |                  |
| Purchases of property and equipment, net                                                                     | (329,341)        | (175,630)        |
| Cash proceeds from sales of assets, net of selling expense                                                   | 2,610            | 1,447            |
| Net assets acquired, net of cash acquired                                                                    | (19,290)         | (3,658)          |
| (Increase) decrease in THVG funds due from United Surgical Partners, Inc                                     | (2,829)          | 26,229           |
| Net purchases of trading investments                                                                         | (64,527)         | (214,690)        |
| Increase in other than trading investments                                                                   | (5,907)          | (5,787)          |
| (Increase) decrease in investments of insurance subsidiaries                                                 | (223)            | 768              |
| Decrease (increase) in invested collateral-securities lending program                                        | 11,086           | (51,008)         |
| (Increase) decrease in assets whose use is limited                                                           | <u>(117,865)</u> | <u>15,241</u>    |
| Net cash used in investing activities                                                                        | <u>(526,286)</u> | <u>(407,088)</u> |

# BAYLOR HEALTH CARE SYSTEM

## COMBINED STATEMENTS OF CASH FLOWS - continued

FOR THE YEARS ENDED JUNE 30, 2011 AND 2010

(In thousands)

|                                                                                  | <u>2011</u>              | <u>2010</u>              |
|----------------------------------------------------------------------------------|--------------------------|--------------------------|
| CASH FLOWS FROM FINANCING ACTIVITIES                                             |                          |                          |
| Principal payments on long-term debt                                             | \$ (363,082)             | \$ (237,685)             |
| Proceeds from issuance of long-term debt                                         | 557,632                  | 116,456                  |
| (Decrease) increase in payable under securities lending program                  | (11,086)                 | 51,008                   |
| Distributions to noncontrolling interests owners                                 | (135,464)                | (61,361)                 |
| Purchases of noncontrolling interests                                            | (7,837)                  | (2,575)                  |
| Sales of noncontrolling interests                                                | 15,568                   | 5,157                    |
| Restricted contributions, net of release for operations                          | <u>18,887</u>            | <u>17,542</u>            |
| Net cash provided by (used in) financing activities                              | <u>74,618</u>            | <u>(111,458)</u>         |
| NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS                             | 61,201                   | (52,112)                 |
| CASH AND CASH EQUIVALENTS, beginning of year                                     | <u>157,062</u>           | <u>209,174</u>           |
| CASH AND CASH EQUIVALENTS, end of year                                           | <u><u>\$ 218,263</u></u> | <u><u>\$ 157,062</u></u> |
| SUPPLEMENTAL CASH FLOW DATA                                                      |                          |                          |
| Cash paid for interest                                                           | <u>\$ 73,099</u>         | <u>\$ 64,314</u>         |
| Cash paid for income taxes                                                       | <u>\$ 6,493</u>          | <u>\$ 5,894</u>          |
| Property and equipment acquired under capital leases                             | <u>\$ 27,723</u>         | <u>\$ 206,298</u>        |
| Dividends declared but not paid                                                  | <u>\$ 13,670</u>         | <u>\$ 13,746</u>         |
| Increase in accounts payable due to property and equipment received but not paid | <u>\$ 14,724</u>         | <u>\$ 3,758</u>          |

# **BAYLOR HEALTH CARE SYSTEM**

## **Notes to Combined Financial Statements**

For the Years Ended June 30, 2011 and 2010

### **1. ORGANIZATION**

Baylor Health Care System (BHCS) is a Texas nonprofit corporation exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code. The combined financial statements include the accounts of BHCS, Baylor University Medical Center (the Medical Center), Baylor Health Care System Foundation (Foundation), All Saints Health Foundation, nine community and specialty medical centers located throughout the Dallas and Fort Worth metroplex, two wholly owned insurance subsidiaries and other related entities (collectively referred to as the "System"). Investments in certain related entities with 50.0% or less ownership are accounted for using the equity method. Investments in certain related entities with greater than 50.0% ownership or where the System exercises board control are included in the accompanying combined financial statements with related noncontrolling interests or minority interests reported in the combined financial statements. All significant intercompany accounts and transactions among entities included in the combined financial statements have been eliminated.

The following summarizes significant changes in the System in 2011 and 2010:

#### **Irving Healthcare Foundation**

Effective March 17, 2010, the Irving Healthcare Foundation (IHF) was reorganized by its Board of Directors whereby Baylor Medical Center at Irving (Irving), an affiliate of the System, is the new sole member of IHF. As a result, IHF's balances and transactions are reflected in the combined financial statements in 2011 and 2010.

#### **Baylor Medical Center at Carrollton**

BRMCG Holdings, LLC is wholly owned by Baylor Regional Medical Center at Grapevine (BRMCG), an affiliate of BHCS. Effective May 1, 2011, BRMCG Holdings merged with Trinity MC, LLC (TMC), with TMC becoming the sole surviving entity in the merger. The membership interest in BRMCG Holdings held by BRMCG immediately prior to the effective date of the merger was cancelled and converted into 100% of the ownership interest in TMC. Each of the minority member units in TMC outstanding immediately prior to the effective date of the merger were purchased by BRMCG and cancelled. The ownership interests in TMC were 71.0% and 29.0% by BRMCG Holdings, LLC and by the Physician Members, respectively, as of June 30, 2010.

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

### Texas Health Ventures Group, LLC (THVG)

The Medical Center has a majority ownership of 50.1% in THVG with USP North Texas, Inc (USP), a Texas corporation and subsidiary of United Surgical Partners, Inc (USPI) holding the remaining 49.9%. THVG had net patient care revenue included in the BHCS combined financial statements of approximately \$578,824,000 and \$478,973,000 in 2011 and 2010, respectively.

The following table represents significant acquisitions made by THVG during fiscal year 2010.

| Legal Name                                    | Acquisition Price | Effective Date    | Ownership Interest |
|-----------------------------------------------|-------------------|-------------------|--------------------|
|                                               | (In thousands)    |                   |                    |
| Desoto Surgicare Partners, Ltd                | \$ 1,403          | December 31, 2009 | 50.1%              |
| Physicians Surgical Center of Fort Worth, LLP | 3,082             | December 31, 2009 | 50.1%              |
| Mansfield Surgical Center, LLC                | No Consideration  | May 1, 2010       | 50.1%              |

The following table represents significant acquisitions made by THVG during fiscal year 2011.

| Legal Name                                | Acquisition Price | Effective Date   | Ownership Interest |
|-------------------------------------------|-------------------|------------------|--------------------|
|                                           | (In thousands)    |                  |                    |
| Metrocrest Surgery Center, L P            | \$ 4,003          | July 1, 2010     | 50.1%              |
| Lone Star Endoscopy Center, LLC           | 7,549             | November 1, 2010 | 51.0%              |
| Baylor Surgicare at Duncanville, LLC      | 626               | November 1, 2010 | 50.1%              |
| Tuscan Surgery Center at Las Colinas, LLC | 3,192             | December 1, 2010 | 51.0%              |
| Baylor Surgicare at Ennis, LLC            | 3,341             | January 1, 2011  | 51.0%              |
| Baylor Surgicare at Plano Parkway, LLC    | 3,151             | March 1, 2011    | 51.0%              |

### BIR JV, LLP

Effective April 1, 2011 BIR JV, LLP (BIR JV), a Texas limited liability partnership, was formed between Baylor Institute for Rehabilitation at Gaston Hospital (BIR), an affiliate of the System, and Select Physical Therapy Texas Limited Partnership (Select), a Delaware limited partnership, to provide rehabilitation services to the North Texas Region. BIR contributed a freestanding inpatient rehabilitation hospital and certain outpatient clinics located throughout the North Texas Region valued at \$28,180,000 in exchange for a 699 units in BIR JV. Select contributed an inpatient rehabilitation hospital and certain outpatient clinics located throughout the North Texas

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

Region valued at \$12,145,000 in exchange 301 units in BIR JV Pursuant to the terms of the agreement, Select purchased 189 units in BIR JV from BIR for \$7,614,250 resulting in BIR holding 510 units or a 51% ownership interest and Select holding 490 units or a 49% ownership interest in BIR JV Goodwill recorded as part of this transaction totaled \$17,891,000

## 2. SIGNIFICANT ACCOUNTING POLICIES

The accompanying financial statements of BHCS have been prepared in conformity with accounting principles generally accepted in the United States The following is a summary of the significant accounting and reporting policies used in preparing the financial statements

### Adoption of New Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board (FASB) issued Statement No 168, "*The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles (a replacement of FASB Statement No. 162,*" or SFAS 168, that establishes the FASB Accounting Standards Codification (Codification) as the single source of authoritative US GAAP The Codification does not create any new GAAP standards but incorporates existing accounting and reporting standards into a new topical structure The new guidance was effective for the System beginning in the three months ended September 30, 2009, and a new referencing system is now used to identify authoritative accounting standards, replacing the existing references to SFAS, EITF, FSP, etc Existing standards are designated by their "*Accounting Standards Codification (ASC)*" topical reference and new standards will be designated as "*Accounting Standards Updates (ASU)*," with a year and assigned sequence number

In January 2010, FASB issued ASU 2010-07, "*Not-for-Profit Entities: Mergers and Acquisitions,*" including an amendment to ASC 350, "*Goodwill and Other Intangible Assets,*" which is effective for fiscal years, and interim periods within those fiscal years, beginning on or after December 15, 2009 This Statement provides guidance on accounting for a combination of not-for-profit entities, which is a transaction or other event that results in a not-for-profit entity initially recognizing another not-for-profit entity, a business, or a nonprofit activity in its financial statements This Statement applies to a combination that meets the definition of either a merger of not-for-profit entities or an acquisition by a not-for-profit entity

As prescribed by ASC 350, goodwill is assigned to reporting units and is subject to annual impairment testing The System ceased to amortize goodwill recorded on its not-for-profit entities on July 1, 2010 as a result of the issuance of ASU 2010-07 The System completed the transitional impairment test in accordance with ASC 958, and no indication of an impairment existed The goodwill is subject to an annual impairment test as of June 30 each year, the System's fiscal year end The impact of this new standard will be affected by the level of transactions and acquisitions entered into by the System

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

In December 2007, the FASB issued ASC 810, "*Consolidation*," which is effective for fiscal years, and interim periods within those fiscal years, beginning on or after December 15, 2008. ASC 810 requires a company to clearly identify and present ownership interests in subsidiaries held by parties other than the company in the financial statements within the equity section but separate from the company's equity. It also requires the amounts of consolidated net income attributable to the parent and to the non-controlling interest to be clearly identified and presented on the face of the consolidated statement of operations, changes in ownership interest to be accounted for as equity transactions, and when a subsidiary is deconsolidated, any retained noncontrolling equity investment in the former subsidiary and the gain or loss on the deconsolidation of the subsidiary must be measured at fair value. The System adopted the provisions of ASC 810 effective July 1, 2009 for its entities that are controlled by for-profit parents. For the remaining for-profit entities controlled by nonprofit parents, ASC 810 became effective July 1, 2010 when ASC 958 was adopted. The adoption of ASC 958 resulted in an adjustment to unrestricted net assets of approximately \$97,238,000 as of July 1, 2010. The System now reflects noncontrolling interests in subsidiaries as either noncontrolling interests - redeemable in the mezzanine section of the combined balance sheets, or noncontrolling interests - nonredeemable in net assets in the combined balance sheets, according to ASC 810. The implementation of ASC 810 also results in the cash flow impact of certain transactions with noncontrolling interests being classified within financing activities, consistent with the view that under ASC 810 transactions between the System (or its subsidiaries) and noncontrolling interests are considered to be equity transactions. These changes are summarized in the table below, along with the cash flow classifications of several similar types of transactions that did not change as a result of ASC 810.

|                                                                                               | <u><b>Before ASC 810</b></u> | <u><b>ASC 810</b></u> |
|-----------------------------------------------------------------------------------------------|------------------------------|-----------------------|
| <b>Changes in Cash Flow Classification:</b>                                                   |                              |                       |
| Distributions of earnings paid to noncontrolling interests                                    | Operating                    | Financing             |
| Acquisitions or sales of equity interests in consolidated subsidiaries, no change of control  | Investing                    | Financing             |
| <b>No Change in Cash Flow Classification:</b>                                                 |                              |                       |
| Distributions of earnings received from unconsolidated affiliates                             | Operating                    | Operating             |
| Returns of capital paid to noncontrolling interests                                           | Financing                    | Financing             |
| Returns of capital received from unconsolidated affiliates                                    | Investing                    | Investing             |
| Sales of equity interests in consolidated subsidiaries resulting in a change of control       | Investing                    | Investing             |
| Acquisitions or sales of equity interests in unconsolidated affiliates, no change of control  | Investing                    | Investing             |
| Acquisitions of equity interests in unconsolidated affiliates, resulting in change of control | Investing                    | Investing             |

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

Upon the occurrence of various fundamental regulatory changes, the System could be obligated, under the terms of its investees' partnership and operating agreements, to purchase some or all of the noncontrolling interests related to the System's consolidated for-profit subsidiaries. These repurchase requirements are limited to the portions of the System's consolidated for-profit subsidiaries that are owned by physicians and would be triggered by regulatory changes making the existing ownership structure illegal. While the System is not aware of events that would make the occurrence of such a change probable, regulatory changes are outside the System's control. Accordingly, the noncontrolling interests subject to these repurchase provisions have been classified in the mezzanine, outside of net assets, on the System's combined balance sheets.

