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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
Baylor College of Medicine
% JULIE B NICKELL
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
One Baylor Plaza BCM 200

City or town, state or province, country, and ZIP or foreign postal code
HOUSTON, TX 77030

D Employer identification number
74-1613878

E Telephone number
(713) 798-5627

G Gross receipts $ 1,903,844,135

F Name and address of principal officer
Paul E Klotman MD
ONE BAYLOR PLAZA
HOUSTON, TX 77030

H(a) Is this a group return for subordinates? [ ] Yes [x] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www bcm edu

K Form of organization [x] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1900

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
BAYLOR COLLEGE OF MEDICINE IS COMMITTED TO ADVANCING HUMAN HEALTH THROUGH THE INTEGRATION OF PATIENT CARE, RESEARCH, EDUCATION AND COMMUNITY SERVICES

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	51
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	51
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	12,191
6	Total number of volunteers (estimate if necessary)	**6**	1,035
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-396,596
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,119,018

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	569,023,962	661,870,435
9	Program service revenue (Part VIII, line 2g)	928,521,645	936,567,248
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	276,165,119	75,279,404
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,897,238	38,565,992
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,795,607,964	1,712,283,079
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	92,879,385	98,558,747
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,025,893,529	1,112,225,356
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶5,038,715		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	499,752,305	536,257,364
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,618,525,219	1,747,041,467
19	Revenue less expenses Subtract line 18 from line 12	177,082,745	-34,758,388

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,865,703,158	2,886,913,170
21	Total liabilities (Part X, line 26)	1,373,354,416	1,525,539,645
22	Net assets or fund balances Subtract line 21 from line 20	1,492,348,742	1,361,373,525

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2017-05-10

JULIE B NICKELL CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
KATHLEEN MOSELEY	KATHLEEN MOSELEY			P00116760

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 425 HOUSTON STREET SUITE 600
FORT WORTH, TX 76102

Phone no (817) 335-1900

May the IRS discuss this return with the preparer shown above? (see instructions) [x] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

BAYLOR COLLEGE OF MEDICINE (BCM) IS COMMITTED TO ADVANCING HUMAN HEALTH THROUGH THE INTEGRATION OF PATIENT CARE, RESEARCH, EDUCATION, AND COMMUNITY SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 917,156,065 including grants of $ 80,384,972) (Revenue $ 913,389,242)

SERVICE - BCM AFFIRMS OUR COVENANT TO SERVE THE COMMUNITY FOREMOST IS OUR COMMITMENT TO PATIENTS, BOTH IN OUR CLINICAL PRACTICE AND WITH AFFILIATED HOSPITALS WE STRIVE TO IMPROVE PUBLIC HEALTH IN ALL OUR ENDEAVORS AND SERVE THE COMMUNITY IN ALL ASPECTS OF THIS PROCESS BCM STUDENTS AND RESIDENTS SPEND MUCH OF THEIR EDUCATION AND TRAINING IN THE COLLEGE'S SEVEN PRIMARY CARE AFFILIATED TEACHING HOSPITALS WHERE BAYLOR FACULTY ALSO PROVIDES PATIENT CARE

4b (Code) (Expenses $ 458,859,017 including grants of $ 2,740,023) (Revenue $ 0)

RESEARCH - BCM RESEARCHERS AND PHYSICIANS ARE STUDYING A VARIETY OF MEDICAL TOPICS, INCLUDING CANCER CELL FUNCTION, FERTILITY, CHILD NUTRITION, INFLUENZA, HEART AND NEUROLOGICAL DISORDERS, AND OTHER BASIC AND CLINICAL RESEARCH

4c (Code) (Expenses $ 110,885,170 including grants of $ 14,780,600) (Revenue $ 15,623,402)

INSTRUCTION - BCM VALUES ACADEMIC PURSUITS AND WE COMMIT OUR EFFORTS TO THE SCHOLARLY PURSUIT OF KNOWLEDGE FOR OUR TRAINEES, OUR PATIENTS, AND OUR COMMUNITY AS A MEDICAL SCHOOL, BCM'S PRIMARY GOAL IS TO EDUCATE MEDICAL SCHOOL STUDENTS AND TRAIN MEDICAL SCHOOL GRADUATES BCM ALSO PLACES EMPHASIS ON THE EDUCATION OF MEDICAL RESEARCH AND ALLIED HEALTH PERSONNEL

4d Other program services (Describe in Schedule O)

(Expenses $ 2,209,929 including grants of $ 653,152) (Revenue $ 9,811,733)

4e **Total program service expenses ▶** 1,489,110,181

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 instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, 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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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	Yes	
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 and XII*	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 and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *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	Yes	
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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,300		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12,191		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ BC , CJ , CO , LT , MI , WZ , TZ , UG , UK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	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 as charitable contributions? . . .			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	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?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
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	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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 or note to any line 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	1a	51		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	51		
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		Yes	
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	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JULIE B NICKELL ONE BAYLOR PLAZA BCM 200 HOUSTON, TX 77030 (713) 798-1543

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

Check if Schedule O contains a response or note to any line 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 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								29,805,370	0	1,078,835

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2,605

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
LINCOLN INTERNATIONAL LP, 500 W MADISON ST CHICAGO, IL 60661	INVESTMENT BANKING	9,584,508
JOHN L WORTHAM SON LLP, 2727 ALLEN PARKWAY HOUSTON, TX 77019	RISK MANAGEMENT SVCS	2,544,081
PRICEWATERHOUSECOOPERS LLP, PO BOX 326 BOSTON, MA 02241	AUDITING	2,454,968
MEDICAL BILLING SRVCS INC, 3200 WILCRST DR STE 600 HOUSTON, TX 77042	BILLING SERVICES	1,961,048
SOUTHERN UNION DATA CTR LLC, 5051 WESTHEIMER RD GAL 1183A HOUSTON, TX 77056	DATA MANAGEMENT	1,642,130
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 82		

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c	833,899			
	d	Related organizations . . . 1d	733,809			
	e	Government grants (contributions) 1e	523,876,487			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	136,426,240			
	g	Noncash contributions included in lines 1a-1f $	11,968,147			
	h	**Total.** Add lines 1a-1f . . . . . ▶	661,870,435			
Program Service Revenue		Business Code				
	2a	EDUCATIONAL & MEDICAL SERVICES	621110	356,111,916	356,096,097	15,819
	b	AFFILIATION AGREEMENT REVENUE	900099	557,261,507	557,261,507	
	c	ST LUKE'S BCM MEDICAL CENTER JV INCOME	900099	4,329,500	4,329,500	
	d	TUITION AND FEES	611600	15,623,402	15,623,402	
	e	INTEREST STUDENT LOANS	525990	326,025	326,025	
	f	All other program service revenue		2,914,898	2,914,898	
	g	**Total.** Add lines 2a–2f . . . . . ▶		936,567,248		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		33,312,674		33,312,674
	4	Income from investment of tax-exempt bond proceeds . . ▶		961		961
	5	Royalties . . . . . ▶		32,133,113		32,133,113
		(i) Real / (ii) Personal				
	6a	Gross rents: -101,782				
	b	Less rental expenses:				
	c	Rental income or (loss): -101,782 / 0				
	d	Net rental income or (loss) . . . . . ▶		-101,782	1,000	-102,782
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 206,741,947 / 26,247,271				
	b	Less cost or other basis and sales expenses: 191,023,449				
	c	Gain or (loss): 15,718,498 / 26,247,271				
	d	Net gain or (loss) . . . . . ▶		41,965,769	-48,324	42,014,093
	8a	Gross income from fundraising events (not including $ 833,899 of contributions reported on line 1c) See Part IV, line 18 . . a 146,997				
	b	Less direct expenses . . . b 536,033				
	c	Net income or (loss) from fundraising events . . ▶		-389,036		-389,036
	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 . . . ▶		0		
	10a	Gross sales of inventory, less returns and allowances . a 19,254				
	b	Less cost of goods sold . . b 1,574				
	c	Net income or (loss) from sales of inventory . . ▶		17,680		17,680
		Miscellaneous Revenue / Business Code				
	11a	EMPLOYEE PARKING 531120		5,013,979		5,013,979
	b	EXPERT WITNESS FEES 541900		1,473,085	1,473,085	
	c	INSURANCE PROCEEDS 900099		167,494	167,494	
	d	All other revenue		251,459	616,550	-365,091
	e	**Total.** Add lines 11a–11d . . . . . ▶		6,906,017		
	12	**Total revenue.** See Instructions . . . . . ▶		1,712,283,079	938,808,558	-396,596	112,000,682

