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Form 990

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Baylor University Medical Center

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

2001 Bryan Street No 2200

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

Dallas, TX 75201

F Name and address of principal officer

Scott Peek

3600 Gaston Ave Ste 150

Dallas, TX 75246

H(a) Is this a group return for subordinates?

☐ Yes ☒ 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

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.bswhealth.com

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1981

M State of legal domicile

TX

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

Faith based acute care hospital providing exemplary patient care, medical education, medical research and community service to residents of the Dallas/Fort Worth twelve county region since 1903

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)

10

4 Number of independent voting members of the governing body (Part VI, line 1b)

8

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6,213

6 Total number of volunteers (estimate if necessary)

470

7a Total unrelated business revenue from Part VIII, column (C), line 12

343,324

7b Net unrelated business taxable income from Form 990-T, line 34

1,726

Revenue

8 Contributions and grants (Part VIII, line 1h)

30,731,176

33,343,132

9 Program service revenue (Part VIII, line 2g)

1,243,132,219

1,173,716,074

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

23,406,950

50,962,042

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

10,506,913

10,347,790

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

1,307,777,258

1,268,369,038

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

60,455,588

58,199,587

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)

393,195,268

391,690,818

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

634,570,347

650,142,597

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

1,088,221,203

1,100,033,002

19 Revenue less expenses Subtract line 18 from line 12

219,556,055

168,336,036

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

2,202,788,164

2,335,721,492

21 Total liabilities (Part X, line 26)

66,754,594

77,002,498

22 Net assets or fund balances Subtract line 21 from line 20

2,136,033,570

2,258,718,994

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

Jay Whitfield VP-Finance/CFO

2018-05-14

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

Baylor Scott & White Health exists to serve all people by providing personalized health and wellness through exemplary care, education and research as a Christian ministry of healing

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 \$	918,570,115	including grants of \$	36,434,069)	(Revenue \$	1,159,146,675)
See Additional Data							

4b	(Code)	(Expenses \$	32,288,639	including grants of \$	0)	(Revenue \$	14,623,488)
See Additional Data							

4c	(Code)	(Expenses \$	21,765,518	including grants of \$	21,765,518)	(Revenue \$	0)
See Additional Data							

4d Other program services (Describe in Schedule O)

(Expenses \$	including grants of \$	(Revenue \$	)
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4e	Total program service expenses ▶	972,624,272
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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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c Yes	
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 Yes	
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	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	No
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	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 ComplianceCheck 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	572
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	6,213
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 ▶CJ 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	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
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 10		
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 8		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
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. ▶Jay Whitfield 3500 Gaston Avenue Suite 220 Dallas, TX 75246 (214) 820-1913	

Check if Schedule O contains a response or note to any line in this Part VII ☒

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

[illegible]

[illegible]

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 ▶ 402

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
HealthTexas Provider Network 2001 Bryan St Ste 2200 Dallas, TX 75201	Clinical/Administrative	55,944,564
MEDCO Construction LLC 2001 Bryan St Ste 2200 Dallas, TX 75201	Construction Services	30,439,263
Aramark Services Inc P O Box 651009 Charlotte, NC 282651009	Engineering/Food Services	26,796,460
Baylor Heart & Vascular Center LLP 2001 Bryan St Ste 2200 Dallas, TX 75201	Clinical Services	18,687,837
Med Fusion LLC P O Box 222137 Dallas, TX 75222	Lab Services	10,844,958

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 ► 112	
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Part VIII Statement of RevenueCheck 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				
	d Related organizations	1d	31,896,074			
	e Government grants (contributions)	1e	1,349,505			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	97,553			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		33,343,132			
Program Service Revenue		Business Code				
	2a Patient Care	622110	1,159,458,969	1,159,458,969		
	b Rent	531120	7,123,966	7,123,966		
	c Education	611310	6,185,726	6,185,726		
	d EHR Incentive	622110	731,893	731,893		
	e Management fees	561110	350,109	350,109		
	f All other program service revenue		-134,589	-266,942	78,644	53,709
	g Total. Add lines 2a-2f		1,173,716,074			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		16,323,471	54,089		16,269,382
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		26,156			26,156
	6a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		364,961,042				
	b Less cost or other basis and sales expenses					
		330,322,471				
	c Gain or (loss)					
		34,638,571				
	d Net gain or (loss)		34,638,571			34,638,571
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a Cafeteria/Vending	722514	7,453,655			7,453,655	
b Parking	812930	1,768,408			1,768,408	
c Gift Shop/Retail	453220	1,099,571		264,680	834,891	
d All other revenue						
e Total. Add lines 11a-11d		10,321,634				
12 Total revenue. See Instructions		1,268,369,038	1,173,637,810	343,324	61,044,772	

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.	58,090,263	58,090,263		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	109,324	109,324		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	3,621,556		3,621,556	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	316,367,709	311,865,155	4,502,554	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	10,746,875	10,593,788	153,087	
9 Other employee benefits.	38,721,938	38,170,375	551,563	
10 Payroll taxes.	22,232,740	21,918,912	313,828	
11 Fees for services (non-employees):				
a Management.	561,715	561,715		
b Legal.	31,222		31,222	
c Accounting.				
d Lobbying.	201,261		201,261	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	281,982,862	168,187,922	113,794,940	
12 Advertising and promotion.	445,263	301,353	143,910	
13 Office expenses.	10,237,967	8,580,095	1,657,872	
14 Information technology.	68,335,543	68,335,543		
15 Royalties.				
16 Occupancy.	31,727,312	31,381,796	345,516	
17 Travel.	818,695	773,564	45,131	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,115,008	1,072,229	42,779	
20 Interest.	171,136	171,136		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	41,441,732	41,441,732		
23 Insurance.	337,508	3,640	333,868	
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 Medical Supplies.	194,021,072	194,021,072		
b Non-Medical Supplies.	15,859,940	14,964,565	895,375	
c Recruiting.	891,806	776,791	115,015	
d Income Tax.	48,912	48,912		
e All other expenses.	1,913,643	1,254,390	659,253	
25 Total functional expenses. Add lines 1 through 24e.	1,100,033,002	972,624,272	127,408,730	0
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		78,479	1	59,027
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		151,343,508	4	141,975,522
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	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			6	
	7	Notes and loans receivable, net		734,387	7	1,052,998
	8	Inventories for sale or use		17,111,234	8	16,878,770
	9	Prepaid expenses and deferred charges		535,530	9	839,379
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	928,842,057		
	b	Less: accumulated depreciation	10b	545,853,466		
				389,642,989	10c	382,988,591
	11	Investments—publicly traded securities		721,101,249	11	823,075,619
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		634,097,755	13	749,752,269
	14	Intangible assets		9,712,048	14	10,578,824
15	Other assets. See Part IV, line 11		278,430,985	15	208,520,493	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,202,788,164	16	2,335,721,492	
Liabilities	17	Accounts payable and accrued expenses		56,769,980	17	64,561,582
	18	Grants payable			18	
	19	Deferred revenue		8,714,480	19	8,267,619
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	2,099,287
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		1,270,134	25	2,074,010
	26	Total liabilities. Add lines 17 through 25		66,754,594	26	77,002,498
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		1,939,537,935	27	2,056,613,945
	28	Temporarily restricted net assets		93,884,058	28	98,245,407
	29	Permanently restricted net assets		102,611,577	29	103,859,642
	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		2,136,033,570	33	2,258,718,994
	34	Total liabilities and net assets/fund balances		2,202,788,164	34	2,335,721,492

Part XI Reconciliation of Net AssetsCheck 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	1,268,369,038
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,100,033,002
3	Revenue less expenses Subtract line 2 from line 1	3	168,336,036
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,136,033,570
5	Net unrealized gains (losses) on investments	5	56,885,651
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	-102,536,263
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,258,718,994

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? 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	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

Additional Data

Software ID:
Software Version:
EIN: 75-1837454
Name: Baylor University Medical Center

Form 990 (2016)

Form 990, Part III, Line 4a:

See Schedule O. Baylor University Medical Center at Dallas (BUMC) is a faith-based, nonprofit 914-bed acute care hospital providing exemplary patient care services to the residents of the Dallas-Fort Worth Metroplex. BUMC is a major patient care, research and medical education center of the Southwest and serves local, national and international patients caring for more than 300,000 patients per year. BUMC is affiliated with Baylor Scott & White Health (BSWH), a faith-based nationally acclaimed network of acute care hospitals and related health care entities providing quality patient care, medical education, medical research and other community services to the residents of North and Central Texas. As the largest not-for-profit health care system in Texas and one of the largest in the United States, BSWH was born from the 2013 combination of Baylor Health Care System and Scott & White Healthcare. Today, BSWH includes 48 hospitals, approximately 1,000 patient care sites, more than 7,800 active physicians, over 48,000 employees and the Scott & White Health Plan. BUMC is one of the system's two flagship hospitals and provides inpatient and outpatient medical services in over 20 specialties to treat individuals with diseases, illnesses and injuries of varying complexities. Services include providing patients with innovative methods of prevention, diagnosis, treatment, education and support consistent with a quality teaching and research hospital. Multidisciplinary interaction among physicians helps ensure comprehensive care for all stages of illness through all stages of life. Many of the major health care programs have received national recognition and honors, including the Level I Trauma Center, a Level III 83-Bed Neonatal Intensive Care Unit, transplant program, neuroscience center, digestive disease center, orthopaedic institute and a new dedicated cancer hospital and center. During the fiscal year, BUMC admitted 37,840 patients resulting in 238,740 days of care, delivered 4,370 babies, and received 102,640 emergency department visits. Additionally, BUMC provided community benefits (as reported to the Texas Department of State Health Services and in accordance with the State of Texas Statutory methodology) of \$242,710,736 and provided community benefits (as reported on the Internal Revenue Service (IRS) Form 990, Schedule H) of \$156,880,842 during the tax year. The Texas Annual Statement of Community Benefit Standard includes approximately \$98,224,520 of unreimbursed cost of Medicare that is not included in the IRS Form 990, Schedule H. See Schedule H for more information regarding these services and how BUMC promotes the health of the communities.

Form 990, Part III, Line 4b:

See Schedule O Medical education is a crucial part of BUMC's mission. BUMC commits resources to help address the shortage of health care professionals including partnering with other educational institutions and similar organizations. BUMC provided medical residency programs for the training of future physicians, nurses and other health professionals in an effort to increase the supply of health care professionals nation-wide. During the year, BUMC served 248 medical residency students. Assisting with the preparation of future nurses at entry and advanced levels of nursing is critical in establishing a workforce of qualified nurses. During the year, BUMC invested in training 699 undergraduate nurses. Total unreimbursed cost of these medical education programs is \$17,665,151.

Form 990, Part III, Line 4c:

See Schedule O Moving scientific theory from the research bench to clinical trials and ultimately to the patient's bedside is central to BSWH's commitment to patient-centered medical research. During the year, BUMC supported clinical research development costs, research papers and studies through Baylor Scott & White Research Institute (BSW Research), at a cost of \$21,765,518. At BSW Research alone, more than 1,000 patient-focused research projects are underway.

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			
Elizabeth Beckman VP/CNO	40 00 40 00			X				249,008	97,309	40,659
T Doug Lawson President	40 00 0 00			X				962,068	0	220,931
Scott Peek Chief Operating Officer	40 00 40 00			X				546,843	91,598	145,853
Jason Whitfield VP Finance/CFO	40 00 0 00			X				355,523	0	67,475
Amy Yeager Secretary	1 00 40 00			X				0	485,207	85,054
Gail Maxwell VP Administration	40 00 0 00				X			244,630	0	19,642
Liz Youngblood VP Administration & Operations	40 00 0 00				X			430,614	0	53,504
Michael Ramsay MD Chief Anesthesia	30 00 10 00					X		631,884	0	19,629
Bradley Lembcke MD Chief Medical Officer	40 00 0 00					X		552,692	0	88,446
Michael Emmett MD Chief Internal Medicine	40 00 0 00					X		549,037	0	32,090

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			
Milton Packer MD Medical Director	40 00 0 00					X		451,001	0	20,817
Cristie Columbus MD Director BUMC Graduate Education	40 00 0 00					X		409,531	0	38,253
William Boyd Former Officer	0 00 40 00						X	0	1,945,595	230,920
Claudia Wilder Former Officer	0 00 40 00						X	0	506,645	59,505
Ernest Franklin MD Former Key Employee	0 00 40 00						X	0	773,890	122,240
Janeene Jones Former Key Employee	0 00 40 00						X	0	507,578	129,170
Janice Whitmire Former Key Employee	0 00 40 00						X	0	470,808	75,819

SCHEDULE A (Form 990 or 990-EZ)	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
		2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization Baylor University Medical Center	Employer identification number 75-1837454	

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

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? <i>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.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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).		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

2016

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 Baylor University Medical Center	Employer identification number 75-1837454
--	---

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

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ 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) 2013	(b) 2014	(c) 2015	(d) 2016	(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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 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?	Yes		50,540
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		201,261
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			251,801
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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
Part II-B, Line 1	Statement Regarding Legislative Activity. Health care policy is critical to all Americans, and the Organization believes that health care providers must participate in forming health care policy by interacting with national, state and local representatives and their staff members to help them better understand the complexities and ramifications of key health care policies including, without limitation, those related to uninsured and indigent patient needs as well as the legislative and regulatory needs to assure the delivery of cost-efficient, quality health care. The Organization has established relationships with persons and industry associations that often communicate the Organization's positions on major health care issues. These contacts may include direct contact, telephone conversations and/or letters. Also, the Organization may attempt to educate the local community on certain legislative initiatives that may impact The Organization's ability to provide quality health care services to the community through direct mailings, media advertising or broadcast statements. The amount of resources (time and money) involved in these activities is insubstantial. The Organization has not intervened in any political campaign.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135085448	
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 2016 Open to Public Inspection
Name of the organization Baylor University Medical Center				Employer identification number 75-1837454	
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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		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	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

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

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	140,421,655	132,015,792	127,648,671	117,699,052	113,825,031
b Contributions	127,492	11,053,536	3,188,927	4,923,186	660,716
c Net investment earnings, gains, and losses	8,571,838	3,418,284	6,946,547	10,040,109	10,580,441
d Grants or scholarships					
e Other expenditures for facilities and programs	4,637,424	6,065,957	5,768,353	5,013,676	7,367,136
f Administrative expenses					
g End of year balance	144,483,561	140,421,655	132,015,792	127,648,671	117,699,052

2

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

a

Board designated or quasi-endowment

0 700 %

b

Permanent endowment

71 900 %

c

Temporarily restricted endowment

27 400 %

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

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' on 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)	(c) Accumulated depreciation	(d) Book value
1a Land		17,015,765		17,015,765
b Buildings		554,276,271	347,137,033	207,139,238
c Leasehold improvements				
d Equipment		267,022,323	198,716,433	68,305,890
e Other		90,527,698		90,527,698
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				382,988,591

Schedule D (Form 990) 2016

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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
See Additional Data Table		
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶	749,752,269	

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
(1) Grantor Trust	4,341,433
(2) Physician Guarantee Receivable	2,074,010
(3) Interest in Net Assets of Related Foundation	202,105,050
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	208,520,493

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
(1) Federal income taxes	
Physician Guarantee Liability	2,074,010
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	2,074,010

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 75-1837454
Name: Baylor University Medical Center

Form 990, Schedule D, Part VIII - Investments Program Related

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Invest-South Sector Health Init	32,425,000	C
(2)Invest-Baylor Heart & Vasc Ctr LLP	34,114,944	F
(3)Investment in Baylor Quality Alliance	1,630,817	C
(4)Investment in Careflite	2,892,467	C
(5)Invest-Texas Health Ventures Grp LLC	132,143,046	F
(6)Invest-Baylor Ambulatory Endo Ctr	3,106,555	F
(7)Investment in EBD JV, LLP	7,953,244	F
(8)Investment in THVG Bariatric LLC	-2,704,901	F
(9)Investment in BTDI JV, LLP	57,917,872	F
(10)Investment in BT East Dallas JV LLP	336,069,681	F
(11)Invest-Century Integrated Ptrs Inc	15,081,375	F
(12)Invest-Tower Road Real Estate	175,000	F
(13)LT Investment USPI Stock	128,947,169	F

Supplemental Information

Return Reference	Explanation
Part V, Line 4	The Baylor Health Care System Foundation endowments provide support for the activities and purposes of BSW Holdings and its affiliated entities (collectively, "BSWH") They enable BSWH to advance its medical objective and mission, including sponsorship of patient care, research, and educational and training programs

Supplemental Information

Return Reference	Explanation
Part X, Line 2	The filing organization does not have separate individual audited financial statements, however, the organization is included in BSW Holdings' combined audited financial statements (System) The System follows the provisions of ASC 740 "Income Taxes " As of June 30, 2017 and 2016, the System had no material gross unrecognized tax benefits

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
Baylor University Medical Center

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. ► See separate instructions.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

75-1837454

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 Activities 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
See Add'l Data					
3a Sub-total	0	0			123,512,013
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			123,512,013

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)

- 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  _____

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.

[illegible]

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 separately 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)* ☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ 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).

Return Reference	Explanation
Part I, Line 3	Accrual Basis

Additional Data

Software ID:

Software Version:

EIN: 75-1837454

Name: Baylor University Medical Center

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
East Asia & the Pacific	0	0	Program Services	Medical Education	20,610
Europe	0	0	Program Services	Medical Education	11,403
North America	0	0	Program Services	Medical Education	7,785

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Central America & the Caribbean	0	0	Investments		123,472,215

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the TreasuryInternal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.