In January 2010, the FASB issued ASU 2010-06, "*Fair Value Measurements and Disclosure (Topic 820): Improving Disclosures about Fair Value Measurements*," or ASU 2010-06. This ASU amends the disclosure requirements of ASC 820 related to recurring and non-recurring fair value measurements. The ASU requires new disclosures on the transfers of assets and liabilities between Level 1 (quoted prices in active market for identical assets or liabilities) and Level 2 (significant other observable inputs) of the fair value measurement hierarchy, including the reasons and the timing of the transfers. Additionally, the ASU requires a roll forward of activities on purchases, sales, issuance, and settlements of the assets and liabilities measured using significant unobservable inputs (Level 3 fair value measurements). The ASU became effective for the System on July 1, 2010, except for the disclosure provisions on the roll forward activities for the Level 3 fair value measurements, which will become effective for the System for fiscal years, and interim periods within those fiscal years, beginning July 1, 2011. The adoption of the disclosure provisions of transfers between Level 1 and Level 2 assets and liabilities has no impact on the results of operations or financial position as of June 30, 2011.

In August 2010, the FASB issued ASU 2010-23, "*Measuring Charity Care for Disclosure (Topic 954): Health Care Entities*." This ASU amends the disclosure requirements of ASC 954 related to the measurement basis used in the disclosure of charity care. The ASU requires that cost be identified as the direct and indirect costs of providing charity care. This ASU results in various techniques being used to identify charity care costs and requires disclosure of the method applied. The System applied the updated provisions of ASU 2010-23 in 2011.

### **Other Accounting Pronouncements**

In August 2010, the Financial Accounting Standards Board issued ASU 2010-24, "*Presentation of Insurance Claims and Related Insurance Recoveries (Topic 954): Health Care Entities*." This ASU amends Topic 954 to be consistent with the guidance on netting receivables and payables under ASC 210-20, "Balance Sheet – Offsetting." The ASU clarifies that a health care entity should not net insurance recoveries against a related claim liability. In addition, the amount of the claim liability should be determined without consideration of insurance recoveries. The System has not evaluated all of the updated provisions, which are effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2010.

## **BAYLOR HEALTH CARE SYSTEM**

### **Notes to Combined Financial Statements - continued**

In July 2011, The FASB issued ASU 2011-07, *"Health Care Entities (Topic 954): Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities."* This ASU requires certain health care entities to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, those health care entities are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts. The amendments also require disclosures of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. For nonpublic entities, the amendments are effective for the first annual period ending after December 15, 2012, and interim and annual periods thereafter, with early adoption permitted. The amendments to the presentation of the provision for bad debts related to patient service revenue in the statement of operations should be applied retrospectively to all prior periods presented. The disclosures required by the amendments in this Update should be provided for the period of adoption and subsequent reporting periods. The System has not yet completed the process of evaluating the impact this ASU will have on its financial statements.

In September 2011, the FASB issued ASU 2011-08, *"Intangibles - Goodwill and Other (Topic 350): Testing Goodwill for Impairment."* This ASU provides an entity the option to first assess qualitative factors to determine whether the existence of events or circumstances leads to the determination that it is more likely than not that the fair value of a reporting unit is less than its carrying amount. If, after assessing the totality of events and circumstances, an entity determines that it is not more likely than not that the fair value of the reporting unit is less than its carrying amount, then performing the two-step impairment test is unnecessary. This ASU is effective for annual and interim goodwill impairment tests performed for fiscal years beginning after December 15, 2011 with early application permitted in an entity's financial statements that have not yet been issued. The System has not yet completed the process of evaluating the impact this ASU will have on its financial statements.

**THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK**

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

### Cash and Cash Equivalents

Cash equivalents are defined as investments which have original maturities of three months or less. Cash equivalents consist primarily of securities issued by the United States government or its agencies, certificates of deposit, commercial paper and dollar denominated foreign issuer investments.

### THVG Funds Due From United Surgical Partners, Inc.

THVG participates in a shared services accounts payable program with USPI, wherein USPI has custody of substantially all of THVG's excess cash, paying THVG and its facilities interest income on the net balance at prevailing market rates. Amounts held by USPI on behalf of THVG totaled \$46,538,000 and \$43,709,000 at June 30, 2011 and 2010, respectively. The funds due from USPI are available on demand. The interest income amounted to \$235,000 and \$338,000 for the years ended June 30, 2011 and 2010, respectively.

### Investments

The System has designated all of its investments as trading securities except for those investments held at the Baptist Foundation of Texas (BFT) for the benefit of the Foundation. For all trading investments, the interest and dividends, realized and unrealized gains (losses) are included in gains (losses) on investments, net, in the accompanying combined statements of operations and changes in net assets. For other than trading investments, interest and dividends and realized gains (losses) are included in gains (loss) on investments, net, unless restricted by donor. Unrealized gains (losses) on other than trading investments are included in other changes in unrestricted net assets, unless restricted by donor.

Interest and dividends, realized gains (losses) and unrealized gains (losses) for the years ended June 30, 2011 and 2010 consisted of the following:

|                                                 | June 30, 2011             |                            |                     |                   |
|-------------------------------------------------|---------------------------|----------------------------|---------------------|-------------------|
|                                                 | Interest and<br>Dividends | Realized<br>gains (losses) | Unrealized<br>gains | Total             |
|                                                 | (In thousands)            |                            |                     |                   |
| Nonoperating gains                              | \$ 37,441                 | \$ 36,908                  | \$ 181,713          | \$ 256,062        |
| Other changes in unrestricted<br>net assets     | -                         | -                          | 5,907               | 5,907             |
| Changes in temporarily<br>restricted net assets | 14,959                    | (1)                        | 19,174              | 34,132            |
| Changes in permanently<br>restricted net assets | <u>1</u>                  | <u>181</u>                 | <u>457</u>          | <u>639</u>        |
|                                                 | <u>\$ 52,401</u>          | <u>\$ 37,088</u>           | <u>\$ 207,251</u>   | <u>\$ 296,740</u> |

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

|                                                 | June 30, 2010             |                            |                     |                   |
|-------------------------------------------------|---------------------------|----------------------------|---------------------|-------------------|
|                                                 | Interest and<br>Dividends | Realized<br>gains (losses) | Unrealized<br>gains | Total             |
|                                                 | (In thousands)            |                            |                     |                   |
| Nonoperating gains                              | \$ 30,851                 | \$ 37,914                  | \$ 63,839           | \$ 132,604        |
| Other changes in unrestricted<br>net assets     | -                         | -                          | 5,787               | 5,787             |
| Changes in temporarily<br>restricted net assets | 5,125                     | (28)                       | 6,519               | 11,616            |
| Changes in permanently<br>restricted net assets | (2)                       | (113)                      | 539                 | 424               |
|                                                 | <u>\$ 35,974</u>          | <u>\$ 37,773</u>           | <u>\$ 76,684</u>    | <u>\$ 150,431</u> |

### Patient Accounts Receivable

Patient accounts receivable are stated at estimated net realizable value, and collateral is generally not required. Significant concentrations of patient accounts receivable at June 30, 2011 and 2010, include

|                                                                 | 2011        | 2010        |
|-----------------------------------------------------------------|-------------|-------------|
| Managed care providers, commercial insurers<br>and other payors | 52%         | 53%         |
| Government-related programs                                     | 32%         | 31%         |
| Self-pay patients                                               | 16%         | 16%         |
|                                                                 | <u>100%</u> | <u>100%</u> |

Receivables from government-related programs (i.e., Medicare and Medicaid) represent the only concentrated group of payors for the System's receivables, and management does not believe that there is any unusual level of collectability risks associated with these government programs. Commercial and managed care receivables consist of receivables from various payors involved in diverse activities and subject to differing economic conditions and do not represent any concentrated collectability risks to the System.

The System maintains allowances for uncollectible accounts for estimated losses resulting from a payor's inability to make payments on accounts. The System assesses the reasonableness of the allowance account based on historical write-offs, cash collections, and the aging of the accounts. Accounts are written off when collection efforts have been exhausted. Management continually monitors and adjusts its allowances associated with its receivables.

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

### Securities Lending Program

The System participates in securities lending transactions with The Northern Trust Company, investment custodian, whereby a portion of its investments is loaned to selected established brokerage firms in return for cash and securities from the brokers as collateral for the investments loaned, usually on a short-term basis of 30 to 60 days. Collateral provided by brokers is maintained at levels approximating 102.0% of the fair value of the securities on loan and is adjusted for daily market fluctuations. Cash collateral received in connection with these loans is invested in a short-term pooled fund maintained by the lending agent. As of June 30, 2011 and 2010, the fair value of securities on loan was \$107,447,000 and \$117,833,000, respectively, and is included in long-term investments in the accompanying combined balance sheets. The cash collateral held for loaned securities was \$109,626,000 and \$120,712,000 as of June 30, 2011 and 2010, respectively, included in invested collateral - securities lending program. The System's obligation to repay the collateral upon settlement of the lending transactions is reported as a payable under securities lending program in the accompanying combined balance sheets.

### Property and Equipment

Property and equipment are stated at cost on the date of purchase or fair value on the date of contribution or business acquisition. Property and equipment and related accumulated depreciation and amortization are summarized below:

|                                           | <u>Useful Life</u> | <u>2011</u>         | <u>2010</u>         |
|-------------------------------------------|--------------------|---------------------|---------------------|
|                                           |                    | (In thousands)      |                     |
| Land                                      | -                  | \$ 120,100          | \$ 117,264          |
| Buildings and improvements                | 5-40 Years         | 1,804,198           | 1,635,992           |
| Major movable equipment and other         | 3-20 Years         | 1,234,725           | 1,135,572           |
| Construction-in-progress                  | -                  | <u>231,051</u>      | <u>183,354</u>      |
|                                           |                    | 3,390,074           | 3,072,182           |
| Accumulated depreciation and amortization |                    | <u>(1,448,813)</u>  | <u>(1,280,118)</u>  |
|                                           |                    | <u>\$ 1,941,261</u> | <u>\$ 1,792,064</u> |

On July 30, 2004, the System sold twenty medical office buildings to Healthcare Realty Trust Properties of Texas, Ltd. (HRT) for approximately \$133,000,000 of cash. The buildings sold had a net book value of approximately \$61,200,000. The transaction included several ground leases with terms of fifty-five years and an estimated economic value of approximately \$12,400,000. The System has a remaining deferred gain recorded as part of this transaction, which is being recognized over the related capital and operating lease periods. The remaining deferred gain was \$9,084,000 and \$9,357,000 as of June 30, 2011 and 2010, respectively, of which \$273,000 is included in current liabilities and \$8,811,000 and \$9,084,000, respectively, is included in other long-term liabilities in the accompanying combined balance sheets. The System amortized approximately \$273,000 of the remaining deferred gain in both years ended June 30, 2011 and 2010.

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

Property and equipment financed under capital leases totaled approximately \$429,216,000 and \$457,651,000 at June 30, 2011 and 2010, respectively, and related accumulated amortization was approximately \$62,348,000 and \$45,450,000 at June 30, 2011 and 2010, respectively. Amortization expense is included in depreciation and amortization expense in the accompanying combined statements of operations.

During fiscal year 2010, the System conducted a comprehensive fixed asset physical inventory count for all entities. During fiscal year 2011, the System implemented a new policy to perform the physical inventory counts on a three year rotation. The counts resulted in approximately \$153,000 and \$12,444,000 of disposals recorded in nonoperating gains (losses) in the accompanying combined statements of operations for fiscal year 2011 and 2010, respectively.

Depreciation and amortization expense is calculated using the straight-line method over the estimated useful lives of the property and equipment or the lease term, whichever is less. Routine maintenance and repairs are charged to expense as incurred. Expenditures that increase capacities or extend useful lives are capitalized.

### **Goodwill and Intangible Assets**

Goodwill and intangible assets recorded in connection with acquisitions completed by the System are accounted for under ASC 350, *"Intangibles – Goodwill and Other."* Goodwill consists of costs in excess of tangible and intangible net assets acquired. Intangible assets consist of management service contract rights and other intangibles. Most of these intangible assets have indefinite lives. Goodwill and indefinite lived intangible assets are tested for impairment annually or more frequently if changing circumstances warrant. For the purposes of these analyses, the System's reviews the cost, income, and market approaches to fair value in accordance with ASC 820. The System's estimates of fair value are based on a combination of the income approach, which estimates the fair value of the Company based on its future discounted cash flows, and the market approach, which estimates the fair value of the Company based on comparable market prices, and cost approach. No impairments were identified for the years ended June 30, 2011 and 2010. Prior to July 1, 2010, the System amortized goodwill over periods estimated to be benefited, with the period not to exceed forty years. Beginning July 1, 2010, ASC 958 required the System to cease amortization of goodwill and test for impairment annually. The System performed an initial impairment test as of July 1, 2010 in accordance with the guidance. No impairments were identified as of this date. This guidance made effective ASC 350 for nonprofit subsidiaries, which previously only applied to the System's for-profit subsidiaries. The System amortizes intangible assets with definite useful lives over their respective useful lives to the estimated residual values and reviews them for impairment in the same manner as property and equipment discussed below.

