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Baylor Scott & White Holdings 96-3130985

Form 990-T

Extended to May 15, 2019
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

Go to www.irs.gov/Form990T for instructions and the latest information

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

Name of organization (☐ Check box if name changed and see instructions)
Baylor Medical Centers at Garland and

☐ Employer identification number (Employees' trust, see instructions)
75-1037591

B Exempt under section
☒ 501(c)(3) ☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type

McKinney

Number, street, and room or suite no. If a P.O. box, see instructions
2001 Bryan Street, No. 2200

City or town, state or province, country, and ZIP or foreign postal code
Dallas, TX 75201-3005

Unrelated business activity codes (See instructions)
722320 900099

C Book value of all assets at end of year
250,224,834.

F Group exemption number (See instructions) ▶

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ See Statement 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? ☒ Yes ☐ No

If "Yes," enter the name and identifying number of the parent corporation ▶ See Statement 6

J The books are in care of ▶ Kimberly Bones

Telephone number ▶ 469-764-2222

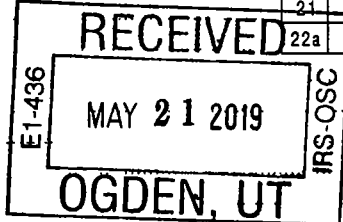
Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5	126,321.	126,321.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule I)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions, attach schedule) See Statement 4	12	14,401.	14,401.
13 Total Combine lines 3 through 12	13	140,722.	140,722.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules) See Statement 7 See Statement 5	20	13,972.
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions Add lines 14 through 28	29	13,972.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	126,750.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	126,750.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	125,750.



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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation
Controlled group members (sections 1561 and 1563) check here ☒ See instructions and.

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)
(1) \$ (2) \$ (3) \$ 150,000.

b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34 See Statement 8 **35c** 34,648.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36**

37 Proxy tax See instructions **37**

38 Alternative minimum tax **38**

39 Tax on Non-Compliant Facility Income See instructions **39**

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 34,648.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) **41a**

b Other credits (see instructions) **41b**

c General business credit. Attach Form 3800 **41c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **41d**

e Total credits. Add lines 41a through 41d **41e**

42 Subtract line 41e from line 40 **42** 34,648.

43 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **43**

44 Total tax. Add lines 42 and 43 **44** 34,648.

45a Payments. A 2016 overpayment credited to 2017 **45a** 4,452.

b 2017 estimated tax payments **45b** 27,753.

c Tax deposited with Form 8868 **45c**

d Foreign organizations. Tax paid or withheld at source (see instructions) **45d**

e Backup withholding (see instructions) **45e** 4,275.

f Credit for small employer health insurance premiums (Attach Form 8941) **45f**

g Other credits and payments ☐ Form 2439 ☐ Form 4136 ☐ Other **45g**

46 Total payments. Add lines 45a through 45g **46** 36,480.

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ **47**

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed **48**

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 1,832.

50 Enter the amount of line 49 you want: Credited to 2018 estimated tax 1,832. Refunded **50** 0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file **Yes** **No**

53 Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer *Kimberly Banes*Date *5.15.19*Title *VP Finance/CFO*May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☒ No

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.

Form 990-T (2017)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	Total Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Form 990-T (2017)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

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

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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

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

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

Form 990-T (2017)

Alternative Minimum Tax - Corporations

OMB No 1545-0123

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

2017

Name **Baylor Medical Centers at Garland and McKinney**

Employer identification number
75-1037591

Note. See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e)

1	Taxable income or (loss) before net operating loss deduction	1	125,750.
2	Adjustments and preferences.		
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o	3	125,750.
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	125,750.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b	0.
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note. You must enter an amount on line 4d (even if line 4b is positive)	4d	
e	ACE adjustment.		
	• If line 4b is zero or more, enter the amount from line 4c		
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	125,750.
6	Alternative tax net operating loss deduction. See instructions	6	
7	Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	125,750.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c).		
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8a	0.
b	Multiply line 8a by 25% (0.25)	8b	0.
c	Exemption Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8c	0.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	125,750.
10	Multiply line 9 by 20% (0.20)	10	25,150.
11	Alternative minimum tax foreign tax credit (AMTFTC) See instructions	11	
12	Tentative minimum tax Subtract line 11 from line 10	12	12,678.
13	Regular tax liability before applying all credits except the foreign tax credit	13	34,648.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0- Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