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

Name of the organizationEmployer identification number

Baylor University Medical Center75-1837454

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

☐ 100%

☐ 150%

☒ 200%

☐ Other

%

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☐ 400%

☒ Other

50000 0000000000 %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

6b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			75,198,068	15,240,743	59,957,325	3 660 %
b Medicaid (from Worksheet 3, column a)			102,167,515	107,559,723	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			152,681	43,343	109,338	0 010 %
d Total Financial Assistance and Means-Tested Government Programs			177,518,264	122,843,809	60,066,663	3 670 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8,927,806	640,030	8,287,776	0 510 %
f Health professions education (from Worksheet 5)			32,615,447	14,623,488	17,991,959	1 100 %
g Subsidized health services (from Worksheet 6)			8,087,677	3,350,380	4,737,297	0 290 %
h Research (from Worksheet 7)			21,765,518	0	21,765,518	1 330 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			44,043,428	11,798	44,031,630	2 680 %
j Total. Other Benefits			115,439,876	18,625,696	96,814,180	5 910 %
k Total. Add lines 7d and 7j			292,958,140	141,469,505	156,880,843	9 580 %

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

Cat No 50192T

Schedule H (Form 990) 2016

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	164,186,629	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	345,600,735
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	380,997,030
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-35,396,295
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 Baylor Heart & Vascular Center LLP	Patient Care	56.400 %	0 %	43.600 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
17

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Facility Reporting Group A

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The significant health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	☒ The process for consulting with persons representing the community's interests		
i	☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	☐ Other (describe in Section C) _____		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	☒ Hospital facility's website (list url) <u>http //communityneeds bswhealth com/</u>		
b	☐ Other website (list url) _____		
c	☒ Made a paper copy available for public inspection without charge at the hospital facility		
d	☐ Other (describe in Section C) _____		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>	10	Yes
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>http //communityneeds bswhealth com/</u>		
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Facility Reporting Group A																																																																																								
Name of hospital facility or letter of facility reporting group																																																																																								
	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>Did the hospital facility have in place during the tax year a written financial assistance policy that</td><td></td><td></td></tr><tr><td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? 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Part V Facility Information (continued)**Billing and Collections**

Facility Reporting Group A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Facility Reporting Group A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Facility Reporting Group B

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The significant health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	☒ The process for consulting with persons representing the community's interests		
i	☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	☐ Other (describe in Section C) _____		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	☒ Hospital facility's website (list url) <u>http //communityneeds bswhealth com/</u>		
b	☐ Other website (list url) _____		
c	☒ Made a paper copy available for public inspection without charge at the hospital facility		
d	☐ Other (describe in Section C) _____		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>http //communityneeds bswhealth com/</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Facility Reporting Group B																																																																																								
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j ☒ Other (describe in Section C)																																																																																								

Part V Facility Information (continued)**Billing and Collections**

Facility Reporting Group B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☐ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Facility Reporting Group B

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
Facility Reporting Group C**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	Yes
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>http //communityneeds bswhealth com/</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>http //communityneeds bswhealth com/</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Facility Reporting Group C																																																																																								
Name of hospital facility or letter of facility reporting group																																																																																								
	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>Did the hospital facility have in place during the tax year a written financial assistance policy that</td><td></td><td></td></tr><tr><td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP</td><td>13 Yes</td><td></td></tr><tr><td>a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 500 000000000000 %</td><td></td><td></td></tr><tr><td>b ☐ Income level other than FPG (describe in Section C)</td><td></td><td></td></tr><tr><td>c ☐ Asset level</td><td></td><td></td></tr><tr><td>d ☒ Medical indigency</td><td></td><td></td></tr><tr><td>e ☐ Insurance status</td><td></td><td></td></tr><tr><td>f ☐ Underinsurance discount</td><td></td><td></td></tr><tr><td>g ☒ Residency</td><td></td><td></td></tr><tr><td>h ☐ Other (describe in Section C)</td><td></td><td></td></tr><tr><td>14 Explained the basis for calculating amounts charged to patients?</td><td>14 Yes</td><td></td></tr><tr><td>15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)</td><td>15 Yes</td><td></td></tr><tr><td>a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application</td><td></td><td></td></tr><tr><td>b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td><td></td><td></td></tr><tr><td>c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td><td></td><td></td></tr><tr><td>d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td><td></td><td></td></tr><tr><td>e ☐ Other (describe in Section C)</td><td></td><td></td></tr><tr><td>16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</td><td>16 Yes</td><td></td></tr><tr><td>a ☒ The FAP was widely available on a website (list url) https://bswhealth.com/financialassistance</td><td></td><td></td></tr><tr><td>b ☒ The FAP application form was widely available on a website (list url) https://bswhealth.com/financialassistance</td><td></td><td></td></tr><tr><td>c ☒ A plain language summary of the FAP was widely available on a website (list url) https://bswhealth.com/financialassistance</td><td></td><td></td></tr><tr><td>d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td>e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td>f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td>g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</td><td></td><td></td></tr><tr><td>h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP</td><td></td><td></td></tr><tr><td>i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</td><td></td><td></td></tr><tr><td>j ☒ Other (describe in Section C)</td><td></td><td></td></tr></table>		Yes	No	Did the hospital facility have in place during the tax year a written financial assistance policy that			13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes		a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 500 000000000000 %			b ☐ Income level other than FPG (describe in Section C)			c ☐ Asset level			d ☒ Medical indigency			e ☐ Insurance status			f ☐ Underinsurance discount			g ☒ Residency			h ☐ Other (describe in Section C)			14 Explained the basis for calculating amounts charged to patients?	14 Yes		15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes		a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			e ☐ Other (describe in Section C)			16 Was widely publicized within the community served by the hospital facility? 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Part V Facility Information (continued)**Billing and Collections**

Facility Reporting Group C

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☐ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Facility Reporting Group C

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
Facility Reporting Group D**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	Yes
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>http //communityneeds bswhealth com/</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>http //communityneeds bswhealth com/</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Facility Reporting Group D

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 500 000000000000 %		
b ☐ Income level other than FPG (describe in Section C)		
c ☐ Asset level		
d ☒ Medical indigency		
e ☐ Insurance status		
f ☐ Underinsurance discount		
g ☒ Residency		
h ☐ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a ☒ The FAP was widely available on a website (list url) https://bswhealth.com/financialassistance		
b ☒ The FAP application form was widely available on a website (list url) https://bswhealth.com/financialassistance		
c ☒ A plain language summary of the FAP was widely available on a website (list url) https://bswhealth.com/financialassistance		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j ☒ Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

Facility Reporting Group D

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☐ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Facility Reporting Group D

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Baylor Emergency Medical Centers

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

15

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>http //communityneeds bswhealth com/</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>http //communityneeds bswhealth com/</u>	10 Yes	
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Baylor Emergency Medical Centers

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 500 000000000000 %		
b ☐ Income level other than FPG (describe in Section C)		
c ☐ Asset level		
d ☒ Medical indigency		
e ☐ Insurance status		
f ☐ Underinsurance discount		
g ☒ Residency		
h ☐ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a ☒ The FAP was widely available on a website (list url) https://bswhealth.com/financialassistance		
b ☒ The FAP application form was widely available on a website (list url) https://bswhealth.com/financialassistance		
c ☒ A plain language summary of the FAP was widely available on a website (list url) https://bswhealth.com/financialassistance		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j ☒ Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

Baylor Emergency Medical Centers

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☐ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Baylor Emergency Medical Centers

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
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- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Baylor Scott&White Surg Hosp at Sherman

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

12

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The significant health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	☒ The process for consulting with persons representing the community's interests		
i	☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	☐ Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	☒ Hospital facility's website (list url) <u>http //communityneeds bswhealth com/</u>		
b	☐ Other website (list url) _____		
c	☒ Made a paper copy available for public inspection without charge at the hospital facility		
d	☐ Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>http //communityneeds bswhealth com/</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Baylor Scott&White Surg Hosp at Sherman																																																																																								
Name of hospital facility or letter of facility reporting group																																																																																								
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If "Yes," indicate the eligibility criteria explained in the FAP</td><td>13 Yes</td><td></td></tr><tr><td>a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 500 000000000000 %</td><td></td><td></td></tr><tr><td>b ☐ Income level other than FPG (describe in Section C)</td><td></td><td></td></tr><tr><td>c ☐ Asset level</td><td></td><td></td></tr><tr><td>d ☒ Medical indigency</td><td></td><td></td></tr><tr><td>e ☐ Insurance status</td><td></td><td></td></tr><tr><td>f ☐ Underinsurance discount</td><td></td><td></td></tr><tr><td>g ☒ Residency</td><td></td><td></td></tr><tr><td>h ☐ Other (describe in Section C)</td><td></td><td></td></tr><tr><td>14 Explained the basis for calculating amounts charged to patients?</td><td>14 Yes</td><td></td></tr><tr><td>15 Explained the method for applying for financial assistance? 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j ☒ Other (describe in Section C)																																																																																								

Part V Facility Information (continued)**Billing and Collections**

Baylor Scott&White Surg Hosp at Sherman

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☐ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Baylor Scott&White Surg Hosp at Sherman

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
Facility Reporting Group E**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>http //communityneeds bswhealth com/</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>http //communityneeds bswhealth com/</u>	10	Yes
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Facility Reporting Group E																																																																																								
Name of hospital facility or letter of facility reporting group																																																																																								
	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>Did the hospital facility have in place during the tax year a written financial assistance policy that</td><td></td><td></td></tr><tr><td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP</td><td>13 Yes</td><td></td></tr><tr><td>a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 500 000000000000 %</td><td></td><td></td></tr><tr><td>b ☐ Income level other than FPG (describe in Section C)</td><td></td><td></td></tr><tr><td>c ☐ Asset level</td><td></td><td></td></tr><tr><td>d ☒ Medical indigency</td><td></td><td></td></tr><tr><td>e ☐ Insurance status</td><td></td><td></td></tr><tr><td>f ☐ Underinsurance discount</td><td></td><td></td></tr><tr><td>g ☒ Residency</td><td></td><td></td></tr><tr><td>h ☐ Other (describe in Section C)</td><td></td><td></td></tr><tr><td>14 Explained the basis for calculating amounts charged to patients?</td><td>14 Yes</td><td></td></tr><tr><td>15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)</td><td>15 Yes</td><td></td></tr><tr><td>a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application</td><td></td><td></td></tr><tr><td>b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td><td></td><td></td></tr><tr><td>c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td><td></td><td></td></tr><tr><td>d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td><td></td><td></td></tr><tr><td>e ☐ Other (describe in Section C)</td><td></td><td></td></tr><tr><td>16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)</td><td>16 Yes</td><td></td></tr><tr><td>a ☒ The FAP was widely available on a website (list url) https://bswhealth.com/financialassistance</td><td></td><td></td></tr><tr><td>b ☒ The FAP application form was widely available on a website (list url) https://bswhealth.com/financialassistance</td><td></td><td></td></tr><tr><td>c ☒ A plain language summary of the FAP was widely available on a website (list url) https://bswhealth.com/financialassistance</td><td></td><td></td></tr><tr><td>d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td>e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td>f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td><td></td><td></td></tr><tr><td>g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</td><td></td><td></td></tr><tr><td>h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP</td><td></td><td></td></tr><tr><td>i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</td><td></td><td></td></tr><tr><td>j ☒ Other (describe in Section C)</td><td></td><td></td></tr></table>		Yes	No	Did the hospital facility have in place during the tax year a written financial assistance policy that			13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes		a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 500 000000000000 %			b ☐ Income level other than FPG (describe in Section C)			c ☐ Asset level			d ☒ Medical indigency			e ☐ Insurance status			f ☐ Underinsurance discount			g ☒ Residency			h ☐ Other (describe in Section C)			14 Explained the basis for calculating amounts charged to patients?	14 Yes		15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes		a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			e ☐ Other (describe in Section C)			16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes		a ☒ The FAP was widely available on a website (list url) https://bswhealth.com/financialassistance			b ☒ The FAP application form was widely available on a website (list url) https://bswhealth.com/financialassistance			c ☒ A plain language summary of the FAP was widely available on a website (list url) https://bswhealth.com/financialassistance			d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			j ☒ Other (describe in Section C)		
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Part V Facility Information (continued)**Billing and Collections**

Facility Reporting Group E

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☐ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Facility Reporting Group E

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Baylor Emergency Med Ctr at Rockwall

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

17

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a ☒ Hospital facility's website (list url) <u>http //communityneeds bswhealth com/</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>http //communityneeds bswhealth com/</u>	10	Yes
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information *(continued)*

Financial Assistance Policy (FAP)

Baylor Emergency Med Ctr at Rockwall

Name of hospital facility or letter of facility reporting group _____

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 500 000000000000 %		
b	☐ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☒ Medical indigency		
e	☐ Insurance status		
f	☐ Underinsurance discount		
g	☒ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	☒ The FAP was widely available on a website (list url) <u>https //bswhealth com/financialassistance</u>		
b	☒ The FAP application form was widely available on a website (list url) <u>https //bswhealth com/financialassistance</u>		
c	☒ A plain language summary of the FAP was widely available on a website (list url) <u>https //bswhealth com/financialassistance</u>		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	☒ Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

Baylor Emergency Med Ctr at Rockwall

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☐ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Baylor Emergency Med Ctr at Rockwall

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 77

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c	and Line 3b In addition to providing free care to financially indigent patients at 200% of the federal poverty guidelines ("FPG"), the organization provides discounted care to the medically indigent which is based on both the FPG (up to 500%) and the percentage of the patient's total bills from all providers in relation to the patient's annual income

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 6a	The organization prepares and files an Annual Report of Community Benefit Plan with the Texas Department of State Health Services. This report is made available through the organization's website at http //communityneeds bswhealth com/

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	A ratio of patient care cost to charges, as determined in Worksheet 2, was used to report the amounts in Part I, Lines 7a - 7d For amounts reported on lines 7e - 7k, actual expenses for each community benefit activity are tracked and reported using both community benefit software and/or the organization's cost accounting system Part I, Line 7b, Column (d) Includes payments from the State 1115 Waiver Medicaid Program for uncompensated care, which funds are to be used to expand indigent care Part I, Line 7i, Column (c) Includes charity care payments of \$35,994,661 that are made directly to or on the behalf of a local public hospital and/or other nonprofit organizations for the treatment of indigent patients of those organizations

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7g	The organization operates senior health centers despite a financial loss after removing the unreimbursed cost of providing charity care and Medicaid. These services are provided to meet an identified community need and otherwise may not be available if not provided by the organization in these underserved areas of the community.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	The amount of bad debt expense included on Form 990, Part IX, line 25, but removed for Schedule H, Part I, Line 7, Column (f) totaled \$0

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4	As stated in the combined audited financial statements, "The System maintains allowances for uncollectible accounts for estimated losses resulting from a payor's inability to make payments on accounts. The System assesses the reasonableness of the allowance account based on the historical write-offs, cash collections, the aging of the accounts and other economic factors. Accounts are written off when collection efforts have been exhausted. Management continually monitors and adjusts its allowance associated with its receivables." Bad debt does not include amounts for patients who are known to qualify under the organization's charity care policy. The amount of bad debt attributable to patient's accounts is net of contractual allowance, payments received and recoveries of bad debt previously written off. The Organization has entered zero on Schedule H, Part III, Line 3, however, based on prior experience and certain demographics and other information obtained during admission, the organization believes a portion of the bad debt expenses (estimated to range from 1-5%) would be attributable to patients that would otherwise qualify for charity care. Despite all of the effort and ways the organization educates patients about qualifying for its charity care program as demonstrated in Part VI, question 3 below, many uninsured patients either refuse or fail to complete a charity care application or provide sufficient information at the time of admission, during their stay or after being discharged to qualify for assistance under the organization's charity care policy.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8	The amount reported on Part III, Section B, line 7 was calculated in accordance with the Schedule H instructions utilizing the organization's allowable cost reported in the Medicare cost report based on a cost to charge ratio. However, the allowable costs in the Medicare cost report do not reflect the actual cost of providing care to patients since the Medicare cost report excludes many direct patient care costs that are essential to providing quality care to these patients. For example, certain coverage fees to physicians, cost of Medicare C and D, and other similar direct patient care expenses are specifically excluded as allowable cost in the cost reports. Using the same methodology to calculate the unreimbursed cost of providing charity care and Medicaid (using applicable Schedule H Worksheets) would result in a shortfall of \$156,668,302, which is \$121,272,008 higher than the shortfall reported on Part III, Section B, Line 7. The organization believes that all of the shortfall should be considered as a community benefit for the following reasons: First, the IRS Community Benefit Standard includes the provision of care to the elderly and Medicare patients. IRS Revenue Ruling 69-545 provides, in part, that hospitals serving patients with governmental health benefits, including for example Medicare, is an indication that the hospital operates for the promotion of health in the community. Second, the organization provides care to Medicare patients regardless of this shortfall, i.e., loss, and thereby relieves the state and federal government of the burden of paying the full cost for the care of Medicare beneficiaries. Medicare does not provide sufficient reimbursement to cover the entire cost of providing care to these patients causing the organization to use other surplus funds to cover the shortfall. It is expected that reimbursement under the Medicare program will continue to decline and therefore may further limit access to care due to the anticipated reduction of participating Medicare providers in the community. As a result, the care for these patients will likely increase at, and rest on the shoulders of, nonprofit hospitals or county hospital districts. Third, many of the Medicare participants have low fixed incomes and therefore would qualify for charity care or other means tested government programs absent being enrolled in the Medicare program. Fourth, Texas nonprofit hospitals must provide a minimum level of community benefit in order to obtain exemption from state and local taxes. According to the current Texas Health and Safety Code, the unreimbursed cost of Medicare is considered to be a community benefit in determining these state statutory requirements as it helps relieve a governmental burden of providing this care that would otherwise be provided through the county hospital system in Texas.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b	The organization's patient billing and collection policy prohibits any collection efforts for the portion of the account balance that qualifies for financial assistance under the organization's financial assistance policy. For any remaining balances due, the same policy contains the actions that may be taken in the event of nonpayment, which are applied equally to all patient types. The policy is made widely available to the public on the organization's website https://www.bswhealth.com/financialassistance.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	During the fiscal year ending June 30, 2016, the Organization conducted a Community Health Needs Assessment (CHNA) to assess the health care needs of the community for each of its licensed hospital facilities and developed an implementation strategy to address the needs identified in the CHNAs. The CHNAs were conducted in accordance with state and federal guidelines including Internal Revenue Code Section 501(r) and the Texas Health and Safety Code Section 311. These CHNAs and implementation strategies have been made widely available to the public and are located on the Organization's website at the following address: http://communityneeds.bswhealth.com/

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3	The organization is committed to promoting health in the community including providing or finding financial assistance programs to assist patients. Patients who may qualify for financial assistance through the organization's charity care program or other federal, state and local government programs are informed and educated about their eligibility in several ways including, but not limited to, the following: 1) posting signs and notices regarding the financial assistance policy in the emergency departments, admitting areas and business offices located throughout the organization; 2) annual posting regarding the organization's financial assistance program in the local newspapers; 3) information regarding financial assistance, including the organization's financial assistance policy, is posted on the organization's website; 4) notices about the organization's financial assistance policy is posted on each bill sent to patients including providing a phone number to access the customer service unit dedicated to answering patients billing questions, as well as provide information regarding financial assistance; and 5) the organization may provide free financial counselors to help inpatients determine how to meet their financial obligations for services provided. Specifically financial counselors assist patients in applying for government assistance programs such as Medicaid or the organization's financial assistance program. Any patient may request to speak to a financial counselor when being treated at the organization. Uninsured patients who are admitted to the hospital will automatically receive help from a financial counselor. These services are provided in writing and through interpretation services in the primary language of the patient requesting assistance. The organization has the 501(r) policies available on its website in eight languages: English, Spanish, Russian, Korean, Vietnamese, Arabic, French and Chinese. The organization can also accommodate other languages including American Sign Language as needed.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	The organization operates multiple hospital facilities that primarily serve the geographical urban area of Collin, Dallas, Denton, Grayson, Johnson, Kaufman, Rockwall and Tarrant counties. Additional information regarding the community can also be found below, and in each of the hospital's community health needs assessment and implementation strategy located on the organization's website at http://communityneeds.bswhealth.com/. Collin County's population is approximately 914,127, median household income is \$59,532 with 6.6% of the population living in poverty. Dallas County's population is approximately 2,553,385, median household income is \$51,824 with 17.9% of the population living in poverty. Denton County's population is approximately 780,612, median household income is \$75,898 with 8.0% of the population living in poverty. Grayson County's population is approximately 131,003, median household income is \$52,826 with 16.0% of the population living in poverty. Kaufman County's population is approximately 114,690, median household income is \$60,438 with 13.1% of the population living in poverty. Johnson County's population is approximately 159,990, median household income is \$58,685 with 11.4% of the population living in poverty. Rockwall County's population is approximately 90,861, median household income is \$92,150 with 6.0% of the population living in poverty. There are approximately 135 hospitals serving 28 medically underserved areas within these counties.