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

At June 30, 2011 and 2010, goodwill and intangible assets consisted of the following (in thousands)

|                                             | 2011                             |                                     |                            |
|---------------------------------------------|----------------------------------|-------------------------------------|----------------------------|
|                                             | <u>Gross Carrying<br/>Amount</u> | <u>Accumulated<br/>Amortization</u> | <u>Net<br/>Intangibles</u> |
| Intangible assets                           |                                  |                                     |                            |
| Finite-lived intangible assets              | \$ 2,877                         | \$ (303)                            | \$ 2,574                   |
| Indefinite-lived intangible assets          | <u>7,038</u>                     | <u>-</u>                            | <u>7,038</u>               |
| Total intangible assets                     | 9,915                            | (303)                               | 9,612                      |
| Goodwill – Controlling interest             | 180,932                          | (3,779)                             | 177,153                    |
| Goodwill – Noncontrolling interest          | <u>30,926</u>                    | <u>-</u>                            | <u>30,926</u>              |
| Total goodwill                              | <u>211,858</u>                   | <u>(3,779)</u>                      | <u>208,079</u>             |
| Total goodwill and other intangibles assets | <u>\$ 221,773</u>                | <u>\$ (4,082)</u>                   | <u>\$ 217,691</u>          |

|                                             | 2010                             |                                     |                            |
|---------------------------------------------|----------------------------------|-------------------------------------|----------------------------|
|                                             | <u>Gross Carrying<br/>Amount</u> | <u>Accumulated<br/>Amortization</u> | <u>Net<br/>Intangibles</u> |
| Intangible assets                           |                                  |                                     |                            |
| Finite-lived intangible assets              | \$ 2,865                         | \$ (261)                            | \$ 2,604                   |
| Indefinite-lived intangible assets          | <u>4,676</u>                     | <u>-</u>                            | <u>4,676</u>               |
| Total intangible assets                     | 7,541                            | (261)                               | 7,280                      |
| Goodwill – Controlling interest             | 161,819                          | (3,779)                             | 158,040                    |
| Goodwill – Noncontrolling interest          | <u>2,010</u>                     | <u>-</u>                            | <u>2,010</u>               |
| Total goodwill                              | <u>163,829</u>                   | <u>(3,779)</u>                      | <u>160,050</u>             |
| Total goodwill and other intangibles assets | <u>\$ 171,370</u>                | <u>\$ (4,040)</u>                   | <u>\$ 167,330</u>          |

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

The following is a summary of changes in the carrying amount of goodwill for the years ended June 30, 2011 and 2010 (in thousands)

|                                                                 | <u>Controlling<br/>Interest</u> | <u>Noncontrolling<br/>Interest</u> |
|-----------------------------------------------------------------|---------------------------------|------------------------------------|
| Balance, June 30, 2009                                          | \$ 154,083                      | \$ -                               |
| Additions                                                       |                                 |                                    |
| Acquisition of Desoto Surgicare Partners, Ltd                   | 402                             | -                                  |
| Acquisition of Physicians Surgical Center of<br>Fort Worth, LLP | 2,547                           | 372                                |
| Acquisition of Mansfield Surgical Center, LLC                   | 1,705                           | 1,638                              |
| Other                                                           | <u>(697)</u>                    | <u>-</u>                           |
| Balance, June 30, 2010                                          | 158,040                         | 2,010                              |
| Additions                                                       |                                 |                                    |
| Acquisition of Metrocrest Surgery Center, L P                   | 3,450                           | 1,968                              |
| Acquisition of Lone Star Endoscopy<br>Center, LLC               | 7,142                           | 4,253                              |
| Acquisition of Baylor Surgicare at<br>Duncanville, LLC          | 317                             | 97                                 |
| Acquisition of Tuscan Surgery Center<br>at Las Colinas, LLC     | 2,797                           | 1,566                              |
| Acquisition of Baylor Surgicare at Ennis, LLC                   | 2,865                           | 1,629                              |
| Acquisition of Baylor Surgicare at Plano<br>Parkway, LLC        | 2,592                           | 1,537                              |
| Formation of BIR, JV LLP – Frisco                               | -                               | 5,367                              |
| Formation of BIR, JV LLP – Dallas                               | -                               | 12,524                             |
| Other                                                           | <u>(50)</u>                     | <u>(25)</u>                        |
| Balance, June 30, 2011                                          | <u>\$ 177,153</u>               | <u>\$ 30,926</u>                   |

Goodwill additions resulting from business combinations are recorded and assigned to controlling and noncontrolling interest

### Impairment of Long-Lived Assets

Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset, or related groups of assets, may not be recoverable from estimated future cash flows. In the event of impairment, measurement of the amount of impairment may be based on appraisal, fair values of similar assets or estimates of future discounted cash flows resulting from the use and ultimate disposition of the asset. No impairment was identified in 2011 or 2010.

# **BAYLOR HEALTH CARE SYSTEM**

## **Notes to Combined Financial Statements - continued**

### **Physician Income Guarantees**

The System has entered into multiple physician recruiting agreements whereby the hospital provides financial assistance to a physician who is relocating his or her medical practice into the hospital's service area and community under which the System supplements physician income to a minimum amount over a period of time, typically one year, while the physicians establish themselves in the community. As part of the agreements, the physicians are required to continue to provide medical services in the community for a period of time after the initial start up year, typically three years.

The System records an asset and liability for the estimated fair value of the minimum revenue guarantees. The asset and liability represent the maximum amount of all unpaid minimum revenue guarantees, net of physician drawdowns, and is reported in other long-term assets and other long-term liabilities in the accompanying combined balance sheets. As of June 30, 2011 and 2010, the System had a liability of approximately \$3,175,000 and \$3,085,000, respectively.

### **Income Taxes**

Due to their organizational structure, certain of the System's entities are taxable under the Internal Revenue Code and some entities are tax exempt but are required to pay income taxes for unrelated business activities. The overall impact of federal income taxes to the System's combined financial statements is not significant. In addition, certain of the System's entities file partnership income tax returns in the U.S. federal jurisdiction and franchise tax returns in the State of Texas.

The Texas franchise tax applies to certain of the System's entities for any tax reports filed on or after January 1, 2008. The tax is calculated on a margin base and is therefore reflected in the System's combined statements of operations and changes in net assets for the years ended June 30, 2011 and 2010 as income tax expense.

The System follows the provisions of ASC 740 "*Income Taxes*." As of June 30, 2011 and 2010, the System had no material gross unrecognized tax benefits.

### **Insurance**

BHCS provided for the basic self-insured retention limits for hospital professional liability and general liability coverage for 2011 and 2010 through the Self Insurance Retention Trust (SIRT). Excess policies that covered claims that exceeded \$10,000,000 per incident and \$50,000,000 in the aggregate for hospital professional liability and claims that exceeded \$2,000,000 per incident and \$7,000,000 in the aggregate for general liability in both 2011 and 2010 were provided by Health Care Insurance Company of Texas (HCICT), a wholly owned insurance company of BHCS domiciled in the Cayman Islands.

# **BAYLOR HEALTH CARE SYSTEM**

## **Notes to Combined Financial Statements - continued**

The excess policies were reinsured by ACE Limited, Lexington Insurance Company, Beazley Group Plc, Barbican Syndicate, Catlin Group, Chaucer Plc, Alterra Insurance Europe Limited, and Swiss Re in 2011. Although most of these carriers were consistent with 2010, there were slight changes in the layers provided in 2011 and Munich Re America was replaced by the Barbican Syndicate.

BHCS provided for the basic self-insured retention limits for professional liability coverage for physicians in HealthTexas Provider Network, a wholly owned subsidiary of BHCS, through the SIRT. An excess policy that covered claims for physician liability that exceeded \$750,000 per incident and \$15,000,000 in the aggregate in 2011 and 2010 was provided by HCICT and reinsured by ACE Limited in both years for limits of \$250,000 per medical incident and \$7,000,000 in the aggregate.

To minimize its exposure to credit risk associated with reinsurance, the System continuously evaluates and monitors the financial condition of its reinsurers. At June 30, 2011, the System's reinsurers had an A.M. Best rating of at least A- ("Excellent"). Management does not anticipate any material losses as a result of these concentrations. All of the System's insurance business comprises insurance of certain risks of the System and affiliates who are all engaged in the provision of medical and health care services. Accordingly, the System's underwriting risks are not diversified.

Liabilities for outstanding claims, including estimates for claims incurred but not reported, as well as reported claims pending settlement, are actuarially determined and discounted using an interest rate of 2% in 2011 and 2010. Total undiscounted reserves for losses and loss adjustment expenses were approximately \$63,959,000 and \$59,262,000 at June 30, 2011 and 2010, respectively. Total discounted reserves for losses and loss adjustment expenses at a seventy-percent confidence level were approximately \$71,235,000 and \$66,364,000 at June 30, 2011 and 2010, respectively.

### **Reserves for Losses and Loss Adjustment Expenses**

The reserves for losses and loss adjustment expenses represent the SIRT's estimates using case basis evaluations and actuarial analysis, which are based on the SIRT's loss history data and industry loss statistics. The reserves for losses and loss adjustment expenses are based upon management's best estimate of the ultimate liability for outstanding losses and loss adjustment expenses determined in comparison with historical loss statistics. Management believes that the reserves for losses and loss adjustment expenses are adequate. However, because of the extended period of time over which losses are settled and the general uncertainty surrounding the estimates, the ultimate settlement cost of the losses and the related loss adjustment expenses could vary and these differences could be material. The estimate is continuously reviewed and, as adjustments to the liability become necessary, they are reflected in current operations.

# **BAYLOR HEALTH CARE SYSTEM**

## **Notes to Combined Financial Statements - continued**

### **Contributions and Gifts**

When received or pledged, unrestricted gifts are reported as contributions to unrestricted net assets, and donor-restricted items are reported as contributions to temporarily or permanently restricted net assets. These donor-restricted contributions are restricted as to use and, when applicable, are transferred from temporarily restricted net assets to unrestricted net assets when the restrictions are satisfied and the related funds are appropriated for expenditure by the Board.

Appropriations from the Baptist General Convention of Texas of approximately \$178,000 and \$176,000 in 2011 and 2010, respectively, are included in other operating revenue in the accompanying combined statements of operations and changes in net assets.

### **Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets consist of contributions and pledges received and receivable. These assets are donor restricted as to use and are transferred from temporarily restricted net assets to unrestricted net assets when the restrictions are satisfied. Temporarily restricted net assets are primarily available for patient care, education, and research.

Permanently restricted net assets consist of contributions received and receivable with donor restrictions that the principal be invested in perpetuity and only the income from the investments be expended for designated purposes. Income on endowment funds restricted for specified purposes is reported in the accompanying combined statements of operations and changes in net assets as temporarily restricted realized and unrealized investment income (loss).

Income on endowment funds which is required by donors to be invested in perpetuity is reported in the accompanying combined statements of operations and changes in net assets as permanently restricted realized investment income and unrealized gain (loss) on investments.

### **Revenue and Gains in Excess of Expenses and Losses**

The combined statements of operations and changes in net assets include revenue and gains in excess of expenses and losses. Changes in unrestricted net assets which are excluded from revenue and gains in excess of expenses and losses, consistent with industry practice, include unrealized gains (losses) on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets).

### **Derivative Financial Instruments**

ASC 815, "*Derivative and Hedging*" requires that all derivative financial instruments be recognized in the financial statements and measured at fair value regardless of the purpose or intent for holding them. Changes in the fair value of derivative financial instruments are

# **BAYLOR HEALTH CARE SYSTEM**

## **Notes to Combined Financial Statements - continued**

recognized periodically either in operations or in other changes in unrestricted net assets depending on whether the investments qualify for hedge accounting. The System's policy is to not hold or issue derivatives for trading purposes and to avoid derivatives with leverage features.

### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

### **Reclassifications**

Certain reclassifications were made to the 2010 financial statements to conform to the 2011 presentation.

**THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK**

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

### 3. FAIR VALUE OF FINANCIAL INSTRUMENTS

#### Cash and cash equivalents and other financial instruments

Estimated fair values of the System's cash and cash equivalents, short-term investments, long-term investments, assets whose use is limited and investments of insurance subsidiaries were comprised as follows (in thousands)

|                                                                                            | <u>2011</u>         | <u>2010</u>         |
|--------------------------------------------------------------------------------------------|---------------------|---------------------|
| Cash and cash equivalents                                                                  | <u>\$ 218,263</u>   | <u>\$ 157,062</u>   |
| Restricted cash                                                                            | \$ 157,290          | \$ 39,074           |
| Mutual funds                                                                               | 49,795              | 38,068              |
| Equity securities                                                                          | 562,486             | 417,467             |
| Fixed income securities                                                                    | 435,293             | 437,819             |
| Common funds, net of alternative investments,<br>held at Baptist Foundation of Texas (BFT) | 208,250             | 171,468             |
| Alternative investments                                                                    |                     |                     |
| Held at BFT                                                                                | 2,099               | 5,582               |
| Other                                                                                      | 453,437             | 325,617             |
| Real estate and oil and gas interests                                                      |                     |                     |
| Held at BFT*                                                                               | 95                  | 95                  |
| Other*                                                                                     | 38                  | 38                  |
| U S government securities                                                                  | 62,186              | 70,776              |
| Mortgage-backed securities                                                                 | 39,970              | 33,891              |
| Other restricted assets                                                                    | 6,663               | 5,994               |
| Other                                                                                      | <u>4,572</u>        | <u>3,183</u>        |
|                                                                                            | <u>\$ 1,982,174</u> | <u>\$ 1,549,072</u> |

\* Real estate and oil and gas interests are carried at lower of cost or market

#### Fair value measurements

As defined in ASC 820, fair value is based on the prices that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements, ASC 820 establishes a three-tier fair value hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

- Level 1 - Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets

## **BAYLOR HEALTH CARE SYSTEM**

### **Notes to Combined Financial Statements - continued**

- Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable by market participants for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument
- Level 3 - Inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability are unobservable and developed based on the best information available in the circumstances

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement

The carrying values of cash and cash equivalents, THVG funds due from United Surgical Partners, Inc., patient accounts receivable, other receivables, assets held as collateral – securities lending program, investments of insurance subsidiaries, accounts payable, accrued liabilities, and estimated third-party payer settlements payable are reasonable estimates of their fair value due to the short-term nature of these financial instruments

Fair values of short-term investments and long-term investments are generally based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources including market participants, dealers, and brokers. This applies to investments such as domestic equities, U S treasuries, exchange-traded mutual funds, and agency securities

In conjunction with the acquisition of TMC, BHCS purchased \$46,000,000 of Metrocrest Hospital Authority (MHA) bonds. The bonds mature five years after issuance and bear an interest rate of 12.0% payable monthly. Payments will be interest only for the first five years and the bonds are collateralized by a first and prior liens on unencumbered assets owned by MHA having an aggregate value of \$46,000,000. The bonds are reported in unrestricted long-term investments in the accompanying combined balance sheets

**THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK**

# **BAYLOR HEALTH CARE SYSTEM**

## **Notes to Combined Financial Statements - continued**

### **Alternative Investments**

Investments held consist of marketable securities as well as securities that do not have readily determinable fair values. Private equity investments, real estate investments and hedge funds are collectively referred to as “alternative investments”. These are included in unrestricted long-term investments in the accompanying combined balance sheets, other than those held at BFT. The investments in alternative investments are valued by management at fair value utilizing the net asset value (NAV) provided by the underlying investment companies unless management determines some other valuation is more appropriate. Such fair value estimates do not reflect early redemption penalties as the System does not intend to sell such investments before the expiration of the early redemption periods. The fair values of the securities held by limited partnerships that do not have readily determinable fair values are determined by the general partner and are based on historical cost, appraisals, or other estimates that require varying degrees of judgment. If no public market exists for the investment securities, the fair value is determined by the general partner taking into consideration, among other things, the cost of securities, prices of recent significant placements of securities of the same issuer, and subsequent developments concerning the companies to which the securities relate. As this valuation methodology is based primarily on unobservable inputs. These investments represent Level 3 assets.

Included in collective investment funds held at BFT for the BHCS Foundation are alternative investment interests in private equity funds and oil and gas interests. These interests are included in restricted long-term investments in the accompanying combined balance sheets. These alternative investments are in limited partnership interests and are carried at the NAV provided by the underlying investment companies unless management determines some other valuation is more appropriate. As this valuation methodology is based primarily on unobservable inputs, these investments represent Level 3 assets. Also included in Level 3 assets for the BHCS Foundation are other real estate and oil and gas interests which are carried at lower of cost or market.

### **Beneficial Interest**

The BHCS Foundation records charitable remainder trusts for which it is not the trustee at the discounted present value of the estimated future cash flows. These trusts are reported in contributions receivable, net, in the accompanying combined balance sheets. When a third-party serves as trustee, the beneficial interest is required to be measured at fair value on a recurring basis. As beneficial interests utilize multiple unobservable inputs, including no active markets, and are measured using management’s assumption about risk inherent in the valuation technique, beneficial interests in split-interest agreements represent Level 3 assets.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the System

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date

The tables below set forth, by level, the financial assets and liabilities that were measured at fair value on a recurring basis as of June 30, 2011 and 2010 (in thousands)

|                                                                                                        | June 30, 2011       |                     |                   |                   |
|--------------------------------------------------------------------------------------------------------|---------------------|---------------------|-------------------|-------------------|
|                                                                                                        | Total               | Level 1             | Level 2           | Level 3           |
| <b>Assets</b>                                                                                          |                     |                     |                   |                   |
| Cash and cash equivalents                                                                              | \$ 218,263          | \$ 218,263          | \$ -              | \$ -              |
| Short-term and long-term investment assets limited as to use and investments of insurance subsidiaries | 1,525,702           | 775,750             | 749,952           | -                 |
| Long-term investments - alternative investments                                                        | 456,472             | -                   | 136,447           | 320,025           |
| Beneficial interests in split-interest agreements                                                      | 14,282              | -                   | -                 | 14,282            |
| Invested collateral - securities lending program                                                       | 109,626             | 109,626             | -                 | -                 |
| <b>Total assets at fair value</b>                                                                      | <b>\$ 2,324,345</b> | <b>\$ 1,103,639</b> | <b>\$ 886,399</b> | <b>\$ 334,307</b> |
| <b>Liabilities</b>                                                                                     |                     |                     |                   |                   |
| Interest rate swap agreements                                                                          | \$ 66,604           | \$ -                | \$ 66,604         | \$ -              |
|                                                                                                        |                     |                     |                   |                   |
|                                                                                                        | June 30, 2010       |                     |                   |                   |
|                                                                                                        | Total               | Level 1             | Level 2           | Level 3           |
| <b>Assets</b>                                                                                          |                     |                     |                   |                   |
| Cash and cash equivalents                                                                              | \$ 157,062          | \$ 157,062          | \$ -              | \$ -              |
| Short-term and long-term investment assets limited as to use and investments of insurance subsidiaries | 1,217,873           | 547,123             | 670,750           | -                 |
| Long-term investments - alternative investments                                                        | 331,199             | -                   | 108,134           | 223,065           |
| Beneficial interests in split-interest agreements                                                      | 14,570              | -                   | -                 | 14,570            |
| Invested collateral - securities lending program                                                       | 120,712             | 120,712             | -                 | -                 |
| <b>Total assets at fair value</b>                                                                      | <b>\$ 1,841,416</b> | <b>\$ 824,897</b>   | <b>\$ 778,884</b> | <b>\$ 237,635</b> |
| <b>Liabilities</b>                                                                                     |                     |                     |                   |                   |
| Interest rate swap agreements                                                                          | \$ 89,300           | \$ -                | \$ 89,300         | \$ -              |

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

The following tables are a roll forward of the combined balance sheet amounts for financial instruments classified by the System within Level 3 of the valuation hierarchy defined above for fiscal years 2011 and 2010 (in thousands)

|                                              | June 30, 2011     |                  |                   |                              |                               |                   |
|----------------------------------------------|-------------------|------------------|-------------------|------------------------------|-------------------------------|-------------------|
|                                              | Private<br>Equity | Real<br>Estate   | Hedge<br>Funds    | Split Interest<br>Agreements | Common<br>Investment<br>Funds | Total             |
| Beginning balance at July 1                  | \$ 116,752        | \$ 19,030        | \$ 81,570         | \$ 14,570                    | \$ 5,713                      | \$ 237,635        |
| Realized gains (losses), net                 | 14,296            | 357              | (1,666)           | (2,480)                      | -                             | 10,507            |
| Unrealized gains (losses), net               | 8,104             | 5,492            | 26,758            | 2,192                        | (1,627)                       | 40,919            |
| Purchases, issuances and<br>settlements, net | (2,494)           | 16,953           | 60,017            | -                            | (918)                         | 73,558            |
| Transfers to level 2                         | -                 | -                | (28,312)          | -                            | -                             | (28,312)          |
| Balance at June 30, 2011                     | <u>\$ 136,658</u> | <u>\$ 41,832</u> | <u>\$ 138,367</u> | <u>\$ 14,282</u>             | <u>\$ 3,168</u>               | <u>\$ 334,307</u> |

|                                              | June 30, 2010     |                  |                  |                              |                               |                   |
|----------------------------------------------|-------------------|------------------|------------------|------------------------------|-------------------------------|-------------------|
|                                              | Private<br>Equity | Real<br>Estate   | Hedge<br>Funds   | Split Interest<br>Agreements | Common<br>Investment<br>Funds | Total             |
| Beginning balance at July 1                  | \$ 92,346         | \$ 18,889        | \$ 45,250        | \$ 11,686                    | \$ 5,800                      | \$173,971         |
| Realized gains (losses), net                 | 3,724             | 43               | (4,721)          | 1,860                        | -                             | 906               |
| Unrealized gains (losses), net               | 8,788             | (3,356)          | 24,122           | 2,074                        | (506)                         | 31,122            |
| Purchases, issuances and<br>settlements, net | 11,894            | 3,454            | 72,366           | (1,050)                      | 419                           | 87,083            |
| Transfers to level 2                         | -                 | -                | (55,447)         | -                            | -                             | (55,447)          |
| Balance at June 30, 2010                     | <u>\$ 116,752</u> | <u>\$ 19,030</u> | <u>\$ 81,570</u> | <u>\$ 14,570</u>             | <u>\$ 5,713</u>               | <u>\$ 237,635</u> |

As a result of adopting the new guidance for estimating fair value of investments, certain investments have been reclassified as Level 2 assets subject to criteria described above based upon the year end recorded amounts

Alternative investments recorded at net asset value at June 30, 2011 and 2010, consisted of the following (in thousands)

|                                                                | Fair Value        |                   | Redemption<br>Frequency If | Redemption<br>Notice Hedge Funds* |
|----------------------------------------------------------------|-------------------|-------------------|----------------------------|-----------------------------------|
|                                                                | 2011              | 2010              | Currently Eligible         |                                   |
| Hedge Funds*                                                   | \$ 264,622        | \$ 180,333        | Monthly to annually        | 30-90 days                        |
| Collective investment funds held<br>at BFT for BHCS Foundation | <u>1,475</u>      | <u>3,784</u>      | Twice a month              | N/A                               |
|                                                                | <u>\$ 266,097</u> | <u>\$ 184,117</u> |                            |                                   |

\*This category includes all investments in hedge funds, except for \$10,379,000 and \$9,371,000 at June 30, 2011 and 2010, respectively, which are valued at total market value The other hedge

# **BAYLOR HEALTH CARE SYSTEM**

## **Notes to Combined Financial Statements - continued**

funds are actively managed commingled investment vehicles that include strategies such as distressed debt, merger arbitrage, relative value, and long-short equity strategies. The fair values of the investments in this category have been estimated using the net asset value per share of the investments. Investments in this category often have initial “lock-up” restrictions that do not allow investors to seek redemption ranging from one to three years. Following the initial lock-up period, liquidity is generally available monthly, quarterly, or annually following a redemption request which requires 30 to 90 days written notice.

### **Long-term Debt**

The System’s long-term debt obligations, excluding capital leases, are reported in the accompanying combined balance sheets at carrying value which totaled approximately \$901,925,000 and \$701,236,000 at June 30, 2011 and 2010, respectively. The fair value of these obligations at June 30, 2011 and 2010, as estimated based primarily on quoted market prices for related bonds, totaled \$931,093,000 and \$795,490,000, respectively.

## **4. ENDOWMENTS**

The System’s endowments consist of donor restricted and management-designated endowment funds for a variety of purposes. The net assets associated with endowment funds are classified and reported based on the existence or absence of donor imposed restrictions.