* See also

See Statement 9

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI Enter the amount from line 3 of Form 4626	1	125,750.
2	ACE depreciation adjustment		
a	AMT depreciation	2a	
b	ACE depreciation		
(1)	Post-1993 property	2b(1)	
(2)	Post-1989, pre-1994 property	2b(2)	
(3)	Pre-1990 MACRS property	2b(3)	
(4)	Pre-1990 original ACRS property	2b(4)	
(5)	Property described in sections 168(f)(1) through (4)	2b(5)	
(6)	Other property	2b(6)	
(7)	Total ACE depreciation Add lines 2b(1) through 2b(6)	2b(7)	
c	ACE depreciation adjustment Subtract line 2b(7) from line 2a	2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):		
a	Tax-exempt interest income	3a	
b	Death benefits from life insurance contracts	3b	
c	All other distributions from life insurance contracts (including surrenders)	3c	
d	Inside buildup of undistributed income in life insurance contracts	3d	
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e	
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f	
4	Disallowance of items not deductible from E&P.		
a	Certain dividends received	4a	
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(4)(A), Dec. 19, 2014, 128 Stat. 4043)	4b	
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c	
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d	
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e	
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f	
5	Other adjustments based on rules for figuring E&P:		
a	Intangible drilling costs	5a	
b	Circulation expenditures	5b	
c	Organizational expenditures	5c	
d	LIFO inventory adjustments	5d	
e	Installment sales	5e	
f	Total other E&P adjustments Combine lines 5a through 5e	5f	
6	Disallowance of loss on exchange of debt pools	6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts	7	
8	Depletion	8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626	10	125,750.

Form 990-T	Description of Organization's Primary Unrelated Business Activity	Statement	1
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Investment in partnership generating catering and clerical services
unrelated business taxable income

To Form 990-T, Page 1

Footnotes	Statement	2
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Section 1.263(a)-3(n) Election

The taxpayer is making the election to capitalize repair and maintenance costs under Treas. Reg. Section 1.263(a)-3(n) for the tax year ended June 30, 2018.

1. Taxpayer Name: Baylor Medical Centers at Garland and McKinney
2. Address: 2001 Bryan St. Suite 2200, Dallas, TX 75201
3. Taxpayer Identification Number: 75-1037591

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

The taxpayer hereby makes the de minimis safe harbor election under Section 1.263(a)-1(f) of the Treasury Regulations, effective only for the tax year ending June 30, 2018. The taxpayer has an Applicable Financial Statement for the year of the election, and intends to apply the de minimis safe harbor election as described in Section 1.263(a)-1(f)(1)(i).

1. Taxpayer Name: Baylor Medical Centers at Garland and McKinney
2. Address: 2001 Bryan St. Suite 2200, Dallas, TX 75201
3. Taxpayer Identification Number: 75-1037591

Form 990-T	Income (Loss) from Partnerships and S Corporations	Statement	3
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Description	Amount
BT Garland JV LLP	126,321.
Total to Form 990-T, Page 1, line 5	126,321.

Form 990-T	Other Income	Statement	4
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Description	Amount
Disallowed Qualified Transportation Fringe	14,401.
Total to Form 990-T, Page 1, line 12	14,401.

Form 990-T	Contributions	Statement	5
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Description/Kind of Property	Method Used to Determine FMV	Amount
FY '18 Cash Contributions	N/A	91,548.
Total to Form 990-T, Page 1, line 20		91,548.

Form 990-T	Parent Corporation's Name and Identifying Number	Statement	6
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Corporation's Name	Identifying No
Baylor Scott & White Holdings	46-3130985

Form 990-T

Contributions Summary

Statement 7

Qualified Contributions Subject to 100% Limit

Carryover of Prior Years Unused Contributions

For Tax Year 2012	
For Tax Year 2013	
For Tax Year 2014	
For Tax Year 2015	77,532
For Tax Year 2016	5,100,817

Total Carryover	5,178,349
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Total Current Year 10% Contributions	91,548
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Total Contributions Available	5,269,897
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Taxable Income Limitation as Adjusted	13,972
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Excess 10% Contributions	5,255,925
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Excess 100% Contributions	0
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Total Excess Contributions	5,255,925
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Allowable Contributions Deduction	13,972
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Total Contribution Deduction	13,972
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Form 990-T

Line 35c Tax Computation

Statement 8

1.	Taxable Income		125,750	
2.	Lesser of Line 1 or First Bracket Amount . .		0	
3.	Line 1 Less Line 2		125,750	
4.	Lesser of Line 3 or Second Bracket Amount . .		0	
5.	Line 3 Less Line 4		125,750	
6.	Income Subject to 34% Tax Rate		125,750	
7.	Income Subject to 35% Tax Rate		0	
8.	15 Percent of Line 2		0	
9.	25 Percent of Line 4		0	
10.	34 Percent of Line 6		42,755	
11.	35 Percent of Line 7		0	
12.	Additional 5% Surtax		0	
13.	Additional 3% Surtax		0	
14.	Total Income Tax			42,755
15.	Tax at 21% Rate effective after 12/31/2017		26,408	
Days				
16.	Tax Prorated for Number of Days in 2017	184	21,553	
17.	Tax Prorated for Number of Days in 2018	181	13,095	
18.	Total Tax Prorated	365		34,648

i

Form 4626

AMT Contributions

Statement 9

Carryover of Prior Years Unused Contributions

For Tax Year 2012

For Tax Year 2013

For Tax Year 2014

For Tax Year 2015

For Tax Year 2016

77,532

5,100,817

Total Carryover

5,178,349

Current Year Contributions

91,548

Total Contributions

5,269,897

10% of Taxable Income as Adjusted

13,972

Excess Contributions

5,255,925

Allowable Contributions

13,972

AMT charitable deduction

13,972

Regular contribution deduction

13,972

AMT contribution adjustment

0