Form and Line Reference	Explanation
Part VI, Line 5	With the oversight of an independent volunteer community board and Baylor Scott & White Holdings, the organization's ultimate parent, the organization's hospital facilities and/or other health care facilities have promoted health and benefited the community by providing exemplary health care, medical education, research and other community services. The organization's governing body is comprised of a majority of volunteer community representatives that provide leadership and governance for the organization. The members of the governing body contribute their wisdom, insights, and expertise to ensure the organization is fulfilling its mission and charitable purpose while providing efficient administrative support services and direction for the organization. The members are well respected residents and/or own businesses in the organization's primary or secondary service area and understand the needs of the community. The medical staff of the organization is open to all physicians in the community who meet membership and clinical privilege requirements. As a nonprofit organization surplus funds are continuously invested back to the community and are utilized to maintain access to limited patient services or expand access points of care to patients throughout the community. These efforts are generally targeted to meet the community health needs identified in the community health needs assessment conducted by each of the hospital facilities. More information of these efforts can be found in the written implementation strategies that have been made widely available to the public and are located on the organization's website at the following address: http://communityneeds.bswhealth.com/. Below are summaries of a few of the hospital's key patient care services or community benefit programs designed to promote the health of the community. The organization provides financial assistance in the form of charity care to patients who are indigent and satisfy certain requirements. Additionally, the organization is committed to treating patients who are eligible for means tested government programs such as Medicaid and other government sponsored programs including Medicare, which is provided regardless of the reimbursement short fall, and thereby relieves the state and federal government of the burden of paying the full cost of care for these patients. Often, patients are unaware of the federal, state and local programs open to them for financial assistance, or they are unable to access them due to the cumbersome enrollment process required to receive these benefits. The organization offers assistance in enrollment to these government programs or extends financial assistance in the form of charity care through the organization's Financial Assistance Policy which can be located on the organization's website at https://www.bswhealth.com/financialassistance. The organization provides a comprehensive Level I trauma center, one of only three adult trauma centers in Dallas, covering 21 counties and five million residents. The trauma services division has dedicated trauma and stroke teams, providing 24-hour coverage of emergency services. The Riggs Emergency Department has more than 75,000 square feet, 85 patient treatment rooms, with dedicated areas specifically for trauma care and minor emergency care. The Women and Children's Center at the organization provides obstetric and gynecological services, including advanced technology for prenatal diagnosis and care, labor and delivery, high-risk infant care, genetic counseling, and family education. The organization operates a Level III bed neonatal intensive care unit (NICU) which is the highest level of care. The organization's Neuroscience Center offers services to diagnose and treat all types of neurological disorders, injury and disease, including tumors of the central nervous system, stroke, spine care, seizure disorders, movement disorders and cognitive disorders. This nationally recognized center of excellence is also home to the region's first nationally certified stroke program. The transplant program at the organization is a national leader in solid organ transplantation is one of only three programs worldwide to have performed more than 4,000 adult liver transplants. Since the program's inception in 1984, transplant surgeons on the medical staff have performed more than 11,000 transplants, including liver, kidney, pancreas, heart and lung, small bowel, as well as blood and marrow transplants. In 2012 the organization opened the T. Boone Pickens Baylor Cancer Hospital, the first dedicated cancer hospital in North Texas as part of the organization's cancer services expansion. The new inpatient hospital will house 120 beds, a pharmacy, patient and family support areas, and the bone marrow transplant unit. The hospital is connected to a new 467,000 square foot outpatient cancer center offering a patient navigation system, advanced technology and integrative therapies for the tre

Form and Line Reference	Explanation
Part VI, Line 5	atment of every kind of cancer. The expanded center will include outpatient radiation and chemotherapy as well as expanded support groups, and educational resources and programs. The organization's digestive care center offers advanced and comprehensive inpatient and outpatient treatment for digestive and liver disorders by providing a full-range of diagnostic and therapeutic services. The center's 18,000 square-foot gastrointestinal (GI) physiology and endoscopy laboratory provides physicians with the ability to perform esophageal motility studies, pH monitoring, manometry testing and double balloon endoscopy, in addition to typical endoscopic procedures in a centrally located area. The GI analytical lab also offers digestive disease clinical research opportunities for physicians and patients. The organization provides heart and vascular services to the community through the Baylor Jack and Jane Hamilton Heart and Vascular Hospital. The organization's Heart and Vascular Institute, in partnership with Baylor Scott & White Research Institute, coordinates more than 50 research studies involving cardiac surgery, cardiology, cardiac and vascular intervention, electrophysiology, vascular surgery and cardiovascular disease prevention. Medical education is a crucial part of the organization's mission. The organization annually trains residents and fellows in 10 specialties and 24 subspecialties. As a renowned teaching hospital, the organization attracts first-rate medical specialists who help improve the level of medical care for the entire community and provide a continuous supply of well-trained medical professionals for the North Texas region. To help address the state's health care workforce shortage, the Texas A&M Health Science Center College of Medicine and the organization have joined forces to establish a Clinical Training Program in Dallas for students to complete clinical rotations in surgery, internal medicine, family medicine, psychiatry, pediatrics, and obstetrics/gynecology at the organization and other clinical affiliates over their last two years of residency. The organization is also committed to assisting with the preparation of future nurses at entry as well as advanced levels of the profession to establish a workforce of qualified nurses. The organization promotes and supports both basic and translational research activities to ensure innovative treatments are quickly available to patients in unique need through the Baylor Scott & White Research Institute (BSWRI). In fiscal year ending June 30, 2016, the organization sponsored research studies totaling more than \$18 million conducting more than 1,000 active research studies. Research discoveries of the organization and BSWRI are frequently published in major peer-reviewed scientific journals and reported to national and international medical and scientific audiences. The organization partners with other organizations to provide access to health care services for an underserved population, those living in poverty, in areas where infant mortality is high and where there is a shortage of primary care physicians. The organization has teamed with the City of Dallas to improve care for people with diabetes by creating a new care model focused on health care, education and research in South Dallas. By providing financial support, the Diabetes Health and Wellness Institute at Juanita J. Craft Recreation Center is the cornerstone of the organization's care model to treat patients in the South Dallas region to address the region's health care needs relative to diabetes. The center provides access to medical care and preventative health education to a historically underserved and low-income community experiencing disparate health outcomes relative to the most commonly-encountered health conditions associated with diabetes.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	The organization is affiliated with Baylor Scott & White Health (BSWH or the System), a faith based nationally acclaimed network of acute care hospitals and related health care entities providing quality patient care, medical education, medical research and other community services to the communities of North and Central Texas. BSWH is the largest not-for-profit health care system in the State of Texas and one of the largest in the United States as measured by total operating revenue of \$9.1 Billion and total assets of \$11.1 billion based on the fiscal year ended June 30, 2017. Today, BSWH includes 48 hospitals, approximately 1,000 patient care sites, more than 7,800 active physicians, over 48,000 employees and the Scott & White Health Plan. The System includes a robust spectrum of owned, operated, ventured and affiliated philanthropic foundations, a research institute, physician clinics and networks, acute care hospitals, short-stay hospitals, specialty hospitals, ambulatory surgery centers, free standing emergency medical centers, free standing imaging centers, retail pharmacies, an accountable care organization, a health plan and other health care providers all which fall under the common control of BSW Holdings. Under the guidance of an independent community board, the System follows one single mission, vision and values focusing on quality patient centered care while meeting the demands of health care reform, the changing needs of patients and extraordinary recent advances in clinical care. With a commitment to and a track record of innovation, collaboration, integrity and compassion for the patient, BSWH stands to be one of the nation's exemplary health care organizations. Community benefits are provided through the provision of financial assistance, governmental sponsored programs (such as Medicaid and Medicare), medical research, medical education, community health improvement services, donations to other nonprofit health care providers, and many other community service activities. During the year, the affiliated nonprofit hospitals reported community benefits (as reported to the Texas Department of State Health Services, and in accordance with the State of Texas Statutory methodology) in excess of \$866,880,000. The System's nonprofit hospitals provided community benefits (as reported on the IRS Form 990, Schedule H) in excess of \$512,031,000 during the tax year. The Texas Annual Statement of Community Benefit Standard includes approximately \$327,382,000 of unreimbursed cost of Medicare that is not included in the IRS Form 990, Schedule H. As part of the System, certain affiliates make grants and/or contributions to other related nonprofit affiliates to help financially support and/or fund worthy community benefits activities. The System has also established a patient transfer system among the affiliated hospitals allowing patients needing a particular level of care to be transferred as needed to a related hospital that can provide that service in an efficient and effective manner. As part of the System, all hospitals and other affiliated health care providers are required to adhere to high standards for medical quality, patient safety and patient satisfaction. These standards are set forth by BSW Holdings, the organization's parent, which helps ensure consistency across the System.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	TX

Additional Data

Software ID:
Software Version:
EIN: 75-1837454
Name: Baylor University Medical Center

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 17		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Baylor University Medical Center 3500 Gaston Avenue Dallas, TX 75246 www.bswhealth.com 000331	X	X		X		X	X			A
2	Baylor Scott&White Med Ctr-Lake Pointe 6800 Scenic Drive Rowlett, TX 75088 www.bswhealth.com 008618	X	X					X			C
3	Baylor Scott&White Med Ctr-White Rock 9440 Poppy Drive Dallas, TX 75218 www.bswhealth.com 100340	X	X					X			D
4	Baylor Heart and Vascular Hospital 621 N Hall Dallas, TX 75226 www.baylorhearthospital.com 007844	X									A
5	Baylor Scott&White Med Ctr-Sunnyvale 231 S Collins Road Sunnyvale, TX 75182 www.bswhealth.com 100033	X	X					X			C

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 17		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
6	Baylor Scott&White Med Ctr-Centennial 12505 Lebanon Road Frisco, TX 75035 www.bswhealth.com 008063	X	X					X			D
7	Baylor Scott & White Med Ctr-Frisco 5601 Warren Parkway Frisco, TX 75034 www.bmcf.com 007874	X	X					X			E
8	Baylor Sugical Hospital at Fort Worth 750 12th Avenue Ft Worth, TX 76104 www.bshfw.com 100271	X	X					X			B
9	Baylor Ortho & Spine Hosp at Arlington 707 Highlander Blvd Arlington, TX 76015 www.baylorarlington.com 100044	X	X					X			B
10	North Central Surgical Center 9301 N Central Expressway Ste 100 Dallas, TX 75231 www.northcentralsurgical.com 008606	X	X					X			E

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 17		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
11	Baylor Scott&White Surg Hosp at Sherman 3601 N Calais Street Sherman, TX 75090 www.hentageparksurgicalhospital.com 100320	X	X					X			
12	Baylor Medical Center at Trophy Club 2850 E State Hwy 114 Trophy Club, TX 76262 www.baylortrophyclub.com 008051	X	X					X			B
13	Baylor Medical Center at Uptown 2727 East Lemmon Ave Dallas, TX 75204 www.bayloruptown.com 100086	X	X					X			E
14	Baylor Surgical Hosp at Las Colinas 400 West I-635 Suite 101 Irving, TX 75063 www.baylorlascolinas.com 007995	X	X					X			E
15	Baylor Scott & White Emergency Ctrs 26791 Hwy 380 Aubrey, TX 76227 www.bayloremc.com 008732	X						X			

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 17											
Name, address, primary website address, and state license number											
16	Baylor Emer Med Ctrs Burleson & Mansfield 12500 S Freeway Suite 100 Burleson, TX 76028 www.bayloremc.com 100258	X						X			B
17	Baylor Emergency Med Ctr at Rockwall 1975 Alpha Suite 100 Rockwall, TX 75087 www.bayloremc.com 100238	X						X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Baylor Emergency Medical Centers	Part V, Section B, Line 5 Focus groups with ten (10) participants, as well as six (6) key informant interviews, were conducted September through November of 2015 in order to take into account the input of persons representing the broad interests of the community served. The focus groups and interviews were conducted to solicit feedback from leaders and representatives who serve the community and have insight into community needs. The focus group was designed to familiarize participants with the CHNA process and gain a better understanding of priority health needs from the community's perspective. Focus groups were formatted for individual as well as small group feedback and also helped identify other community organizations already addressing health needs in the community. Truven Health also conducted key informant interviews for the community served. The interviews were designed to help understand and gain insight into how participants felt about the general health status of the community and the various drivers which contributed to health issues. In order to qualitatively assess the health needs for the community, participation was solicited from at least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community, as well as individuals or organizations serving and/or representing the interests of medically underserved, low-income, and minority populations in the community. In order to ensure the input received also represented the broad interests of the community served, participation was also sought from community leaders/groups, public health organizations, other healthcare organizations, and other healthcare providers (including physicians). The following is a list of groups consulted: United Way of Tarrant County, City Square, United Way of West Ellis County, United Way of Denton County, YWCA of Metropolitan Dallas, Collin County Health Care Services, Injury Prevention Center of Greater Dallas, Parkland Health and Hospital System, Metrocrest Community Clinic, Mental Health America of Greater Dallas, Bridge-Breast Network, JPS Health Network/Regional Health Partnership District 10, Tarrant County Hospital District, JPS Health Network Trinity Springs Pavilion for Psychiatric Services, Christian Community Action, AIDS Arms, Inc., Metrocare Services.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Baylor Scott&White Surg Hosp at Sherman	Part V, Section B, Line 5 In addition to analyzing quantitative data, ten (10) key informant interviews were conducted in May of 2017 to take into account the input of persons representing the broad interests of the community served The interviews were conducted to solicit feedback from leaders and representatives who serve the community and have insight into its needs The interviews were designed to help understand and gain insight into how participants felt about the general health status of the community and the factors contributing to that health status To qualitatively assess the health needs for the community, participation was solicited from at least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community, as well as individuals or organizations serving and/or representing the interests of medically underserved, low-income and minority populations in the community To ensure the input received also represented the broad interests of the community served, participation was also sought from community leaders/groups, public health organizations, other healthcare organizations and other healthcare providers In addition to soliciting input from public health and various interests of the community, hospitals are also required to take into consideration written input received on their most recently conducted CHNA and subsequent implementation strategies Baylor Scott & White Surgical Hospital at Sherman was not previously subject to IRC Section 501(r) and the CHNA requirements, therefore, no written input has been received on prior CHNAs Subsequent CHNAs will include input received on the assessment and implementation plan BSWH has an active portal on their website where the assessment for Baylor Scott & White Surgical Hospital at Sherman has been made available and asking for public comment or feedback on the report findings This information is located at CommunityNeeds BSWHealth com Input collected from the participants during the interviews was organized into themes around community needs and compared to the quantitative data findings

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Baylor Emergency Med Ctr at Rockwall	Part V, Section B, Line 5 Focus group with ten (10) participants, as well as six (6) key informant interviews, were conducted September through November of 2015 in order to take into account the input of persons representing the broad interests of the community served. The focus groups and interviews were conducted to solicit feedback from leaders and representatives who serve the community and have insight into community needs. The focus group was designed to familiarize participants with the CHNA process and gain a better understanding of priority health needs from the community's perspective. Focus groups were formatted for individual as well as small group feedback and also helped identify other community organizations already addressing health needs in the community. Truven Health also conducted key informant interviews for the community served. The interviews were designed to help understand and gain insight into how participants felt about the general health status of the community and the various drivers which contributed to health issues. In order to qualitatively assess the health needs for the community, participation was solicited from at least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community, as well as individuals or organizations serving and/or representing the interests of medically underserved, low-income, and minority populations in the community. In order to ensure the input received also represented the broad interests of the community served, participation was also sought from community leaders/groups, public health organizations, other healthcare organizations, and other healthcare providers (including physicians). The following is a list of groups consulted: United Way of Tarrant County, City Square, United Way of West Ellis County, United Way of Denton County, YWCA of Metropolitan Dallas, Collin County Health Care Services, Injury Prevention Center of Greater Dallas, Parkland Health and Hospital System, Metrocrest Community Clinic, Mental Health America of Greater Dallas, Bridge-Breast Network, JPS Health Network/Regional Health Partnership District 10, Tarrant County Hospital District, JPS Health Network Trinity Springs Pavilion for Psychiatric Services, Christian Community Action, AIDS Arms, Inc., Metrocare Services.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Baylor Emergency Medical Centers	Part V, Section B, Line 6a NoneBaylor Emergency Medical Centers Part V, Section B, Line 9 The hospital adopted its most recent Implementation Strategy before November 15, 2016, the 15th day of the fifth month after the 2015 tax year as described in IRS Regulation Section 1.501(r)-3(c)(5)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Baylor Scott&White Surg Hosp at Sherman	Part V, Section B, Line 6a NoneBaylor Scott & White Surgical Hospital at Sherman Part V, Section B, Line 9 The hospital adopted its most recent Implementation Strategy before November 15, 2017, the 15th day of the fifth month after the 2016 tax year as described in IRS Regulation Section 1 501(r)-3(c) (5)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Baylor Emergency Med Ctr at Rockwall	Part V, Section B, Line 6a Baylor Scott & White Medical Center-Sunnyvale and Baylor Scott & White Medical Center-Lake PointeBaylor Emergency Medical Center at Rockwall Part V, Section B, Line 9 The hospital adopted its most recent Implementation Strategy before November 15, 2016, the 15th day of the fifth month after the 2015 tax year as described in IRS Regulation Section 1.501(r)-3(c)(5)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Baylor Emergency Medical Centers	Part V, Section B, Line 11 The hospital is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization which continues to provide a wide range of important health care services and community benefits The hospital will address significant community health needs based on their intersection with the stated mission and key clinical strengths Below are key actions that were taken during the year to address the following needs Affordable healthcare/healthcare cost The primary goal of the hospital is to increase the community's access to high quality emergency health care through an experienced staff and state-of-the-art resources and serve all regardless of the ability to pay As a partner with Baylor Scott & White Health, the hospitals have expanded its provision of financial assistance to eligible patients by providing free or discounted care as outlined in the BSWH system financial assistance policy The hospitals have agreed to provide the same level of financial assistance as other BSWH nonprofit hospitals and to be consistent with certain state requirements applicable to nonprofit hospitals Certain hospitals not meeting minimum thresholds are required to make a contribution/grant to other affiliated nonprofit hospitals to help those hospital treat indigent patients The following identified need has not been addressed in the joint community benefit implementation plan because there are multiple other community and state agencies whose expertise and infrastructure are better suited for addressing these needs Mental/behavioral health, Chronic Illness, Physical Inactivity, Dental Services, and Hyperlipidemia

