DLN: 93493084000160 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 06-01-2018 , and ending 05-31-2019 D Employer identification number B Check if applicable THE BAYLOŘ LINE FOUNDATION □ Address change 74-2032522 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (254) 732-0393 City or town, state or province, country, and ZIP or foreign postal code WACO, TX $\,$ 76703 $\,$ G Gross receipts \$ 1,396,603 Name and address of principal officer H(a) Is this a group return for JAMES MCINNIS ☐Yes **☑**No subordinates? PO BOX 2089 H(b) Are all subordinates WACO, TX 76703 ☐Yes ☐No ıncluded? **☑** 501(c)(3) **☐** 501(c)() **◄** (Insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► HTTP //WWW BAYLORLINEFOUNDATION COM L Year of formation 1859 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SUPPORT BAYLOR UNIVERSITY AND THE INTERESTS OF ITS ALUMNI Activities & Governance 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) . 46 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 5 **6** Total number of volunteers (estimate if necessary) 6 30 Total unrelated business revenue from Part VIII, column (C), line 12 7a 500 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 462,032 973,601 Ravenua 472 9 Program service revenue (Part VIII, line 2g) . 160 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 653,116 356,245 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -5,187 -703 1,110,433 1,329,303 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 100,461 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 423,796 438,978 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶93,159 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 320,206 325,787 833,002 865,226 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 277,431 Revenue less expenses Subtract line 18 from line 12 . 464,077 Assets or displaying Beginning of Current Year End of Year 8,874,375 9,037,438 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 22,258 28,618 8,852,117 9,008,820 22 Net assets or fund balances Subtract line 21 from line 20 . 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 Signature of officer Sign Here JAMES MCINNIS CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-03-09 P00044678 Paid self-employed Firm's name ► JAYNES REITMEIER BOYD & THERRELL PC Firm's EIN ► 74-2533381 Preparer Use Only Firm's address ► 5400 BOSQUE BLVD STE 600 Phone no (254) 776-4190 WACO, TX 767104459 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page 2
Pa	rt III Statem	nent of Program Service	Accomplishments		
	Check If	Schedule O contains a respon	se or note to any line in this	Part III	🗆
1	Briefly describe	the organization's mission			
	ROVIDE THE SUP OR UNIVERSITY	PORT OF BENEVOLENT, CHAR.	TABLE, AND EDUCATIONAL	UNDERTAKINGS BY EXTENDING FINANCI	AL AND OTHER AID TO
2	Did the organiza	ation undertake any significant	program services during th	e year which were not listed on	
	the prior Form 9	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describ	e these new services on Sche	dule O		
3	Did the organiza				
		e these changes on Schedule			☐ Yes ☑ No
4	Describe the org Section 501(c)(ganızatıon's program service a	ccomplishments for each of are required to report the	its three largest program services, as mea amount of grants and allocations to others	
4a	(Code) (Expenses \$	465,114 Including grant	s of \$ 100,461) (Revenue \$	160)
	See Additional Da		,	, , , , , , , , , , , , , , , , , , , ,	,
4b	(Code) (Expenses \$	ıncludıng grant	s of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncluding grant	s of \$) (Revenue \$)
4d	Other program (Expenses \$	services (Describe in Schedule	O) ing grants of \$) (Revenue \$)
4e	Total program	service expenses >	465,114		

Form	990 (2018)			Page 3
Par	t 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 2	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
	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		No
	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
	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 2	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, VIII, VIII, IX, or X as applicable			
	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 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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 2	12a	Yes	
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		No
13	Is the organization a school described in section $170(b)(1)(A)(1)$? 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		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	T6 V t	ı I		ı

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, No

20b

21

22

Form	990 (2018)			Page 4
Pa	Checklist of Required Schedules (continued)			
			Yes	No
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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	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? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
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? If "Yes," complete Schedule R, Part VI

