<u>.</u>	Form	<sup>^</sup> 990-T	E	EXTENDED TO MA	sines	ss Income Ta	7 /	-4	OMB No 1545-0687
Ģ			F	(and proxy tax und		• ••	7 30 301	JO	2019
			For cal	endar year 2018 or other tax year beginning JUL 1,			<del></del> ,	<del>"</del>	ZU 10
		tment of the Treasury at Revenue Service		► Go to www.irs.gov/Form990T for In Do not enter SSN numbers on this form as it may				- 1	Open to Public Inspection for 501(c)(3) Organizations Only
				oyer identification number					
	A	Check box if address changed		Name of organization ( Check box if name c	nangeo	and see instructions )		Emple	oyees' trust, see ctions )
	<u> </u>		D.:	BAYLOR SCHOOL				Į.	2-0126365
		xempt under section     501(c) 3 )	Print or						ated business activity code
	Δ	408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. box 171 BAYLOR SCHOOL ROAD	c, see in:	structions.			istructions)
		. ,		City or town, state or province, country, and ZIP of				1	
		408A 530(a) 529(a)		CHATTANOOGA, TN 37405	rioreign	postar code		5230	000
	r Bo	ok value of all assets		F Group exemption number (See instructions.)	_	•		<u> </u>	
	ate	231,197,4	รถ .	G Check organization type ► X 501(c) corp	noration	501(c) trust	401(a	truct	Other trust
				tion's unrelated trades or businesses.	1		he only (or first) ur		Other trust
			•	HEDULE K-1, PARTNERSHIP	TIRT		complete Parts I-V.		than one
				ce at the end of the previous sentence, complete Pa			•		
		siness, then complete f	-		iris i and	in, complete a ochedule r	VI IOI CACII AGGILIOII	ai ii auc	OI .
				oration a subsidiary in an affiliated group or a parer	nt-cuheir	tiany controlled group?		Ye	s X No
				ifying number of the parent corporation.	n suusit	amy controlled group,		16	J [==] 140
>				DALLAS JOSEPH, JR.		Telenhoi	ne number 🕨 (	423	267-8505
				le or Business Income	I	(A) Income	(B) Expense:		(C) Net
R	1 a	Gross receipts or sale				,	(-,		1
j		Less returns and allow		c Balance	1c				,
	2	Cost of goods sold (S		<del></del>	2				i
	3	Gross profit Subtract			3				•
	_	Capital gain net incom			4a			-	
			•	•					
				art II, line 17) (attach Form 4797)	4b 4c				<del></del>
	C	Capital loss deduction				3,168.			
	5			hip or an S corporation (attach statement)	5	3,168.	STMT	-	3,100.
		Rent income (Schedul	•	(0 h - 1 h - 5)	6				
	7	Unrelated debt-finance		•	7				
	8			nd rents from a controlled organization (Schedule F)	8				
	9			n 501(c)(7), (9), or (17) organization (Schedule G)					
	10	Exploited exempt activ	•	,	10				
		Advertising income (S		·	11				
	12	Other income (See ins		•	12	2 160		- `	2 1 6 0
		Total. Combine lines			13	3,168.	·		3,168.
	га			t Taken Elsewhere (See instructions for itions, deductions must be directly connected			ncome)		
	14	Compensation of offi	cers, dır	ectors, and trustees (Schedule K)			· ·- · · · · · · · · · · · · · · · · ·	14	
	15	Salaries and wages	,	(				15	
	16	Repairs and mainten	ance					16	
	17	Bad debts	41100					17	
	18	Interest (attach sched	dule) (se	e instructions)				18	
	19	Taxes and licenses	uuic) (sc	e msu ucuons)				19	_
			ne (Saa	instructions for limitation rules)				20	
	20		•	•		Los		20	
	21	Depreciation (attach	i Uilli 45 imad a=	62) Schedule A and elsewhere on returREÇEI\	_	21	<del></del>	225	
	22	Depletion	iitiea on	Schedule A and eisewhere on return RECFN	/EF	22a		22b	
	23	Depletion			EU	- 1		23	
	24	Contributions to defe		npensation plans  MAR 1 6		721		24	
	25	Employee benefit pro	-	Hadista 16 2	2020	lől		25	
	26	Excess exempt exper	•		~•	1991		26	
	27	Excess readership co	•	' ( (()())()	11-	7.形		27	
	28	Other deductions (att		11	UΓ	.1		2B	
	29	Total deductions Ad		•		_		29	0.
	30			come before net operating loss deduction. Subtract				3D	3,168.
	31	•	_	oss arising in tax years beginning on or after Janua	ry 1, 201	18 (see instructions)	31	3/1	<u>,                                      </u>
	32			come Subtract line 31 from line 30			71	\$2	3,168.