The System has interpreted the “Uniform Prudent Management of Institutional Funds Act” (UPMIFA) as not requiring the maintaining of purchasing power of permanently restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the System classifies as permanently restricted net assets, (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure of the System in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the System considers the following factors in making a determination to appropriate or accumulate endowment funds:

- 1) The duration and preservation of the fund
- 2) The purposes of the Foundation and the donor restricted endowment fund
- 3) General economic conditions
- 4) The possible effect of inflation and deflation
- 5) The expected total return from income and the appreciation of investments
- 6) Other resources of the organization
- 7) The investment policies of the organization

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

Endowment net asset composition by type of fund as of June 30, 2011 and 2010 follows (in thousands)

|                                  | <u>Unrestricted</u> | <u>Temporarily<br/>Restricted</u> | <u>Permanently<br/>Restricted</u> | <u>Total<br/>2011</u> |
|----------------------------------|---------------------|-----------------------------------|-----------------------------------|-----------------------|
| Donor-restricted endowment funds | \$ (1,846)          | \$ 53,185                         | \$ 165,202                        | \$ 216,541            |
| Board-designated endowment funds | <u>1,116</u>        | <u>-</u>                          | <u>-</u>                          | <u>1,116</u>          |
| Total endowment funds            | <u>\$ (730)</u>     | <u>\$ 53,185</u>                  | <u>\$ 165,202</u>                 | <u>\$ 217,657</u>     |
|                                  | <u>Unrestricted</u> | <u>Temporarily<br/>Restricted</u> | <u>Permanently<br/>Restricted</u> | <u>Total<br/>2010</u> |
| Donor-restricted endowment funds | \$ (6,609)          | \$ 35,539                         | \$ 137,519                        | \$ 166,449            |
| Board-designated endowment funds | <u>1,116</u>        | <u>-</u>                          | <u>-</u>                          | <u>1,116</u>          |
| Total endowment funds            | <u>\$ (5,493)</u>   | <u>\$ 35,539</u>                  | <u>\$ 137,519</u>                 | <u>\$ 167,565</u>     |

Changes in endowment net assets for the years ended June 30, 2011 and 2010 follows (in thousands)

|                                                      | <u>Unrestricted</u> | <u>Temporarily<br/>Restricted</u> | <u>Permanently<br/>Restricted</u> | <u>Total<br/>2011</u> |
|------------------------------------------------------|---------------------|-----------------------------------|-----------------------------------|-----------------------|
| Endowment net assets,<br>beginning of year           | \$ (5,493)          | \$ 35,539                         | \$ 137,519                        | \$ 167,565            |
| Investment income and<br>realized gains              | 1                   | 10,519                            | 121                               | 10,641                |
| Net appreciation and<br>unrealized gains             | 5,046               | 14,347                            | -                                 | 19,393                |
| Gifts                                                | -                   | 57                                | 26,493                            | 26,550                |
| Appropriation of endowment<br>assets for expenditure | (287)               | (7,535)                           | -                                 | (7,822)               |
| Additions to endowments related<br>to matured trusts | -                   | -                                 | 863                               | 863                   |
| Other                                                | <u>3</u>            | <u>258</u>                        | <u>206</u>                        | <u>467</u>            |
| Endowment net assets, end of year                    | <u>\$ (730)</u>     | <u>\$ 53,185</u>                  | <u>\$ 165,202</u>                 | <u>\$ 217,657</u>     |

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

|                                                      | <u>Unrestricted</u> | <u>Temporarily<br/>Restricted</u> | <u>Permanently<br/>Restricted</u> | <u>Total<br/>2010</u> |
|------------------------------------------------------|---------------------|-----------------------------------|-----------------------------------|-----------------------|
| Endowment net assets,<br>beginning of year           | \$ (10,050)         | \$ 30,164                         | \$117,132                         | \$ 137,246            |
| Investment income (loss) and<br>realized gains       | 1                   | 4,947                             | (276)                             | 4,672                 |
| Net appreciation and<br>unrealized gains             | 5,415               | 2,197                             | 481                               | 8,093                 |
| Gifts                                                | 2                   | 46                                | 7,545                             | 7,593                 |
| Appropriation of endowment<br>assets for expenditure | (343)               | (3,816)                           | -                                 | (4,159)               |
| Additions to endowments related<br>to matured trusts | -                   | -                                 | 955                               | 955                   |
| Other                                                | <u>(518)</u>        | <u>2,001</u>                      | <u>11,682*</u>                    | <u>13,165</u>         |
| Endowment net assets, end of year                    | <u>\$ (5,493)</u>   | <u>\$ 35,539</u>                  | <u>\$137,519</u>                  | <u>\$ 167,565</u>     |

\* Other consists primarily of contributions received by the System in the prior year that were redesignated by the donor as an endowment

### Permanently Restricted Net Assets

The portion of perpetual endowment funds that is required to be retained permanently either by explicit donor stipulation or by State of Texas UPMIFA follows (in thousands)

|                                                                           | <u>2011</u>       | <u>2010</u>       |
|---------------------------------------------------------------------------|-------------------|-------------------|
| Restricted for education                                                  | \$ 34,275         | \$ 32,830         |
| Restricted for patient care                                               | 85,882            | 60,246            |
| Restricted for research                                                   | <u>45,045</u>     | <u>44,443</u>     |
| Total endowment assets classified as<br>permanently restricted net assets | <u>\$ 165,202</u> | <u>\$ 137,519</u> |

### Endowment Funds with Deficits

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the value of the initial and subsequent donor gift amounts (deficit). When donor endowment deficits exist, they are classified as a reduction of unrestricted net assets. Deficits of this nature reported in unrestricted net assets were approximately \$390,000 and \$5,456,000 as of June 30, 2011 and 2010, respectively. These deficits resulted from unfavorable market fluctuations and authorized appropriation that was deemed prudent.

### Return Objectives and Risk Parameters

The System follows an investment policy that attempts to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of endowment assets. Under this policy, the return objective for the endowment assets, measured

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

over a full market cycle, shall be to maximize the return against various indices, based on the endowment's target allocation applied to the appropriate individual benchmarks

The System expects its endowment funds over time, to provide an average rate of return of approximately 5.0% annually. Actual returns in any given year may vary from this amount. To achieve its long-term rate of return objectives, the System relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized gains) and current yield (interest and dividends). The System targets a diversified asset allocation that places greater emphasis on equity-based investments to achieve its long-term objectives within prudent risk constraints.

### Relationship of Endowment Spending Practices to Investment Objectives

The System primarily determines the appropriation of endowment funds for expenditure through an annual budgeting. A distribution policy for primarily all of the endowments governs the amount of endowment funds that may be appropriated during this process. In establishing this policy, the System considered the long-term expected return on primarily all of its endowments. Accordingly, over the long-term, the System expects the current distribution policy to allow its endowments to grow at an average of the long-term rate of inflation and maintain its purchasing power. In order to maintain the purchasing power of endowment assets, expenditures are based on investment performance and spending is curbed in response to deficit situations. The budgeted and approved allocations are distributed at the end of each month from the current net total or accumulated net total investment returns for individual endowment funds. Over the long term, the System expects its endowment to grow consistent with its intention to maintain the purchasing power of the endowment assets as well as to provide additional real growth through new gifts.

## 5. LONG-TERM DEBT AND CAPITAL LEASE OBLIGATIONS

Long-term debt and capital lease obligations as of June 30, 2011 and 2010 consist of the following:

|                                                                                                                          | <u>2011</u>    | <u>2010</u> |
|--------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
|                                                                                                                          | (In thousands) |             |
| Baylor Health Care System -                                                                                              |                |             |
| Series 2000 Taxable Notes (Auction Rate Securities) -                                                                    |                |             |
| Serial Notes, variable interest (0.37% at June 30, 2011), payable monthly, principal payable 2019 through 2025           | \$ 19,700      | \$ 19,700   |
| Series 2001A Revenue Bonds -                                                                                             |                |             |
| Serial Bonds, fixed interest rate (5.125%, at June 30, 2011), payable semi-annually, principal payable 2020 through 2025 | 50,000         | 50,000      |

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

|                                                                                                                                                         | <u>2011</u>    | <u>2010</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
|                                                                                                                                                         | (In thousands) |             |
| Series 2002 Serial Bonds, fixed interest rate of 5.50%, payable semiannually, principal payable through 2011                                            | \$ -           | \$ 295      |
| Series 2002A Revenue Bonds -<br>Serial Bonds, fixed interest rate ranging from 5.00% to 5.75%, payable semiannually, principal payable through 2023     | 65,815         | 67,615      |
| Series 2006A Revenue Bonds -<br>Serial Bonds, variable interest (.09% at June 30, 2011), payable weekly, principal payable through 2014                 | 38,835         | 50,230      |
| Series 2006B Revenue Bonds -<br>Serial Bonds, variable interest payable weekly, principal payable 2015 through 2031                                     | -              | 75,000      |
| Series 2006C Revenue Bonds -<br>Serial Bonds, variable interest payable weekly, principal payable 2015 through 2031                                     | -              | 75,000      |
| Series 2009 Revenue Bonds -<br>Serial Bonds, fixed interest rate of 5.00%, payable semi-annually, principal payable through 2019                        | 17,385         | 19,110      |
| Series 2009 Revenue Bonds -<br>Term Bonds, fixed interest rate of 5.75%, payable semi-annually, principal payable 2020 through 2024                     | 52,555         | 52,555      |
| Series 2009 Revenue Bonds -<br>Term Bonds, fixed interest rate of 6.25%, payable semi-annually, principal payable 2025 through 2029                     | 140,290        | 140,290     |
| Series 2011A Revenue Bonds -<br>Term Bonds, fixed interest rate ranging from 2.00% to 5.00%, payable semi-annually, principal payable 2025 through 2029 | 98,865         | -           |

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

|                                                                                                                                                 | <u>2011</u>    | <u>2010</u> |
|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
|                                                                                                                                                 | (In thousands) |             |
| Series 2011B Revenue Bonds -                                                                                                                    |                |             |
| Windows variable rate demand bonds, variable interest (0.22% at June 30, 2011) payable monthly, principal payable 2032 through 2050             | \$ 50,000      | \$ -        |
| Series 2011C, D & E Revenue Bonds -                                                                                                             |                |             |
| Windows variable rate demand bonds, variable interest (0.07% at June 30, 2011) payable weekly, principal payable 2032 through 2050              | 135,355        | -           |
| Series 2011F & G Revenue Bonds -                                                                                                                |                |             |
| Floating Rate Note, variable interest rates ranging from (0.74% to 0.79% at June 30, 2011) payable monthly, principal payable 2032 through 2040 | 75,000         | -           |
| Taxable Bank Line of Credit -                                                                                                                   |                |             |
| Revolving bank line of credit, variable interest priced at LIBOR plus 0.60% - 0.79% at June 30, 2011                                            | 15,000         | -           |
| Promissory Note – Baxley Property                                                                                                               |                |             |
| Fixed interest rate at 6.00% payable monthly, principle payable through 2020                                                                    | 2,110          | -           |
| Building Lease - Crutcher Annex                                                                                                                 |                |             |
| Interest at 2.85% payable monthly, principal and interest payments through May 2025                                                             | 15,032         | 15,730      |
| HRT Properties of Texas, Ltd , Building Leases -                                                                                                |                |             |
| Interest at 4.88%, payable monthly, principal and interest payments through September 2017                                                      | 12,642         | 13,825      |
| Baylor University Medical Center -                                                                                                              |                |             |
| Series 1998 Revenue and Refunding Bonds -                                                                                                       |                |             |
| Serial Bonds, fixed interest rate ranging from 5.00% to 5.38%, payable semiannually, principal payable through 2017                             | 49,715         | 53,695      |
| Term Bonds, fixed interest at 5.00%, payable semi-annually, principal payable 2018 through 2019                                                 | 41,940         | 41,940      |

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

|                                                                                                                                     | <u>2011</u>    | <u>2010</u> |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------|
|                                                                                                                                     | (In thousands) |             |
| Baylor Medical Center at Irving - Capital Lease                                                                                     |                |             |
| Building Lease - interest at 3.70% payable monthly,<br>principal and interest payments through March<br>2045                        | \$ 172,299     | \$ 172,987  |
| The Heart Hospital Baylor Plano -                                                                                                   |                |             |
| Term Loan - Interest at 5.42%, payable quarterly,<br>principal payable quarterly to 2013                                            | 3,571          | 5,000       |
| BMCC -                                                                                                                              |                |             |
| Building Lease - Interest at 9.50%, payable monthly,<br>principal and interest payments through December<br>2033                    | 61,208         | 61,954      |
| Revolving bank line of credit up to \$15,000,000<br>Variable interest rate at 3.09%, principal due 2012                             | -              | 5,625       |
| Texas Health Ventures Group (THVG) -                                                                                                |                |             |
| Equipment Notes Payable -                                                                                                           |                |             |
| Interest ranging from 4.9% to 12.7%, payable<br>monthly, principal and interest payments through<br>December 2011                   | 40,334         | 28,698      |
| Progress Payment Payable -                                                                                                          |                |             |
| Promissory note of up to \$12,475,000, variable<br>Interest (6.57% at June 30, 2011), payable<br>monthly, note payable through 2015 | 3,101          | 12,475      |
| Irving-Coppell Surgical Hospital -                                                                                                  |                |             |
| Equipment Notes Payable -                                                                                                           |                |             |
| Interest ranging from 4.88% to 8.32%, payable<br>monthly, principal and interest payments<br>through January 2015                   | 2,276          | 3,500       |
| THVG Capital Leases -                                                                                                               |                |             |
| Frisco Medical Center, LLP, Building Lease -                                                                                        |                |             |
| Interest at 11.52%, payable monthly, principal<br>and interest payments 2013 through June 2027                                      | 56,786         | 56,786      |

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

|                                                                                                                                                | <u>2011</u>         | <u>2010</u>         |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
|                                                                                                                                                | (In thousands)      |                     |
| Arlington Ortho Building Lease -<br>Interest at 8.61%, payable monthly, principal and<br>interest payments through January 2030                | \$ 23,678           | \$ 23,823           |
| Dallas Uptown Building Lease –<br>Interest Rate at 9.30%, payable monthly, principal<br>and interest payments through January 2031             | 23,672              | -                   |
| Fort Worth Surgical Partners Building Lease -<br>Interest at 10.89%, payable monthly, principal and<br>interest payments through November 2027 | 9,814               | 9,908               |
| Lewisville Surgicare Building Lease -<br>Interest at 11.39%, payable monthly, principal<br>and interest payments through December 2022         | 5,462               | 5,640               |
| Grapevine Surgicare Partners Building Lease -<br>Interest at 12.66%, payable monthly, principal<br>and interest payments through October 2021  | 4,207               | 4,327               |
| Other –<br>Interest ranging from 1.69% to 13.89%, payable<br>monthly, principal and interest payments through<br>January 2021                  | 14,032              | 13,939              |
| Other System Capital Leases                                                                                                                    | <u>5,439</u>        | <u>7,792</u>        |
|                                                                                                                                                | 1,306,118           | 1,087,439           |
| Unamortized original issue premium (discount)                                                                                                  | 1,700               | (5,075)             |
| Current maturities                                                                                                                             | (43,955)            | (46,542)            |
| Long-term debt subject to short-term<br>remarketing arrangements                                                                               | <u>(50,000)</u>     | <u>-</u>            |
|                                                                                                                                                | <u>\$ 1,213,863</u> | <u>\$ 1,035,822</u> |

The Revenue Bonds issued by BHCS and the Medical Center, the Series 2000 Taxable Notes issued by BHCS, and the Taxable Bank Line of Credit issued by BHCS, are entitled to the benefit of a Master Indenture of Trust and Security Agreement (MIT) dated May 1, 1998, under which the BHCS Obligated Group, which includes BHCS, the Medical Center, Baylor All Saints Medical Center (BASMC), the Baylor Medical Centers at Garland, Waxahachie, and the Baylor Regional Medical Centers at Grapevine and Plano, is obligated for payment. BASMC, the Baylor Medical Centers at Garland, Waxahachie, and Baylor Regional Medical Centers at Grapevine and Plano became members of the BHCS Obligated Group in January 2008.