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

38

Part V

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

No

No

37

38

21

0

1a

Yes

Yes

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13a

14a

14b

15

No

No

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13b

13c

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

01111	1990 (2010)			rage						
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and fi 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	or a "No" respo	onse to	lınes 🗹						
Se	ection A. Governing Body and Management									
			Yes	No						
1a	a Enter the number of voting members of the governing body at the end of the tax year	46								
	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	46								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?	other 2	Yes							
3	Did the organization delegate control over management duties customarily performed by or under the direct sup of officers, directors or trustees, or key employees to a management company or other person? .	ervision 3		No						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	17 . 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 o members of the governing body?	r more 7a	Yes							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders persons other than the governing body?	, or 7b		No						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y the following	ear by								
а	The governing body?	8a	Yes							
Ь	b Each committee with authority to act on behalf of the governing body?									
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			No						
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenue 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, affili and branches to ensure their operations are consistent with the organization's exempt purposes?	ates,								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin form?	g the 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 reconflicts?	se to	Yes							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Schedule O how this was done	e in 12 c	Yes							
13	Did the organization have a written whistleblower policy?	. 13		No						
14	Did the organization have a written document retention and destruction policy?	. 14		No						
15	Did the process for determining compensation of the following persons include a review and approval by indepensions, comparability data, and contemporaneous substantiation of the deliberation and decision?	dent								
а	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 taxable entity during the year?	a . 16a		No						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its partic									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's extatus with respect to such arrangements?	rempt 16b								
Se	ection 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-A if applicable), 990, and 990-T (501(c)(only) available for public inspection. Indicate how you made these available. Check all that apply	3)s								
	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 interpolicy, and financial statements available to the public during the tax year	est								
20	State the name, address, and telephone number of the person who possesses the organization's books and recor ►THE ORGANIZATION PO BOX 2089 WACO, TX 76703 (254) 732-0393	ds								

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

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Part VII Section A. Officers, Direct	tors, Trustees	, Key l	Empl	loye	es,	and H	High	nest Compensate	d Employees (cor	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	1	one b	ox, u in off tor/tr	che Inles	s pers and a	on	(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
See Additional Data Table				\Box						

	ű.	धीसक		ารณะป		
See Additional Data Table						

1b Sub-Total		 	•	>			
c Total from continuation sheets to Pa	•			•	205.055	0	
d Total (add lines 1b and 1c)				<u> </u>	205,055	100.000	

	Total (add lines as and as) I I I I I I I I I I I I I I I I I I I	-		
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 \triangleright 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

2	of reportable compensation from the organization ► 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	marriadai	4		No
-	D.d			

Se	ection B. Independent Contractors		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
7	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
4	line 1a? If "Yes," complete Schedule J for such individual	3	No
	Did the organization list any former officer, director of trustee, key employee, of highest compensated employee on	l I	

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	ındıvıdual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
S	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confrom the organization. Report compensation for the calendar year ending with or within the organization's tax year.	mpensatio	on

	marriada	4	•	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule J for such person		1	No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received mor from the organization. Report compensation for the calendar year ending with or within the organization.		nsation	
	(A)	(B)	(0	
	Name and business address	Description of services	Compe	nsation

	services rendered to the organization in the res, complete schedule into sach person		5		No
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		npensa	ation	
	(A) Name and business address	(B) Description of services		(C) Compen	
			-		

(A) Name and business address	(B) Description of services	(C) Compensation					
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 ▶ 0							

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	VIII Statement of	Revenue					rage 3
			oonse 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
	1a Federated campaig	ns 1a	1		revenue		312 - 314
ints Ints	b Membership dues	1b	38,804				
sra not	c Fundraising events	1c	82,570				
S, (An	d Related organizatio	<u> </u>	<u> </u>				
<u>a</u> E	e Government grants (co	<u> </u>	1				
is,	f All other contributions		1				
# # S	and similar amounts n above	ot included 1f	852,227				
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contribution	ons included					
	ın lines 1a - 1f \$						
<u>ة د</u>	h Total. Add lines 1a	-1f	· · · •	973,601			
je.			Business	Code	153	150	
Ven	2a LIFELONG LEARNING			611710	160	160	
å.	b						
MCŧ	с —						
Ser	u —						
ranı	•						
Program Service Revenue	f All other program se	rvice revenue		160	•	'	'
٩	9Total. Add lines 2a-2		<u> </u>				
	3 Investment income (is similar amounts).		Interest, and other	65,183	3		65,183
	4 Income from investme						
	5 Royalties						
		(ı) Real	(II) Personal				
	6a Gross rents						
	b Less rental expenses						
	c Rental income or			_			
	(loss)						
	d Net rental income o	r (loss)]			
		(ı) Securities	(II) Other				
	7a Gross amount from sales of	339,21	1				
	assets other than inventory						
	b Less cost or						
	other basis and sales expenses	48,14					
	C Gain or (loss)	291,06	2	201.00			291.062
	d Net gain or (loss) . 8a Gross income from f		•	291,062	2		291,062
e le	(not including \$	82,570 of					
ent	contributions reporte See Part IV, line 18		15,000				
3ev	b Less direct expense		19,151	-			
erl	c Net income or (loss)	from fundraising e	vents •	-4,15:	1		-4,151
Other Revenue	9a Gross income from g See Part IV, line 19	jaming activities					
	See Fait IV, line 19		 				
	b Less direct expense	s		1			
	c Net income or (loss)	from gaming activ	ities 🕨				
	10aGross sales of invent returns and allowand						
	recarris arra arreviario		 a				
	b Less cost of goods s	sold	ь				
	c Net income or (loss)	from sales of inve					
	Miscellaneous		Business Code	3.04			2.040
	11aSALES OF MERCHAN	NDISE	453220	2,948			2,948
	h		525100	500	1	500	
	b advertising		525100	500		500	
			-			1	
	С						
	al All akhan nama		-			-	
	d All other revenue . e Total. Add lines 11a						
				3,448	3	-	
	12 Total revenue. See	instructions .	• • • • •	1,329,303	3 16	500	
							Form 990 (2018)

