

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07/01, 2014, and ending 06/30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BAYLOR COLLEGE OF MEDICINE Doing Business As			D Employer identification number 74-1613878		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE BAYLOR PLAZA, NO. T100		E Telephone number (713) 798-5627			
	City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77030-3498			G Gross receipts \$ 1,917,836,843.		
	F Name and address of principal officer: PAUL E. KLOTMAN, M.D. SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
J Website: ▶ WWW.BCM.EDU						
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						
L Year of formation: 1900				M State of legal domicile: TX		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>BAYLOR COLLEGE OF MEDICINE IS COMMITTED TO ADVANCING HUMAN HEALTH THROUGH THE INTEGRATION OF PATIENT CARE, RESEARCH, EDUCATION AND COMMUNITY SERVICES.</u>	
	2 Check this box <input type="checkbox"/> 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) 48.
	4	Number of independent voting members of the governing body (Part VI, line 1b) 48.
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) 12,191.
	6	Total number of volunteers (estimate if necessary) 976.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 -176,570.
7b	Net unrelated business taxable income from Form 990-T, line 34 -819,350.	
Revenue	Revenue	
	8	Contributions and grants (Part VIII, line 1h) 1,042,889,743.
	9	Program service revenue (Part VIII, line 2g) 403,207,462.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 112,336,050.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 43,475,346.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,601,908,601.
Expenses	Expenses	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 89,535,430.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 925,198,134.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,910,737.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 485,864,800.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,500,598,364.	
19	Revenue less expenses. Subtract line 18 from line 12 101,310,237.	
Net Assets or Fund Balances	Net Assets or Fund Balances	
	20	Total assets (Part X, line 16) 2,636,597,273.
	21	Total liabilities (Part X, line 26) 1,303,189,354.
	22	Net assets or fund balances. Subtract line 21 from line 20. 1,333,407,919.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer		Date
	▶ JULIE B. NICKELL CFO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	KATHLEEN MOSELEY	<i>Kathleen Moseley</i>	07/29/16
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-656596	Check <input type="checkbox"/> if self-employed
Firm's address ▶ 425 HOUSTON STREET, SUITE 600 FORT WORTH, TX 76102		Phone no. 817-335-1900	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

BAYLOR COLLEGE OF MEDICINE (BCM) IS COMMITTED TO ADVANCING HUMAN HEALTH THROUGH THE INTEGRATION OF PATIENT CARE, RESEARCH, EDUCATION, AND COMMUNITY SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 830,579,586. including grants of \$ 75,917,405.) (Revenue \$ 369,680,410.)

SERVICE - BCM AFFIRMS OUR COVENANT TO SERVE THE COMMUNITY. FOREMOST IS OUR COMMITMENT TO PATIENTS, BOTH IN OUR CLINICAL PRACTICE AND WITH AFFILIATED HOSPITALS. WE STRIVE TO IMPROVE PUBLIC HEALTH IN ALL OUR ENDEAVORS AND SERVE THE COMMUNITY IN ALL ASPECTS OF THIS PROCESS. BCM STUDENTS AND RESIDENTS SPEND MUCH OF THEIR EDUCATION AND TRAINING IN THE COLLEGE'S SEVEN PRIMARY CARE AFFILIATED TEACHING HOSPITALS WHERE BAYLOR FACULTY ALSO PROVIDES PATIENT CARE.

4b (Code:) (Expenses \$ 415,893,720. including grants of \$ 2,686,725.) (Revenue \$ 0)

RESEARCH - BCM RESEARCHERS AND PHYSICIANS ARE STUDYING A VARIETY OF MEDICAL TOPICS, INCLUDING CANCER CELL FUNCTION, FERTILITY, CHILD NUTRITION, INFLUENZA, HEART AND NEUROLOGICAL DISORDERS, AND OTHER BASIC AND CLINICAL RESEARCH.

4c (Code:) (Expenses \$ 105,280,683. including grants of \$ 13,563,308.) (Revenue \$ 16,079,131.)

INSTRUCTION - BCM VALUES ACADEMIC PURSUITS AND WE COMMIT OUR EFFORTS TO THE SCHOLARLY PURSUIT OF KNOWLEDGE FOR OUR TRAINEES, OUR PATIENTS, AND OUR COMMUNITY. AS A MEDICAL SCHOOL, BCM'S PRIMARY GOAL IS TO EDUCATE MEDICAL SCHOOL STUDENTS AND TRAIN MEDICAL SCHOOL GRADUATES. BCM ALSO PLACES EMPHASIS ON THE EDUCATION OF MEDICAL RESEARCH AND ALLIED HEALTH PERSONNEL.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 21,362,916. including grants of \$ 711,947.) (Revenue \$ 27,856,295.)