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Baylor Scott&White Surg Hosp at Sherman	Part V, Section B, Line 11 The hospital is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization which continues to provide a wide range of important health care services and community benefits. The hospital will address significant community health needs based on its intersection with its stated mission and key clinical strengths. Below are key actions that were taken during the year to address the following needs: Chronic Disease, Economic Status/Poverty, Access to Care, Healthcare Cost for the un/Underinsured, Un/Underinsured Population, Access to Primary Care Provider (Physician and Non-Physician), Substance Abuse, Mental Health, Access to Exercise Opportunities, Community Health Screenings - Similar to national trends, residents in the Hospitals' service area exhibit increasing diagnoses of chronic conditions. It is common that the pathology for one condition may also affect other body systems, resulting in co-occurrence or multiple chronic conditions (MCC). The presence of MCC's adds a layer of complexity to disease management. The Hospital conducts screenings for MCC's including body fat analysis, BMI, and injury prevention. Financial Assistance - Certain hospitals operated through a partnership have expanded their provision of financial assistance to eligible patients by providing free or discounted care as outlined in the BSWH system financial assistance policy. Those hospitals have agreed to follow the BSWH financial assistance policy as other BSWH nonprofit hospitals. Certain hospitals not meeting minimum thresholds are required to make a contribution/grant to other affiliated nonprofit hospitals to help those hospitals treat indigent patients. Financial Donations - The hospital will support community partners in developing/delivering health services that address health care costs and affordability through the provision of financial support to address health care costs and affordability in the community. Physician Recruitment - The hospital is collaborating with HealthTexas Provider Network and may provide initial income guarantee support for a physician who comes from outside its market and can satisfy a community need. Recruitment of physicians for areas identified as medically underserved (MUAs) or other community needs assessment aids in relieving the burden of lack of access to care for medically under-insured or un-insured populations. The age and characteristics of a state's population has a direct impact on the health care system. The state's population is growing at an explosive pace - twice as fast as the national average. During this 10 year period, Texas had the fourth highest percentage growth and ranked first in the number of residents added during this period. And, like the rest of the country, the Texas population is aging and in need of more health care services, which puts added demands on the system. The Hospital seeks to allay the physician

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Baylor Scott&White Surg Hosp at Sherman	shortage, thereby better managing the growing health needs of the community Mental Health First Aid - The hospital will partner with the Dallas Fort Worth Hospital Council to provide lay-person mental health first aid training in Grayson county There is an expressed need for services to treat conditions other than "the big 3" (bipolar disorder, schizophrenia, personality disorder) in Grayson County The County reports potential gaps in mental health services with a mental health resident to provider ratio of 980 :1 compared to the national ratio of 529 :1 Additionally, the county is a designated Health Professional Shortage Area (HPSA) for mental health providers Grayson County reports higher rates of mentally unhealthy days than the State of Texas Grayson County reports mentally unhealthy days at 3.2 days per month State rates for mentally unhealthy days are reported at 3.0 days per month Specific actions can be found in the implementation strategy that is made widely available on the website listed in Schedule H, Part V, Section B, Line 10a The following identified need has not been addressed in the community benefit implementation plan because there are other community and state agencies whose expertise and infrastructure are better suited for addressing the need Economic Status/Poverty, Substance Abuse, and Access to Exercise Opportunities

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Baylor Emergency Med Ctr at Rockwall	Part V, Section B, Line 11 The hospital is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization which continues to provide a wide range of important health care services and community benefits The hospital has teamed up with other hospital facilities in the community to complete a joint community health needs assessment and develop a joint implementation strategy to meet certain federal and state requirements These hospitals will address significant community health needs based on their intersection with the stated mission and key clinical strengths Below are key actions that were taken during the year to address the following needs Healthcare cost/affordability The primary goal of the hospital is to increase the community's access to high quality emergency health care through an experienced staff and state-of-the-art resources and serve all regardless of the ability to pay As a partner with Baylor Scott & White Health, the hospitals have expanded its provision of financial assistance to eligible patients by providing free or discounted care as outlined in the BSWH system financial assistance policy The hospitals have agreed to provide the same level of financial assistance as other BSWH nonprofit hospitals and to be consistent with certain state requirements applicable to nonprofit hospitals Certain hospitals not meeting minimum thresholds are required to make a contribution/grant to other affiliated nonprofit hospitals to help those hospital treat indigent patients Additional actions can be found in the joint implementation strategy that is made widely available on the website listed in Schedule H, Part V, Section B, Line 10a The following identified needs have not been specifically addressed by the hospital because the needs are being addressed by other affiliated hospitals in the joint community benefit implementation plan or because there are other community and state agencies whose expertise and infrastructure are better suited for addressing these needs Mental/behavioral health, Chronic Disease (obesity), Preventable Admissions - Adult Uncontrolled Diabetes, Lack of dentists and Teen births

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Baylor Emergency Medical Centers	Part V, Section B, Line 16j Measures to publicize the policy within the community served by the hospital facility, include but are not limited to, the following 1) posting signs and notices regarding the financial assistance policy in the emergency departments, admitting areas and business offices located throughout the organization 2) annual posting regarding the organization's financial assistance program in the local newspapers 3) information regarding financial assistance, including the organization's financial assistance policy, is posted on the organization's website 4) notices about the organization's financial assistance policies are posted on each bill sent to patients including providing a phone number to access the customer service unit dedicated to answering patients billing questions, as well as provide information regarding financial assistance and 5) the organization may provide free financial counselors to help inpatients determine how to meet their financial obligations for services provided Specifically financial counselors assist patients in applying for government assistance programs such as Medicaid or the organization's financial assistance program Any patient may request to speak to a financial counselor when being treated at the organization Uninsured patients who are admitted to the hospital may receive help from a financial counselor These services are also offered through interpretation services in the primary language of the patient requesting assistance The organization has the 501(r) policies available on its website in eight languages English, Spanish, Russian, Korean, Vietnamese, Arabic, French and Chinese The organization can also accommodate other languages including American Sign Language as needed

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Baylor Scott&White Surg Hosp at Sherman	Part V, Section B, Line 16j Measures to publicize the policy within the community served by the hospital facility, include but are not limited to, the following 1) posting signs and notices regarding the financial assistance policy in the emergency departments, admitting areas and business offices located throughout the organization 2) annual posting regarding the organization's financial assistance program in the local newspapers 3) information regarding financial assistance, including the organization's financial assistance policy, is posted on the organization's website 4) notices about the organization's financial assistance policies are posted on each bill sent to patients including providing a phone number to access the customer service unit dedicated to answering patients billing questions, as well as provide information regarding financial assistance and 5) the organization may provide free financial counselors to help inpatients determine how to meet their financial obligations for services provided Specifically financial counselors assist patients in applying for government assistance programs such as Medicaid or the organization's financial assistance program Any patient may request to speak to a financial counselor when being treated at the organization Uninsured patients who are admitted to the hospital may receive help from a financial counselor These services are also offered through interpretation services in the primary language of the patient requesting assistance The organization has the 501(r) policies available on its website in eight languages English, Spanish, Russian, Korean, Vietnamese, Arabic, French and Chinese The organization can also accommodate other languages including American Sign Language as needed

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Form and Line Reference	Explanation
Baylor Emergency Med Ctr at Rockwall	Part V, Section B, Line 16j Measures to publicize the policy within the community served by the hospital facility, include but are not limited to, the following 1) posting signs and notices regarding the financial assistance policy in the emergency departments, admitting areas and business offices located throughout the organization 2) annual posting regarding the organization's financial assistance program in the local newspapers 3) information regarding financial assistance, including the organization's financial assistance policy, is posted on the organization's website 4) notices about the organization's financial assistance policies are posted on each bill sent to patients including providing a phone number to access the customer service unit dedicated to answering patients billing questions, as well as provide information regarding financial assistance and 5) the organization may provide free financial counselors to help inpatients determine how to meet their financial obligations for services provided Specifically financial counselors assist patients in applying for government assistance programs such as Medicaid or the organization's financial assistance program Any patient may request to speak to a financial counselor when being treated at the organization Uninsured patients who are admitted to the hospital may receive help from a financial counselor These services are also offered through interpretation services in the primary language of the patient requesting assistance The organization has the 501(r) policies available on its website in eight languages English, Spanish, Russian, Korean, Vietnamese, Arabic, French and Chinese The organization can also accommodate other languages including American Sign Language as needed

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.	
Form and Line Reference	Explanation
Facility Reporting Group A consists of	- Facility 1 Baylor University Medical Center, - Facility 4 Baylor Heart and Vascular Hospital

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Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group A Part V, Section B, line 5	Focus groups with ten (10) participants, as well as eight (8) key informant interviews, were conducted September through November of 2015 in order to take into account the input of persons representing the broad interests of the community served. The focus groups and interviews were conducted to solicit feedback from leaders and representatives who serve the community and have insight into community needs. The focus group was designed to familiarize participants with the CHNA process and gain a better understanding of priority health needs from the community's perspective. Focus groups were formatted for individual as well as small group feedback and also helped identify other community organizations already addressing health needs in the community. Truven Health also conducted key informant interviews for the community served. The interviews were designed to help understand and gain insight into how participants felt about the general health status of the community and the various drivers which contributed to health issues. In order to qualitatively assess the health needs for the community, participation was solicited from at least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community, as well as individuals or organizations serving and/or representing the interests of medically underserved, low-income, and minority populations in the community. In order to ensure the input received also represented the broad interests of the community served, participation was also sought from community leaders/groups, public health organizations, other healthcare organizations, and other healthcare providers (including physicians). The following is a list of groups consulted: United Way of Tarrant County, City Square, United Way of West Ellis County, United Way of Denton County, YWCA of Metropolitan Dallas, Collin County Health Care Services, Injury Prevention Center of Greater Dallas, Parkland Health and Hospital System, Metrocrest Community Clinic, Mental Health America of Greater Dallas, Bridge-Breast Network, JPS Health Network/Regional Health Partnership District 10, Tarrant County Hospital District, JPS Health Network Trinity Springs Pavilion for Psychiatric Services, Christian Community Action, AIDS Arms, Inc., Metrocare Services.

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Form and Line Reference	Explanation
Facility Reporting Group A Part V, Section B, line 6a	Baylor University Medical Center, Baylor Institute for Rehabilitation at Northwest Dallas, Baylor Heart and Vascular Hospital, Baylor Medical Center at Uptown, Baylor Institute for Rehabilitation, North Central Surgical Center, Baylor Institute for Rehabilitation at Frisco, Baylor Scott & White Medical Center - Carrollton, Baylor Scott & White Medical Center - Frisco, Baylor Scott & White Medical Center - Garland, Baylor Scott & White Medical Center - McKinney, Baylor Scott & White Medical Center - Plano, The Heart Hospital Baylor Denton, The Heart Hospital Baylor Plano, Baylor Scott & White Medical Center - Irving, Baylor Surgical Hospital at Las Colinas, Baylor Scott & White Medical Center - White Rock, Baylor Scott & White Medical Center - Centennial Facility Reporting Group A Part V, Section B, Line 9 The hospital adopted its most recent Implementation Strategy before November 15, 2016, the 15th day of the fifth month after the 2015 tax year as described in IRS Regulation Section 1.501(r)-3(c)(5)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group A Part V, Section B, line 11	The hospital organization is committed to serving the community by adhering to its mission , using its skills and capabilities, and remaining a strong organization which continues t o provide a wide range of important health care services and community benefits The organ ization's hospital facilities have teamed up with other hospital facilities in the communi ty to complete a joint community health needs assessment and develop a joint implementatio n strategy to meet certain federal and state requirements These hospitals will address si gnificant community health needs based on their intersection with the stated mission and k ey clinical strengths Below are key actions that were taken during the year to address th e following needs Access to Care for Middle to Lower Socioeconomic status, Mental/Behavior al Health, Preventable Admissions- Uncontrolled Diabetes, and Lack of Dental Providers Ch ronic Disease Management - The Baylor Community Clinic houses a carved out chronic disease management program to provide focused and dedicated education and care for low to middle socio-economic status patients with diabetes, cardiovascular diseases ((i e congestive he art failure) and respiratory diseases (asthma/chronic obstructive pulmonary disease) withi n a primary care setting Specific staff, comprised of community health workers (CHW) and nurse care managers, address the complex clinical and prevention needs of these patients a nd spend time specifically on management of these diseases The focus of this time and edu cation with patients not only entails clinical counseling, but also includes prevention co mponents focused on lifestyle issues and self- management The other key advantage that pa tients receive as part of this program is point of care testing for diabetes (HbA1c testin g and glucose testing using test strips) and asthma (Peak Flow Meter Assessments) This wi ll help to overcome the barrier of patients' non-compliance with completing lab orders and any financial or transportation issues that arise in obtaining these important lab result s Heart Heath Education & Screenings - The hospital will provide heart health education an d screenings to economically challenged populations within the community Medical Education /Physicians - Medical education is a crucial part of the hospital's mission Being one of the nations' largest private teaching hospitals, the System annually trains residents and fellows in eight specialties and 13 subspecialties These quality teaching programs add ma ny dimensions to the System's ability to serve patients Residents in the hospitals' progr am graduate with demonstrated competence in population health management, continuous quali ty improvement, and the importance of patient satisfaction Residents work with physician' s assistants and are active managers of the patient-centered medical home, often assuming leadership roles in clinic and hospital operations To help address the state's health car e workforce shortage, the Texa

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group A Part V, Section B, line 11	s A&M Health Science Center College of Medicine and the hospitals have joined forces to establish a Clinical Training Program in Dallas for students to complete clinical rotations in surgery, internal medicine, family medicine, psychiatry, pediatrics, and obstetrics/gynecology at the hospital and other clinical affiliates over their last two years of residency. While residents and fellows of the hospital are not required to work for an affiliate of BSWH, most remain in North Texas upon completion of their program, providing a continuous supply of well-trained medical professionals for the region. Mental/Behavioral Health Clinics - This project co-locates and integrates behavioral health services into the outpatient primary care setting. The model provides a Licensed Clinical Social Worker (LCSW) for basic counseling services. The LCSW addresses behavioral health needs such as anxiety, depression, and substance abuse issues. The screening tools used are evidence based and include PHQ-2 or 9, GAD-7 and alcohol and substance abuse screens. Additionally, the LCSW will be supported by a Community Health Worker (CHW) to help with the screening and referral processes. This staff can be triaged to clinics and community locations to provide behavioral health services. The behavioral health program requires the LCSW and CHW to work together with the primary care team to: 1) identify the patients who have behavioral health issues, 2) coordinate the patient's care and appointments to fit both the behavioral health and primary care appointment in the same visit and 3) help the primary care team to identify those patients whose behavioral health issues are impeding the management of their acute/chronic disease management models. We expect that approximately 85-90% of these patients will be Medicaid/Uninsured. ED Mental Health Initiative - Implement process on how to protect patients with suicidal or homicidal ideations including one-to-one sitters, utilization of mobile assessment teams, safe environment checklists all with the goal to keep all patients entering the ED safe. Connect patients identified with mental or behavioral health needs to community resources including both inpatient and outpatient treatment. For those with other mental illness, social workers will connect them with outpatient resources through Dallas MetroCare and other surrounding community clinics. This initiative will be provided regardless of the patient's ability to pay. Baylor Scott & White Health and Wellness Center is the area's first and only diabetes health and wellness facility addressing the region's health care needs relative to chronic disease management, including diabetes management, specifically for the underserved and underinsured. As a collaborative effort between Baylor Scott & White Health and the City of Dallas, the goal of the center is to weave chronic disease and management into the fabric of the community so that it is a natural and convenient part of life in the

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group A Part V, Section B, line 11	neighborhood The center provides an integrative care model including an on-site physician and nurse practitioner, visiting medical specialists, referral coordinators for specialty and ancillary care, diabetes management educators, access to affordable chronic disease a nd diabetes medications, nutrition and healthy cooking classes and physical activity progr ams including aerobics, walking clinics and weight training The efforts already have paid huge dividends for this underserved population More than 5,500 community members have pa rticipated in the center's programs Dental Care Access/Cancer & Transplant Patients - The dental clinic at Baylor Charles A Sammons Cancer Center's Outpatient Oncology Clinic spe cializes in dental care for cancer and transplant patients whose need for dental care is o ften urgent Preexisting or untreated dental disease can complicate treatment for cancer a nd transplant patients Once treatment begins, oral complications can compromise patients' health and quality of life, ultimately affecting their ability to complete prescribed tre atment Therefore medically necessary oral care before, during, and after cancer and trans plant treatment can prevent or reduce the incidence and severity of oral complications, en hancing both patient survival and quality of life The dental lab at the Cancer Center pro vides such treatment for Baylor Scott and White cancer patients as well as patients from t he community on a case by case basis and is provided at a discount and as a response to do cumented need Additional actions can be found in the joint implementation strategy that i s made widely available on the website listed in Schedule H, Part V, Section B, Line 10a The following identified needs have not been specifically addressed by these hospitals bec ause the needs are being addressed by other affiliated hospitals in the joint community be nefit implementation plan or because there are other community and state agencies whose ex pertise and infrastructure are better suited for addressing these needs Teen Pregnancy an d Drug Abuse Although these needs are not formally addressed in the joint implementation strategy, the hospitals have made financial contributions during the year to agencies who are dedicated to supporting the needs and accompanying issues

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group A Part V, Section B, line 16j	Measures to publicize the policy within the community served by the hospital facility, include but are not limited to, the following 1) posting signs and notices regarding the financial assistance policy in the emergency departments, admitting areas and business offices located throughout the organization 2) annual posting regarding the organization's financial assistance program in the local newspapers 3) information regarding financial assistance, including the organization's financial assistance policy, is posted on the organization's website 4) notices about the organization's financial assistance policies are posted on each bill sent to patients including providing a phone number to access the customer service unit dedicated to answering patients billing questions, as well as provide information regarding financial assistance and 5) the organization may provide free financial counselors to help inpatients determine how to meet their financial obligations for services provided Specifically financial counselors assist patients in applying for government assistance programs such as Medicaid or the organization's financial assistance program Any patient may request to speak to a financial counselor when being treated at the organization Uninsured patients who are admitted to the hospital may receive help from a financial counselor These services are also offered through interpretation services in the primary language of the patient requesting assistance The organization has the 501(r) policies available on its website in eight languages English, Spanish, Russian, Korean, Vietnamese, Arabic, French and Chinese The organization can also accommodate other languages including American Sign Language as needed

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group B

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group B consists of	- Facility 8 Baylor Sugical Hospital at Fort Worth, - Facility 9 Baylor Ortho & Spine Hosp at Arlington, - Facility 12 Baylor Medical Center at Trophy Club, - Facility 16 Baylor Emer Med Ctrs Burleson & Mansfield