orm 990-T	(2018) BAYLOR SCHOOL	62-012636	5 Page 2
Part I	I Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	3,168.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		2 160
	lines 33 and 34	36	3,168.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	3 <del>3</del> 37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	39	2 160
Dort II	enter the smaller of zero or line 36	21 38	2,168.
Part I		110 5 6	455.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	40 ► <del>\$9</del>	455.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	_  -	
44	Tax rate schedule or Schedule D (Form 1041)	► 40 21	
	Proxy tax. See instructions Alternative management by (fruits only)		<u> </u>
	Alternative minimum tax (trusts only)  Tax on Noncompliant Facility Income. See instructions	42	
	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	45 4	455.
Part V		10 44_	±33.
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		•
	Other credits (see instructions)  45b		
	General business credit. Attach Form 3800		
•	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits Add lines 45a through 45d	4\$e	
	Subtract line 45e from line 44	46	455.
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (a	attach schedule) 47	
	Total tax. Add lines 46 and 47 (see instructions)	u4 45	455.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Payments A 2017 overpayment credited to 2018		
	2018 estimated tax payments 50b		
c	Tax deposited with Form 8868 71 5dc	685.	
ď	Foreign organizations Tax paid or withheld at source (see instructions) 50d		
е	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941) 501		
g	Other credits, adjustments, and payments. Form 2439		
	Form 4136 Other Total ▶ <b>5</b> 0g		
	Total payments. Add lines 50a through 50g	\$1	685.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	ح_ ▶ 53	
Se <sup>54</sup>	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	230.
7 255 Domby		unded > 55	0.
Part V		<del></del>	<del></del>
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	•	Yes No
	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		│ <del>─</del> │ <del>─</del>
	here >		X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	agn trust?	<del>  ^</del> ,
	If "Yes," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
36	Under penalties of perjury, I deplaye that I have examined this return, including accompanying schedules and statements, and to the b	pest of my knowledge and b	pelief, it is true.
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
lere	13/11/2020 PRESIDENT/TREAS	י ביו מיוור	S discuss this return with ir shown below (see
	Signature of officer Date Title	instructions	
		Check If PTI	
De: d		self- employed	••
Paid Propa	GUELMON CHANDEDG XXX		01479354
Prepa	- DITTOMM DAVITO TICEDIO		7-0381582
Use O	629 MARKET STREET, SUITE 100	· · · · · · · · · · · · · · · · · · ·	
		Phone no. (423	) 756-7100
	. · · · · · · · · · · · · · · · · · · ·		