Page 10
. 🗆
(D) singexpenses
41,011
20,816
6,731
19,238
5,363
93,159

Form **990** (2018)

Forn	n 990	(2018)					Page 11
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			254,730	1	426,295
	2	Savings and temporary cash investments .		2			
	3	Pledges and grants receivable, net		109,809	3	50,000	
ts	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	nployees Complete		5		
	7	section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L		6			
Assets	8	Inventories for sale or use			8		
As	9	Prepaid expenses and deferred charges	· -	31.923	9	43.894	
	-	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	513,963	01,020		10,00 1
	Ь	Less accumulated depreciation	10b	339,979	179,935	10c	173,984
	11	Investments—publicly traded securities .			7,251,945	11	7,374,845
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	e 11 .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,046,033	15	968,420
	16	Total assets.Add lines 1 through 15 (must equ	ıal lıne	34)	8,874,375	16	9,037,438
	17	Accounts payable and accrued expenses			22,258	17	28,618
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
Š	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ap		persons Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela	ted th	rd parties		23	

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28.618

6.508.617

2,200,203

9,008,820

9,037,438

Form **990** (2018)

300,000

22.258

6.599.463

2,198,403

8,852,117

8,874,375

54,251

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25

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27 28

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33 34

Net Assets or Fund Balances

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright \square and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

Form	990 (2018)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	Tabel second (most area) Dat VIII. askess (A) km at 2)				220 202
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,329,303
2	Total expenses (must equal Part IX, column (A), line 25)	2			865,226
3	Revenue less expenses Subtract line 2 from line 1	3			464,077
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,852,117
5	Net unrealized gains (losses) on investments	5		•	-307,374
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			0
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		9	,008,820
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a		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 3b

Additional Data

Software ID:

Software Version: **EIN:** 74-2032522

Name: THE BAYLOR LINE FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a: PROVIDED PROGRAMS, RECOGNITIONS AND COMMUNICATIONS IN SUPPORT OF BAYLOR UNIVERSITY AND ITS ALUMNI, INCLUDING REUNIONS AND OTHER EVENTS, 10 ANNUAL AWARDS, PUBLICATION OF BAYLOR LINE MAGAZINE AND ELECTRONIC/ONLINE COMMUNICATIONS, APPROXIMATELY 18,000 MEMBERS

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

	any hours	and	a dır	ecto	r/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
LAURA HILTON HALLMAN	1 00	X		Х				0	0	0	
PRESIDENT										_	
JACKIE BAUGH MOORE	1 00	×		x				0	0	0	
PAST PREDIDENT									-	-	
WAYNE TUCKER JR PRESIDENT ELECT	1 00	Х		х				0	0	0	

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JACKIE BAUGH MOORE
PAST PREDIDENT
WAYNE TUCKER JR
PRESIDENT ELECT
NICOLE WILLIAMS ROBINSON

SECRETARY

TREASURER

JAN BARRY

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

ROBERT LITTLE

MARIE BROWN

SKYE PERRYMAN

DAVID HUDSON

JAMES NELSON III

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

and Independent Contractors

STACY SHARP

DIRECTOR

KATY LINK

DIRECTOR

DIRECTOR

JAY PROPES

DIRECTOR

DIRECTOR

JAMES NORTEY

CHASE FICKLING

	any hours and a director/trustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
GARY BURFORD DIRECTOR	1 00	×						0	0	0	
DAVID LACY DIRECTOR	1 00	х						0	0	0	
TOM NESBITT DIRECTOR	1 00	×						0	0	0	