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group B Part V, Section B, line 5	Focus groups with ten (10) participants, as well as six (6) key informant interviews, were conducted September through November of 2015 in order to take into account the input of persons representing the broad interests of the community served. The focus groups and interviews were conducted to solicit feedback from leaders and representatives who serve the community and have insight into community needs. The focus group was designed to familiarize participants with the CHNA process and gain a better understanding of priority health needs from the community's perspective. Focus groups were formatted for individual as well as small group feedback and also helped identify other community organizations already addressing health needs in the community. Truven Health also conducted key informant interviews for the community served. The interviews were designed to help understand and gain insight into how participants felt about the general health status of the community and the various drivers which contributed to health issues. In order to qualitatively assess the health needs for the community, participation was solicited from at least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community, as well as individuals or organizations serving and/or representing the interests of medically underserved, low-income, and minority populations in the community. In order to ensure the input received also represented the broad interests of the community served, participation was also sought from community leaders/groups, public health organizations, other healthcare organizations, and other healthcare providers (including physicians). The following is a list of groups consulted: United Way of Tarrant County, City Square, United Way of West Ellis County, United Way of Denton County, YWCA of Metropolitan Dallas, Collin County Health Care Services, Injury Prevention Center of Greater Dallas, Parkland Health and Hospital System, Metrocrest Community Clinic, Mental Health America of Greater Dallas, Bridge-Breast Network, JPS Health Network/Regional Health Partnership District 10, Tarrant County Hospital District, JPS Health Network Trinity Springs Pavilion for Psychiatric Services, Christian Community Action, AIDS Arms, Inc., Metrocare Services.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group B Part V, Section B, line 6a	Baylor Scott & White All Saints Medical Center - Fort Worth, Baylor Institute for Rehabilitation at Fort Worth, Baylor Scott & White Medical Center - Grapevine, Baylor Surgical Hospital at Fort Worth, Baylor Medical Center at Trophy Club, Baylor Orthopaedic and Spine Hospital at Arlington, Baylor Emergency Medical Center at Burleson, Baylor Emergency Medical Center at Mansfield Facility Reporting Group B Part V, Section B, Line 9 The hospital adopted its most recent Implementation Strategy before November 15, 2016, the 15th day of the fifth month after the 2015 tax year as described in IRS Regulation Section 1.501(r)-3(c)(5)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group B Part V, Section B, line 11	The hospital organization is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization which continues to provide a wide range of important health care services and community benefits. The organization's hospital facilities have teamed up with other hospital facilities in the community to complete a joint community health needs assessment and develop a joint implementation strategy to meet certain federal and state requirements. These hospitals will address significant community health needs based on their intersection with the stated mission and key clinical strengths. Below are key actions that were taken during the year to address the following needs: - Access to Care for middle to lower socioeconomic status and MD and Non-MD primary care providers to population ratio - Financial Assistance - Certain hospitals operated through a partnership have expanded their provision of financial assistance to eligible patients by providing free or discounted care as outlined in the BSWH system financial assistance policy. Those hospitals have agreed to follow the BSWH financial assistance policy as other BSWH nonprofit hospitals. Certain hospitals not meeting minimum thresholds are required to make a contribution/grant to other affiliated nonprofit hospitals to help those hospitals treat indigent patients. - Workforce Development - The hospital will recruit physicians and other health professionals for areas identified as medically underserved. The Hospital seeks to allay the physician shortage, thereby better managing the growing health needs of the community. Additional actions can be found in the joint implementation strategy that is made widely available on the website listed in Schedule H, Part V, Section B, Line 10a. The following identified needs have not been specifically addressed by these hospitals because the needs are being addressed by other affiliated hospitals in the joint community benefit implementation plan or because there are other community and state agencies whose expertise and infrastructure are better suited for addressing these needs: Mental/behavioral health, Chronic disease, dentist to population ratio, and health and wellness promotion.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group B Part V, Section B, line 16j	Measures to publicize the policy within the community served by the hospital facility, include but are not limited to, the following 1) posting signs and notices regarding the financial assistance policy in the emergency departments, admitting areas and business offices located throughout the organization 2) annual posting regarding the organization's financial assistance program in the local newspapers 3) information regarding financial assistance, including the organization's financial assistance policy, is posted on the organization's website 4) notices about the organization's financial assistance policies are posted on each bill sent to patients including providing a phone number to access the customer service unit dedicated to answering patients billing questions, as well as provide information regarding financial assistance and 5) the organization may provide free financial counselors to help inpatients determine how to meet their financial obligations for services provided Specifically financial counselors assist patients in applying for government assistance programs such as Medicaid or the organization's financial assistance program Any patient may request to speak to a financial counselor when being treated at the organization Uninsured patients who are admitted to the hospital may receive help from a financial counselor These services are also offered through interpretation services in the primary language of the patient requesting assistance The organization has the 501(r) policies available on its website in eight languages English, Spanish, Russian, Korean, Vietnamese, Arabic, French and Chinese The organization can also accommodate other languages including American Sign Language as needed

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group C

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.	
Form and Line Reference	Explanation
Facility Reporting Group C consists of	- Facility 2 Baylor Scott&White Med Ctr-Lake Pointe, - Facility 5 Baylor Scott&White Med Ctr-Sunnyvale

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group C Part V, Section B, line 2	On January 1, 2016, the organization, acquired the following hospital facilities through a partnership named BT East Dallas JV, LLP in which the organization is the controlling partner Baylor Scott & White Medical Center - Sunnyvale (formerly known as Texas Regional Medical Center), Baylor Scott & White Medical Center - Lake Pointe (formerly known as Lake Pointe Medical Center), Baylor Scott & White Medical Center - Centennial (formerly known as Centennial Medical Center) and Baylor Scott & White Medical Center - White Rock (formerly known as Doctors Hospital at White Rock Lake) Community health needs assessments and implementation strategies for these hospital facilities were completed during the tax year ending June 30, 2016 and are made widely available to the public at http //communityneeds bswhealth com/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group C Part V, Section B, line 5	Focus group with ten (10) participants, as well as six (6) key informant interviews, were conducted September through November of 2015 in order to take into account the input of persons representing the broad interests of the community served. The focus groups and interviews were conducted to solicit feedback from leaders and representatives who serve the community and have insight into community needs. The focus group was designed to familiarize participants with the CHNA process and gain a better understanding of priority health needs from the community's perspective. Focus groups were formatted for individual as well as small group feedback and also helped identify other community organizations already addressing health needs in the community. Truven Health also conducted key informant interviews for the community served. The interviews were designed to help understand and gain insight into how participants felt about the general health status of the community and the various drivers which contributed to health issues. In order to qualitatively assess the health needs for the community, participation was solicited from at least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community, as well as individuals or organizations serving and/or representing the interests of medically underserved, low-income, and minority populations in the community. In order to ensure the input received also represented the broad interests of the community served, participation was also sought from community leaders/groups, public health organizations, other healthcare organizations, and other healthcare providers (including physicians). The following is a list of groups consulted: United Way of Tarrant County, City Square, United Way of West Ellis County, United Way of Denton County, YWCA of Metropolitan Dallas, Collin County Health Care Services, Injury Prevention Center of Greater Dallas, Parkland Health and Hospital System, Metrocrest Community Clinic, Mental Health America of Greater Dallas, Bridge-Breast Network, JPS Health Network/Regional Health Partnership District 10, Tarrant County Hospital District, JPS Health Network Trinity Springs Pavilion for Psychiatric Services, Christian Community Action, AIDS Arms, Inc., Metrocare Services.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group C Part V, Section B, line 6a	Baylor Scott & White Medical Center - Sunnyvale, Baylor Emergency Medical Center at Rockwall, Baylor Scott & White Medical Center - Lake Pointe Facility Reporting Group C Part V, Section B, Line 9 The hospital adopted its most recent Implementation Strategy before November 15, 2016, the 15th day of the fifth month after the 2015 tax year as described in IRS Regulation Section 1.501(r)-3(c)(5)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group C Part V, Section B, line 11	The hospital organization is committed to serving the community by adhering to its mission , using its skills and capabilities, and remaining a strong organization which continues to provide a wide range of important health care services and community benefits. The organization's hospital facilities have teamed up with other hospital facilities in the community to complete a joint community health needs assessment and develop a joint implementation strategy to meet certain federal and state requirements. These hospitals will address significant community health needs based on their intersection with the stated mission and key clinical strengths. Below are key actions that were taken during the year to address the following needs: Healthcare cost/affordability, Mental/behavioral health, Chronic Diseases (obesity), and preventable admissions - adult uncontrolled diabetes. Financial Assistance - Certain hospitals operated through a partnership have expanded their provision of financial assistance to eligible patients by providing free or discounted care as outlined in the BSWH system financial assistance policy. Those hospitals have agreed to follow the BSWH financial assistance policy as other BSWH nonprofit hospitals. Certain hospitals not meeting minimum thresholds are required to make a contribution/grant to other affiliated nonprofit hospitals to help those hospitals treat indigent patients. Enrollment Services - Health care support services are provided by the hospital to increase access and quality of care in health services to individuals, especially persons living in poverty and those in vulnerable situations. Through its agreement with Path to Health and Medical Eligibility and Enrollment Program, the hospital provides staff to assist in the qualification of the medically underserved for programs that will enable their access to care, such as Medicaid, Medicare, SCHIP and other government programs or charity care programs for use in any hospital within or outside the Hospital Financial Donations - The hospital will support community partners in developing/delivering health services that address health care costs and affordability through the provision of financial support to address health care costs and affordability in the community. Physician Recruitment - The hospitals are collaborating with Health Texas Provider Network to recruit physicians into the communities that would provide more access for Medicaid patients. Recruitment of physicians for areas identified as medically underserved (MUAs) or other community needs assessment aids in relieving the burden of lack of access to care for medically under-insured or un-insured populations. The age and characteristics of a state's population has a direct impact on the health care system. The state's population is growing at an explosive pace - twice as fast as the national average. During this 10 year period, Texas had the fourth highest percentage growth and ranked first in the number of residents.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group C Part V, Section B, line 11	dents added during this period And, like the rest of the country, the Texas population is aging and in need of more health care services, which puts added demands on the system The Hospital seeks to allay the physician shortage, thereby better managing the growing health needs of the community Community Resourcing - Utilize community resources to their utmost capacity to address the treatment of depression for the community's most vulnerable population through the provision of appropriate referrals to community partners that provide services for depression Financial Donation - Community Health Service Development - Support community partners in developing/delivering health services that address obesity in the community through provision of financial support to agencies addressing obesity in the community Community Health Education/Diabetes - The hospital will provide adult diabetes education and support groups for people and their families living with diabetes Diabetes education is the cornerstone of diabetes management, because diabetes requires day-to-day knowledge of nutrition, exercise, monitoring, and medication Patient Centered Medical Home/Medication Management - The hospital will expand or enhance the delivery of care provided through the Patient-Centered Medical Home (PCMH) model through partnership of the hospital, Tenet Healthcare and Mission East Dallas Patients discharged from the hospital who are high-risk for diabetes, or chronic disease patients can seek follow-up care and medication management in an ambulatory care setting Diabetes Care Expansion - With the Collin County Adult Clinic (CCAC), the hospital will expand access to primary care through expanded primary care clinic hours/staffing, enhanced diabetes and hypertension management and education , wellness checkups and screenings for women, and seamless referrals for HIV/AIDS issues and testing Impact One-Eighty - The hospital will contract with Impact One-Eighty to provide inpatient medical withdrawal stabilization services for voluntary under-served or under-insured patients who have decided to turn away from alcohol and drugs Impact One-Eighty will assist with discharge planning by assisting patients with entering into appropriate after care programs and services for follow up Additional actions can be found in the joint implementation strategy that is made widely available on the website listed in Schedule H, Part V, Section B, Line 10a The following identified needs have not been specifically addressed by these hospitals because the needs are being addressed by other affiliated hospitals in the joint community benefit implementation plan or because there are other community and state agencies whose expertise and infrastructure are better suited for addressing these needs Lack of dentists and Teen births

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group C Part V, Section B, line 16j	Measures to publicize the policy within the community served by the hospital facility, include but are not limited to, the following 1) posting signs and notices regarding the financial assistance policy in the emergency departments, admitting areas and business offices located throughout the organization 2) annual posting regarding the organization's financial assistance program in the local newspapers 3) information regarding financial assistance, including the organization's financial assistance policy, is posted on the organization's website 4) notices about the organization's financial assistance policies are posted on each bill sent to patients including providing a phone number to access the customer service unit dedicated to answering patients billing questions, as well as provide information regarding financial assistance and 5) the organization may provide free financial counselors to help inpatients determine how to meet their financial obligations for services provided Specifically financial counselors assist patients in applying for government assistance programs such as Medicaid or the organization's financial assistance program Any patient may request to speak to a financial counselor when being treated at the organization Uninsured patients who are admitted to the hospital may receive help from a financial counselor These services are also offered through interpretation services in the primary language of the patient requesting assistance The organization has the 501(r) policies available on its website in eight languages English, Spanish, Russian, Korean, Vietnamese, Arabic, French and Chinese The organization can also accommodate other languages including American Sign Language as needed

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group D

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group D consists of	- Facility 3 Baylor Scott&White Med Ctr-White Rock, - Facility 6 Baylor Scott&White Med Ctr-Centennial

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group D Part V, Section B, line 2	On January 1, 2016, the organization, acquired the following hospital facilities through a partnership named BT East Dallas JV, LLP in which the organization is the controlling partner Baylor Scott & White Medical Center - Sunnyvale (formerly known as Texas Regional Medical Center), Baylor Scott & White Medical Center - Lake Pointe (formerly known as Lake Pointe Medical Center), Baylor Scott & White Medical Center - Centennial (formerly known as Centennial Medical Center) and Baylor Scott & White Medical Center - White Rock (formerly known as Doctors Hospital at White Rock Lake) Community health needs assessments and implementation strategies for these hospital facilities were completed during the tax year ending June 30, 2016 and are made widely available to the public at http //communityneeds bswhealth com/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group D Part V, Section B, line 5	Focus groups with ten (10) participants, as well as eight (8) key informant interviews, were conducted September through November of 2015 in order to take into account the input of persons representing the broad interests of the community served. The focus groups and interviews were conducted to solicit feedback from leaders and representatives who serve the community and have insight into community needs. The focus group was designed to familiarize participants with the CHNA process and gain a better understanding of priority health needs from the community's perspective. Focus groups were formatted for individual as well as small group feedback and also helped identify other community organizations already addressing health needs in the community. Truven Health also conducted key informant interviews for the community served. The interviews were designed to help understand and gain insight into how participants felt about the general health status of the community and the various drivers which contributed to health issues. In order to qualitatively assess the health needs for the community, participation was solicited from at least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community, as well as individuals or organizations serving and/or representing the interests of medically underserved, low-income, and minority populations in the community. In order to ensure the input received also represented the broad interests of the community served, participation was also sought from community leaders/groups, public health organizations, other healthcare organizations, and other healthcare providers (including physicians). The following is a list of groups consulted: United Way of Tarrant County, City Square, United Way of West Ellis County, United Way of Denton County, YWCA of Metropolitan Dallas, Collin County Health Care Services, Injury Prevention Center of Greater Dallas, Parkland Health and Hospital System, Metrocrest Community Clinic, Mental Health America of Greater Dallas, Bridge-Breast Network, JPS Health Network/Regional Health Partnership District 10, Tarrant County Hospital District, JPS Health Network Trinity Springs Pavilion for Psychiatric Services, Christian Community Action, AIDS Arms, Inc., Metrocare Services.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group D Part V, Section B, line 6a	Baylor University Medical Center, Baylor Institute for Rehabilitation at Northwest Dallas, Baylor Heart and Vascular Hospital, Baylor Medical Center at Uptown, Baylor Institute for Rehabilitation, North Central Surgical Center, Baylor Institute for Rehabilitation at Frisco, Baylor Scott & White Medical Center - Carrollton, Baylor Scott & White Medical Center - Frisco, Baylor Scott & White Medical Center - Garland, Baylor Scott & White Medical Center - McKinney, Baylor Scott & White Medical Center - Plano, The Heart Hospital Baylor Denton, The Heart Hospital Baylor Plano, Baylor Scott & White Medical Center - Irving, Baylor Surgical Hospital at Las Colinas, Baylor Scott & White Medical Center - White Rock, Baylor Scott & White Medical Center - Centennial Facility Reporting Group D Part V, Section B, Line 9 The hospital adopted its most recent Implementation Strategy before November 15, 2016, the 15th day of the fifth month after the 2015 tax year as described in IRS Regulation Section 1.501(r)-3(c)(5)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group D Part V, Section B, line 11	The hospital organization is committed to serving the community by adhering to its mission , using its skills and capabilities, and remaining a strong organization which continues t o provide a wide range of important health care services and community benefits The organ ization's hospital facilities have teamed up with other hospital facilities in the communi ty to complete a joint community health needs assessment and develop a joint implementatio n strategy to meet certain federal and state requirements These hospitals will address si gnificant community health needs based on their intersection with the stated mission and k ey clinical strengths Below are key actions that were taken during the year to address th e following needs Access to Care for middle to lower socioeconomic status and preventable admissions- uncontrolled diabetes Financial Assistance - Certain hospitals operated throu gh a partnership have expanded their provision of financial assistance to eligible patient s by providing free or discounted care as outlined in the BSWH system financial assistance policy Those hospitals have agreed to follow the BSWH financial assistance policy as oth er BSWH nonprofit hospitals Certain hospitals not meeting minimum thresholds are required to make a contribution/grant to other affiliated nonprofit hospitals to help those hospit als treat indigent patients Enrollment Services - The hospitals will provide assistance to enroll in public programs, such as SCHIP and Medicaid These health care support services are provided by the hospital to increase access and quality of care in health services to individuals, especially persons living in poverty and those in vulnerable situations The hospital provides staff to assist in the qualification of the medically under-served for programs that will enable their access to care, such as Medicaid, Medicare, SCHIP and othe r government programs or charity care programs for use in any hospital within or outside t he hospital Primary care and specialty physician access - The hospitals are collaborating with Health Texas Provider Network to recruit physician into the communities that would pr ovide more access for Medicaid patients Recruitment of physicians for areas identified as medically underserved (MUAs) or other community needs assessment aids in relieving the bu rden of lack of access to care for medically under-insured or un-insured populations The age and characteristics of a state's population has a direct impact on the health care sys tem The state's population is growing at an explosive pace - twice as fast as the nationa l average During this 10 year period, Texas had the fourth highest percentage growth and ranked first in the number of residents added during this period And, like the rest of th e country, the Texas population is aging and in need of more health care services, which p uts added demands on the system The Hospital seeks to allay the physician shortage, there by better managing the growing

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group D Part V, Section B, line 11	health needs of the community Community Health Education/Screenings - Community health education activities are carried out at the hospitals and in the community to improve community health and extend the reach of the hospitals beyond patient care activities These services do not generate patient care bills and include such activities as community health education, community-based clinical health services and screenings for under-insured and uninsured persons, support groups, and self-help programs Additional actions can be found in the joint implementation strategy that is made widely available on the website listed in Schedule H, Part V, Section B, Line 10a The following identified needs have not been specifically addressed by these hospitals because the needs are being addressed by other affiliated hospitals in the joint community benefit implementation plan or because there are other community and state agencies whose expertise and infrastructure are better suited for addressing these needs Mental Health, Lack of Dental Provider, Teen Births and Drug Abuse