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	92,062,782	92,062,782		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	6,495,965	6,495,965		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	14,751,134	7,238,927	7,182,748	329,459
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	50,648		50,648	
7 Other salaries and wages	933,716,378	850,404,675	80,353,914	2,957,789
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,214,070	44,844,698	4,070,790	298,582
9 Other employee benefits	68,930,920	62,938,823	5,573,042	419,055
10 Payroll taxes	45,562,206	41,517,057	3,768,723	276,426
11 Fees for services (non-employees)				
a Management	0			
b Legal	3,473,070	105,556	3,367,514	0
c Accounting	1,293,059	575,678	717,381	0
d Lobbying	1,087,341	0	1,087,341	0
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	4,182,736		4,182,736	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	199,907,513	149,100,459	50,351,474	455,580
12 Advertising and promotion	499,470	19,065	480,405	0
13 Office expenses	17,150,893	12,173,341	4,906,155	71,397
14 Information technology	7,976,974	5,552,203	2,397,147	27,624
15 Royalties	0			
16 Occupancy	25,092,539	10,651,970	14,440,569	0
17 Travel	9,920,332	9,258,945	626,104	35,283
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,887,370	2,733,052	160,016	-5,698
20 Interest	30,648,007	4,220,976	26,427,031	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	57,591,403	55,739,282	1,799,281	52,840
23 Insurance	38,450,773	2,643,554	35,807,219	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUPPLIES AND OTHER	98,857,108	108,681,031	-9,828,203	4,280
b EMPLOYEE COSTS	7,388,664	4,913,704	2,468,703	6,257
c MISC FEES	7,160,384	5,631,237	1,472,191	56,956
d DUES/MEMBERSHIP	3,663,405	3,041,399	606,600	15,406
e All other expenses	19,026,323	8,565,802	10,423,042	37,479
25 **Total functional expenses.** Add lines 1 through 24e	1,747,041,467	1,489,110,181	252,892,571	5,038,715
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		27,077,171	1	9,599,905
	2	Savings and temporary cash investments		74,073,041	2	103,403,409
	3	Pledges and grants receivable, net		134,731,367	3	102,832,936
	4	Accounts receivable, net		585,186,753	4	716,600,294
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other 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) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		2,119,504	8	3,742,069
	9	Prepaid expenses and deferred charges		12,098,947	9	11,353,959
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,171,333,520			
	b	Less accumulated depreciation	10b 756,406,626	431,434,913	10c	414,926,894
	11	Investments—publicly traded securities		663,151,922	11	673,399,009
	12	Investments—other securities See Part IV, line 11		911,958,646	12	827,229,035
	13	Investments—program-related See Part IV, line 11		17,028,760	13	17,285,967
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		6,842,134	15	6,539,693
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,865,703,158	16	2,886,913,170
Liabilities	17	Accounts payable and accrued expenses		626,987,793	17	769,524,808
	18	Grants payable		106,028,728	18	114,921,295
	19	Deferred revenue		223,550	19	7,102,364
	20	Tax-exempt bond liabilities		518,809,974	20	517,620,041
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		10,810,391	24	5,951,246
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		110,493,980	25	110,419,891
	26	**Total liabilities.** Add lines 17 through 25		1,373,354,416	26	1,525,539,645
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		597,426,061	27	505,063,088
	28	Temporarily restricted net assets		482,699,140	28	437,215,971
	29	Permanently restricted net assets		412,223,541	29	419,094,466
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		1,492,348,742	33	1,361,373,525
	34	Total liabilities and net assets/fund balances		2,865,703,158	34	2,886,913,170

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,712,283,079
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,747,041,467
3	Revenue less expenses Subtract line 2 from line 1	3	-34,758,388
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,492,348,742
5	Net unrealized gains (losses) on investments	5	-79,544,830
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-16,671,999
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,361,373,525

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ 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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 74-1613878
Name: Baylor College of Medicine