TOM NESBITT	1 00	×			0	0	
DIRECTOR					, and the second	Ŭ	
STAN SCHLUETER	1 00						
DIRECTOR		_ ×			0	U	
ROBERT MORALES	1 00	.,					
DIRECTOR		*			ď	U	

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

	any hours	and	a dır	ecto		ustee)	'	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
LYNDON OLSON	1 00	×						0	0	0	
DIRECTOR			^						U	U	0
CAROLYN COLE	1 00	×						0	0	0	
DIRECTOR		^									
SHARON BARNES	1 00	×						0		0	
DIRECTOR		^						0	U	·	
GEORGE COWDEN	1 00	×						0	0	0	
DIRECTOR											
MARY GILLEN BURCH	1 00										

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SHARON BARNES
DIRECTOR
GEORGE COWDEN
DIRECTOR
MARY GILLEN BURCH
DIRECTOR

KAREN WALDEN JONES

ROLAND JOHNSON

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JAMES NELSON

TONY PEDERSON

J RICE

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	ally flours	1 and	a un	ecto	317 (1	ustee	<i>i</i>	Organization	organizations	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	101		Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
BRYAN FONVILLE DIRECTOR	1 00	1 1						0	0	0	
BRANDON MILLER DIRECTOR	1 00	1 1						0	0	0	
MAC JONES DIRECTOR	1 00	1 1						0	0	0	
JUSTIN SIEKER DIRECTOR	1 00	1 1						0	0	0	
MICHAEL MERZ	1 00	1 1					П	0	0	0	

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

C GWIN MORRIS

DOUG MYERS

JONATHAN GRANT

DANIEL PELLEGRIN

SHELBA SHELTON JONES

.......

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

	any nours and a director/trustee)							organization	organizations			
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations		
FRED NORTON DIRECTOR	1 00	×						0	0	0		
RANDY STEVENS DIRECTOR	1 00	×						0	0	0		
EMILY TINSLEY DIRECTOR	1 00	х						0	0	0		
AMY GRAHAM PAGITT	1 00	×						0	0	0		

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DIRECTOR
EMILY TINSLEY
DIRECTOR
AMY GRAHAM PAGITT
DIRECTOR

CLAIRE ST AMANT

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

LYNN TATUM

CEO

MISSY WELLS

J ALLEN HOLT

PAUL J WILLIAMS

LINDSEY STOVER

and Independent Contractors (A)

JAMES MCINNIS

CFO

Name and Title

hours per week (list any hours for related organizations below dotted line)
40 00

ated ations lotted 40 00

(B)

Average

Position (do not check more Institutio

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

than one box, unless person is both an officer and a director/trustee) employee

(D) Reportable compensation from the organization (W- 2/1099-MISC) 81,555

Reportable compensation amount of other from related organizations (W- 2/1099-MISC)

(E)

compensation from the organization and related organizations

(F)

Estimated

SCHEDUL Form 990 or 990EZ)			Charity Statu rganization is a sect 4947(a)(1) nonexe ► Attach to Form		2018			
Department of the T		► Go to	www.irs.qov/Forms	<u>990</u> for the late	est information		Open to Public Inspection	
Name of the organization THE BAYLOR LINE FOUNDATION Employe							cation number	
			- (01)	1 1-	1 - 1 1 > 6	74-2032522		
			us (All organization e it is (For lines 1 thro			see instructions.		
-	•		ssociation of churches			(A)(i).		
 2	chool described ii	n section 170(b)((1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))			
 3	ospital or a coope	erative hospital ser	vice organization desci	rıbed ın section	170(b)(1)(A)(iii).		
	nedical research one, city, and stat	•	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's	
	organization ope		it of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	ibed in section 170	
٠.		'	r governmental unit de	scribed in sectio	on 170(b)(1)(A	۱)(v).		
sec	tion 170(b)(1)	(A)(vi). (Complete			-	ınıt or from the gener	al public described in	
8 □ A c	ommunity trust d	lescribed in sectio i	n 170(b)(1)(A)(vi)	(Complete Part I	I)			
			escribed in 170(b)(1) See instructions Enter				lege or university or	
froi inv	n activities relate estment income a	ed to its exempt fur	(1) more than 331/39 nctions—subject to cer ness taxable income (le omplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross	
		• • • • •	d exclusively to test fo	r public safety S	See section 509	(a)(4).		
□ mo	re publicly suppo	rted organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See section 509(
a 🗌 Tyı org	oe I. A supporting anization(s) the p	g organization opei	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by		
ma	nagement of the		pervised or controlled in ation vested in the sar and C.					
			supporting organizatio	•	•	, -	ated with, its	
d Tyj	oe III non-funct ctionally integrat	tionally integrate ed The organization	clons) You must comed. A supporting organion generally must satis or generally must satis ort IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orga		
e 🗌 Che	eck this box if the	organization recei	ved a written determir	nation from the I		pe I, Type II, Type II	II functionally	
		III non-functionally orted organizations	ıntegrated supportıng	organization				
9 Provide th	ne following inform	mation about the si	upported organization(s)		_		
	e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	(vi) Amount of other support (see instructions)			
				Yes No				
otal								
	Reduction Act	Notice, see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	90 or 990-EZ) 201	