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group D Part V, Section B, line 16j	Measures to publicize the policy within the community served by the hospital facility, include but are not limited to, the following 1) posting signs and notices regarding the financial assistance policy in the emergency departments, admitting areas and business offices located throughout the organization 2) annual posting regarding the organization's financial assistance program in the local newspapers 3) information regarding financial assistance, including the organization's financial assistance policy, is posted on the organization's website 4) notices about the organization's financial assistance policies are posted on each bill sent to patients including providing a phone number to access the customer service unit dedicated to answering patients billing questions, as well as provide information regarding financial assistance and 5) the organization may provide free financial counselors to help inpatients determine how to meet their financial obligations for services provided Specifically financial counselors assist patients in applying for government assistance programs such as Medicaid or the organization's financial assistance program Any patient may request to speak to a financial counselor when being treated at the organization Uninsured patients who are admitted to the hospital may receive help from a financial counselor These services are also offered through interpretation services in the primary language of the patient requesting assistance The organization has the 501(r) policies available on its website in eight languages English, Spanish, Russian, Korean, Vietnamese, Arabic, French and Chinese The organization can also accommodate other languages including American Sign Language as needed

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group E

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.	
Form and Line Reference	Explanation
Facility Reporting Group E consists of	- Facility 7 Baylor Scott & White Med Ctr-Frisco, - Facility 10 North Central Surgical Center, - Facility 13 Baylor Medical Center at Uptown, - Facility 14 Baylor Surgical Hosp at Las Colinas

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group E Part V, Section B, line 5	Focus groups with ten (10) participants, as well as eight (8) key informant interviews, were conducted September through November of 2015 in order to take into account the input of persons representing the broad interests of the community served. The focus groups and interviews were conducted to solicit feedback from leaders and representatives who serve the community and have insight into community needs. The focus group was designed to familiarize participants with the CHNA process and gain a better understanding of priority health needs from the community's perspective. Focus groups were formatted for individual as well as small group feedback and also helped identify other community organizations already addressing health needs in the community. Truven Health also conducted key informant interviews for the community served. The interviews were designed to help understand and gain insight into how participants felt about the general health status of the community and the various drivers which contributed to health issues. In order to qualitatively assess the health needs for the community, participation was solicited from at least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community, as well as individuals or organizations serving and/or representing the interests of medically underserved, low-income, and minority populations in the community. In order to ensure the input received also represented the broad interests of the community served, participation was also sought from community leaders/groups, public health organizations, other healthcare organizations, and other healthcare providers (including physicians). The following is a list of groups consulted: United Way of Tarrant County, City Square, United Way of West Ellis County, United Way of Denton County, YWCA of Metropolitan Dallas, Collin County Health Care Services, Injury Prevention Center of Greater Dallas, Parkland Health and Hospital System, Metrocrest Community Clinic, Mental Health America of Greater Dallas, Bridge-Breast Network, JPS Health Network/Regional Health Partnership District 10, Tarrant County Hospital District, JPS Health Network Trinity Springs Pavilion for Psychiatric Services, Christian Community Action, AIDS Arms, Inc., Metrocare Services.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group E Part V, Section B, line 6a	Baylor University Medical Center, Baylor Institute for Rehabilitation at Northwest Dallas, Baylor Heart and Vascular Hospital, Baylor Medical Center at Uptown, Baylor Institute for Rehabilitation, North Central Surgical Center, Baylor Institute for Rehabilitation at Frisco, Baylor Scott & White Medical Center - Carrollton, Baylor Scott & White Medical Center - Frisco, Baylor Scott & White Medical Center - Garland, Baylor Scott & White Medical Center - McKinney, Baylor Scott & White Medical Center - Plano, The Heart Hospital Baylor Denton, The Heart Hospital Baylor Plano, Baylor Scott & White Medical Center - Irving, Baylor Surgical Hospital at Las Colinas, Baylor Scott & White Medical Center - White Rock, Baylor Scott & White Medical Center - Centennial Facility Reporting Group E Part V, Section B, Line 9 The hospital adopted its most recent Implementation Strategy before November 15, 2016, the 15th day of the fifth month after the 2015 tax year as described in IRS Regulation Section 1.501(r)-3(c)(5)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group E Part V, Section B, line 11	The hospital organization is committed to serving the community by adhering to its mission , using its skills and capabilities, and remaining a strong organization which continues t o provide a wide range of important health care services and community benefits The organ ization's hospital facilities have teamed up with other hospital facilities in the communi ty to complete a joint community health needs assessment and develop a joint implementatio n strategy to meet certain federal and state requirements These hospitals will address si gnificant community health needs based on their intersection with the stated mission and k ey clinical strengths Below are key actions that were taken during the year to address th e following needs Access to Care for Middle to Lower Socioeconomic status Financial Assis tance - Certain hospitals operated through a partnership have expanded their provision of financial assistance to eligible patients by providing free or discounted care as outlined in the BSWH system financial assistance policy Those hospitals have agreed to follow the BSWH financial assistance policy as other BSWH nonprofit hospitals Certain hospitals not meeting minimum thresholds are required to make a contribution/grant to other affiliated nonprofit hospitals to help those hospitals treat indigent patients Workforce Development - The hospital will recruit physicians and other health professionals for areas identified as medically underserved The Hospital seeks to allay the physician shortage, thereby bet ter managing the growing health needs of the community Enrollment Services - Health care s upport services are provided by the hospital to increase access and quality of care in hea lth services to individuals, especially persons living in poverty and those in vulnerable situations Through its agreement with Path to Health and Medical Eligibility and Enrollme nt Program, the hospital provides staff to assist in the qualification of the medically un der-served for programs that will enable their access to care, such as Medicaid, Medicare, SCHIP and other government programs or charity care programs for use in any hospital with in or outside the Hospital Additional actions can be found in the joint implementation str ategy that is made widely available on the website listed in Schedule H, Part V, Section B , Line 10a The following identified needs have not been specifically addressed by these h ospitals because the needs are being addressed by other affiliated hospitals in the joint community benefit implementation plan or because there are other community and state agenc ies whose expertise and infrastructure are better suited for addressing these needs Menta l/Behavioral Health, Preventable Admissions- Uncontrolled Diabetes, Lack of Dental Provide rs, Teen Pregnancy and Drug Abuse Although these needs are not formally addressed in the joint implementation strategy, the hospitals have made financial contributions during the year to agencies who are dedic

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group E Part V, Section B, line 11	ated to supporting the needs and accompanying issues

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Facility Reporting Group E Part V, Section B, line 16j	Measures to publicize the policy within the community served by the hospital facility, include but are not limited to, the following 1) posting signs and notices regarding the financial assistance policy in the emergency departments, admitting areas and business offices located throughout the organization 2) annual posting regarding the organization's financial assistance program in the local newspapers 3) information regarding financial assistance, including the organization's financial assistance policy, is posted on the organization's website 4) notices about the organization's financial assistance policies are posted on each bill sent to patients including providing a phone number to access the customer service unit dedicated to answering patients billing questions, as well as provide information regarding financial assistance and 5) the organization may provide free financial counselors to help inpatients determine how to meet their financial obligations for services provided Specifically financial counselors assist patients in applying for government assistance programs such as Medicaid or the organization's financial assistance program Any patient may request to speak to a financial counselor when being treated at the organization Uninsured patients who are admitted to the hospital may receive help from a financial counselor These services are also offered through interpretation services in the primary language of the patient requesting assistance The organization has the 501(r) policies available on its website in eight languages English, Spanish, Russian, Korean, Vietnamese, Arabic, French and Chinese The organization can also accommodate other languages including American Sign Language as needed

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 - Baylor Surgicare at Fort Worth I 975 Haskell Street Fort Worth, TX 76107	Ambulatory Surgery Center
2 - Baylor Surgicare at Fort Worth II 2001 Cooper Street Fort Worth, TX 76104	Ambulatory Surgery Center
3 - Baylor Surgicare at Valley View 5744 LBJ Freeway Suite 200 Dallas, TX 75240	Ambulatory Surgery Center
4 - Baylor Surgicare at Mansfield 280 Regency Parkway Mansfield, TX 76063	Ambulatory Surgery Center
5 - Baylor Surgicare 3920 Worth Street Dallas, TX 75246	Ambulatory Surgery Center
6 - Lone Star Endoscopy Center 180 Bear Creek Parkway Keller, TX 76248	Ambulatory Surgery Center
7 - Baylor Surgicare at North Garland 7150 N Georg Bush Highway Garland, TX 75044	Ambulatory Surgery Center
8 - Baylor Surgicare at Carrollton 4780 North Josey Lane Carrollton, TX 75010	Ambulatory Surgery Center
9 - Baylor Surgicare at Plano 1701 Ohio Drive Plano, TX 75093	Ambulatory Surgery Center
10 - Baylor Surgicare at Grapevine 2020 W State Hwy 114 Suite 102 Grapevine, TX 76051	Ambulatory Surgery Center
11 - Park Cities Surgery Center 6901 Snider Plaza Suite 300 University Park, TX 75205	Ambulatory Surgery Center
12 - North Texas Surgery Center 7992 West Virginia Drive Suite 1600 Dallas, TX 75237	Ambulatory Surgery Center
13 - Rockwall Surgery Center 825 West Yellowjacket Lane Suite 100 Rockwall, TX 75087	Ambulatory Surgery Center
14 - Texas Endoscopy Center 6405 W Parker Rd Suite 370 Plano, TX 75093	Endoscopy Center
15 - Baylor Surgicare at Denton 350 South I-35 East Denton, TX 76205	Ambulatory Surgery Center

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
16 - Touchstone Imaging Mesquite 1425 Gross Rd Suite 130 Mesquite, TX 75149	Radiology Center
17 - Baylor Surgicare at Garland 530 Clara Barton Suite 100 Garland, TX 75042	Ambulatory Surgery Center
18 - Touchstone Imaging Downtown Rosedale 1701 West Rosedale Fort Worth, TX 76104	Radiology Center
19 - Baylor Diagnostic Imag Ctr at Junius 3900 Junius Suite 100 Dallas, TX 75246	Radiology Center
20 - Touchstone Imaging Plano 3304 Communications Pkwy Suite 201 Plano, TX 75093	Radiology Center
21 - Baylor Ambulatory Endoscopy Center 4708 Alliance Blvd Suite 210 Plano, TX 75093	Ambulatory Surgery Center
22 - Baylor Surgicare at Granbury 1717 Paluxy Road Granbury, TX 76048	Ambulatory Surgery Center
23 - Tuscan Surgery Center at Las Colinas 701 Tuscan Drive Suite 100 Irving, TX 75039	Ambulatory Surgery Center
24 - Touchstone Imaging Arlington 601 West Arbrook Blvd Arlington, TX 76014	Radiology Center
25 - BSW Surgicare at Centennial 4401 Coit Road Suite 100 Frisco, TX 75035	Ambulatory Surgery Center
26 - Baylor Surgicare at Bedford 1600 Central Drive Suite 180 Bedford, TX 76022	Ambulatory Surgery Center
27 - Baylor Center for Pain Management 3600 Gaston Suite 360 Dallas, TX 75246	Pain Center
28 - Touchstone Imaging Burleson 665 NE Alsbury Blvd Burleson, TX 76028	Radiology Center
29 - Baylor Ctr for Pain Mgmt - Grapevine 1615 Lancaster Dr Suite 103 Grapevine, TX 76051	Pain Center
30 - Baylor Surgicare at Heath 6435 South FM 549 Suite 101 Heath, TX 75032	Ambulatory Surgery Center

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
31 - Touchstone Flower Mound Corporate Court 3000 Corporate Court Ste 400 Flower Mound, TX 75028	Radiology Center
32 - Touchstone Blue Star Imaging ValleyRanch One Cowboys Parking Irving, TX 75063	Radiology Center
33 - Touchstone Imaging Lewisville 190 Civic Circle Suite 125 Lewisville, TX 75067	Radiology Center
34 - Touchstone Imaging Oaktree Plaza 1435 South Loop 288 Suite 101 Denton, TX 76205	Radiology Center
35 - Touchstone Sendero Imaging Medical Ctr 7220 Louis Pasteur Suite 115 San Antonio, TX 78229	Radiology Center
36 - Touchstone Imaging Fossil Creek 5455 Basswood Blvd Suite 550 Fort Worth, TX 76137	Radiology Center
37 - Touchstone Imaging Northpark 9101 N Central Exp Suite 100 Dallas, TX 75231	Radiology Center
38 - Baylor Breast Imaging Center 3900 Junius Suite 200 Dallas, TX 75246	Radiology Center
39 - Touchstone Imaging Fort Worth SW 6900 Harris Parkway Suite 100 Fort Worth, TX 76132	Radiology Center
40 - Touchstone Imaging Keller 601 S Main Street Suite 100 Keller, TX 76248	Radiology Center
41 - Baylor Surgicare at Richardson 610 N Coit Suite 2120 Richardson, TX 75080	Bariatric Center
42 - Touchstone Imaging McKinney 5321 W University Dr McKinney, TX 75071	Radiology Center
43 - Baylor Surgicare at Plano Parkway 4031 W Plano Parkway Suite 100 Plano, TX 75093	Ambulatory Surgery Center
44 - Touchstone Imaging Richardson 1910 North Collins Blvd Richardson, TX 75080	Radiology Center
45 - Touchstone Imaging Red Oak 305 E Ovilla Rd Red Oak, TX 75154	Radiology Center

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
46 - Touchstone Imaging Hurst 1717 Precinct Line Rd Suite 103 Hurst, TX 76054	Radiology Center
47 - Baylor Advanced Imaging Center 411 N Washington Suite 1000 Dallas, TX 75246	Radiology Center
48 - Touchstone Dallas Forest Lane 11617 N Central Expwy Ste 132 136 Dallas, TX 75243	Radiology Center
49 - Touchstone Imaging Post Oak 4316 James Casey St Ste E-1 Austin, TX 78745	Radiology Center
50 - Touchstone Imaging Grapevine 2020 W Hwy 114 Suite 100 Grapevine, TX 76051	Radiology Center
51 - Touchstone Imaging Round Rock 15808 Hwy 620 N Austin, TX 78717	Radiology Center
52 - Touchstone Imaging Grand Prairie 2740 N State Hwy 360 Suite 200 Grand Prairie, TX 75050	Radiology Center
53 - Baylor Neuroscience Ctr Headache Ctr 9101 N Central Exp Suite 400 Dallas, TX 75231	Headache Clinic
54 - Touchstone Imaging 38th 711 W 38th St Ste B-6-9 B-11-12 Austin, TX 78705	Radiology Center
55 - Touchstone Sendero Imaging South 614 SW Military Dr San Antonio, TX 78221	Radiology Center
56 - Touchstone Imaging Waco 3314 Richland West Cr Waco, TX 76712	Radiology Center
57 - Baylor Martha Foster Lung Care Ctr 4004 Worth Street Suite 300 Dallas, TX 75246	Asthma Center
58 - Touchstone Sendaro Imaging North Central 18626 Hardy Oak Ste 100 San Antonio, TX 782584206	Radiology Center
59 - Baylor Charles A Sammons Cancer Ctr 3410 Worth St Suite 770 Dallas, TX 75246	Radiology Center
60 - Baylor Breast Imag Ctr North Dallas 9101 N Central Exp Suite 200 Dallas, TX 75231	Radiology Center

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
61 - Touchstone Imaging Northwest 11575 Jollyville Road Austin, TX 78759	Radiology Center
62 - Baylor Geriatrics Center 4004 Worth Street Suite 100 Dallas, TX 75246	Senior Clinic
63 - Memory and Alzheimer's Center 9101 N Central Exp Suite 190 Dallas, TX 75231	Neuroscience Center
64 - Touchstone Fort Worth Main 1199 8th Ave Fort Worth, TX 76104	Radiology Center
65 - Touchstone Fort Worth PET & CT 1263 West Rosedale Street Suite 105 Fort Worth, TX 76104	Radiology Center
66 - Touchstone Imaging Eules 350 West Park Way Suite 100 Eules, TX 76040	Radiology Center
67 - Baylor Senior Health Ctr Mesquite 1650 Republic Pkwy Suite 150 Mesquite, TX 75150	Senior Clinic
68 - Touchstone Imaging Kyle 135 Bunton Creek Road Kyle, TX 78640	Radiology Center
69 - Baylor Surgicare at Ennis 2200 Physicians Blvd Suite A Ennis, TX 75119	Ambulatory Surgery Center
70 - Baylor Breast Imaging Ctr at Rockwall 1355 Ridge Road Suite 105 Rockwall, TX 75087	Radiology Center
71 - Baylor Breast Imag Ctr at Cedar Hill 294 Uptown Blvd Suite 110 Cedar Hill, TX 75104	Radiology Center
72 - Touchstone Imaging Garland 6850 Shiloh Rd Suite R Garland, TX 75044	Radiology Center
73 - Ruth Collins Diabetes Center 4000 Junius Street Dallas, TX 75246	Diabetes Center
74 - Weight Loss Surgery Clinic 9101 N Central Exp Suite 370 Dallas, TX 75231	Bariatric Center
75 - Baylor Surgicare at Lewisville 1854 Lakepoint Drive Lewisville, TX 75057	Ambulatory Surgery Center

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
76 - Baylor Surgicare at Arlington 2400 Matlock Rd Suite 100 Arlington, TX 76015	Ambulatory Surgery Center
77 - Specialty Surgery Ctr of Fort Worth 1717 Precinct Line Suite 203 Hurst, TX 76054	Bariatric Center

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As Filed Data -

DLN: 93493135085448

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

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.

