33

	e '							'	M	10
	\		Extended to Ma	y 15, 2018						
هي ليدا	[,] `990-T	[E	Exempt Organ		sine	ess Ind	come 1	Гах Retur	n' L	OMB No 1545-0687
७३३		[-	d proxy tax und		ection 6	033(e))			
		For ca	lendar year 2016 or other tax year	beginning JUL 1, 20	016	, an	id ending JUN	1 30, 2017	1	2016
	rtment of the Treasury	ł	► Information about For	m 990-T and its instru	ctions	is available	at www.irs.	gov/form990t.		<i>L</i> 0 10
Interr	nal Revenue Service		Do not enter SSN numbers					zation is a 501(c)(3		01(c)(3) Organizations Only
A L	Check box if address changed		Name of organization (☐ Check box if name of the control of the cont	change	d and see in	structions.)		(Emplo	yer identification number iyees' trust, see
		1							instruc	·
	exempt under section	Print	Baylor Scott & Whi							-3131350 ted business activity codes
<u> </u>	501(c)/3) 408(e)*[220(e)	Туре	Number, street, and room 2001 Bryan Street		ıx, see I	instructions.	•	`		structions)
<u> </u>	408A 530(a)		City or town, state or provi		or foreig	nn noetal co	do	-	┨	
F	529(a)		Dallas TX 75201	nco, country, and zir c	n ioroi	gii postai co	uo		54161	0
C B	ook value of all assets	F Grou	ip exemption number (See ii	nstructions.)					F	
- at	end of year 505,544,554.		ck organization type		n [501(c)	trust	401(a) trust		Other trust
H D			ary unrelated business activi							
Ī D	uring the tax year, was	the corp	oration a subsidiary in an af	filiated group or a pare	nt-subs	sidiary contr	olled group?	1	x Yes	NO.
<u>If</u>	"Yes," enter the name a	nd ident	lifying number of the parent	corporation. 🕨 🛚 s	ee St	atement		1000	512	1995
	ne books are in care of							one name gr	214-820	
			le or Business Inco	ome		(A)	Income	(B) Expense	8	(C) Net
	Gross receipts or sale		320,385.		l	ļ				
	Less returns and allow			c Balance	10	<u> </u>	320,385.			
2	Cost of goods sold (S		• •		2	├	200 205			200 205
3	Gross profit. Subtract				3	 	320,385.	 		320,385.
	Capital gain net incom		n Scriedule D) art II, line 17) (attach Form 4	1707)	4a 4b	 				
	Capital loss deduction		• •	1131)	4c	 			\rightarrow	
5			ips and S corporations (attac	ch statement)	5	 				
6	Rent income (Schedu		,	,	6					
7	Unrelated debt-finance	ed incon	ne (Schedule E)		7		,			
8	Interest, annuities, roy	yaltıes, a	nd rents from controlled org	janizations (Sch. F)	8					
9	Investment income of	a sectio	n 501(c)(7), (9), or (17) org	anization (Schedule G)	9					
10	Exploited exempt activ	vity inco	me (Schedule I)		10					
11	Advertising income (S				11	<u> </u>				
12	Other income (See ins				12					 _
13	Total. Combine lines				13	<u> </u>	320,385.	L		320,385.
Ра	(Except for a	ns No	ot Taken Elsewhere itions, deductions must b	(See instructions for	or limit d with	ations on o	deductions)	euncome la		
					G WILLI	uic dilieia	HEG	EIVED	19 44 1	
14 15	Salaries and wages	icers, air	rectors, and trustees (Sched	ule K)		ကြ		3	114	147,691.
16	Repairs and mainten	ance				[위	MAY 2	2 5 2018 C	16	147,031,
17	Bad debts	41100				E1-325		2 5 2018] S	17	
18	Interest (attach sche	dule)				ji	<u>non</u> r	<i>\</i> ~	18	
19	Taxes and licenses	·				1	OGDE	IN. UT	19	
20	Charitable contribution	ons (See	instructions for limitation ru	ules)					20	
21	Depreciation (attach	Form 45	62)				21		1 1	_
22	Less depreciation cla	umed on	Schedule A and elsewhere	on return			22a		22b	
, 23	Depletion								23	
24	Contributions to defe		npensation plans						24	
25	Employee benefit pro	-							25	33,175.
26	Excess exempt exper								26	
1 27	Excess readership co	•	•			900	Statemen	t 2	27	57,877.
28 29	Other deductions (att		•			536	a ca comen		29	238,743.
30			icome before net operating f	oss deduction. Subtrac	t line 2	9 from line	13		30	81,642.
28 28 29 30 31			(limited to the amount on lii						31	
32			icome before specific deduc		om line	e 30			32	81,642.