Part II

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 544,648 265,724 502,179 462,032 973,601 2,748,184 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 The value of services or facilities furnished by a governmental unit to the organization without charge 265,724 973,601 544,648 502,179 462,032 2,748,184 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 1,300,015 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from 1,448,169 line 4 Section B. Total Support Calendar year (a)2014 (b)2015 (c)2016 (d)2017 (e)2018 (f)Total (or fiscal year beginning in) ▶ 7 Amounts from line 4 544,648 265,724 502,179 462.032 973,601 2,748,184 Gross income from interest, dividends, payments received on 498,755 240,725 147,383 388,149 65,183 1,340,195 securities loans, rents, royalties and income from similar sources Net income from unrelated business 7,427 1,000 500 8,927 activities, whether or not the business is regularly carried on 10 Other income Do not include gain or 103,325 2,023,201 loss from the sale of capital assets 2,126,526 (Explain in Part VI) Total support. Add lines 7 through 11 6,223,832

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 Schedule A, Part II, line 14

organization

instructions

supported organization

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

12 Gross receipts from related activities, etc. (see instructions) 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,

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2018. 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test—2017. 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

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Schedule A (Form 990 or 990-EZ) 2018

14

15

123,834

23 270 %

29 930 %

▶□

▶ ☑

ightharpoons

Р	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.)								
- C	the organization falls to	quality under t	ne tests listed	pelow, please co	omplete Part II.)			
30	Calendar year		43.554.5		413.004-		(0) =		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 Gross receipts from activities that are								
3	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 The value of services or facilities								
5	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)								
36	ection B. Total Support Calendar year			I	1		1		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
D	(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									
	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 fo	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.		
	check this box and stop here	,	, ,	, ,	,	(), ()	• □		
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>		
15	Public support percentage for 2018 (lin			column (f))		15			
16	Public support percentage from 2017 S					16			
	ection D. Computation of Investi					1 1			
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17			
18	Investment income percentage from 2	•		,	••	18			
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not		
							_		
	more than 33 1/3%, check this box and s								
b	33 1/3% support tests—2017. If the	-			•		_		
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_		
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □		

Schedule A (Form 990 or 990-EZ) 2018 Page 4 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 Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a 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? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection 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?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <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? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income	(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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2

If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

instructions)

Software ID:

Software Version: **EIN:** 74-2032522

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

Name: THE BAYLOR LINE FOUNDATION

Page 8

Schedule A (Form 990 or 990-EZ) 2018 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,

Facts And Circumstances Test THE BAYLOR LINE FOUNDATION PROVIDES FINANCIAL AND OTHER SUPPORT TO BAYLOR UNIVERSITY. THE ORGANIZATION HAS HISTORICALLY BEEN WELL ABOVE THE 33 33% PUBLIC SUPPORT THRESHOLD A \$2,000,000 2015 LAWSUIT SETTLEMENT CAUSED

THE PUBLIC SUPPORT PERCENTAGE TO DIP BELOW THE 33 33% THRESHOLD. THE FOUNDATION SOLICITS DONATIONS FROM ALUMNI OF BAYLOR UNIVERSITY WHICH IS MADE UP OF A BROAD BASE OF INDIVIDUALS IN THE COMMUNITY. ITS GOVERNING BOARD CONSISTS OF INDIVIDUALS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY AND DOES NOT CONSIST OF FAMILY MEMBERS OR OTHER RELATED PARTIES THE FOUNDATION SHOULD MEET THE PUBLIC SUPPORT TEST AGAIN ONCE THE

\$2,000,000 LAWSUIT SETTLEMENT ROLLS OFF THE SCHEDULE IN THE ORGANINZATION'S 2020 TAX RETURN

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**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.