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA B ALLBRITTON TRUSTEE	20 00	X						0	0	0
JOHN F ANDERSON MD TRUSTEE	20 00	X						0	0	0
DAVID C BALDWIN TRUSTEE	40 00	X		X				0	0	0
GREGORY D BRENNEMAN TRUSTEE	20 00	X						0	0	0
ROBERT L BREWTON TRUSTEE	20 00	X						0	0	0
PASTOR KH CALDWELL TRUSTEE	20 00	X						0	0	0
JAMES Y CHAO TRUSTEE	20 00	X						0	0	0
SHAUNA J CLARK TRUSTEE	20 00	X						0	0	0
T CLIFFORD DEVENY MD TRUSTEE	20 00	X						0	0	0
MILANE DUNCAN-FRANTZ TRUSTEE	20 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RALPH EADS III TRUSTEE	1 0 0 0	X						0	0	0
JAMES C FLORES TRUSTEE	2 0 0 0	X						0	0	0
SARAH FOSHEE TRUSTEE	1 0 0 0	X						0	0	0
MELANIE GRAY TRUSTEE	2 0 0 0	X						0	0	0
JAMES T HACKETT TRUSTEE	1 0 0 0	X						0	0	0
LARRY P HEARD TRUSTEE	4 0 0 0	X		X				0	0	0
PAUL W HOBBY TRUSTEE	1 0 0 0	X						0	0	0
JOHN R HUFF TRUSTEE	2 0 0 0	X						0	0	0
JODIE L JILES TRUSTEE	2 0 0 0	X						0	0	0
ELISE ELKINS JOSEPH TRUSTEE	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROLYN DINEEN KING TRUSTEE	40.00	X		X				0	0	0
HAROLD M KORELL TRUSTEE	10.00	X						0	0	0
C BERDON LAWRENCE TRUSTEE	20.00	X						0	0	0
JACK E LITTLE PHD TRUSTEE	10.00	X						0	0	0
FRED R LUMMIS TRUSTEE	40.00	X		X				0	0	0
MICHAEL G MACDOUGALL TRUSTEE	10.00	X						0	0	0
JACK L MARTIN TRUSTEE	10.00	X						0	0	0
MARK A MCCOLLUM TRUSTEE	20.00	X						0	0	0
WILLIAM E MEARSE TRUSTEE	10.00	X						0	0	0
ERIC MULLINS TRUSTEE (AS OF 1/27/2016)	30.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN L NAU III TRUSTEE	1 0 0 0	X						0	0	0
THOMAS R POWERS TRUSTEE (THRU 5/25/2016)	2 0 0 0	X						0	0	0
HARRY M REASONER TRUSTEE	1 0 0 0	X						0	0	0
WILLIAM K ROBBINS JR TRUSTEE	1 0 0 0	X						0	0	0
CORBIN J ROBERTSON JR TRUSTEE	1 0 0 0	X						0	0	0
LEE H ROSENTHAL TRUSTEE	2 0 0 0	X						0	0	0
ALI A SABERIOON TRUSTEE	2 0 0 0	X						0	0	0
AR TONY SANCHEZ JR TRUSTEE	1 0 0 0	X						0	0	0
MARC J SHAPIRO TRUSTEE	10 0 0 0	X						0	0	0
GLENN R SMITH TRUSTEE	2 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LESTER H SMITH TRUSTEE	2 0 0 0	X						0	0	0
TRINIDAD MENDENHALL SOSA TRUSTEE	1 0 0 0	X						0	0	0
KENNETH W STARR TRUSTEE	2 0 0 0	X						0	0	0
LEONARD C TALLERINE JR TRUSTEE	2 0 0 0	X						0	0	0
HENRY JN TAUB II TRUSTEE	1 0 0 0	X						0	0	0
KIRK TOWNSEND TRUSTEE	2 0 0 0	X						0	0	0
ROBERT J UNDERBRINK TRUSTEE	2 0 0 0	X						0	0	0
CHRISTOPHER D WALLIS TRUSTEE (AS OF 6/1/2016)	2 0 0 0	X						0	0	0
CHUCK WATSON TRUSTEE	3 0 0 0	X						0	0	0
ROBERT J WEIL TRUSTEE	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK W WHITE TRUSTEE	2 0 0 0	X						0	0	0
CHARLES A WILLIAMS TRUSTEE	1 0 0 0	X						0	0	0
ROBERT F CORRIGAN JR SR VP & GENERAL COUNSEL, Secr	50 0 1 0			X				494,906	0	35,525
KIMBERLY COTNER DAVID SR VP & CHIEF BUSINESS OFFICER	50 0 1 0			X				667,327	0	36,196
PAUL KLOTMAN PRESIDENT & CEO	50 0 0 0			X				2,896,670	0	36,061
ADAM KUSPA SR VP & DEAN OF RESEARCH	50 0 1 0			X				438,246	0	35,021
ALICIA MONROE MD SR VP PROVOST & DEAN OF ACAD	50 0 0 0			X				551,747	0	35,980
LORIE TABAK CHIEF OF STAFF	50 0 0 0			X				455,648	0	35,243
JAMES T MCDEAVITT MD SR VP DEAN OF CLINICAL AFFAIRS	50 0 0 0			X				861,973	0	36,179
JULIE NICKELL VP - CHIEF FINANCIAL OFFICER	50 0 0 0				X			388,061	0	34,474

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLAIRE BASSETT VP PUBLIC AFFAIRS	50 0 0 0				X			290,844	0	33,512
WILLIAM D WALKER VP - CHIEF INVESTMENT OFFICER	50 0 0 0				X			832,384	0	35,910
Richard Gibbs FDR/DIRECTOR OF Human Genome	50 0 0 0				X			1,151,047	0	34,826
MICHAEL A BELFORT CHAIRMAN OB GYN	50 0 0 0				X			907,136	0	36,146
DAVID H BERGER VP CMO MCNAIR FACILITY	50 0 0 0				X			437,777	0	35,025
MICHAEL COBURN CHAIRMAN/PROFESSOR UROLOGY	50 0 0 0				X			756,597	0	36,181
MARK W KLINE Chair, Dept of Pediatrics	50 0 0 0				X			831,323	0	36,189
TODD ROSENGART CHAIR, DEPT OF SURGERY	50 0 0 0				X			1,267,010	0	36,131
THOMAS MICHAEL WHEELER CHAIR, DEPT OF PATHOLOGY	50 0 0 0				X			932,041	0	36,156
DANIEL YOSHER CHAIR, DEPT OF NEUROSURGERY	50 0 0 0				X			1,129,451	0	36,152

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Brendon Lee ChaiR, DEPT OF Mol/Human Gen	50 0 0 0				X			767,247	0	36,204
TIMOTHY STOUT CHAIR, DEPT OF OPTHAMOLOGY	50 0 0 0				X			857,048	0	36,156
ERIC M ROHREN CHAIR, DEPT OF RADIOLOGY	50 0 0 0				X			165,621	0	17,267
THOMAS R HUNT III Chair, Dept of Orthopedics	50 0 0 0				X			1,084,082	0	36,151
CHARLES FRASER JR MD PROFESSOR, CONGENITAL HEART	50 0 0 0					X		2,342,315	0	36,171
JOSEPH COSELLI MD PROFESSOR, SURGERY/CARDIO	50 0 0 0					X		2,073,324	0	36,171
ARTHUR L BEAUDET MD PROFESSOR, MOLECULAR GENETICS	50 0 0 0					X		1,862,718	0	35,464
DAVID J SUGARBAKER MD PROFESSOR, SURGERY/THORACIC	50 0 0 0					X		1,799,021	0	36,172
LEO SIMPSON MD PROFESSOR, MEDICINE-CARDIOLOGY	50 0 0 0					X		1,292,507	0	33,466
JD HOLCOMB VP, DEAN EMERITUS	50 0 0 0						X	229,834	0	29,811

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER J HOTEZ MD PHD DEAN - Tropical MeDICINE	50 0 0 0						X	550,480	0	36,047
STEPHEN SIGWORTH FORMER VICE PRESIDENT	50 0 0 0						X	476,355	0	32,839
DAVID WESSON FORMER CHAIRMAN SURGERY	50 0 0 0						X	875,402	0	36,009
HIRAM F GILBERT SR VICE PRESIDENT	50 0 0 0						X	139,228	0	0

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Baylor College of Medicine

Employer identification number
74-1613878

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 (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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Schedule A (Form 990 or 990-EZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** If the organization did not check a 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 VI 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 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
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 **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

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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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
Baylor College of Medicine	74-1613878

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? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ 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 function 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 **Form 1120-POL** for this year? ☐ Yes ☐ 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-
2					
3					
4					
5					
6					

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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-		

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

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? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (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)).

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,087,341
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			1,087,341
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B	LOBBYING ACTIVITIES RAMPY NORTHRUP IS A PUBLIC AFFAIRS FIRM WHICH REPRESENTS BAYLOR COLLEGE OF MEDICINE (BCM) TO THE UNITED STATES CONGRESS, DEPARTMENTS AND AGENCIES RAMPY NORTHRUP SET UP MEETINGS FOR BCM PHYSICIANS AND STAFF TO PRESENT IDEAS IN ORDER TO HELP IN THE FORMULATION OF PUBLIC POLICY, TO ENCOURAGE CONTINUED SUPPORT FOR MEDICAL RESEARCH, AND TO ACQUAINT GOVERNMENT OFFICIALS TO WITH RESEARCH DISCOVERIES AS A RESULT OF RESEARCH PERFORMED BY BCM INFREQUENTLY, COLLEGE ALUMI AND SOME BOARD MEMBERS ARE REQUESTED TO CONTACT THEIR STATE REPRESENTATIVE REGARDING APPROPRIATE LEGISLATION IN SUPPORT OF THE COLLEGE

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Baylor College of Medicine

Employer identification number
74-1613878

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, 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 XIII