623701 11-22-17 LHA For Paperwork Reduction Act Notice, see instructions.

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Form 990-T (2016)

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Form 990-		Baylor Scott & White Health	1			46-31313	50			Page 2
Part I	11 7	Tax Computation								
35	Orga	nizations Taxable as Corporations. See instr	uctions for tax computation.							
	Contr	olled group members (sections 1561 and 15	63) check here 🕨 🕱 Se	e instructions ar	nd:	N				
а	Enter	your share of the \$50,000, \$25,000, and \$9,	925,000 taxable income brac	kets (in that orde	er):			1		
	(1)	\$	[(3)	 \$	300,000.	1		1		
b	Enter	organization's share of: (1) Additional 5% ta	(not more than \$11,750)	\$	i	•		1		
	(2) A	dditional 3% tax (not more than \$100,000)		\$	i					
c	Incon	ne tax on the amount on line 34			tement 4	>	35c		27,	418.
36	Trust	s Taxable at Trust Rates. See instructions fo	r tax computation. Income ta	x on the amount	on line 34 from	:		T		
		Tax rate schedule or Schedule D (Fo	rm 1041)			>	36			
37	Proxy	tax. See instructions	,			•	37			
38	-	ative minimum tax					38			
39		n Non-Compliant Facility Income. See instru	ictions				39	 		
40		Add lines 37, 38 and 39 to line 35c or 36, wh					40	†	27	418.
Part I		ax and Payments	полотог аррисо				1 10			
_		n tax credit (corporations attach Form 1118;	trusts attach Form 1116)		41a		T			
		credits (see instructions)	a doto dildon romi 1110)		41b		┥			
		al business credit. Attach Form 3800			41c		┨			
		for prior year minimum tax (attach Form 880	11 or 8827)		41d		┨	1		
		credits. Add lines 41a through 41d	11 01 0027)		1 410		41e			
42		act line 41e from line 40	•				42	 	27	418.
43			Form 8611 Form 869	7	es Contrar	(attach schedule)	43	+	<u> </u>	410.
44		tax. Add lines 42 and 43	1011110011 []101111003	/1 tolilloo	oo ouisi	(attach schedule)	44	 	27	418.
		ents: A 2015 overpayment credited to 2016			45a			+		410.
		estimated tax payments			45b	70,047	1			
		eposited with Form 8868			45c	70,047	┧			
		•	as (ass instructions)		45d		┨	İ		
		n organizations: Tax paid or withheld at sour	ce (see instructions)		-		-			
		p withholding (see instructions)	(All - F 00.44)		45e		┨	ŀ		
		for small employer health insurance premium			45f		4			
g	$\overline{}$	· ·	rm 2439		1					
			ther	Total ▶	45g		╣			
46		payments. Add lines 45a through 45g		_			46		70,	047.
47		ated tax penalty (see instructions). Check if Fo		K			47	Ļ		4.
48		ue. If line 46 is less than the total of lines 44 a	•			•	48	<u> </u>		
49		ayment. If line 46 is larger than the total of li				>	49		42,	625.
50		the amount of line 49 you want: Credited to 2				efunded >	50	<u> </u>		0.
Part \		Statements Regarding Certain								
51	At any	time during the 2016 calendar year, did the	organization have an interest	ın or a sıgnature	or other author	ıty		Ĺ	Yes	No
	over a	financial account (bank, securities, or other)	in a foreign country? If YES,	the organization	may have to file	9				,
	FinCE	N Form 114, Report of Foreign Bank and Fina	ncial Accounts. If YES, enter	the name of the	foreign country					
	here	_						\		х
52	During	the tax year, did the organization receive a d	istribution from, or was it the	grantor of, or tr	ansferor to, a fo	reign trust?				Х
	If YES	, see instructions for other forms the organization	ation may have to file.							
53	Enter	the amount of tax-exempt interest received oi	accrued during the tax year	▶\$				_]		_
	Un	der penalties of perjury, I declare that I have examined	this return, including accompany	ing schedules and	statements, and to	the best of my kno	wiedge	and belief, it is t	true,	
Sign	Cor	rect, and complete Declaration of preparer (other tha	n taxpayer) is based on all informa	ition of which prepa	rer nas any knowle	_	lay the li	RS discuss this	return v	uith
Here		(/w/MM	—	President			-	rer shown belov		
		Signature of officer	Date	Title	·	 -	struction] No
		Print/Type preparer's name	Preparer's signature	Da	te	Check	ıf PT	IN		
Da:4		· Verification - Herri	, , , , , , , , , , , , , , , , , , , ,			self- employed				
Paid							- 1			
Prepa		Firm's name ▶				Firm's EIN				
Use C	ınly ∣	······ o namo				1				

Phone no.