▶ Go to www.irs.gov/Form990 for the latest information.

DLN: 93493084000160 OMB No 1545-0047

Open to Public Inspection

	me of the organization		Employer identification number
THE	E BAYLOR LINE FOUNDATION		74-2032522
Pā	art I Organizations Maintaining Donor Advi		r Accounts.
	Complete if the organization answered "Ye		(L) Total and all an accounts
	Total number at end of year	(a) Donor advised funds	(b)Funds and other accounts
L >	Aggregate value of contributions to (during year)		
2	Aggregate value of grants from (during year)		
, 1	Aggregate value at end of year		
	Did the organization inform all donors and donor adviso	vo un unimina that the accete hold in done ad	hugad funda aya tha
,	organization's property, subject to the organization's ex		Yes No
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?		
Pa	rt II Conservation Easements. Complete if th	ne organization answered "Yes" on Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the organ	nızatıon (check all that apply)	
	\square Preservation of land for public use (e g , recreation	n or education) \qed Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the for	rm of a <u>conservation</u> Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histori	c structure included in (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguished, or terminated by	the organization during the
1	Number of states where property subject to conservation	on easement is located >	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring, inspection, handling o s?	of violations, Yes No
5	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \begin{align*}	handling of violations, and enforcing conservations	vation easements during the year
3	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(u)$?	above satisfy the requirements of section 1	70(h)(4)(B)(ı)
•	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial state	
Pai	Organizations Maintaining Collections Complete of the organization answered "Ye	of Art, Historical Treasures, or Oth	er Similar Assets.
La	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	.6 (ASC 958), not to report in its revenue sta public exhibition, education, or research in f	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items		
((i) Revenue included on Form 990, Part VIII, line 1		> \$
(ii)Assets included in Form 990, Part X		<u></u> -
2	If the organization received or held works of art, historic	cal treasures, or other similar assets for fina	ncial gain, provide the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Cat No 52283D

Par	t III	Organizations Ma	aintaining Coll	ections of Art, I	Histori	cal Ti	reas	ures, or	Other 9	Similar As	sets (c	ontınued)	
3		g the organization's acq s (check all that apply)	uisition, accession	, and other records	, check	any of	the fo	ollowing t	hat are a	sıgnıfıcant u	se of its	collection	
а		Public exhibition			d		Loar	n or excha	nge prog	rams			
b		Scholarly research e Other											
c		Preservation for future	e generations										
4	Provi Part :	de a description of the XIII	organızatıon's coll	ections and explain	how the	ey furth	ner th	ne organız	atıon's ex	empt purpos	se in		
5		ng the year, did the organs s to be sold to raise fur								llar	☐ Yes	s □ N	lo
Pa	rt IV	Escrow and Cust	odial Arrange	ments.									
		Complete if the org X, line 21.	ganization answ	ered "Yes" on Fo	rm 990	, Part	IV, ۱	ine 9, or	reporte	d an amou	nt on F	orm 990,	Part
1a		e organization an agent ded on Form 990, Part)		an or other intermed	diary for	contril	butioi	ns or othe	er assets r	not	☐ Yes	s 🗆 N	lo
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete the fo	ollowing	table				Aı	nount		_
c	Begir	nning balance							1c				_
d	Addıt	ons during the year							1d				
е	Dıstrı	butions during the year	r						1e				
f	Endır	ng balance							1 f				_
2a	Did tl	he organization include	an amount on Fo	rm 990, Part X, line	21, for	escrow	or c	ustodial a	ccount lia	bility?	☐ Yes	5 🗆 N	lo
b	If "Y∈	es," explain the arrange	ement in Part XIII	Check here if the e	explanati	on has	beer	n provided	d in Part X	III			
Pa	rt V	Endowment Fund						-					
				(a)Current year	(b) P	rıor yea	r	(c)Two ye	ears back	(d)Three yea	rs back	(e) Four yea	rs back
1 a	Beginn	ning of year balance .		5,458,351		5,361	,746		4,686,284	5,6	57,634	6,	220,165
b	Contrib	butions		328,466			3,395		80,042		45,983		
c	Net inv	vestment earnings, gair	ns, and losses	78,107		614	1,250		595,420	-1	56,268		320,427
d	Grants	or scholarships	•	100,461		88	3,905						
е		expenditures for facilitie ograms	es	341,014		512	2,135			Ġ	961,065	1,	105,253
f	Admın	istrative expenses .											
g	End of	year balance		5,423,449		5,458	3,351		5,361,746	4,6	86,284	5,	657,634
2		de the estimated perce	=	nt year end balance	e (line 1	g, colu	mn (a	a)) held a	s				
а	Board	d designated or quasi-e	ndowment >										
b		anent endowment 🕨											
c		porarily restricted endov											
3-		percentages on lines 2a		·	+.aa +ba	h	ماط مہ	ما مطامما	atarad far	+1			
3a		here endowment funds nization by	not in the posses:	sion of the organiza	tion tha	Lare n	eiu ai	na aamini	stered for	trie		Yes	No
	(i) u	nrelated organizations									3a	(i) Yes	
		elated organizations .									3a	(ii)	No
ь		es" on 3a(II), are the rel	_	•			?.				3	b	
4		ribe in Part XIII the inte			wment i	unas							
Pa	rt VI	Land, Buildings, Complete if the ord			rm 990	. Part	TV. I	ine 11a.	See For	m 990. Pai	t X. line	e 10.	
	Descr	iption of property	(a) Cost or oth (investme	er basis (b) Cos	t or other				umulated d			d) Book valu	e
1a	Land												
	Buildin												
		nold improvements											
		nent				51	13,963	3		339,979			173,984
		lines 1a through 1e (Co	olumn (d) must ed	jual Form 990, Part	X, colur	nn (B)	, line	10(c))	. ,	•			173,984