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" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	1,095,831,477	1,023,766,712	875,466,075	797,276,599	839,779,347
b	Contributions	22,332,192	86,777,375	25,747,141	18,133,483	21,739,638
c	Net investment earnings, gains, and losses	-3,684,445	29,941,058	162,148,229	98,116,751	-1,574,109
d	Grants or scholarships					
e	Other expenditures for facilities and programs	48,298,274	44,653,668	39,594,733	38,060,758	62,668,277
f	Administrative expenses					
g	End of year balance	1,066,180,950	1,095,831,477	1,023,766,712	875,466,075	797,276,599

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 36 120 %
- b Permanent endowment ▶ 63 530 %
- c Temporarily restricted endowment ▶ 0 350 %

The percentages on lines 2a, 2b, and 2c should equal 100%

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land	3,402,455	5,269,261		8,671,716
b Buildings		660,386,497	362,319,412	298,067,085
c Leasehold improvements		106,780,035	89,396,248	17,383,787
d Equipment		392,566,744	302,705,175	89,861,569
e Other		2,928,528	1,985,791	942,737
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				414,926,894

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PRIVATE EQUITY INVESTMENTS	218,557,087	F
(B) REAL ASSETS INVESTMENTS	144,766,157	F
(C) BAYLOR MEDICAL FOUNDATION	39,176,692	F
(D) JOINT VENTURE CHI	330,106,516	F
(E) BAYLOR CHI ST LUKES HEALTH JV	1,750,000	F
(F) BCM/BMGL	69,266,127	F
(G) OTHER INVESTMENTS	23,606,456	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	827,229,035	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	0
BONDS PAYABLE TAXABLE SERIES 2012	109,121,000
OTHER LIABILITIES - GIFT ANNUITIES	1,298,891
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	110,419,891

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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 (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS THE ENDOWMENT FUNDS ARE USED TO FUND MEDICAL RESEARCH AND MEDICAL EDUCATION, INCLUDING SCHOLARSHIPS AND STUDENT LOAN FUNDS SCHEDULE D, PART X, LINE 2 ASC 740 (formerly FIN 48) IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2016, THE FOOTNOTE TO THE FINANCIAL STATEMENTS ADDRESSING THE REPORTING REQUIREMENTS OF ASC 740 READS AS FOLLOWS MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION ON THE ACCOMPANYING CONSOLIDATED BALANCE SHEETS AS OF JUNE 30, 2016 OR 2015

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Baylor College of Medicine

Employer identification number
74-1613878

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II Supplemental Information.

Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	THE COLLEGE INCLUDES A STATEMENT OF ITS RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS IN ALL ITS BROCHURES AND CATALOGS DEALING WITH ADMISSIONS, PROGRAMS AND SCHOLARSHIPS
SCHEDULE E, PART I, LINE 6A	GOVERNMENT FINANCIAL AID BAYLOR COLLEGE OF MEDICINE PARTICIPATES IN THE FEDERAL STUDENT LOAN PROGRAMS, PERKINS PRIMARY CARE LOANS AND LOANS FOR DISADVANTAGED STUDENTS THE U S GOVERNMENT PROVIDES THE MONEY THAT THE COLLEGE LOANS TO STUDENTS AT 5% INTEREST THE PRINCIPAL AND INTEREST COLLECTED FROM THE STUDENTS IS USED TO RELOAN TO OTHER STUDENTS BAYLOR COLLEGE OF MEDICINE RECEIVES AID AND ASSISTANCE FROM GOVERNMENT AGENCIES, INCLUDING MEDICAL RESEARCH GRANTS FROM NIH, NSF, DOD, USDA, NASA, DOJ, TITLE IV FUNDING, PERKINS AND FEDERAL WORK-STUDY FROM THE DEPARTMENT OF EDUCATION STATE AGENCIES INCLUDE THE TEXAS COORDINATING BOARD, THE DSHS (DEPT OF STATE HEALTH SERVICES) AND THE DEPARTMENT OF TRANSPORTATION LOCAL AGENCIES INCLUDE THE HARRIS COUNTY HOSPITAL DISTRICT AND THE CITY OF HOUSTON

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Baylor College of Medicine

Employer identification number
74-1613878

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Europe (Including Iceland and Greenland)			Grantmaking	Grants for pediat aids	696,853
(2)	Sub-Saharan Africa			Grantmaking	GRANTS FOR PEDIAT AIDS	5,408,762
(3)	South America			Grantmaking	GRANTS FOR PEDIAT AIDS	390,350
(4)	Europe (Including Iceland and Greenland)			Investments	INVESTMENTS	525,287
(5)						
3a	Sub-total					7,021,252
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)					7,021,252

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	**(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)			Europe (Including Iceland and Greenland)	AIDS PREVENTION AND CARE	696,853	WIRE TRANSFR			
(2)			South America	AIDS PREVENTION AND CARE	390,350	WIRE TRANSFR			
(3)			Sub-Saharan Africa	AIDS PREVENTION & CARE	5,408,762	WIRE TRANSFR			
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶

3 Enter total number of other organizations or entities . . . . . ▶ 3

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART 1, LINE 2	THE MAJORITY OF THE BOARD MEMBERS OF THE RECIPIENT ORGANIZATIONS ARE EMPLOYEES OF BAYLOR C OLLEGE OF MEDICINE, AND EMPLOYEES OF A RELATED ORGANIZATION, BAYLOR INTERNATIONAL PEDIATRI C AIDS INITIATIVE THESE BOARD MEMBERS ARE THEREFORE ABLE TO CONTROL THE BOARD AND MONITOR THE ACTIVITIES OF THE VARIOUS NON-GOVERNMENTAL ORGANIZATIONS THROUGH BOARD OVERSIGHT

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www irs gov/form990*

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Baylor College of Medicine

Employer identification number
74-1613878

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			▶				

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events.
Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 MAGIC OF MOTOWN (event type)	(b) Event #2 STILETTO STRUT (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	525,763	234,139	220,994	980,896
	2 Less Contributions	450,523	194,139	189,237	833,899
	3 Gross income (line 1 minus line 2)	75,240	40,000	31,757	146,997
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			5,059	5,059
	7 Food and beverages	71,693		31,734	103,427
	8 Entertainment		30,211		30,211
	9 Other direct expenses	257,429	53,544	86,363	397,336
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				536,033
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-389,036

Part III Gaming.
Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $.....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Baylor College of Medicine

Employer identification number
74-1613878

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 II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated 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
(1) SCHOLARSHIPS AND FELLOWSHIPS FOR STUDENTS	3647	92,062,782	0		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS ARE PROVIDED IN THE FORM OF STIPENDS TO RESIDENTS, POST-DOCTORAL, AND GRADUATE STUDENTS THE STIPENDS ARE SUBJECT TO ALL OF THE PAYROLL SYSTEM CONTROLS, TIME SHEETS, TIME AND EFFORT REPORTING AND OTHER PAYROLL CONTROLS THE REMAINING GRANTS USE TUITION SCHOLARSHIPS WHICH ARE APPLIED DIRECTLY TO TUITION AND FEES WITHIN THE ACCOUNTING SYSTEM TO WHICH THE STUDENT HAS NO ACCESS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Baylor College of Medicine

Employer identification number
74-1613878

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
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 of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on 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 on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(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 in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 74-1613878
Name: Baylor College of Medicine