Name of the organization
Baylor University Medical Center

Employer identification number
75-1837454

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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 38

3 Enter total number of other organizations listed in the line 1 table 0

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	32	109,324	0	N/A	N/A
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
Part I, Line 2	Monitoring Grants & Other Assistance As part of its mission, the organization provides grants and other assistance to related organizations and/or unrelated not-for-profit organizations which are religious, charitable, scientific, or educational in nature, within the meaning of Internal Revenue Code Section 501(c)(3), when the use will further one or more tenets of the organization's charitable mission and one of the following criteria for use of these funds is met (1) Fulfills a need identified by a community needs assessment conducted by the organization and/or outlined in an implementation strategy, (2) Serves an under-served community or group of people through medical mission work to improve their health status (3) promotes health in the community, (4) supports community buildings activities that protect or improves the community's health or safety and/or (5) provides positive visibility and good community relations with other organization serving the health needs of the community For related organizations, all grants and other assistance are subject to the policies and procedures set forth by BSWH which ensures all funds are used in accordance with the guidelines set forth above and in accordance with the related organization's exempt purpose Grants and other assistance provided to unrelated organizations are typically monitored by personal inspection Examples include providing assistance to entities where the filing organization's employee serves as a Board Member for the recipient organization or through attendance at community events where the filing organization employees work as volunteers or to help coordinate these events

Additional Data

Software ID:
Software Version:
EIN: 75-1837454
Name: Baylor University Medical Center

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Baylor Research Institute 3310 Live Oak Ste 501 Dallas, TX 75204	75-1921898	501(c)(3)	21,764,218		N/A	N/A	Research
Dallas County Indigent Care Corporation PO Box 655999 Dallas, TX 75265	26-0610562	501(c)(3)	30,443,268		N/A	N/A	Indigent Care

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Southern Sector Health Initiative 4500 Spring Avenue Dallas, TX 75210	26-3087442	501(c)(3)	5,200,000		N/A	N/A	Community Benefit
American Cancer Society 8900 John W Carpenter Fwy Dallas, TX 75247	13-1788491	501(c)(3)	32,250		N/A	N/A	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
American Lung Association 8150 Brookriver Dr Ste S-102 Dallas, TX 75235	43-0662525	501(c)(3)	7,500		N/A	N/A	General Support
ARK House PO Box 833656 Richardson, TX 75083	75-2738896	501(c)(3)	20,000		N/A	N/A	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Baylor University One Bear Place 97340 Waco, TX 76798	74-1159753	501(c)(3)	12,500		N/A	N/A	General Support
Christian Transformation Foundation 2215 Canada Dr Dallas, TX 75212	26-4441043	501(c)(3)	19,000		N/A	N/A	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Council for Life 4516 Lovers Lane Suite 103 Dallas, TX 75225	05-0532415	501(c)(3)	10,000		N/A	N/A	General Support
Crohns and Colitis Foundation 12801 N Central Expwy Suite 530 Dallas, TX 75243	13-6193105	501(c)(3)	7,500		N/A	N/A	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Crystal Charity Ball 3838 Oak Lawn Ave Two TurtleCreek Dallas, TX 75219	75-6035893	501(c)(3)	35,000		N/A	N/A	General Support
Dallas Arboretum 8617 Garland Rd Dallas, TX 75218	23-7375815	501(c)(3)	12,500		N/A	N/A	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Dallas Area Interfaith 1104 Lupo Dr Dallas, TX 75207	75-2409130	501(c)(3)	20,000		N/A	N/A	General Support
Dallas Concilio of Hispanic Service 400 S Zang Blvd Suite 300 Dallas, TX 75208	75-1770140	501(c)(3)	20,000		N/A	N/A	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Dallas Institute of Humanities and Culture 2719 Routh Street Dallas, TX 75201	75-1721049	501(c)(3)	25,000		N/A	N/A	General Support
Dallas Social Venture Partners 10670 N Central Expwy Ste 512 Dallas, TX 75231	75-2945359	501(c)(3)	10,000		N/A	N/A	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Dallas Women's Foundation 8150 N Central Expy Suite 110 Dallas, TX 75206	75-2048261	501(c)(3)	8,500		N/A	N/A	General Support
Downtown Dallas 901 Main Street Suite 7100 Dallas, TX 75202	75-0983855	501(c)(3)	7,500		N/A	N/A	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Foundation of the National Student Nurses Association 45 Main Street Suite 606 Brooklyn, NY 11201	13-3123125	501(c)(3)	7,500		N/A	N/A	General Support
Friends of Exall Park 6301 Gaston Avenue Suite 820 Dallas, TX 75214	36-4589342	501(c)(3)	8,000		N/A	N/A	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Goodwill Industries of Dallas 3020 N Westmoreland Rd Dallas, TX 75212	75-0800649	501(c)(3)	10,000		N/A	N/A	General Support
Helps International 15301 Dallas Pkwy Ste 200 Addison, TX 75001	75-1966419	501(c)(3)	15,000		N/A	N/A	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Junior League of Dallas 8003 Inwood Road Dallas, TX 75209	75-1004680	501(c)(3)	20,000		N/A	N/A	General Support
Kidney Texas Inc 6138 Berkshire Lane Suite 10 Dallas, TX 75225	75-2847008	501(c)(3)	25,000		N/A	N/A	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Leukemia & Lymphoma Society 8111 LBJ Freeway Suite 425 Dallas, TX 75251	13-5644916	501(c)(3)	38,500		N/A	N/A	General Support
Living for Zachary PO Box 867671 Plano, TX 75086	80-0410066	501(c)(3)	10,000		N/A	N/A	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
March of Dimes 12660 Coit Road Ste 200 Dallas, TX 752511311	13-1846366	501(c)(3)	26,000		N/A	N/A	General Support
National Brain Tumor Society 55 Chapel St Ste 200 Newton, MA 02458	04-3068130	501(c)(3)	10,000		N/A	N/A	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
North Texas Food Bank 4500 S Cockrell Hill Rd Dallas, TX 75236	75-1785357	501(c)(3)	7,500		N/A	N/A	General Support
Parkland Foundation PO Box 35503 Dallas, TX 75235	75-2089180	501(c)(3)	50,000		N/A	N/A	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Plano Civic Chorus PO Box 864411 Plano, TX 750864411	75-1736529	501(c)(3)	15,000		N/A	N/A	General Support
Ryan Anthony Foundation 1515 N Town East Blvd Ste 138-449 Mesquite, TX 75150	47-1662054	501(c)(3)	50,000		N/A	N/A	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
Salesmanship Club Charitable Golf of Dallas 106 E 10th Street Suite 200 Dallas, TX 75203	86-1118804	501(c)(3)	11,000		N/A	N/A	General Support
Tarrant Area Food Bank 252 Cullen st Fort Worth, TX 76107	75-1822473	501(c)(3)	7,500		N/A	N/A	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
The Cooper Institute 12330 Preston Rd Dallas, TX 75230	23-7075529	501(c)(3)	10,000		N/A	N/A	General Support
The Dallas Foundation 1918 N Olive Street Dallas, TX 75201	75-2890371	501(c)(3)	30,000		N/A	N/A	General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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
The Senior Source 3910 Harry Hines Blvd Dallas, TX 75219	75-1085555	501(c)(3)	50,000		N/A	N/A	General Support
YMCA of Metropolitan Dallas 6000 Preston Rd Dallas, TX 75205	75-0800696	501(c)(3)	20,000		N/A	N/A	General Support

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 University Medical Center	Employer identification number 75-1837454
--	--

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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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	Yes	
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?	Yes	
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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
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?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
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?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
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.	Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued 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.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 75-1837454
Name: Baylor University Medical Center

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 1a	Travel for companions-The organization reimburses eligible employees and board members certain reasonable travel expenses associated with spousal travel where the spouse's presence is important to the event. These events may include, for example, board meetings, business meetings, and award ceremonies approved by the BSW Holdings' CEO, COO or CFO. All spousal travel reimbursements are treated as taxable compensation. Two of the persons listed in the Form 990, Part VII, Section A, received this benefit during the tax year. Tax indemnification and gross-up payments-The organization provides tax indemnification where the BSW Holdings' CEO, COO or CFO determines there is justification to reimburse an individual for the tax impact on certain taxable, non-cash benefits provided to them. All tax indemnification payments provided are treated as taxable compensation. Five of the persons listed in the Form 990, Part VII, Section A, received this benefit during the tax year. Discretionary spending account-The organization provides eligible employees who travel frequently in their personal vehicle an auto expense allowance in lieu of reimbursement for business mileage under the organization's business travel and expense reimbursement policy. All auto expense allowances are treated as taxable compensation. Two of the persons listed in the Form 990, Part VII, Section A, received this benefit during the tax year. Health or social club dues or initiation fees-The organization may reimburse eligible employees for dues for a health club and/or a social club where there is a bona fide business need for the membership. For example, as part of the organization's promotion of health, the organization will cover a portion of any employees' fitness center club membership dues paid to an affiliated entity that owns and operates a fitness center. All employees are eligible for this benefit. Such reimbursements are treated as taxable compensation to the extent any part of the membership is used for personal use. One person listed in the Form 990, Part VII, Section A, received this benefit during the tax year.

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 3	Process for determining compensation The organization, a controlled affiliate of BSW Holdings, recognizes that those chosen to lead the organization are vital to its ongoing success and growth Thus, it must attract, retain and engage the highest quality officers and key employees to lead the organization and help the organization maintain its national reputation for achieving high targets for medical quality, patient safety, and patient satisfaction A significant portion of the organization's officers and key employees' total compensation is based on significant performance achievements This strategy places a greater emphasis on the importance of the organization achieving targeted improvements in the areas of people, quality, patient satisfaction and financial stewardship, annually Total executive compensation is part of an integrated talent management strategy developed by the BSW Holdings' Board of Trustees and its Compensation and Governance Committee (C&G Committee) to attract, motivate, and retain the best leadership resources for the organization Executive compensation is determined pursuant to guidelines outlined in the intermediate sanction rules under IRC Section 4958 including taking steps to meet the rebuttable presumption standard of reasonableness under Treasury Regulation 53.4958-6, as summarized below When making compensation decisions, the organization compares itself to similar-sized, and structured businesses including other integrated health care service systems and other similar-sized organizations, both locally and nationally The BSW Holdings' Board of Trustees and C&G Committee, on behalf of the organization, works directly with an independent compensation expert(s) to identify reasonable and competitive market rates as well as provide an annual review of the total compensation of the system's top management officials and key employees The C&G Committee is made up of members of the BSW Holdings' Board of Trustees, who are independent, community volunteers Guided by the information provided by the independent compensation expert(s), the C&G Committee approves and recommends to the BSW Holdings' Board of Trustees salary increases, earned incentives, and/or benefit offerings for the organization's President, other officers and/or key employees to be comparable to similar organizations for similar services and/or positions Furthermore, the C&G Committee is charged with the responsibility of reviewing annually the major elements of the executive compensation program to assure designs remain consistent with the business needs, market practices, and compensation philosophy As part of the decision making process, the C&G Committee will often meet in executive session to discuss and review recommendations made by the independent compensation expert(s) During the executive session no officer or key employee whose compensation is being reviewed is present during these discussions All decisions are contemporaneously documented in the C&G Committee minutes which are timely reviewed and approved by the C&G Committee

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 4b	In order to recruit and retain key talent, BSW Holdings and certain tax exempt affiliates (BSWH) offers a supplemental non-qualified retirement plan to eligible employees. The plan provides an annual benefit (based on a percentage of compensation) to the employee that is paid to the employee on a future date upon vesting in the plan. The following individual(s) participated in and/or received payments (noted in parenthesis) from BSWH's supplemental non-qualified retirement plan during the tax year: Amy Yeager, Bradley Lembcke, M D , Claudia Wilder (\$15,991), Ernest Franklin, M D , Gail Maxwell (\$21,272), Janeene Jones, Janice Whitmire, Jason Whitfield, John McWhorter, Liz Youngblood, Michael Emmett, M D (\$45,518), Michael Ramsay, M D (\$60,511), Paul Madeley, M D (\$81,648), Scott Peek, T. Doug Lawson and William Boyd (\$174,514). Also, certain senior officers, as designated by the BSW Holdings' governing body, are eligible to participate in a Long Term Incentive Plan that is designed to recognize key senior leader's value and contribution to BSWH as well as align their compensation to the long term strategy of BSWH. Performance targets are based upon a percentage of the participant's base salary and are developed by independent third party expert(s) using market competitive data within the guides of reasonableness. The plan is based on BSWH's three-year performance against its peers, determined based on peer rankings or percentile rankings in quality, patient satisfaction and financial performance. At the end of three years, awards are determined by BSW Holdings' governing body for participants. Payouts are partially made in cash and the remainder vests over an additional two year period. The following individual(s) participated in and/or received payments (noted in parenthesis) from this plan during the tax year: Janeene Jones (\$48,070), John McWhorter (\$378,689), Liz Youngblood (\$71,507), Scott Peek (\$133,521), T. Doug Lawson (\$196,985) and William Boyd (\$357,919).

Part III, Supplemental Information

Return Reference	Explanation
Part I, Line 7	The organization has adopted and implemented BSW Holdings', the organization's ultimate parent, Annual Incentive Program to provide a market competitive total cash compensation incentive program that is designed to attract and retain key leaders and establish greater individual accountability and alignment to business performance. Payout targets are based upon a percentage of base pay and are developed by independent third party expert(s) using comparable market competitive data within the bounds of reasonableness and that are reviewed and approved by BSW Holdings' governing body. Payout levels are based upon a combination of system, entity, and individual performance using various metrics related to quality, patient satisfaction, employee retention, and financial stewardship. BSW Holdings' governing body may approve modifications to annual incentive awards provided under the program consistent with market comparability data.

Part III, Supplemental Information

Return Reference	Explanation
Form 990, Schedule J, Part III	Supplemental Information Governing Body Compensation The members of the governing body serve on a voluntary basis and receive no cash compensation from the organization for these duties as a member of the governing body Some, but not all, members may have received modest benefits incident to their service on the board and/or multiple board committees or received compensation as an employee of a related organization These benefits may include reimbursement for certain reasonable expenses paid on behalf of the member's spouse while accompanying the member on business travel on behalf of the related organization and/or a wellness physical All such benefits are treated as taxable compensation to the extent required by law and are reported in the Form 990 where applicable

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				
1Paul Madeley MDTrustee	(i)	0	0	0	0	0	0	0
	(ii)	421,456	0	61,293	13,250	-	-	0
						17,165	513,164	
1John McWhorterTrustee	(i)	0	0	0	0	0	0	0
	(ii)	833,575	776,456	24,057	370,449	-	-	151,090
						35,211	2,039,748	
2Elizabeth BeckmanVP/CNO	(i)	172,552	75,214	1,242	8,245	17,322	274,575	0
	(ii)	96,590	0	719	5,005	-	-	0
						10,087	112,401	
3T Doug LawsonPresident	(i)	524,308	418,559	19,201	194,466	26,465	1,182,999	89,977
	(ii)	0	0	0	0	-	-	0
						0	0	
4Scott Peek Chief Operating Officer	(i)	266,488	270,954	9,401	114,255	20,155	681,253	65,865
	(ii)	88,171	0	3,427	4,525	-	-	0
						6,918	103,041	
5Jason Whitfield VP Finance/CFO	(i)	270,982	81,552	2,989	41,241	26,234	422,998	0
	(ii)	0	0	0	0	-	-	0
						0	0	
6Amy YeagerSecretary	(i)	0	0	0	0	0	0	0
	(ii)	331,013	140,012	14,182	54,973	-	-	0
						30,081	570,261	
7Gail Maxwell VP Administration	(i)	168,984	46,320	29,326	8,774	10,868	264,272	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8Liz Youngblood VP Administration & Operations	(i)	249,204	180,196	1,214	53,026	478	484,118	68,241
	(ii)	0	0	0	0	-	-	0
						0	0	
9Michael Ramsay MD Chief Anesthesia	(i)	514,566	20,160	97,158	2,088	17,541	651,513	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10Bradley Lembcke MD Chief Medical Officer	(i)	439,152	108,429	5,111	61,967	26,479	641,138	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11Michael Emmett MD Chief Internal Medicine	(i)	403,929	69,667	75,441	13,250	18,840	581,127	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12Milton Packer MD Medical Director	(i)	447,097	0	3,904	13,250	7,567	471,818	0
	(ii)	0	0	0	0	-	-	0
						0	0	
13Cnstie Columbus MD Director BUMC Graduate Education	(i)	326,467	80,829	2,235	13,250	25,003	447,784	0
	(ii)	0	0	0	0	-	-	0
						0	0	
14William Boyd Former Officer	(i)	0	0	0	0	0	0	0
	(ii)	749,188	984,155	212,252	209,927	-	-	194,517
						20,993	2,176,515	
15Claudia Wilder Former Officer	(i)	0	0	0	0	0	0	0
	(ii)	339,958	142,951	23,736	56,347	-	-	15,991
						3,158	566,150	
16Ernest Franklin MD Former Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	530,214	230,251	13,425	90,499	-	-	0
						31,741	896,130	
17Janeene Jones Former Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	337,334	153,414	16,830	99,692	-	-	0
						29,478	636,748	
18Janice Whitmire Former Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	323,006	126,169	21,633	50,396	-	-	0
						25,423	546,627	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
Baylor University Medical Center**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

2016**Open to Public
Inspection****Employer identification number**

75-1837454

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Election of members of governing body by members, stockholders, or other persons Baylor Scott & White Holdings (BSW Holdings), a tax exempt, Texas nonprofit corporation, is the ultimate parent entity of the organization BSW Holdings has control and substantial reserved powers over the organization, including those to elect and remove the governing body of the organization The BSW Holdings' Board of Trustees is comprised of a majority of independent community representatives that provide leadership and governance to BSW Holdings and its affiliated tax exempt entities, including the filing organization, to ensure it is meeting its charitable purpose

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Governing body decisions subject to approval All rights and powers were reserved to the organization's ultimate parent, BSW Holdings, except only those rights and powers expressly set forth in the bylaws, required by state or federal law, or to meet the requirements and standards promulgated by joint commission For example, BSW Holdings' substantial reserved rights and powers include, without limitation, approval of the organization's articles of incorporation and bylaws and amendments thereto, appointment and removal of members of the organization's governing body, approval of dissolutions and mergers, and other similar decisions over the organization The BSW Holdings' Board of Trustees is comprised of a majority of independent community representatives that provide leadership and governance to BSW Holdings and its affiliated tax exempt entities, including the filing organization, to ensure it is meeting its charitable purpose

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	Process used to review the Form 990 The Form 990 is prepared and reviewed by the BSWH tax department During the return preparation process the tax department works with other functional areas including finance, accounting, treasury, legal, human resources, and corporate compliance for advice, information and assistance to prepare a complete and accurate return Upon completion, the Form 990 is reviewed by the organization's President, financial officer and/or other key officers A complete final copy of the return is provided to the organization's governing body prior to filing with the IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Process used to monitor and enforce compliance with the organization's conflict of interest policy Persons with an actual or perceived ability to influence the organization have the duty to disclose annually and otherwise promptly as potential conflicts are identified, any familial, professional or financial relationships with entities or individuals that do, or seek to do business with the organization or that compete with the organization These individuals include the organization's officers, governing body, management, physicians with administrative services agreements and other key personnel who interact with outside organizations or businesses on behalf of the organization The BSW Holdings Board of Trustees Audit and Compliance Committee and the BSW Holdings Corporate Compliance Committee review all relevant disclosures submitted by these individuals to determine whether a conflict of interest exists and to determine an appropriate resolution, if necessary Any individual with a perceived or potential conflict is prohibited from voting or participating in the decision making process regarding such transaction with that individual