Firm's address 🕨

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory v	aluation N/A				
1 Inventory at beginning of year	1			Inventory at end of year	ar		6	
2 Purchases 2				Cost of goods sold. Si				
3 Cost of labor	1	from line 5. Enter here	and in I	Part I,				
4a Additional section 263A costs			7	line 2		·	7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b		┤ `	property produced or a	•	·		
5 Total. Add lines 1 through 4b	5		1	the organization?	,	- · · · · · · · · · · · · · · · · · · ·		
Schedule C - Rent Income		Property an	d Per		Leas	ed With Real Pro	pert	v)
(see instructions)			_					,
Description of property				- ·				
(1)								
(2)								
(3)								
(4)								
		ed or accrued				3(a) Deductions directly	connec	ited with the means in
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	personal	onal property (if the percents property exceeds 50% or if ad on profit or income)	age	columns 2(a) an	d 2(b) (a	attach schedule)
(1)								
(2)								_
(3)				-				
(4)								
Total	0.	Total		<u> </u>	0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0
Schedule E - Unrelated Del		Income (see	instruc	ctions)		<u> </u>		
		(2	Gross income from		3. Deductions directly control to debt-finance		
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			1	·			1	
(2)							1	
(3)		<u> </u>	†				1	
(4)			1	· · · · · · · · · · · · · · · · · · ·			1	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(4	8. Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)			1 -	%				
(2)				%	l		1	
(3)				%				
(4)				%			1	
						nter here and on page 1, Part I, line 7, column (A).		nter here and on page 1, Part I, line 7, column (B)
Totals				>		0	<u>.l_</u>	0
Total dividends-received deductions in	cluded in column	18				>		0
								Form 990-T (2016

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)		-	-			ł
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Form 990-T (2016)

Form 990-T (2016) Baylor Scott & White Health Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I		0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2016)

Form 4626
Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No 1545-0123

Nam				Employer identification number
	Baylor Scott & White Health			46-3131350
	Note: See the instructions to find out if the corporation is a small corporation exempt	,		
	from the alternative minimum tax (AMT) under section 55(e).		ŀ	
				,
1	Taxable income or (loss) before net operating loss deduction		1	80,642.
2	Adjustments and preferences:		,	
1	Depreciation of post-1986 property		2a	
t	Amortization of certified pollution control facilities		2b	
(Amortization of mining exploration and development costs		2c	
(Amortization of circulation expenditures (personal holding companies only)		2d	
•	Adjusted gain or loss		2e	
f	Long-term contracts		2f	
Ç	Merchant marine capital construction funds		2 g	
ł	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
j	Tax shelter farm activities (personal service corporations only)		2i	
j	Passive activities (closely held corporations and personal service corporations only)		2j	
k	Loss limitations		2k	
J	Depletion		21	
r	n Tax-exempt interest income from specified private activity bonds		2m	
	Intangible drilling costs		2n	
	Other adjustments and preferences		20	<u> </u>
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20		3	80,642.
4	Adjusted current earnings (ACE) adjustment:	1 . 1		
	ACE from line 10 of the ACE worksheet in the instructions	4a 80,642.		
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a	1 1		
	negative amount. See instructions	4b 0.		
	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c		
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior			
	year ACE adjustments over its total reductions in AMTI from prior year ACE			
	adjustments. See instructions. Note: You must enter an amount on line 4d			
	(even if line 4b is positive)			
e	ACE adjustment.	,		
	If line 4b is zero or more, enter the amount from line 4c			_
_	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	J	4e	80,642.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT		5	80,642.
6 7	Alternative tax net operating loss deduction. See instructions	roodust	6	
′	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	residual	7	80 642
8	interest in a REMIC, see instructions Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on lines.)	line 8c\-	7	80,642.
	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled	iii 60).		
ě	group, see instructions). If zero or less, enter -0-	8a 0.		
	Multiply line 8a by 25% (0.25)	8b 0.		
	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a control	<u> </u>		
٠	group, see instructions). If zero or less, enter -0-	licu	- 8c	0.
9	Subtract line 8c from line 7. If zero or less, enter -0-		9	80,642.
10	Multiply line 9 by 20% (0.20)		10	16,128.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions		11	
12	Tentative minimum tax. Subtract line 11 from line 10		12	16,128.
13	Regular tax liability before applying all credits except the foreign tax credit		13	27,418.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here	e and on	<u> </u>	
-	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		14	0.
JWA	For Paperwork Reduction Act Notice, see separate instructions.			Form 4626 (2016)