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

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ROBERT F CORRIGAN JR SR VP & GENERAL COUNSEL, Secr	(I)	460,709	31,875	2,322	21,824	13,701	530,431	0
	(II)	0	0	0	0	0	0	0
1KIMBERLY COTNER DAVID SR VP & CHIEF BUSINESS OFFICER	(I)	621,517	45,000	810	21,824	14,372	703,523	0
	(II)	0	0	0	0	0	0	0
2PAUL KLOTMAN PRESIDENT & CEO	(I)	1,446,501	1,425,000	25,169	21,824	14,237	2,932,731	0
	(II)	0	0	0	0	0	0	0
3ADAM KUSPA SR VP & DEAN OF RESEARCH	(I)	405,339	30,000	2,907	21,824	13,197	473,267	0
	(II)	0	0	0	0	0	0	0
4ALICIA MONROE MD SR VP PROVOST & DEAN OF ACAD	(I)	509,468	37,500	4,779	21,824	14,156	587,727	0
	(II)	0	0	0	0	0	0	0
5LORIE TABAK CHIEF OF STAFF	(I)	423,608	31,500	540	21,824	13,419	490,891	0
	(II)	0	0	0	0	0	0	0
6JAMES T MCDEAVITT MD SR VP DEAN OF CLINICAL AFFAIRS	(I)	788,450	72,281	1,242	21,824	14,355	898,152	0
	(II)	0	0	0	0	0	0	0
7JULIE NICKELL VP - CHIEF FINANCIAL OFFICER	(I)	360,861	25,125	2,075	21,824	12,650	422,535	0
	(II)	0	0	0	0	0	0	0
8CLAIRE BASSETT VP PUBLIC AFFAIRS	(I)	269,122	19,350	2,372	21,824	11,688	324,356	0
	(II)	0	0	0	0	0	0	0
9WILLIAM D WALKER VP - CHIEF INVESTMENT OFFICER	(I)	491,065	336,000	5,319	21,824	14,086	868,294	0
	(II)	0	0	0	0	0	0	0
10Richard Gibbs FDR/DIRECTOR OF Human Genome	(I)	387,525	755,000	8,522	21,824	13,002	1,185,873	0
	(II)	0	0	0	0	0	0	0
11MICHAEL A BELFORT CHAIRMAN OB GYN	(I)	869,427	32,287	5,422	21,824	14,322	943,282	0
	(II)	0	0	0	0	0	0	0
12DAVID H BERGER VP CMO MCNAIR FACILITY	(I)	429,255	0	8,522	21,824	13,201	472,802	0
	(II)	0	0	0	0	0	0	0
13MICHAEL COBURN CHAIRMAN/PROFESSOR UROLOGY	(I)	689,727	63,333	3,537	21,824	14,357	792,778	0
	(II)	0	0	0	0	0	0	0
14MARK W KLINE Chair, Dept of Pediatrics	(I)	829,001	0	2,322	21,824	14,365	867,512	0
	(II)	0	0	0	0	0	0	0
15TODD ROSENGART CHAIR, DEPT OF SURGERY	(I)	1,002,869	258,494	5,647	21,824	14,307	1,303,141	0
	(II)	0	0	0	0	0	0	0
16 THOMAS MICHAEL WHEELER CHAIR, DEPT OF PATHOLOGY	(I)	817,980	103,082	10,979	21,824	14,332	968,197	0
	(II)	0	0	0	0	0	0	0
17DANIEL YOSHER CHAIR, DEPT OF NEUROSURGERY	(I)	1,106,085	21,341	2,025	21,824	14,328	1,165,603	0
	(II)	0	0	0	0	0	0	0
18Brendon Lee ChaiR, DEPT OF Mol/Human Gen	(I)	616,437	150,000	810	21,824	14,380	803,451	0
	(II)	0	0	0	0	0	0	0
19TIMOTHY STOUT CHAIR, DEPT OF OPTHAMOLOGY	(I)	820,857	32,154	4,037	21,824	14,332	893,204	0
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 ERIC M ROHREN CHAIR, DEPT OF RADIOLOGY	(I)	165,171	0	450	13,523	3,744	182,888	0
	(II)	0	0	0	0	0	0	0
1 THOMAS R HUNT III Chair, Dept of Orthopedics	(I)	846,575	234,555	2,952	21,824	14,327	1,120,233	0
	(II)	0	0	0	0	0	0	0
2 JD HOLCOMB VP, DEAN EMERITUS	(I)	218,699	0	11,135	18,901	10,910	259,645	0
	(II)	0	0	0	0	0	0	0
3 PETER J HOTEZ MD PHD DEAN - Tropical MeDICINE	(I)	525,745	19,313	5,422	21,824	14,223	586,527	0
	(II)	0	0	0	0	0	0	0
4 STEPHEN SIGWORTH FORMER VICE PRESIDENT	(I)	439,266	35,064	2,025	21,824	11,015	509,194	0
	(II)	0	0	0	0	0	0	0
5 DAVID WESSON FORMER CHAIRMAN SURGERY	(I)	727,120	142,876	5,406	21,824	14,185	911,411	0
	(II)	0	0	0	0	0	0	0
6 HIRAM F GILBERT SR VICE PRESIDENT	(I)	139,228	0	0	0	0	139,228	0
	(II)	0	0	0	0	0	0	0
7 CHARLES FRASER JR MD PROFESSOR, CONGENITAL HEART	(I)	2,337,028	2,965	2,322	21,824	14,347	2,378,486	0
	(II)	0	0	0	0	0	0	0
8 JOSEPH COSELLI MD PROFESSOR, SURGERY/CARDIO	(I)	2,067,637	2,123	3,564	21,824	14,347	2,109,495	0
	(II)	0	0	0	0	0	0	0
9 ARTHUR L BEAUDET MD PROFESSOR, MOLECULAR GENETICS	(I)	472,177	1,385,000	5,541	21,824	13,640	1,898,182	0
	(II)	0	0	0	0	0	0	0
10 DAVID J SUGARBAKER MD PROFESSOR, SURGERY/THORACIC	(I)	1,652,124	143,333	3,564	21,824	14,348	1,835,193	0
	(II)	0	0	0	0	0	0	0
11 LEO SIMPSON MD PROFESSOR, MEDICINE- CARDIOLOGY	(I)	620,997	670,970	540	21,824	11,642	1,325,973	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Baylor College of Medicine

Employer identification number

74-1613878

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HARRIS CNTY CLTRL EDC HLTH FAC FIN COR	76-0337885	414008BK7	09-06-2012	364,304,718	RFND PRIOR BOND ISSUES,SEE PART IV		X		X		X
B	HARRIS CNTY CLTRL EDC HLTH FAC FIN COR	76-0337885	414008BQ4	06-17-2015	150,000,000	RFND BOND ISSUED 9/6/2012		X		X		X
C	HARRIS CNTY CLTRL EDC HLTH FAC FIN COR	76-0337885	414008CF7	05-11-2016	161,280,204	RFND BOND ISSUED 08/27/08		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	156,495,000	0	0	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	364,304,718	150,000,000	161,280,204	
4	Gross proceeds in reserve funds	0	0	0	
5	Capitalized interest from proceeds	0	0	962	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	3,150,117	0	1,401,578	
8	Credit enhancement from proceeds	48,500	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	0	0	0	
11	Other spent proceeds	361,106,101	150,000,000	151,128,626	
12	Other unspent proceeds	0	0	8,750,000	
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X		X		

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X			X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X		
b	Name of provider	0		BARCLAYSMERRILL LYN		0			
c	Term of hedge				32 %				
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?				X				