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	Process for determining compensation The organization, a controlled affiliate of BSW Holdings, recognizes that those chosen to lead the organization are vital to its ongoing success and growth Thus, it must attract, retain and engage the highest quality officers and key employees to lead the organization and help the organization maintain its national reputation for achieving high targets for medical quality, patient safety, and patient satisfaction A significant portion of the organization's officers and key employees' total compensation is based on significant performance achievements This strategy places a greater emphasis on the importance of the organization achieving targeted improvements in the areas of people, quality, patient satisfaction and financial stewardship, annually Total executive compensation is part of an integrated talent management strategy developed by the BSW Holdings' Board of Trustees and its Compensation and Governance Committee (C&G Committee) to attract, motivate, and retain the best leadership resources for the organization Executive compensation is determined pursuant to guidelines outlined in the intermediate sanction rules under IRC Section 4958 including taking steps to meet the rebuttable presumption standard of reasonableness under Treasury Regulation 53.4958-6, as summarized below When making compensation decisions, the organization compares itself to similar-sized, and structured businesses including other integrated health care service systems and other similar-sized organizations, both locally and nationally The BSW Holdings' Board of Trustees and C&G Committee, on behalf of the organization, works directly with an independent compensation expert(s) to identify reasonable and competitive market rates as well as provide an annual review of the total compensation of the system's top management officials and key employees The C&G Committee is made up of members of the BSW Holdings' Board of Trustees, who are independent, community volunteers Guided by the information provided by the independent compensation expert(s), the C&G Committee approves and recommends to the BSW Holdings' Board of Trustees salary increases, earned incentives, and/or benefit offerings for the organization's President, other officers and/or key employees to be comparable to similar organizations for similar services and/or positions Furthermore, the C&G Committee is charged with the responsibility of reviewing annually the major elements of the executive compensation program to assure designs remain consistent with the business needs, market practices, and compensation philosophy As part of the decision making process, the C&G Committee will often meet in executive session to discuss and review recommendations made by the independent compensation expert(s) During the executive session no officer or key employee whose compensation is being reviewed is present during these discussions All decisions are contemporaneously documented

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	ented in the C&G Committee minutes which are timely reviewed and approved by the C&G Commi ttee

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Hours Devoted to Related Organizations	Scott Peek and Elizabeth Beckman transferred from a related organization during the calendar year. They devoted an average of 40 hours per week to the organizations before and after the transfer.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Contract Labor Program service expenses 36,095,657 Management and general expenses 0 Fundraising expenses 0 Total expenses 36,095,657 Other Purchased Services Program service expenses 52,416,979 Management and general expenses 28,346,235 Fundraising expenses 0 Total expenses 80,763,214 Repairs & Maintenance Program service expenses 1,183,183 Management and general expenses 933 Fundraising expenses 0 Total expenses 1,184,116 Professional Fees Program service expenses 20,269,136 Management and general expenses 1,624,759 Fundraising expenses 0 Total expenses 21,893,895 Lab Fees Program service expenses 11,544,942 Management and general expenses 0 Fundraising expenses 0 Total expenses 11,544,942 Patient Care Program service expenses 38,520,281 Management and general expenses 0 Fundraising expenses 0 Total expenses 38,520,281 Indigent Care Program service expenses 8,157,744 Management and general expenses 0 Fundraising expenses 0 Total expenses 8,157,744 Corporate Overhead Program service expenses 0 Management and general expenses 83,823,013 Fundraising expenses 0 Total expenses 83,823,013

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Transfers Between Entities Under Common Control -1,093,960 Changes in Net Assets of Related Foundations 5,609,415 Other Adjustment -252,265 Self Insurance Liability Reserve -6,428,905 Captive Investment Income (Subpart F) -552,759 Distribution to/from tax exempt subsidiary -99,817,789

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

2016

Open to Public Inspection

Name of the organization
Baylor University Medical Center

Employer identification number
75-1837454

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
(1) Zephyr Integrated Provider Services LLC 2001 Bryan Street Suite 2200 Dallas, TX 75201 81-0866770	Holding Company	TX	0	15,081,375	Baylor University Medical Center

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.

See Additional Data Table

(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

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.

See Additional Data Table

(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) Disproportionate 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	

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.

See Additional Data Table

(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

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

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

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

Yes

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

No

1p

No

1q

No

1r

No

1s

Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2016

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 75-1837454
Name: Baylor University Medical Center

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
(1) 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-1947007	Fundraising	TX	501(c)(3)	Line 7	Baylor All Saints Medical Center	Yes	
(1) 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-1008430	Acute Care Hospital	TX	501(c)(3)	Line 3	Baylor Health Care System	Yes	
(2) 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-1812652	Management Services	TX	501(c)(3)	Line 12b, II	Baylor Scott & White Holdings	Yes	
(3) 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-1848557	VEBA	TX	501(c)(9)		Baylor Health Care System	Yes	
(4) 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-1606705	Fundraising	TX	501(c)(3)	Line 7	Baylor Health Care System	Yes	
(5) 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-1917311	Inactive	TX	501(c)(3)	Line 3	Baylor Health Care System	Yes	
(6) 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-1037226	Rehabilitation Hospital	TX	501(c)(3)	Line 3	Baylor Health Care System	Yes	
(7) 2001 Bryan Street Suite 2200 Dallas, TX 75201 45-4510252	Acute Care Hospital	TX	501(c)(3)	Line 3	Baylor Health Care System	Yes	
(8) 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-2586857	Acute Care Hospital	TX	501(c)(3)	Line 3	Baylor Health Care System	Yes	
(9) 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-1844139	Acute Care Hospital	TX	501(c)(3)	Line 3	Baylor Health Care System	Yes	
(10) 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-1037591	Acute Care Hospital	TX	501(c)(3)	Line 3	Baylor Health Care System	Yes	
(11) 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-1777119	Acute Care Hospital	TX	501(c)(3)	Line 3	Baylor Health Care System	Yes	
(12) 2001 Bryan Street Suite 2200 Dallas, TX 75201 82-0551704	Acute Care Hospital	TX	501(c)(3)	Line 3	Baylor Health Care System	Yes	
(13) 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-1921898	Research	TX	501(c)(3)	Line 4	Baylor Health Care System	Yes	
(14) 2001 Bryan Street Suite 2200 Dallas, TX 75201 46-3131350	Management Services	TX	501(c)(3)	Line 12b, II	Baylor Scott & White Holdings	Yes	
(15) 2001 Bryan Street Suite 2200 Dallas, TX 75201 46-3130985	Parent	TX	501(c)(3)	Line 12b, II	N/A		No
(16) 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-1765385	Long Term Acute Care Hospitals	TX	501(c)(3)	Line 3	Baylor Health Care System	Yes	
(17) 3110 S Great Southwest Pkwy Grand Prairie, TX 75052 75-1657155	Emergency Transport	TX	501(c)(3)	Line 12d, III-O	Baylor University Medical Center		No
(18) 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-2536818	Physician Services	TX	501(c)(3)	Line 3	Baylor Health Care System	Yes	
(19) 100 Hillcrest Medical Blvd Waco, TX 76712 74-1161944	Acute Care Hospital	TX	501(c)(3)	Line 3	Scott & White Memorial Hospital	Yes	

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
(21) 100 Hillcrest Medical Blvd Waco, TX 76712 74-2730350	Physician Services	TX	501(c)(3)	Line 12a, I	Hillcrest Baptist Medical Center	Yes	
(1) 100 Hillcrest Medical Blvd Waco, TX 76712 74-2967081	Physician Services	TX	501(c)(3)	Line 12a, I	Hillcrest Baptist Medical Center	Yes	
(2) 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-1570933	Fundraising	TX	501(c)(3)	Line 3	Baylor Medical Center at Irving	Yes	
(3) 2401 S 31st Street Temple, TX 76508 74-2958277	Physician Services	TX	501(c)(3)	Line 10	Scott & White Healthcare	Yes	
(4) 2401 S 31st Street Temple, TX 76508 20-2850920	Long Term Acute Care Hospital	TX	501(c)(3)	Line 3	Scott & White Healthcare	Yes	
(5) 2401 S 31st Street Temple, TX 76508 75-3242749	Emergency Transport	TX	501(c)(3)	Line 10	Scott & White Memorial Hospital	Yes	
(6) 2401 S 31st Street Temple, TX 76508 74-2460815	Fundraising	TX	501(c)(3)	Line 7	Scott & White Hospital-Brenham	Yes	
(7) 2401 S 31st Street Temple, TX 76508 74-2052197	HMO/Insurance	TX	501(c)(4)		Baylor Scott & White Holdings	Yes	
(8) 2401 S 31st Street Temple, TX 76508 26-4532547	Management Services	TX	501(c)(3)	Line 12b, II	Baylor Scott & White Holdings	Yes	
(9) 2401 S 31st Street Temple, TX 76508 27-3513154	Fundraising	TX	501(c)(3)	Line 7	Scott & White Healthcare	Yes	
(10) 2401 S 31st Street Temple, TX 76508 74-2519752	Acute Care Hospital	TX	501(c)(3)	Line 3	Scott & White Healthcare	Yes	
(11) 2401 S 31st Street Temple, TX 76508 27-4434451	Acute Care Hospital	TX	501(c)(3)	Line 3	Scott & White Healthcare	Yes	
(12) 2401 S 31st Street Temple, TX 76508 27-3026151	Acute Care Hospital	TX	501(c)(3)	Line 3	Scott & White Healthcare	Yes	
(13) 2401 S 31st Street Temple, TX 76508 46-4007700	Acute Care Hospital	TX	501(c)(3)	Line 3	Scott & White Healthcare	Yes	
(14) 2401 S 31st Street Temple, TX 76508 20-3749695	Acute Care Hospital	TX	501(c)(3)	Line 3	Scott & White Healthcare	Yes	
(15) 2401 S 31st Street Temple, TX 76508 74-1595711	Acute Care Hospital	TX	501(c)(3)	Line 3	Scott & White Healthcare	Yes	
(16) 2401 S 31st Street Temple, TX 76508 74-2866102	VEBA	TX	501(c)(9)		Scott & White Healthcare	Yes	
(17) 2401 S 31st Street Temple, TX 76508 74-1166904	Acute Care Hospital	TX	501(c)(3)	Line 3	Scott & White Healthcare	Yes	
(18) 2001 Bryan Street Suite 2200 Dallas, TX 75201 26-3087442	Diabetes Health & Wellness Center	TX	501(c)(3)	Line 12a, I	Baylor University Medical Center	Yes	
(19) 2401 S 31st Street Temple, TX 76508 81-3040663	Acute Care Hospital	TX	501(c)(3)	Line 3	Baylor Scott & White Health	Yes	

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
(41) 2001 Bryan Street Ste 2200 Dallas, TX 75201 81-0872075	Physician Services/Emergency Care	TX	501(c)(3)	Line 3	Baylor University Medical Center	Yes	
(1) 7160 Dallas Pkwy Ste 600 Plano, TX 75024 46-2829563	Population Health	TX	501(c)(3)	Line 12a, I	N/A		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

[illegible]

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership[illegible]

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, 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	
(31) Metroplex Surgicare Partners Ltd 15305 Dallas Parkway Suite 1600 Addison, TX 75001 75-2567179	Ambulatory Surgery Center	TX	N/A									
(1) MSH Partners LLP 15305 Dallas Parkway Suite 1600 Addison, TX 75001 75-2829613	Short Stay Hospital	TX	N/A									
(2) North Central Surgical Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX 75001 20-1508140	Short Stay Hospital	TX	N/A									
(3) North Garland Surgery Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX 75001 56-2399993	Ambulatory Surgery Center	TX	N/A									
(4) Park Cities Surgery Center LLC 15305 Dallas Parkway Suite 1600 Addison, TX 75001 56-2357079	Ambulatory Surgery Center	TX	N/A									
(5) Physicians Surgical Center of Ft Worth LLP 15305 Dallas Parkway Suite 1600 Addison, TX 75001 20-8303422	Ambulatory Surgery Center	TX	N/A									
(6) Rockwall Ambulatory Surgery Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX 75001 20-5506447	Ambulatory Surgery Center	TX	N/A									
(7) Rockwall-Heath Surgery Center LLP 15305 Dallas Parkway Suite 1600 Addison, TX 75001 20-0334166	Ambulatory Surgery Center	TX	N/A									
(8) SeniorCare Associates LP 4714 Gettysburg Rd Mechanicsburg, PA 17055 20-1937212	Rehabilitation Hospitals	TX	N/A									
(9) Specialty Surgery Center of Fort Worth LP 15305 Dallas Parkway Suite 1600 Addison, TX 75001 20-1942281	Ambulatory Surgery Center	TX	N/A									
(10) Surgery Center of Richardson Phys Pship LP 15305 Dallas Parkway Suite 1600 Addison, TX 75001 20-0606781	Ambulatory Surgery Center	TX	N/A									
(11) Texas Endoscopy Centers LLC 15305 Dallas Parkway Suite 1600 Addison, TX 75001 47-0985876	Ambulatory Surgery Center	TX	N/A									
(12) Texas Health Ventures Group LLC 15305 Dallas Parkway Suite 1600 Addison, TX 75001 75-2696845	Holds interests in ASCs/ Short Stay Hospitals	TX	Baylor University Medical Center	Related	61,361,343	172,733,429		No			No	50 100 %
(13) Texas Heart Hospital of the Southwest LLP 2001 Bryan Street Suite 2200 Dallas, TX 75201 41-2101361	Specialty Hospital	TX	N/A									
(14) THVG Bariatric LLC 15305 Dallas Parkway Suite 1600 Addison, TX 75001 38-3894636	Holds interests in Ambulatory Surgery Centers	TX	Baylor University Medical Center	Related	-4,450,622	7,588,814		No	22,459		No	50 100 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Baylor All Saints Med Cntr at Ft Worth Condo Owners Association Inc 2001 Bryan Street Suite 2200 Dallas, TX 75201 26-1661900	Condo Association	TX	N/A	C				Yes	
(1) Baylor Health Enterprises LP 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-1997378	Fitness Center/Pharmacy/ Hotel	TX	N/A	C				Yes	
(2) Baylor Health Network Inc 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-2463251	Health Care Consulting Services	TX	N/A	C				Yes	
(3) Baylor Med Ctr at Grapevine Condo Owners Association Inc 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-2747555	Condo Association	TX	N/A	C				Yes	
(4) Baylor Quality Health Care Alliance LLC 2001 Bryan Street Suite 2200 Dallas, TX 75201 45-4015863	ACO	TX	N/A	C	2,194,667	1,240,211	8 330 %	Yes	
(5) Baylor Scott & White Assurance 23 Lime Tree Bay Grand Cayman CJ 98-0589956	Investment	CJ	Baylor University Medical Center	C	-839,538	123,472,215	100 000 %	Yes	
(6) BMP Incorporated 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-1436779	Post Office	TX	N/A	C				Yes	
(7) BUMCRoberts Condominium Owners Association Inc 2001 Bryan Street Suite 2200 Dallas, TX 75201 75-2897806	Condo Association	TX	Baylor University Medical Center	C			100 000 %	Yes	
(8) Charitable Lead Trusts (2)	Investment	TX	N/A	T				Yes	
(9) Charitable Remainder Trusts (64)	Investment	TX	N/A	T				Yes	
(10) Hillcrest Health Holdings Inc 3000 Herring St Waco, TX 76708 74-2793367	Management Services	TX	N/A	C				Yes	
(11) Insurance Company of Scott & White 2401 S 31st Street Temple, TX 76508 74-3092083	Insurance	TX	N/A	C				Yes	
(12) Scott & White Properties Holdings Inc 2401 S 31st Street Temple, TX 76508 45-2920596	Investment	TX	N/A	C				Yes	
(13) Scott & White Properties Inc 2401 S 31st Street Temple, TX 76508 74-2497061	Hotel Services	TX	N/A	C				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 Heart & Vascular Center LLP	A	1,298,506	GAAP
(1)	Baylor Scott & White Health	A	183,813	GAAP
(2)	HealthTexas Provider Network	A	503,122	GAAP
(3)	Scott & White Memorial Hospital	A	5,500	GAAP
(4)	Baylor Research Institute	A	54,028	GAAP
(5)	Baylor Research Institute	B	21,764,218	GAAP
(6)	Baylor Scott & White Assurance	B	34,088,471	GAAP
(7)	Southern Sector Health Initiative	B	5,200,000	GAAP
(8)	Texas Health Ventures Group LLC	B	7,833,509	GAAP
(9)	Baylor Quality Health Care Alliance LLC	B	380,817	GAAP
(10)	Baylor Health Care System Foundation	C	20,120,723	GAAP
(11)	Irving Healthcare Foundation	C	203,000	GAAP
(12)	Baylor Heart & Vascular Center LLP	C	3,531,309	GAAP
(13)	Baylor Regional Medical Center at Grapevine	C	604,192	GAAP
(14)	Baylor Regional Medical Center at Plano	C	717,514	GAAP
(15)	Texas Heart Hospital of the Southwest LLP	C	6,327,518	GAAP
(16)	BTDI JV LLP	C	391,818	GAAP
(17)	Baylor Heart & Vascular Center LLP	F	28,870,175	GAAP
(18)	BTDI JV LLP	F	18,925,530	GAAP
(19)	EBD JV LLP	F	5,870,863	GAAP
(20)	HealthTexas Provider Network-Gastroenterology Services LLP	F	2,306,295	GAAP
(21)	Texas Health Ventures Group LLC	F	61,021,833	GAAP
(22)	Baylor Health Care Sytem	K	1,157,686	GAAP
(23)	Baylor Scott & White Health	K	5,827,995	GAAP
(24)	Baylor All Saints Medical Center	L	856,522	GAAP

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
(26)	Baylor Health Enterprises LP	L	59,302	GAAP
(1)	Baylor Heart & Vascular Center LLP	L	1,688,106	GAAP
(2)	Baylor Medical Center at Carrollton	L	136,027	GAAP
(3)	Baylor Medical Center at Irving	L	98,039	GAAP
(4)	Baylor Medical Center at Waxahachie	L	155,288	GAAP
(5)	Baylor Medical Centers at Garland and McKinney	L	100,725	GAAP
(6)	Baylor Quality Health Care Alliance LLC	L	356,404	GAAP
(7)	Baylor Regional Medical Center at Grapevine	L	305,071	GAAP
(8)	Baylor Regional Medical Center at Plano	L	164,160	GAAP
(9)	Baylor Research Institute	L	2,059,439	GAAP
(10)	Baylor Scott & White Health	L	366,336	GAAP
(11)	BIR JV LLP	L	1,759,988	GAAP
(12)	BT Garland JV LLP	L	161,006	GAAP
(13)	HealthTexas Provider Network	L	610,548	GAAP
(14)	Southern Sector Health Initiative	L	70,623	GAAP
(15)	Texas Heart Hospital of the Southwest LLP	L	205,001	GAAP
(16)	Scott & White Health Plan	L	6,809,012	GAAP
(17)	Baylor Health Enterprises LP	M	881,967	GAAP
(18)	Baylor Heart & Vascular Center LLP	M	18,555,211	GAAP
(19)	Baylor Quality Health Care Alliance LLC	M	2,968,399	GAAP
(20)	Baylor Scott & White Health	M	153,034,836	GAAP
(21)	BIR JV LLP	M	9,048,868	GAAP
(22)	HealthTexas Provider Network	M	64,682,378	GAAP
(23)	MEDCO Construction LLC	M	18,176,825	GAAP
(24)	Baylor Scott & White Health	S	29,731,413	GAAP

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
(51) Baylor Health Care System	B	35,000,000	GAAP