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

In March 2008, BHCS entered into a three-year taxable revolving line of credit with Bank of America, N A and JP Morgan Chase Bank, N A In June 2011, this facility was expanded to \$275,000,000 with the addition of two new banks Under this line of credit, BHCS may borrow at variable rates through June 13, 2014 As of June 30, 2011 there was \$15,000,000 borrowed under this line of credit

In June 2011, BHCS issued \$359,220,000 Hospital Revenue Bonds through the Tarrant County Cultural Education Facilities Finance Corporation Proceeds net of underwriter's discount, totaling approximately \$364,815,000 were used to repay \$75,000,000 in borrowings under the taxable revolving line of credit and refund \$150,000,000 of Series 2006B and 2006C Revenue Bonds Bond proceeds were also used for capital projects totaling approximately \$19,707,000 The remaining bond proceeds were deposited into the proceeds fund's general account for costs of issuance and future project expenditures

Included in the 2011 issuance were windows variable rate demand bonds These bonds are subject to long-term amortization periods and may be put to the System at the option of the bondholders in connection with certain remarketing arrangements To the extent the bondholders may, under the terms of the debt, put their bonds within 12 months after June 30, 2011, the principal amount of such bonds has been classified as a current obligation in the accompanying combined balance sheets Management believes the likelihood of a material amount of bonds being put to the System to be remote However, to address this likelihood, management has taken steps to provide various sources of liquidity in the event any bonds would be put

Future maturities of long-term debt and capital lease obligations, net of unamortized original issue discount, as of June 30, 2011, are shown below (in thousands)

|                       | <u>Long-Term Debt</u> | <u>Capital Lease Obligations</u> | <u>Total</u>        |
|-----------------------|-----------------------|----------------------------------|---------------------|
| 2012                  | \$ 81,113             | \$ 38,483                        | \$ 119,596          |
| 2013                  | 27,885                | 38,188                           | 66,073              |
| 2014                  | 42,203                | 37,734                           | 79,937              |
| 2015                  | 26,460                | 38,025                           | 64,485              |
| 2016                  | 28,609                | 38,072                           | 66,681              |
| Thereafter            | <u>697,652</u>        | <u>650,647</u>                   | <u>1,348,299</u>    |
|                       | 903,922               | 841,149                          | 1,745,071           |
| Less imputed interest | <u>-</u>              | <u>437,253</u>                   | <u>437,253</u>      |
|                       | <u>\$ 903,922</u>     | <u>\$ 403,896</u>                | <u>\$ 1,307,818</u> |

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

BHCS has entered into interest rate swap agreements to manage interest rate risk. All of BHCS's swaps were entered into in order to convert existing or planned future variable rate debt to a fixed rate mode. Dislocations in the credit markets have caused management to reconsider its debt management plans, and as a result, management believes that some of the BHCS swaps no longer meet their planned purpose. As a result, some of these swaps may be terminated or restructured in the future as market conditions evolve.

In conjunction with the refunding of the Series 2006B and 2006C Revenue Bonds, BHCS paid \$11,250,000 to terminate two interest rate swaps with a notional value of \$100 million. Prior to its termination, the swap was in an unrealized loss position with all changes in value flowing through unrealized gains or losses in the non-operating section of the statement of operations and changes in net assets. Upon termination, the unrealized loss associated with the swap was reclassified as a realized loss in the non-operating section of the statement of activities. Since the underlying debt was discharged, the entire loss was recognized in the current year versus being deferred through interest expense as prescribed by ASC 815 – *Derivatives and Hedging*.

None of BHCS's swaps are designated as hedging instruments. Net cash payments during the years ended June 30, 2011 and 2010 totaled \$16,666,000 and \$14,037,000, respectively. The mark to market increase in value of the swap portfolio for the fiscal year ended June 30, 2011 was \$9,239,788 including the swaps terminated in June 2011. The increase in net cash payments during fiscal year 2011 was due to the impact of forward starting swaps put in place during fiscal year 2008 that only became effective starting in May 2011 and a low short term variable rate environment. Additional forward swaps will become effective in November 2012 unless they are restructured.

The following table summarizes the fair value of interest rate swaps as of June 30, 2011 and 2010 (in thousands):

|                      | Interest Rate<br>Agreements | Notional<br>Amount | Fair Value        |                   | Change in Fair Value |                   |
|----------------------|-----------------------------|--------------------|-------------------|-------------------|----------------------|-------------------|
|                      |                             |                    | 2011              | 2010              | 2011                 | 2010              |
| Fixed Payer Swaps    | 12                          | \$ 460,420         | \$(66,773)        | \$(89,505)        | \$ 22,732            | \$(28,210)        |
| Variable Basis Swaps | 1                           | <u>38,585</u>      | <u>169</u>        | <u>205</u>        | <u>(36)</u>          | <u>48</u>         |
| Total                |                             | <u>\$ 499,005</u>  | <u>\$(66,604)</u> | <u>\$(89,300)</u> | <u>\$ 22,696</u>     | <u>\$(28,162)</u> |

BHCS's swaps were originally executed with two counterparties, Goldman Sachs Mitsui Marine Derivative Products, L.P. (Goldman) and Merrill Lynch Capital Services, Inc. (MLCS). During fiscal year 2011, MLCS novated four of their five swaps to an affiliate, Bank of America, National Association (BANA). BHCS has no collateral posting requirements with Goldman. However, BHCS is required to post collateral with MLCS and BANA in the event the negative fair value of the swaps exceeds \$25,000,000. As of June 30, 2011, BHCS had no posting requirements with MLCS or BANA.

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

The following table summarizes the fair value of interest rate swap, by counterparty as of June 30, 2011 and 2010 (in thousands)

|         | Notional<br><u>Amount</u> | 2011<br><u>Fair Value</u> | 2010<br><u>Fair Value</u> |
|---------|---------------------------|---------------------------|---------------------------|
| Goldman | \$ 308,863                | \$ (40,735)               | \$ (60,130)               |
| MLCS    | 43,980                    | (3,689)                   | (29,170)                  |
| BANA    | <u>146,162</u>            | <u>(22,180)</u>           | <u>-</u>                  |
| Total   | <u>\$ 499,005</u>         | <u>\$ (66,604)</u>        | <u>\$ (89,300)</u>        |

### 6. NONCONTROLLING INTERESTS

The System controls and therefore consolidates certain investees of its subsidiaries. The System regularly engages in the purchase and sale of noncontrolling interests in these investees that do not result in a change of control. These transactions are accounted for as equity transactions as they are undertaken among the System, its consolidated subsidiaries, and noncontrolling interests, and their cash flow effect is classified within financing activities. The System now reflects noncontrolling interests in subsidiaries as either noncontrolling interests – redeemable in the mezzanine section of the combined balance sheets, or noncontrolling interests – nonredeemable in net assets in the combined balance sheets, according to ASC 810.

**THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK**

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

The activity for unrestricted net assets presented as controlling and noncontrolling interest for the years ended June 30, 2011 and 2010 are summarized below (in thousands)

|                                                                                                             | <u>Controlling<br/>Interests</u> | <u>Noncontrolling<br/>Interests<br/>Nonredeemable</u> | <u>Unrestricted<br/>Net Assets<br/>Total</u> |
|-------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------------|
| Balances as of June 30, 2009                                                                                | \$ 1,748,418                     | \$ 15,012                                             | \$ 1,763,430                                 |
| Revenue and gains in excess of expenses and losses                                                          | 351,792                          | 4,444                                                 | 356,236                                      |
| Unrealized gains on investments, net                                                                        | 5,787                            | -                                                     | 5,787                                        |
| Net assets released from restrictions for capital expenditures                                              | 3,243                            | -                                                     | 3,243                                        |
| Distributions to noncontrolling interests                                                                   | -                                | (4,157)                                               | (4,157)                                      |
| Purchases of noncontrolling interests                                                                       | -                                | (721)                                                 | (721)                                        |
| Sales of noncontrolling interests                                                                           | -                                | 686                                                   | 686                                          |
| Noncontrolling interest acquired through business combinations                                              | -                                | 281                                                   | 281                                          |
| Other changes in controlling interest                                                                       | (4,970)                          | -                                                     | (4,970)                                      |
| Revenue and gains in excess of expenses and losses attributable to noncontrolling interests - redeemable    | (57,640)                         | -                                                     | (57,640)                                     |
| Net assets acquired                                                                                         | 8,237                            | -                                                     | 8,237                                        |
| Other                                                                                                       | (7,317)                          | -                                                     | (7,317)                                      |
| Change in unrestricted net assets                                                                           | <u>299,132</u>                   | <u>533</u>                                            | <u>299,665</u>                               |
| Balances as of June 30, 2010                                                                                | 2,047,550                        | 15,545                                                | 2,063,095                                    |
| Change in unrestricted net assets to initially apply non-profit guidance related to noncontrolling interest | -                                | 97,238                                                | 97,238                                       |
| Revenue and gains in excess of expenses and losses                                                          | 490,032                          | 39,547                                                | 529,579                                      |
| Unrealized gains on investments, net                                                                        | 5,907                            | -                                                     | 5,907                                        |
| Net assets released from restrictions for capital expenditures                                              | 9,990                            | -                                                     | 9,990                                        |
| Distributions to noncontrolling interests                                                                   | -                                | (36,412)                                              | (36,412)                                     |
| Purchases of noncontrolling interests                                                                       | -                                | (293)                                                 | (293)                                        |
| Sales of noncontrolling interests                                                                           | -                                | 10,152                                                | 10,152                                       |
| Other changes in controlling interest                                                                       | (22,521)                         | (11,365)                                              | (33,886)                                     |
| Revenue and gains in excess of expenses and losses attributable to noncontrolling interests - redeemable    | (106,146)                        | -                                                     | (106,146)                                    |
| Net assets acquired                                                                                         | 16,612                           | -                                                     | 16,612                                       |
| Other                                                                                                       | 2,309                            | -                                                     | 2,309                                        |
| Change in unrestricted net assets                                                                           | <u>396,183</u>                   | <u>98,867</u>                                         | <u>495,050</u>                               |
| Balances as of June 30, 2011                                                                                | <u>\$ 2,443,733</u>              | <u>\$ 114,412</u>                                     | <u>\$ 2,558,145</u>                          |

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

The activity for noncontrolling interests-redeemable for the years ended June 30, 2011 and 2010 is summarized below (in thousands)

|                                                                                                              |                   |
|--------------------------------------------------------------------------------------------------------------|-------------------|
| Balance as of June 30, 2009                                                                                  | \$ 27,792         |
| Net income attributable to noncontrolling interests                                                          | 57,639            |
| Distributions to noncontrolling interests                                                                    | (57,204)          |
| Purchases of noncontrolling interests                                                                        | (1,854)           |
| Sales of noncontrolling interests                                                                            | 4,471             |
| Purchase accounting of opening balance sheet                                                                 | <u>2,654</u>      |
| Balance as of June 30, 2010                                                                                  | 33,498            |
| Change in unrestricted net assets to initially apply non-profit guidance related to noncontrolling interests | 46,315            |
| Net income attributable to noncontrolling interests                                                          | 106,146           |
| Distributions to noncontrolling interests                                                                    | (99,051)          |
| Purchases of noncontrolling interests                                                                        | (7,544)           |
| Sales of noncontrolling interests                                                                            | 5,415             |
| Purchase accounting of opening balance sheet                                                                 | <u>36,051</u>     |
| Balance as of June 30, 2011                                                                                  | <u>\$ 120,830</u> |

### 7. NET PATIENT CARE REVENUE

BHCS has agreements with third-party payors that provide for payments to BHCS at amounts different from its established rates. Payment arrangements include prospectively determined rates per case, reimbursed costs, discounted charges, and per diem payments. Net patient care revenue (exclusive of charity care – see Note 8) is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated contractual adjustments under reimbursement agreements with third-party payors.