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, LINE B	BAYLOR COLLEGE OF MEDICINE USES A NON-CALENDAR YEAR 12 MONTH PERIOD TIED TO ITS FISCAL YEAR, JULY 1, 2015 TO JUNE 30, 2016 SCHEDULE K, PART I, LINE A BAYLOR COLLEGE OF MEDICINE RESTRUCTURED ITS DEBT IN SEPTEMBER 2012 THE 2008E BONDS WERE REFUNDED BY THE NEW 2012 TAXABLE COLLEGE BOND SERIES THE 1999A BONDS WERE REFUNDED BY THE NEW 2012A SERIES THE 2007B BONDS WERE REFUNDED BY THE NEW 2012A AND 2012B SERIES THE 2008A, B, C SERIES BONDS WERE REFUNDED BY THE NEW 2012A, B, C SERIES BONDS SCHEDULE K, PART I, LINE B IN 2015 BAYLOR COLLEGE OF MEDICINE REFUNDED THE 2012B AND 2012C SERIES BONDS WITH PLACEMENT OF 2015 FLOATING RATE NOTE AND 2015 DIRECT PLACEMENT BANK LOAN SCHEDULE K, PART 1, LINE C THE 2008D BONDS WERE DEFEASED IN MAY 2016 WITH THE PROCEEDS FROM THE 2016 BOND SERIES SCHEDULE K, PART IV, LINE 2C NO REBATE DUE FOR THE BONDS ISSUED IN COLUMN A AND B AS THE 5 YEAR CALCULATION DATE HAS NOT BEEN REACHED SCHEDULE K, PART IV, LINE 4B THE VARIABLE RATE DEBT IS HEDGED WITH INTEREST RATE SWAPS, $103M WITH BARCLAYS AND $44M WITH BANK OF AMERICA/MERRILL LYNCH THE VARIABLE RATE DEBT IS ASSOCIATED WITH THE BOND ISSUED IN COLUMN A HAVE BEEN RETIRED AND ARE NOW ASSOCIATED WITH THE TAX-EXEMPT VARIABLE RATE ISSUES IN COLUMN B

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Baylor College of Medicine

Employer identification number
74-1613878

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	36	1,323,507	High & low average
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (equipment)	X	926	10,644,640	COST
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 1

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN COLUMN (B) SCHEDULE M, LINE 32B THE COLLEGE RECEIVES DONATIONS IN THE FORM OF COMMON STOCK AND OTHER PUBLICLY TRADED SECURITIES AND HAS HIRED LICENSED BROKERS TO SELL THESE SECURITIES FOR THE COLLEGE

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Baylor College of Medicine

Employer identification number
74-1613878

Return Reference	Explanation
FORM 990, PART I, LINES 8 and 9	prior year revenue amounts on Line 8 and 9 have been reclassed for presentation purposes FORM 990, PART III, LINE 4D OTHER PROGRAM SERVICES ACADEMIC SUPPORT - DEPARTMENTAL TEACHING AND RESEARCH SUPPORT FUNDS FROM VARIOUS DONORS AND SOURCES RESEARCH AND INSTRUCTION EFFORTS ARE INCLUDED IN ACADEMIC SUPPORT LIBRARY EXPENSES ARE ALSO INCLUDED IN THIS CATEGORY EXPENSES - $2,209,929 GRANTS - $653,152 REVENUE - $9,446,642

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES ARE CHOSEN BY THE BOARD AND MUST BE TRUSTEES THEY SHALL NOT NUMBER LESS THAN SEVEN MEMBERS AND AT LEAST ONE THIRD OF THE NUMBER OF MEMBERS OF THE EXECUTIVE COMMITTEE SHALL BE NECESSARY TO CONSTITUTE A QUORUM EXCEPTIONS ARE PROVIDED IN THE BYLAWS OF BAYLOR COLLEGE OF MEDICINE (BCM), SECTION 2 13 THEY SHALL HAVE AND MAY EXERCISE THE AUTHORITY OF THE BOARD OF TRUSTEES IN THE MANAGEMENT OF THE CORPORATION INCLUDING, BUT WITHOUT LIMITATION, THE AUTHORITY TO EXECUTE LEGAL INSTRUMENTS WITH OR WITHOUT THE CORPORATE SEAL

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS TRUSTEE MARC SHAPIRO AND TRUSTEE GREG BRENNEMAN HAVE A BUSINESS RELATIONSHIP TRUSTEE ROBERT UNDERBRINK AND BILL WALKER HAVE A BUSINESS RELATIONSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION DOES NOT HAVE MEMBERS PER ITS ARTICLES OF INCORPORATION CERTAIN CORPORATE ACTIONS REQUIRE THE PRIOR APPROVAL OF BAYLOR UNIVERSITY IN ADDITION, 25% OF BCM'S TRUSTEES SERVE AT THE PLEASURE OF BAYLOR UNIVERSITY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MAXIMUM NUMBER OF TRUSTEES SHALL BE 50 THE TRUSTEES SHALL BE DIVIDED INTO THREE GROUPS, THE FIRST SUCH GROUP (THE "GROUP 1 TRUSTEES") TO BE COMPRISED OF AT LEAST ONE-FOURTH OF THE TOTAL AUTHORIZED NUMBER OF GROUP 1 AND GROUP 2 TRUSTEES, THE SECOND SUCH GROUP (THE "GROUP 2 TRUSTEES") TO BE COMPRISED OF NO MORE THAN 36 TRUSTEES, AND THE THIRD SUCH GROUP (THE "GROUP 3 TRUSTEES") TO BE COMPRISED OF NO MORE THAN TWO TRUSTEES THE GROUP 1 TRUSTEES SHALL BE ELECTED BY THE BAYLOR UNIVERSITY BOARD, AND SUCH BOARD SHALL ALSO DETERMINE THE TERMS OF OFFICE FOR SUCH GROUP 1 TRUSTEES TOTAL AUTHORIZED NUMBER OF GROUP 1 AND GROUP 2 TRUSTEES, THE SECOND SUCH GROUP (THE "GROUP 2 TRUSTEES") TO BE COMPRISED OF NO MORE THAN 36 TRUSTEES, AND THE THIRD SUCH GROUP (THE "GROUP 3 TRUSTEES") TO BE COMPRISED OF NO MORE THAN TWO TRUSTEES THE GROUP 1 TRUSTEES SHALL BE ELECTED BY THE BAYLOR UNIVERSITY BOARD, AND SUCH BOARD SHALL ALSO DETERMINE THE TERMS OF OFFICE FOR SUCH GROUP 1 TRUSTEES