Schedule D (Form 990) 2018			Page 3
Part VII Investments—Other Securities. Complete if the organ See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book value	(c) Met	990, Part IV, line 11b. chod of valuation of-year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	b		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990			
(a) Description of investment (b) Book value		hod of valuation -of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes' on	Form 990, Part	IV, line 11d See Forr	n 990, Part X, line 15
(a) Description (1) BENEFICIAL INTEREST IN TRUST (2)			(b) Book value 968,420
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.			968,420 11e or 11f.
1. (a) Description of liability (1) Federal income taxes	(b) Boo	< value	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u> -		
2. Liability for uncertain tax positions In Part XIII, provide the text of the footiorganization's liability for uncertain tax positions under FIN 48 (ASC 740) Chemical Control of the Co	note to the orga		

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2c c d 2d 19.152 2e -288,222 e

2b

2a 2b

2c

2d

4a

4b

Explanation

3 3 4

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 1,112

4b b Add lines **4a** and **4b** 4c c 1,329,303

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 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.

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

Other (Describe in Part XIII) d Add lines 2a through 2d

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . .

Schedule D (Form 990) 2018

Part XI

b

1

2

c

3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . .

b

Return Reference

See Additional Data Table

5 Part XIII **Supplemental Information**

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

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

5

19,152

1,112

2e

3

4c

Schedule D (Form 990) 2018

Page 4

1,039,969

1,328,191

1,112

883,266

19,152

1,112

865.226

864,114

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 74-2032522

Name: THE BAYLOR LINE FOUNDATION

Supplemental Information

Return Reference Explanation PART V. LINE 4

RAL OPERATIONS OF THE FOUNDATION

PERMANENTLY RESTRICTED FUNDS ARE INVESTED IN PERMANENT ENDOWMENT FUNDS. THE INVESTMENT

STED IN THE ABNER V MCCALL ALUMNI ENDOWMENT FUND. WITH THE EARNINGS USED TO FUND THE GENE

EAR NINGS FROM THESE PERMANENT ENDOWMENTS ARE USED TO HELP FUND VARIOUS ACTIVITIES OF THE BAYL OR LINE FOUNDATION INCLUDING THE BAYLOR LINE MAGAZINE. AWARDS. SCHOLARSHIPS AND OTHER PROG RAMS TEMPORARILY RESTRICTED FUNDS CONSIST OF SCHOLARSHIP CONTRIBUTIONS RECEIVED FROM DONO RS THAT ARE SUBSEQUENTLY PAID BY THE FOUNDATION TO BAYLOR UNIVERSITY EACH SEMESTER TO PROV IDE SCHOLARSHIPS FOR CHILDREN OF ALUMNI FAMILIES BOARD DESIGNATED FUNDS CONSIST OF UNREST RICTED LIFE MEMBERSHIP DUES RECEIVED THAT THE BOARD OF DIRECTORS HAS DESIGNATED TO BE INVE