Contractual adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. These contractual adjustments are related to the Medicare and Medicaid programs and managed care contracts. The System offers a 35.0% discount to uninsured patients.

Net patient care revenue from the Medicare and Medicaid programs accounted for approximately 30.0% and 29.0% of total net patient care revenue in 2011 and 2010, respectively. Net patient care revenue from managed care contracts accounted for approximately 64.0% and 64.0% of total net patient care revenue in 2011 and 2010, respectively.

## **BAYLOR HEALTH CARE SYSTEM**

### **Notes to Combined Financial Statements - continued**

Federal Regulations require the submission of annual cost reports covering medical costs and expenses associated with services provided to program beneficiaries. Medicare and Medicaid cost report settlements are estimated in the period services are provided to beneficiaries. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is a reasonable possibility that recorded estimates may change by a material amount as interpretations are clarified and cost reports are settled.

These initial estimates are revised as needed until the final cost report is settled. Net patient care revenue from the Medicare and Medicaid programs increased approximately \$10,151,000 and \$20,033,000 in 2011 and 2010, respectively, due to changes in allowances previously estimated for amounts due to Medicare and Medicaid, as a result of changes in regulations and final settlement of numerous cost reports.

Texas Medicaid State Plan Amendment 05-011, effective November 12, 2005, authorized implementation of the State Medicaid Private Hospital Upper Payment Limit Program (UPL Program). The UPL Program provides for supplemental inpatient and outpatient hospital Medicaid payments to hospitals that enter into an indigent care affiliation agreement with a hospital district or other local government entity and that satisfy certain other requirements. The goal of the UPL Program is to support local public officials' efforts to improve access to health care for needy persons in their communities and to enable local governments to support increased Medicaid payments to hospitals that provide services to a substantial number of Medicaid recipients in their communities. As of June 30, 2011, BHCS and BHCS entities participate in three indigent care affiliation agreements under the UPL Program, the Dallas and Neighboring Counties Indigent Care Affiliation Agreement, the Tarrant County Affiliation Agreement, and the Somervell County Indigent Care Affiliation Agreement.

BHCS (on behalf of Baylor University Medical Center, Baylor Medical Center at Irving, Baylor Medical Centers at Garland and McKinney d/b/a Baylor Medical Center at Garland, Baylor Institute for Rehabilitation (removed from the affiliation effective April 1, 2011), Baylor Specialty Health Centers d/b/a Our Children's House at Baylor, Baylor Specialty Health Centers d/b/a Baylor Specialty Hospital, Baylor Regional Medical Center at Plano, and Baylor Medical Center at Waxahachie), and Baylor Heart and Vascular Center, L L P (BHVC) are parties to the Dallas and Neighboring Counties Indigent Care Affiliation Agreement (Dallas Affiliation Agreement or Dallas Affiliation). Other parties to the Dallas Affiliation Agreement are certain other private hospitals and the Dallas County Hospital District, dba Parkland Health & Hospital System (Parkland). Any party may withdraw from the Dallas Affiliation Agreement without penalty as of the expiration of the then-current term by providing at least seven days prior notice to all other parties. So long as Parkland does not withdraw from the Dallas Affiliation Agreement, its provisions shall remain for all remaining parties upon the withdrawal of any individual private hospital.

## **BAYLOR HEALTH CARE SYSTEM**

### **Notes to Combined Financial Statements - continued**

The private hospitals formed the Dallas County Indigent Care Corporation (DCICC), a Texas not-for-profit corporation. DCICC entered into a Master Services Agreement with The University of Texas Southwestern Medical Center at Dallas (UT Southwestern) and also entered into certain other agreements with UT Southwestern and with Parkland. In addition, the private hospitals entered into a certain contractual arrangement amongst themselves. All of these arrangements are intended to further the purpose of the Dallas Affiliation and facilitate participation by the private hospitals in the UPL Program.

As parties to the Dallas Affiliation Agreement and underlying agreements, BHCS and BHVC are subject to extensive federal and state laws, regulations, conditions of participation and certification requirements. The Dallas Affiliation Agreement and the underlying agreements were structured considering these laws, regulations, and conditions of participation and certification requirements.

For the fiscal years ended June 30, 2011 and 2010, BHCS and BHVC have received approximately \$78,801,000 and \$88,868,000 respectively in UPL Program supplemental payments. BHCS and BHVC have accrued additional estimated supplemental payments under the UPL Program totaling approximately \$8,870,000 and \$12,983,000, respectively at June 30, 2011 and 2010. Under the Master Services Agreement between DCICC and UT Southwestern, DCICC is obligated to pay UT Southwestern for services furnished to indigent patients irrespective of UPL Program supplemental payments made or not made to the private hospitals, including BHCS and BHVC. The aggregate compensation to be paid by DCICC to UT Southwestern under this Master Services Agreement is not set in advance but must be consistent with the fair market value for the services provided by UT Southwestern. For the fiscal years ending June 30, 2011 and 2010, BHCS and BHVC (through DCICC) paid UT Southwestern approximately \$18,457,000 and \$30,336,000, respectively for services performed under the Master Services Agreements. In addition, BHCS and BHVC have paid or accrued certain other expenses of approximately \$3,499,000 and \$4,128,000 respectively, at June 30, 2011 and 2010 and are recorded as other operating expenses in the combined statements of operations and changes in net assets.

Effective May 31, 2009, Baylor All Saints Medical Center, dba Baylor All Saints Medical Center at Fort Worth and Baylor Medical Center at Southwest Fort Worth (BASMC), and Baylor Regional Medical Center at Grapevine (BRMCG), along with certain other private hospitals and the Tarrant County Hospital District, dba JPS Health Network (JPS), entered into the Tarrant County Indigent Care Affiliation Agreement (Tarrant Affiliation Agreement or Tarrant Affiliation). Any party may withdraw from the Tarrant Affiliation Agreement without penalty as of the expiration of the then-current term by providing at least thirty days prior notice to all other parties. So long as JPS does not withdraw from the Tarrant Affiliation Agreement, its provisions shall remain for all remaining parties upon the withdrawal of any individual private hospital.

## **BAYLOR HEALTH CARE SYSTEM**

### **Notes to Combined Financial Statements - continued**

The private hospitals formed the Tarrant County Indigent Care Corporation (TCICC), a Texas not-for-profit corporation. As of June 30, 2011, TCICC had fifteen effective professional medical service agreements with physician groups and other providers to furnish physician and other health care services to indigent patients at JPS health care facilities. TCICC also entered into a certain administrative support agreement with JPS and the private hospitals entered into a contractual arrangement amongst themselves. All of these are intended to further the purpose of the Tarrant Affiliation and facilitate participation by the private hospitals in the UPL Program.

As parties to the Tarrant Affiliation Agreement and underlying agreements, BASMC and BRMCG are subject to extensive federal and State laws, regulations, and conditions of participation and certification requirements. The Tarrant County Affiliation Agreement and underlying agreements were structured considering these laws, regulations, and conditions of participation and certification requirements.

For the fiscal years ended June 30, 2011 and 2010, BASMC and BRMCG have received approximately \$14,966,000 and \$12,007,000, respectively, in UPL Program supplemental payments. BASMC and BRMCG have accrued additional estimated supplemental payments under the UPL Program totaling approximately \$1,162,000 and \$5,458,000 in 2011 and 2010, respectively. Under the various professional medical services agreements between TCICC and the physician groups and other providers, TCICC is obligated to pay for services furnished to indigent patients irrespective of UPL Program supplemental payments made or not made to the private hospitals, including BASMC and BRMCG. The aggregate compensation to be paid by TCICC to the physician groups and other providers under these professional medical services agreements is not set in advance but must be consistent with the fair market value for the services provided by the physician groups. For the fiscal year ended June 30, 2011, BASMC and BRMCG (through TCICC) paid the physician groups and other providers \$10,896,000 and \$10,829,000 in 2011 and 2010, respectively. In addition, BASMC and BRMCG have paid or accrued certain other expenses of approximately \$79,000, at June 30, 2011, included in other operating expenses in the combined statements of operations and changes in net assets.

Effective June 30, 2011, Baylor University Medical Center (BUMC) entered into the Somervell County Indigent Care Affiliation Agreement with the Somervell County Hospital Authority, d/b/a Glen Rose Medical Center (Medical Center), and Somervell County, Texas (Somerville Affiliation Agreement or Somerville Affiliation). As of such date, BUMC had not yet entered into professional services agreements with other providers to furnish professional or medical services at the Medical Center in furtherance of the Somerville Affiliation. As a party to the Somerville Affiliation Agreement, BUMC is subject to extensive federal and state laws, regulations, and conditions of participation and certification requirements. The Somerville Affiliation Agreement was structured considering these laws, regulations, and conditions of participation and certification requirements.

# **BAYLOR HEALTH CARE SYSTEM**

## **Notes to Combined Financial Statements - continued**

### **8. CHARITY CARE**

The System provides care to patients who lack financial resources and are deemed medically or financially indigent. Because the System does not pursue collection of amounts determined to qualify as charity care, these amounts have been removed from net patient care revenue as described in Note 7 above. The charges related to this care along with estimates for possible future charity care write-offs related to current accounts receivable totaled approximately \$307,802,000 and \$264,819,000 in 2011 and 2010, respectively. The estimated direct and indirect cost of providing these services, calculated using the ratio of patient care cost to charges, was \$120,236,000 and \$108,373,000 in 2011 and 2010, respectively. In addition, the System provides services through government-sponsored indigent health care programs (such as Medicaid) to other indigent patients.

The System also commits time and resources to endeavors and critical services which meet otherwise unfulfilled community needs. Many of these activities are entered into with the understanding that they will not be self-supporting or financially viable. The expenditures for medical research activities and direct medical education are reported in Note 10.

### **9. RETIREMENT BENEFITS**

Effective January 1, 2002, a 401(k) defined contribution plan that was administered by ING was made available to all eligible employees. Effective January 1, 2011, AON Hewitt became the net administrator of the 401(k) defined contribution plan. Employees are eligible to contribute to the plan immediately with no minimum service or age requirement. The System matches amounts contributed by employees, up to 5.0% of the employee's base compensation. Employees vest in the System's matching contribution over five years. Retirement benefits equal the amounts accumulated to the employee's individual credit at the date of retirement.

The System's contributions to the 401(k) plan totaled approximately \$38,163,000 and \$35,784,000 for 2011 and 2010, respectively, which are included in salaries, wages, and employee benefits expenses in the accompanying combined statements of operations and changes in net assets.

Two defined contribution retirement plans administered by MetLife were provided for employees of All Saints Health System prior to the purchase by BHCS. These plans were frozen to employee and employer future contributions as of January 1, 2002, with the purchase by BHCS and all accounts were immediately vested. All Saints Health System employees now participate in the plans offered through the System.

## **BAYLOR HEALTH CARE SYSTEM**

### **Notes to Combined Financial Statements - continued**

ASC 715, "*Compensation – Retirement Benefits*," requires the System to recognize the funded status (i.e., the difference between the fair value of plan assets and the benefit obligation) of its defined benefit pension and other postretirement benefit plans in the combined balance sheets with a corresponding adjustment to unrestricted net assets. The net unrecognized actuarial losses and unrecognized prior service benefits are recognized as a component of future net periodic cost pursuant to the System's policy for amortizing such amounts. Further, actuarial gains and losses that arise in subsequent periods and are not recognized as net periodic pension cost in the same periods are recognized as other changes in unrestricted net assets. Those amounts are recognized as a component of net periodic cost.

The System and six of its affiliated hospitals provided a defined benefit plan, the Baylor Health Care System Retirement Security Plan (the "BEST Plan"), for employees, which was discontinued on January 1, 1984.

**THE REMAINDER OF THIS PAGE WAS INTENTIONALLY LEFT BLANK**

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

The following table sets forth the changes in benefit obligations, changes in plan assets and components of net periodic benefit cost for the BEST Plan (in thousands)

|                                                          | <u>2011</u>        | <u>2010</u>        |
|----------------------------------------------------------|--------------------|--------------------|
| Change in benefit obligation                             |                    |                    |
| Benefit obligation at beginning of year                  | \$ 17,467          | \$ 19,724          |
| Interest cost                                            | 1,061              | 1,144              |
| Actuarial loss (gain), including change in discount rate | 1,350              | (2,090)            |
| Benefits paid                                            | <u>(1,416)</u>     | <u>(1,311)</u>     |
| Benefit obligation at end of year                        | 18,462             | 17,467             |
| Change in plan assets                                    |                    |                    |
| Fair value of plan assets at beginning of year           | 406                | 194                |
| Actual return on plan assets (net of expenses)           | (55)               | (37)               |
| Employer contributions                                   | 1,440              | 1,560              |
| Benefits paid                                            | <u>(1,416)</u>     | <u>(1,311)</u>     |
| Fair value of plan assets at end of year                 | <u>375</u>         | <u>406</u>         |
| Reconciliation of funded status                          |                    |                    |
| Funded status                                            | (18,086)           | (17,061)           |
| Unrecognized actuarial loss                              | 3,384              | 2,832              |
| Unrecognized prior service cost                          | <u>290</u>         | <u>580</u>         |
| Net amount recognized                                    | <u>\$ (14,412)</u> | <u>\$ (13,649)</u> |
| Components of net periodic benefit cost                  |                    |                    |
| Interest cost                                            | \$ 1,061           | \$ 1,144           |
| Expected return on plan assets                           | (32)               | (26)               |
| Amortization of prior service cost                       | 290                | 290                |
| Amortization of net loss                                 | <u>886</u>         | <u>463</u>         |
| Net periodic benefit cost                                | <u>\$ 2,205</u>    | <u>\$ 1,871</u>    |
| Weighted-average assumptions as of June 30               |                    |                    |
| Discount rate                                            | 5 00%              | 6 00%              |
| Expected return on plan assets                           | 8 00%              | 8 00%              |
| Compensation increase                                    | -                  | -                  |

All BEST Plan assets were invested in cash and cash equivalents at June 30, 2011 and 2010. All Saints Health System provided a defined benefit plan, the All Saints Health System Pension Plan (the "All Saints Plan"), for employees of All Saints, which was frozen to future benefit accruals as of January 1, 2002, with the All Saints Health System purchase by BHCS.