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN ASSETS OWNED BY BAYLOR UNIVERSITY AND CONVEYED TO BCM WHEN BAYLOR UNIVERSITY TRANSFERRED ASSETS TO BCM HAVE CERTAIN LIMITATIONS AS TO USE AND BAYLOR UNIVERSITY RETAINED CERTAIN OTHER RIGHTS DESCRIBED BELOW IN ADDITION, CERTAIN CORPORATE ACTIONS REQUIRE THE PRIOR APPROVAL OF BAYLOR UNIVERSITY ANY MERGER, CONSOLIDATION, DISSOLUTION OR DISCONTINUANCE BY OTHER FORM OF TRANSACTION MUST BE APPROVED BY BOTH A MAJORITY OF THE TRUSTEES OF THIS CORPORATION AND A MAJORITY OF THE MEMBERS OF THE BOARD OF TRUSTEES OF BAYLOR UNIVERSITY NO SUCH PLAN OF MERGER, CONSOLIDATION, DISSOLUTION, OR DISCONTINUANCE BY OTHER FORM OF TRANSACTION SHALL BE ADOPTED UNLESS SUCH PLAN REQUIRES THE ASSETS OF THIS CORPORATION TO BE TRANSFERRED TO A NON-PROFIT EDUCATIONAL OR SCIENTIFIC ORGANIZATION THAT IS QUALIFIED AS A CHARITABLE ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BOARD OF TRUSTEES FOR REVIEW AND QUESTIONS BEFORE FILING THE AUDIT COMMITTEE REVIEWS FORM 990 TO MAKE SURE IT IS COMPLETE BEFORE SUBMITTING IT TO THE TRUSTEES FOR THEIR APPROVAL MANAGEMENT THEN PRESENTS FORM 990 TO THE TRUSTEES MANAGEMENT IS ALSO AVAILABLE TO ANSWER THE TRUSTEE'S QUESTIONS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE PRESIDENT OF THE COLLEGE APPOINTS A CONFLICT OF INTEREST COMMITTEE THAT HAS RESPONSIBILITY FOR ADMINISTERING AND INTERPRETING THE POLICY THE CONFLICT OF INTEREST COMMITTEE MEETS AS OFTEN AS ITS CHAIRMAN SHALL DETERMINE, AND IT PERIODICALLY REPORTS ON ITS ACTIVITIES TO THE PRESIDENT, TO THE ACADEMIC COUNCIL, AND TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES OF THE COLLEGE ANY DISCLOSURES MANDATED UNDER THE POLICY ARE REVIEWED AND DISPOSED OF IN ADVANCE BY THE CONFLICT OF INTEREST COMMITTEE AND ARE REPORTED PERIODICALLY TO THE AUDIT COMMITTEE OF THE COLLEGE'S BOARD OF TRUSTEES DECISIONS OF THE COMMITTEE MAY BE APPEALED TO THE PRESIDENT OF THE COLLEGE THROUGH THE ELECTRONIC CONFLICT OF INTEREST DISCLOSURE SYSTEM EACH OFFICER, DIRECTOR AND TRUSTEE IS REQUIRED TO READ THE POLICY, ANSWER A QUESTIONNAIRE AND SIGN THE QUESTIONNAIRE ANNUALLY THERE WILL BE AN APPROPRIATE FOLLOW UP IF ALL OF THE QUESTIONNAIRES ARE NOT RETURNED THE COMMITTEE MAKES A GOOD FAITH EFFORT TO OBTAIN ALL OF THE SIGNED QUESTIONNAIRES THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES (OR A SUBCOMMITTEE APPOINTED BY THE AUDIT COMMITTEE) IS RESPONSIBLE FOR ADMINISTERING THE TRUSTEE POLICY THE COMMITTEE UTILIZES FORMS BY WHICH TRUSTEES PERIODICALLY VERIFY THAT THEY ARE IN COMPLIANCE, WITH THE POLICY SUCH FORMS ARE DISTRIBUTED AS DETERMINED BY THE COMMITTEE WHICH NORMALLY WILL BE ONCE A YEAR ALL COMMUNICATIONS REGARDING DISCLOSURES AND DETERMINATIONS OF CONFLICT OF INTEREST ARE MAINTAINED IN CONFIDENCE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A AND 15B	ANNUALLY THE COLLEGE HIRES A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT TO REVIEW AND ASSESS CURRENT COMPENSATION AND ANY PROPOSED MODIFICATIONS FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, OTHER SENIOR OFFICERS, CHAIRS, DEANS, VICE PRESIDENTS, AND THOSE EMPLOYEES EARNING OVER A CERTAIN DOLLAR THRESHOLD THE HUMAN RESOURCES AND COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES (THE "HR&C COMMITTEE") REVIEWS AND, IN RELIANCE ON THE REPORT FROM THE INDEPENDENT COMPENSATION CONSULTANT WHICH INCLUDES AN OPINION ON THE "REASONABLENESS"FAIR MARKET VALUE" OF PROPOSED COMPENSATION, MAY MODIFY THE COMPENSATION FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER THE COMMITTEE DOCUMENTS THE BASIS FOR ITS DETERMINATION ON SUCH COMPENSATION CONCURRENTLY WITH MAKING THE DETERMINATION ANNUALLY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, AFTER CONSULTING THE REPORT FROM THE QUALIFIED INDEPENDENT COMPENSATION CONSULTANT, MAY RECOMMEND CHANGES TO COMPENSATION FOR OTHER SENIOR OFFICERS CHAIRS, DEANS, VICE PRESIDENTS, AND THOSE EMPLOYEES EARNING OVER A CERTAIN DOLLAR THRESHOLD THE HR&C COMMITTEE REVIEWS THE PRESIDENT'S RECOMMENDATION AND, IN RELIANCE ON THE REPORT FROM THE INDEPENDENT COMPENSATION CONSULTANT THAT INCLUDES AN OPINION ON THE "REASONABLENESS"FAIR MARKET VALUE" OF PROPOSED COMPENSATION, MAY MODIFY THE COMPENSATION FOR OTHER SENIOR OFFICERS, CHAIRS, DEANS, VICE PRESIDENTS, AND THOSE EMPLOYEES EARNING OVER A CERTAIN DOLLAR THRESHOLD THE COMMITTEE DOCUMENTS THE BASIS FOR ITS DETERMINATION ON SUCH COMPENSATION CONCURRENTLY WITH MAKING THE DETERMINATION THE PROCESS FOR DETERMINING AND MODIFYING COMPENSATION FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, OTHER SENIOR OFFICERS, CHAIRS, DEANS, VICE PRESIDENTS, AND THOSE EMPLOYEES EARNING OVER A CERTAIN DOLLAR THRESHOLD, INCLUDES A REVIEW AND ASSESSMENT BY A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT, WHICH ASSESSMENT INCLUDES COMPARABILITY DATA THAT THE HR&C COMMITTEE CONSIDERS AND RELIES UPON BEFORE SETTING/MODIFYING COMPENSATION FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, OTHER SENIOR OFFICERS, CHAIRS, DEAN'S VICE PRESIDENTS AND THOSE EMPLOYEES EARNING OVER A CERTAIN DOLLAR THRESHOLD, THE HR&C COMMITTEE DOCUMENTS THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THE DETERMINATION

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST THE AUDITED FINANCIALS ARE ON THE COLLEGE'S WEBSITE THAT IS AVAILABLE TO THE PUBLIC FORM 990, PART X, LINES 11 and 12 Beginning balances for Investments - publicly traded securities and Investments - other securities have been reclassed for reporting purposes only

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES DISTRIBUTIONS FROM MARS/MCLEAN TRUST (399,373) BOOK TO TAX DIFFERENCE - GAIN ON CASH DISTRIBUTIONS 2,484,013 BOOK TO TAX DIFFERENCE - PARTNERSHIP INCOME (6,511,798) CHANGE IN NET VALUE OF BCM TRUST (12,633,126) EXPENDITURES FOR P/S INVESTMENTS OF NEW GRANTOR TRUST 491,418 REMOVE GAIN FROM DISTRIBUTION OF P/S INTEREST (111,259) IN-KIND CONTRIBUTIONS TO FUNDRAISING (11,058) SUBPART F INCOME FROM BENSON ELLIOT P/S (28,192) RECLASS FROM REVENUES 47,375 ROUNDING 1 -------- ---------- TOTAL (16,671,999)

Return Reference	Explanation
FORM 990, PART XII, LINE 2	EXPLANATION BAYLOR COLLEGE OF MEDICINE IS AUDITED BY INDEPENDENT AUDITORS HOWEVER, THE AUDIT IS PERFORMED ON A CONSOLIDATED BASIS AND THUS COMBINES OTHER ENTITIES IN THE AUDIT WITH BAYLOR COLLEGE OF MEDICINE FOR INSTANCE, ITS WHOLLY OWNED CORPORATION IS INCLUDED IN THE FINANCIAL STATEMENTS THIS ENTITY DOES NOT RECEIVE A SEPARATE COMPANY AUDIT THE ORGANIZATION DOES HAVE AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ANSWERING TOTAL FEES 861234