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE BAYLOR LINE FOUNDATION QUALIFIES AS A NON-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THEREFORE, THE FOUNDATION IS GENERALLY EXEMPT FROM FEDERAL A ND STATE INCOME TAXES THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY I F THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED RECOGNIZED INCOME TAX POSIT IONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS THE FOUNDATION RECORDS INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS AND PENALTIES IN MANAGEMENT AND GENERAL EXPENSES THERE WERE NO INTEREST AND PENALTIES FOR 201 8 OR 2017

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING FOR SPECIAL EVENT 19,152

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Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING FOR SPECIAL EVENT 19,152

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ.

Go to www irs gov/Form990 for instructions and the latest information

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

DLN: 93493084000160 OMB No 1545-0047

> Open to Public Inspection

THE BAYLOR LINE FOUNDATION

Employer identification number Name of the organization 74-2032522 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

che	dule G (Form 990 or 990-EZ) 2018					F	Page 3	
.1	Does the organization conduct gaming	activities with nonmember	rs?		☐ Yes	□No		
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		a member of a partnership or other entity		□Yes			
3	Indicate the percentage of gaming activ	vity conducted in						
а	The organization's facility			13a			%	
b	An outside facility			13b			%	
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records							
	Name ►							
	Address ►							
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?							
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$							
c	If "Yes," enter name and address of the third party							
	Name ►							
	Address ▶							
16	Gaming manager information							
	Name ►							
	Gaming manager compensation ▶ \$							
	Description of services provided ▶							
	☐ Director/officer	☐ Employee	☐ Independent contractor					
7	Mandatory distributions							
а								
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$							
Pai	t IV Supplemental Informatio	n. Provide the explana	tions required by Part I, line 2b, column blicable. Also provide any additional info				 S.	
_	Return Reference		Explanation					

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493084000160 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number THE BAYLOR LINE FOUNDATION 74-2032522 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

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

(5)

Part IV

Return Reference

Explanation

efile GRAPH	DLN:	93493084000160				
SCHEDUL (Form 990 or EZ)	990- Complete to pro	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. Go to www.irs.gov/Form990 for the latest information.		ns on	OMB No 1545-0047 2018 Open to Public Inspection	
Name Betherolganization THE BAYLOR LINE FOUNDATION 74-2032 990 Schedule O, Supplemental Information					fication number	
Return Reference	Explanation					
FORM 990, PART VI, SECTION A, LINE 2	BABS BAUGH-DIRECTOR/JACKIE	MOORE-FAMILY				

Return Explanation
Reference

FORM 990,	THE MEMBERS OF THE BAYLOR LINE FOUNDATION ELECT THE BOARD OF DIRECTORS OF TEH FOUNDATION
PART VI,	THE MEMBERSHIP DOES NOT OWN ANY OF THE ASSETS OR HAVE A RIGHT TO ANY OF THE INCOME OF THE
SECTION A,	FOUNDATION
LINE 6	

Return Explanation

FORM 990, PART VI, SECTION A, LINE FOUNDATION ELECT THE BOARD OF DIRECTORS OF THE FOUNDATION PARTY OF THE FOUNDATION ELECT THE BOARD OF DIRECTORS OF THE FOUNDATION ELECT THE BOARD OF THE FOUNDATION ELECT THE BOARD OF THE BOARD

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LINE 11B

FORM 990, PART VI, SECTION B,

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FORM 990, PART VI, SECTION B, LINE 12C

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 15

THE PROCESS INCLUDES A REVIEW AND SUBSEQUENT RECOMMENDATION BY THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FOR THE SECTION B, LINE 15

THE PROCESS INCLUDES A REVIEW AND SUBSEQUENT RECOMMENDATION BY THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMMITTEE USES COMPARATIVE SALARY/COMPENSATION DATA FROM THE PERSONNEL POLICIES COMPA

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FORM 990, BYLAWS ARE PUBLISHED ON THEIR WEBSITE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND DISTRIBUTED AT ANNUAL MEETINGS
SECTION C, LINE 19