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

The following table sets forth the changes in benefit obligations, changes in plan assets and components of net periodic benefit cost for the All Saints Plan (in thousands)

|                                                          | <u>2011</u>     | <u>2010</u>     |
|----------------------------------------------------------|-----------------|-----------------|
| Change in benefit obligation                             |                 |                 |
| Benefit obligation at beginning of year                  | \$ 23,274       | \$ 20,943       |
| Interest cost                                            | 1,188           | 1,267           |
| Actuarial loss, (gain) including change in discount rate | (70)            | 2,420           |
| Benefits paid                                            | <u>(1,306)</u>  | <u>(1,356)</u>  |
| Benefit obligation at end of year                        | 23,086          | 23,274          |
| Change in plan assets                                    |                 |                 |
| Fair value of plan assets at beginning of year           | 15,256          | 15,261          |
| Actual return on plan assets (net of expenses)           | 2,732           | 949             |
| Employer contributions                                   | 894             | 402             |
| Benefits paid                                            | <u>(1,306)</u>  | <u>(1,356)</u>  |
| Fair value of plan assets at end of year                 | <u>17,576</u>   | <u>15,256</u>   |
| Reconciliation of funded status                          |                 |                 |
| Funded status                                            | (5,510)         | (8,018)         |
| Unrecognized actuarial loss                              | <u>10,548</u>   | <u>13,454</u>   |
| Net amount recognized                                    | <u>\$ 5,038</u> | <u>\$ 5,436</u> |
| Components of net periodic benefit cost                  |                 |                 |
| Interest cost                                            | \$ 1,188        | \$ 1,267        |
| Expected return on plan assets                           | (1,211)         | (1,167)         |
| Recognized actuarial loss                                | <u>1,315</u>    | <u>985</u>      |
| Net periodic benefit cost                                | <u>\$ 1,292</u> | <u>\$ 1,085</u> |
| Weighted-average assumptions as of June 30               |                 |                 |
| Discount rate                                            | 5.25%           | 6.25%           |
| Expected return on plan assets                           | 8.00%           | 8.00%           |
| Compensation increase                                    | -               | -               |

The overall long-term investment objective for the All Saints Plan is to meet plan funding obligations by achieving the annual return targets established for the plan, specifically to earn an annualized rate of return of 7.0% over a full market cycle, defined as three to five years, and outperform customized indices. Actual returns in any given year may vary from these amounts. To accomplish such objective, a balanced investment approach is employed, with target allocation for plan assets that places greater emphasis on equity-based investments within prudent risk constraints. Investment returns are achieved through both capital appreciation (realized and unrealized gains) and current yield (interest and dividends).

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

Plan assets are measured at fair value and classified using the fair value hierarchy as previously described in Note 3

The table below presents the financial assets in the All Saints Plan as of June 30, 2011 and 2010 measured at fair value on a recurring basis based on the valuation hierarchy (in thousands)

| June 30, 2011               | Total            | Level 1          | Level 2         | Level 3     |
|-----------------------------|------------------|------------------|-----------------|-------------|
| Cash and cash equivalents   | \$ 1,091         | \$ 1,091         | \$ -            | \$ -        |
| Equity securities (a)       | 10,063           | 10,063           | -               | -           |
| Fixed income securities (b) |                  |                  |                 |             |
| Corporate bonds             | 3,671            | -                | 3,671           | -           |
| U S Treasuries              | <u>2,751</u>     | <u>2,751</u>     | <u>-</u>        | <u>-</u>    |
| Total                       | <u>\$ 17,576</u> | <u>\$ 13,905</u> | <u>\$ 3,671</u> | <u>\$ -</u> |

| June 30, 2010               | Total            | Level 1          | Level 2         | Level 3     |
|-----------------------------|------------------|------------------|-----------------|-------------|
| Cash and cash equivalents   | \$ 802           | \$ 802           | \$ -            | \$ -        |
| Equity securities (a)       | 8,128            | 8,128            | -               | -           |
| Fixed income securities (b) |                  |                  |                 |             |
| Corporate bonds             | 4,035            | -                | 4,035           | -           |
| U S Treasuries              | <u>2,291</u>     | <u>2,291</u>     | <u>-</u>        | <u>-</u>    |
| Total                       | <u>\$ 15,256</u> | <u>\$ 11,221</u> | <u>\$ 4,035</u> | <u>\$ -</u> |

(a) No more than 5 0% of equity assets at cost are invested in any one security within one equity portfolio

(b) No more than 5 0% of the total portfolio assets are invested in the securities of any one issuer, except for debt issued or guaranteed by the United States of America or agencies thereof Foreign fixed income securities, including foreign sovereign debt, will not exceed 10 0% of the assets at market value There were no such foreign securities at June 30, 2011

The composition of the All Saints Plan assets as of June 30 is as follows

|                           | 2011        | 2010        |
|---------------------------|-------------|-------------|
| Equity securities         | 57%         | 53%         |
| Debt securities           | 37%         | 42%         |
| Cash and cash equivalents | <u>6%</u>   | <u>5%</u>   |
|                           | <u>100%</u> | <u>100%</u> |

# BAYLOR HEALTH CARE SYSTEM

## Notes to Combined Financial Statements - continued

The System provides retiree life insurance and medical benefits to a number of qualifying retirees. The accrued benefit cost for the retiree life and medical benefits was approximately \$113,000 in both 2011 and 2010 and is included in other liabilities in the accompanying combined balance sheets. No advance funding is required for either program.

### 10. FUNCTIONAL EXPENSES

The System provides general health care services to residents within its geographic area. Expenses related to providing these services are as follows for the years ended June 30 (in thousands):

|                            | <u>2011</u>         | <u>2010</u>         |
|----------------------------|---------------------|---------------------|
| Patient care               | \$ 2,556,602        | \$ 2,476,950        |
| Medical education          | 28,743              | 26,038              |
| Research                   | 44,284              | 38,650              |
| General and administrative | 918,345             | 847,866             |
| Other                      | <u>194,329</u>      | <u>131,661</u>      |
|                            | <u>\$ 3,742,303</u> | <u>\$ 3,521,165</u> |

Other includes expenses related to BHCS's construction activities, professional office building management, and fundraising.

### 11. COMMITMENTS AND CONTINGENCIES

The System leases various equipment and property under operating leases. These payments are due monthly through December 2035. Future minimum lease commitments under operating leases that have initial or remaining noncancelable lease terms in excess of one year are as follows as of June 30, 2011 (in thousands):

|            |                   |
|------------|-------------------|
| 2012       | \$ 60,059         |
| 2013       | 54,453            |
| 2014       | 50,808            |
| 2015       | 43,897            |
| 2016       | 38,621            |
| Thereafter | <u>224,161</u>    |
|            | <u>\$ 471,999</u> |

The System has incurred rental expense for both cancelable and noncancelable equipment and space leases totaling approximately \$77,253,000 and \$68,450,000 in 2011 and 2010, respectively.

The Irving Hospital Authority ("Authority") entered into a Master Agreement ("Master Agreement") with Irving and BHCS and a Lease Agreement ("Lease Agreement") with Irving.

## **BAYLOR HEALTH CARE SYSTEM**

### **Notes to Combined Financial Statements - continued**

Under the terms of the Lease Agreement, Irving agreed to manage and lease substantially all properties of the Authority over an initial lease term of 20 years, beginning August 1, 1995, with an option to renew the lease for two additional 10 year terms. The Lease Agreement has been accounted for as an operating lease with annual base rent payments of \$7,000,000 per year. An Amended and Restated Lease Agreement ("Revised Lease Agreement") was entered into by the Authority and Irving effective April 1, 2010, to extend the lease thirty five years through March 31, 2045, and to supersede nearly all the obligations of the original Master Agreement and Lease Agreement.

The Revised Lease Agreement is accounted for as a capital lease with (a) fixed rent payments of approximately \$8,825,000 per year, as adjusted by a September 24, 2010 amendment to the Revised Lease Agreement, plus (b) a contingent rent payment equal to 20.0% of the excess operating cash flow derived from the prior fiscal year's operations, as defined in the Revised Lease Agreement. Irving has accrued \$5,939,000 at June 30, 2011 for the contingent rent payment due to the Authority on November 1, 2011.

BHCS signed a Limited Joinder to evidence its agreement with the BHCS obligations included in the Revised Lease Agreement and to covenant that BHCS will pay the rent and the early termination fee/liquidated damages if Irving fails to pay those obligations. During the initial six year term of the Revised Lease Agreement, Irving pays BHCS a management fee, based on a percentage of the excess operating cash flow, as defined in the Revised Lease Agreement. BHCS continues to be required to contribute \$100,000 per year to Irving, to be matched by the Irving Healthcare Foundation, for community health projects, which are mutually agreed upon by BHCS and Irving. BHCS contributed \$100,000 directly to Irving in 2011 and 2010, respectively. At the end of the lease term the leased facilities will be surrendered to the Authority. At June 30, 2011, no liability under the Revised Lease Agreement was recorded as no amount can be reasonably estimated.

In November 1998, BHCS renewed the affiliation agreement with Hopkins County Memorial Hospital (HCMH) for an additional term of five years. In 2003, BHCS notified HCMH that the renewal would be continued on a year to year basis. Under the affiliation agreement, BHCS will provide certain services which include, but are not limited to, physician recruiting, managed care strategies, information systems, facilities development, community needs assessment, financial and tax services, marketing, and public relations for an agreed-upon fee.

In February 2009, BHCS signed an affiliation agreement with Wise Regional Health System for an initial term of five years. Under the affiliation agreement, the System will provide certain services including continuing education, legal consulting, physician recruiting and group purchasing for an agreed-upon fee.

# **BAYLOR HEALTH CARE SYSTEM**

## **Notes to Combined Financial Statements - continued**

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, physician ownership and self-referral, and Medicare and Medicaid fraud and abuse. Government activity has continued with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the System is in compliance with applicable fraud and abuse laws and regulations as well as other applicable federal and state laws and regulations.

### **12. SUBSEQUENT EVENTS**

On July 15, 2011, the System entered into a term loan agreement with Bank of America and the proceeds were used to redeem the 1998 series bonds totaling approximately \$91,655,000 million. A loss on extinguishment of debt of approximately \$1,314,000 million was recorded upon the redemption of the 1998 series bonds.

On September 15, 2011, the System provided notice of redemption on the outstanding 2001A series bonds. The bonds were redeemed on October 17, 2011 for a redemption price of \$51,100,000. A loss on extinguishment of debt of approximately \$1,700,000 was recorded upon the redemption of the 2001A series bonds.

The System has performed an evaluation of subsequent events through November 1, 2011, which is the date the financial statements were available to be issued.



REPORT OF INDEPENDENT AUDITORS  
ON ACCOMPANYING INFORMATION

To the Board of Trustees  
Baylor Health Care System:

The report on our audits of the basic financial statements of Baylor Health Care System and subsidiaries as of June 30, 2011 and 2010 and for the years then ended appears on page one of this document. Those audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying other community benefits information is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has not been subjected to the auditing procedures applied in the audits of the basic financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

*PricewaterhouseCoopers LLP*

November 1, 2011

## **BAYLOR HEALTH CARE SYSTEM**

### **OTHER COMMUNITY BENEFITS - UNAUDITED**

Nonprofit hospitals are required to report community benefits under the requirements of Texas Health and Safety Code Chapter 311. BHCS reports its required community benefits as a hospital system which includes all BHCS nonprofit hospitals with the exception of Baylor University Medical Center and Our Children's House at Baylor which are reported separately as these hospitals, due to their Medicaid Disproportionate Share status, are excluded and deemed by the State of Texas to be in compliance with the requirements of Chapter 311.

For Texas state law purposes, unaudited community benefits include the unreimbursed cost of charity care, the unreimbursed cost of government-sponsored indigent health care (i.e., Medicaid), and the unreimbursed cost of government-sponsored health care (i.e., Medicare), medical education, and other community benefits and services. The amount of community benefits reportable for Texas state law purposes by all BHCS nonprofit hospitals, including Baylor University Medical Center and Our Children's House at Baylor, totaled approximately \$473,608,000 and \$493,975,000 in 2011 and 2010, respectively.