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ARCHITECT TOTAL FEES 15239

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION BANKING TOTAL FEES 1547341

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION BUILDING MAINTENANCE TOTAL FEES 44271

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OUTSIDE BILLING TOTAL FEES 2459407

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CATERING/FOOD TOTAL FEES 2903329

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SUBCONTRACTORS TOTAL FEES 2333832

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTATION TOTAL FEES 13053810

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SOFTWARE MAINTENANCE TOTAL FEES 5988635

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MAINTENANCE CONTRACTS TOTAL FEES 11694141

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CUSTODIAL TOTAL FEES 1458391

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CCM CHARGES TOTAL FEES 10530281

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ELECTRONIC TOTAL FEES 208402

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ELECTRICAL TOTAL FEES 262507

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION HONORARIUMS TOTAL FEES 397900

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SERVICE AWARDS TOTAL FEES 150259

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION HOSPITAL COSTS TOTAL FEES -133026

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SPECIALTY SERVICE FACILITIES TOTAL FEES 33999107

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LABORATORY ANALYSIS TOTAL FEES 10683380

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LAUNDRY TOTAL FEES 407700

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION LIBRARY TOTAL FEES 2893340

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CLNCL RSRCH OFF SUPP TOTAL FEES 72399

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SERVICES/PATENT COSTS TOTAL FEES 2500

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHOTOGRAPHIC TOTAL FEES 56234

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PRINT SHOP TOTAL FEES 1037

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION RECRD STORAGE/RETRV TOTAL FEES 461184

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ENVIRON SAFETY CHGS TOTAL FEES 63001

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REIMBURSEMENT SALARY/FRINGE TOTAL FEES 1736248

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SERVICES/REPAIRS TOTAL FEES 1596589

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION WORK ORDER TOTAL FEES 10316148

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION SUBCONTRACTS TOTAL FEES 39064584

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TRANSPORTATION TOTAL FEES 76212

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY HELP TOTAL FEES 3312747

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TRANSCRIPTION TOTAL FEES 81775

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER TOTAL FEES 41307375

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Baylor College of Medicine

Employer identification number
74-1613878

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

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

Part II Identification of Related Tax-Exempt Organizations 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)AFFILIATED MEDICAL SERVICES 1502 TAUB LOOP N PC BUILDING HOUSTON, TX 77030 76-0259042	HLTHCARE DEL	TX	501(c)(3)	11-TYPE 1	BCM	Yes	
(2)BAYLOR MEDICAL FOUNDATION ONE BAYLOR PLAZA HOUSTON, TX 77030 74-1490000	support BCM	TX	501(c)(3)	11-type 2	NA		No
(3)BAYLOR INTERNATIONAL PED AIDS INIT ONE BAYLOR PLAZA HOUSTON, TX 77030 20-2951275	CHILDREN CARE	TX	501(C)(3)	11-TYPE 1	BCM	Yes	
(4)NATIONAL SPACE BIOMEDICAL RESEARCH ONE BAYLOR PLAZA HOUSTON, TX 77030 76-0548799	BIOMEDL RSRCH	TX	501(C)(3)	7	BCM	Yes	
(5)BAYLOR COLLEGE OF MEDICINE HEALTHCARE ONE BAYLOR PLAZA HOUSTON, TX 77030 76-0481211	HLTHCARE DEL	TX	501(c)(3)	3	BCM	Yes	
(6)ALLBRITTON-ALFORD ENDOWMENT FUND 4400 POST OAK PARKWAY HOUSTON, TX 77027 52-6934320	SUPPT RESRCH	TX	501(c)(3)	11-TYPE 1	BCM	Yes	

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BCM TECH I LP 2 GRNWY PZ 910 HOUSTON, TX 77030 20-5541490	INVESTMENT	TX	BCM TECHNO	EXCLUDED	0	0		No			No	64 628 %
(2) BCM VENTURES MGMT 2 GRNWY PZ 910 HOUSTON, TX 77030 20-5541357	INVESTMENT	TX	BCM TECHNO	EXCLUDED	0	0		No			No	31 978 %
(3) COMMUNITY PATH PLLC 1 BAYLOR PLZ HOUSTON, TX 77030 32-0167640	PATHOLOGY SVC	TX	BCM	N/A				No			No	100 000 %

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)BCM TECHNOLOGIES INC 2 GREENWAY PLZ 910 HOUSTON, TX 77030 76-0112935	INVESTMENT	DE	BCM	C CORP	30,449	2,524,979	100 000 %	Yes	
BAYLOR COLLEGE OF MED **(2)**RADIOLOGY ONE BAYLOR PLAZA HOUSTON, TX 77030 20-4258051	RADIOLOGY SVC	TX	BCM	C CORP			100 000 %	Yes	
(3) PRESCRIPTIVE INSURANCE CO 22 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN FC CJ 74-1613878	INVESTMENTS	CJ	BCM	C CORP	145,844	2,684,959	100 000 %	Yes	
BAYLOR COLLEGE OF MED **(4)**PATHOLOGY ONE BAYLOR PLAZA HOUSTON, TX 77030 32-0161879	PATHOLOGY SVC	TX	BCM	C CORP			100 000 %	Yes	

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

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

		Yes	No
1 During the tax year, did the orgranization 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, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 74-1613878
Name: Baylor College of Medicine

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	**No**
AFFILIATED MEDICAL SERVICES 1502 TAUB LOOP N PC BUILDING HOUSTON, TX 77030 76-0259042	HLTHCARE DEL	TX	501(c)(3)	11-TYPE 1	BCM	Yes	
BAYLOR MEDICAL FOUNDATION ONE BAYLOR PLAZA HOUSTON, TX 77030 74-1490000	support BCM	TX	501(c)(3)	11-type 2	NA		No
BAYLOR INTERNATIONAL PED AIDS INIT ONE BAYLOR PLAZA HOUSTON, TX 77030 20-2951275	CHILDREN CARE	TX	501(C)(3)	11-TYPE 1	BCM	Yes	
NATIONAL SPACE BIOMEDICAL RESEARCH ONE BAYLOR PLAZA HOUSTON, TX 77030 76-0548799	BIOMEDL RSRCH	TX	501(C)(3)	7	BCM	Yes	
BAYLOR COLLEGE OF MEDICINE HEALTHCARE ONE BAYLOR PLAZA HOUSTON, TX 77030 76-0481211	HLTHCARE DEL	TX	501(c)(3)	3	BCM	Yes	
ALLBRITTON-ALFORD ENDOWMENT FUND 4400 POST OAK PARKWAY HOUSTON, TX 77027 52-6934320	SUPPT RESRCH	TX	501(c)(3)	11-TYPE 1	BCM	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	BAYLOR MEDICAL FOUNDATION	C	672,660	General Ledger
(1)	BAYLOR MEDICAL FOUNDATION	O	147,426	General Ledger
(2)	BCM TECHNOLOGIES INC	D	1,408,237	BALANCE SHEET
(3)	BCM TECHNOLOGIES INC	L	1,503,129	BALANCE SHEET
(4)	BAYLOR INT PEDIATRIC AIDS INITIATIVE	B	6,106,372	General Ledger
(5)	NATIONAL SPACE BIOMEDICAL RESEARCH INSTITUTE	C	15,054,359	General Ledger
(6)	Baylor College of Medicine Healthcare	L	980,613	General Ledger