	► See ACE Workshee			
Pre-adjustment AMTI. Enter the amount to ACE depreciation adjustment:	rom line 3 of Form 4626		1	80,642.
a AMT depreciation		2a		
b ACE depreciation:		24	- 	
·	05/45	 	1	
(1) Post-1993 property	2b(1)			
(2) Post-1989, pre-1994 property	2b(2)			
(3) Pre-1990 MACRS property	2b(3)	 		
(4) Pre-1990 original ACRS property	2b(4)		i l	
(5) Property described in sections	1 1	1 1	, ,	
168(f)(1) through (4)	2b(5)			
(6) Other property	2b(6)			
(7) Total ACE depreciation. Add lines 2	2b(1) through 2b(6)	2b(7)		
c ACE depreciation adjustment. Subtract lin	e 2b(7) from line 2a		2c	
3 Inclusion in ACE of items included in earr	ings and profits (E&P):			
a Tax-exempt interest income		3a		
b Death benefits from life insurance contract	ets	3b		
c All other distributions from life insurance	contracts (including surrenders)	3c		
d Inside buildup of undistributed income in	life insurance contracts	3d		
e Other items (see Regulations sections 1.5	6(g)-1(c)(6)(ııı) through (ıx)			
for a partial list)		3e		
f Total increase to ACE from inclusion in A	CE of items included in E&P. Add lines 3a	through 3e	3f	
4 Disallowance of items not deductible from	1 E&P:			
a Certain dividends received		4a		
b Dividends paid on certain preferred stock of publi	ic utilities that are deductible under section 247	(as		
affected by P.L. 113-295, Div. A, section 221(a)(4)	1(A), Dec 19, 2014, 128 Stat 4043)	4b		
c Dividends paid to an ESOP that are deduc		4c		
d Nonpatronage dividends that are paid and				
1382(c)		4d		
e Other items (see Regulations sections 1.5	6(g)-1(d)(3)(i) and (ii) for a			
partial list)		4e		
f Total increase to ACE because of disallow	ance of items not deductible from E&P. A	Add lines 4a through 4e	4f	
5 Other adjustments based on rules for figu	ring E&P:	_		
a Intangible drilling costs	· ·	5a	į	
b Circulation expenditures		5b		
c Organizational expenditures		5c		
d LIFO inventory adjustments		5d		
e Installment sales		5e		
f Total other E&P adjustments. Combine lir	ues 5a through 5e	<u> </u>		
6 Disallowance of loss on exchange of debt	•		6	
7 Acquisition expenses of life insurance cor	•		7	
8 Depletion	mpanios for qualifica foreign contracts		8	
Basis adjustments in determining gain or	loss from sale or exchange of pre-1004	property	9	
	_ ·	=		
O Adjusted current earnings. Combine line Form 4626	o 1, 20, 01, 71, and 01 through 5. Effet the	TOSSIL HOLD AND ON HITE 48 OF	10	80,642.
1 01111 4020			1 10 1	50,012.

Form 990-T		Other Deductions	Statement	2
Description			Amount	
Other Adminis	strative	Expenses	57	7,877.
Total to Form	а 990-т,	Page 1, line 28	57	7,877.
Form 990-T	Parent	Corporation's Name and Identifying Number	Statement	3
Corporation's	s Name		Identifying	No
Baylor Scott	& White	Holdings	46-3130985	

Form	990-T Tax Computation	Statement 4
1.	Taxable Income 80,64	2
2.	Lesser of Line 1 or First Bracket Amount .	0
3.	Line 1 Less Line 2 80,64	2
4.	Lesser of Line 3 or Second Bracket Amount .	0
5.	Line 3 Less Line 4	2
6.	Income Subject to 34% Tax Rate 80,64	2
7.	Income Subject to 35% Tax Rate	0
8.	15 Percent of Line 2	0
9.	25 Percent of Line 4	0
10.	34 Percent of Line 6	8
11.	35 Percent of Line 7	0
12.	Additional 5% Surtax	0
13.	Additional 3% Surtax	0
14.	Total of lines 8 through 13 to Form 990-T, Page 2, Line 35	c 27,418