823711 01-09-19

Phone no. (423) 756-7100 Form **990-T** (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory val	uation N/A			
1 Inventory at beginning of year	1			nventory at end of yea	ır		6
2 Purchases	2		ubtract	line 6			
3 Cost of labor	3	and in I	Part I,				
4 a Additional section 263A costs			☐ i	ine 2			7
(attach schedule)	4a		8 1	Do the rules of section	263A (	with respect to	Yes No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5			he organization?	•	,,	
Schedule C - Rent Income	(From Real I	Property and	d Perso	onal Property L	.ease	d With Real Prope	erty)
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)							
		ed or accrued				0/ 12 4	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` of rent for	personal pr	al property (if the percentago operty exceeds 50% or if on profit or income)	ge	columns 2(a) and	connected with the income in I 2(b) (attach schedule)
(1)							
(2)	-						
(3)							
(4)							
Total	0.	Total			0.	1	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	nstruct	ions)		-	<del></del>
				Gross income from		3. Deductions directly conne to debt-finance	ected with or allocable d property
1. Description of debt-fir	nanced property			r allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
/4)			+				
(1)			1		-		
(2)			-		<u> </u>		<del> </del>
(3)			1		<del>                                     </del>		
(4)	T .		<del></del>				
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-finar	adjusted basis llocable to nced property aschedule)	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)	•		1	%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals						0.	0.
Total dividends-received deductions in	ncluded in column	8				<b>•</b>	0.
							Form 990-T (2018)

Schedule F - Interest, A	Annuities, Ro	yalties, ar					tions (see	instruction	ns)	
			Exempt	Controlled O	rganızatı	ons			<u> </u>	
1 Name of controlled organization	don 2			nrelated income ee instructions)		tal of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5	
(1)	-	·	<del>                                     </del>		<u> </u>	<del></del>			·	
(2)					<u> </u>					
(3)							• -			
(4)						-				
Nonexempt Controlled Organiz	zations					I				
7 Taxable Income	8 Net unrelated	income (loss)	Q Total	of specified payr	ments	10, Part of colum	n 9 that is includ	led 11 De	ductions directly connected	
,	(see instru		<b>3.</b>	made		in the controllin	g organization s income	with	n income in column 10	
(1)									·	
(2)										
(3)		<del></del>				·				
(4)								<u> </u>		
	-		•			Add columi Enter here and c line 8, co	on page 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals					_ ▶		(	).	0 .	
Schedule G - Investme		a Section	501(c)(7	7), (9), or (	17) Org	ganization		•		
(see instri	ription of income			2. Amount of	income	3 Deduction	ted 4.	Set-asides ach schedule)	5. Total deductions and set-asides	
(1)						(attach schedu	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	(col 3 plus col 4)	
(2)	<del></del>					_		····		
(3)	<del></del>				$\longrightarrow$				<del></del>	
(4)	· · · · · · · · ·								<del></del>	
(**)				Enter here and o Part I, line 9, co					Enter here and on page 1 Part I, line 9, column (B)	
Totals			•		0.	-			ο.	
Schedule I - Exploited I	•	ity Incom	e, Other	Than Adv		g Income			<u> </u>	
Description of exploited activity	2 Gross unrelated business income from trade or business	directly with pr	openses connected coduction irelated ss income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inconfrom activity the is not unrelate business incon	at att	. Expenses ributable to column 5	7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)	
(1)		- <del>-</del>								
(2)										
(3)				<del> </del>	1					
(4)				<del>                                     </del>	1			•		
.,	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, , col (B)		· ·		'		Enter here and on page 1, Part II, line 26	
Totals <b>&gt;</b>		).	0.						0.	
Schedule J - Advertisin										
Part I Income From F	Periodicals R	eported o	n a Cons	solidated	Basis		_			
	2. Gro advertis incom	ing adv	3. Direct ertising costs	4. Advertion (loss) (cocol 3) If a ga	ol 2 minus iin, compute	5 Circulation income		leadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
1. Name of periodical	111011									
<u> </u>	THE COL					<u>L</u>				
·	incom						<del>-   -</del>			
(1)	lincon .									
(1) (2) (3)	incom									
(1)		0.	0						0.	

Form 990-T (2018) BAYLOR SCHOOL 62-01263
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) (cot 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)					<u> </u>		
(3)			-				
(4)							
Totals from Part I	•	0.	0.	•			0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		•	•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>•</b>	0.	0.	_			0.

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

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

Form 990-T (2018)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
TIGER GLOBAL PIP X PARTNER, S LP - ORDINARY BUSINESS INCOME (LOSS)	-1,728.
TIGER GLOBAL PRIVATE INVESTMENT PARTNERS X, L.P ORDINARY BUSINESS INCOME	4,896.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	3,168.