4e Total program service expenses 1,373,116,905.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
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>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
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>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
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>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a-14b with various tax-related questions and numerical inputs.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (48), 1b (48), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:▶

KIMBERLY COTNER DAVID ONE BAYLOR PLAZA, 110C HOUSTON, TX 77030

713-798-1543

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA B. ALLBRITTON TRUSTEE	2.00 0	X						0	0	0
(2) JOHN F. ANDERSON, MD TRUSTEE	2.00 0	X						0	0	0
(3) DAVID C. BALDWIN TRUSTEE	5.00 0	X						0	0	0
(4) GREGORY D. BRENNEMAN TRUSTEE	4.00 0	X						0	0	0
(5) ROBERT L. BREWTON TRUSTEE	4.00 0	X						0	0	0
(6) PASTOR K.H. CALDWELL TRUSTEE	2.00 0	X						0	0	0
(7) JAMES Y. CHAO TRUSTEE	3.00 0	X						0	0	0
(8) SALLY ANDERSON CLARK TRUSTEE (THRU 5/21/2015)	4.00 0	X						0	0	0
(9) SHAUNA J. CLARK TRUSTEE	3.00 0	X						0	0	0
(10) T. CLIFFORD DEVENY, MD TRUSTEE	2.00 0	X						0	0	0
(11) MILANE DUNCAN-FRANTZ TRUSTEE	3.00 0	X						0	0	0
(12) RALPH EADS, III TRUSTEE (AS OF 5/21/2015)	2.00 0	X						0	0	0
(13) JAMES C. FLORES TRUSTEE	2.00 0	X						0	0	0
(14) MELANIE GRAY TRUSTEE	2.00 0	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JAMES T. HACKETT ----- TRUSTEE	3.00 0	X					0	0	0	
(16) GERALD W. HADDOCK ----- TRUSTEE (THRU 5/21/15)	7.00 0	X					0	0	0	
(17) LARRY P. HEARD ----- TRUSTEE	2.00 0	X					0	0	0	
(18) PAUL W. HOBBY ----- TRUSTEE	2.00 0	X					0	0	0	
(19) JOHN R. HUFF ----- TRUSTEE	2.00 0	X					0	0	0	
(20) JODIE L. JILES ----- TRUSTEE	2.00 0	X					0	0	0	
(21) ELISE ELKINS JOSEPH ----- TRUSTEE	2.00 0	X					0	0	0	
(22) CAROLYN DINEEN KING ----- TRUSTEE	8.00 0	X					0	0	0	
(23) HAROLD M. KORELL ----- TRUSTEE	2.00 0	X					0	0	0	
(24) C. BERDON LAWRENCE ----- TRUSTEE	1.00 0	X					0	0	0	
(25) JACK E. LITTLE, PHD ----- TRUSTEE	1.00 1.00	X					0	0	0	
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							24,052,153.	0	911,971.	
d Total (add lines 1b and 1c)							24,052,153.	0	911,971.	

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 ► 2235

	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>	X	
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 74

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) FRED R. LUMMIS ----- TRUSTEE	2.00 ----- 1.00							0	0	0
(27) MICHAEL G. MACDOUGALL ----- TRUSTEE (AS OF 3/25/2015)	2.00 ----- 0	X						0	0	0
(28) JACK L. MARTIN ----- TRUSTEE	1.00 ----- 0	X						0	0	0
(29) MARK A. MCCOLLUM ----- TRUSTEE	2.00 ----- 0	X						0	0	0
(30) DRAYTON MCLANE, JR. ----- TRUSTEE (THRU 5/21/15)	1.00 ----- 0	X						0	0	0
(31) ROBERT C. MCNAIR ----- TRUSTEE (THRU 5/21/15)	2.00 ----- 0	X						0	0	0
(32) WILLIAM E. MEARSE ----- TRUSTEE (AS OF 5/21/2015)	2.00 ----- 0	X						0	0	0
(33) JOHN L. NAU III ----- TRUSTEE	1.00 ----- 0	X						0	0	0
(34) THOMAS R. POWERS ----- TRUSTEE	5.00 ----- 0	X						0	0	0
(35) HARRY M. REASONER ----- TRUSTEE	5.00 ----- 0	X						0	0	0
(36) WILLIAM K. ROBBINS, JR. ----- TRUSTEE	4.00 ----- 0	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 2235

	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>	X	
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(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 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) CORBIN J. ROBERTSON, JR. TRUSTEE	3.00 0	X						0	0	0
(38) LEE H. ROSENTHAL TRUSTEE (AS OF 1/28/2015)	2.00 0	X						0	0	0
(39) A.R. TONY SANCHEZ, JR. TRUSTEE	2.00 0	X						0	0	0
(40) ALI A. SABERIOON TRUSTEE	3.00 0	X						0	0	0
(41) MARC J. SHAPIRO TRUSTEE	15.00 0	X						0	0	0
(42) GLENN R. SMITH TRUSTEE	1.00 0	X						0	0	0
(43) LESTER H. SMITH TRUSTEE	1.00 0	X						0	0	0
(44) TRINIDAD MENDENHALL SOSA TRUSTEE	1.00 0	X						0	0	0
(45) KENNETH W. STARR TRUSTEE	5.00 0	X						0	0	0
(46) LEONARD C. TALLERINE, JR. TRUSTEE	2.00 0	X						0	0	0
(47) HENRY J.N. TAUB II TRUSTEE (AS OF 1/28/2015)	2.00 0	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 2235

	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>	X	
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(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 in compensation from the organization ►

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) KIRK TOWNSEND TRUSTEE (AS OF 5/21/2015)	2.00 0	X					0	0	0	
(49) ROBERT J. UNDERBRINK TRUSTEE	1.50 0	X					0	0	0	
(50) CHUCK WATSON TRUSTEE	5.00 0	X					0	0	0	
(51) MARK W. WHITE TRUSTEE	3.00 0	X					0	0	0	
(52) CHARLES A. WILLIAMS TRUSTEE	1.00 0	X					0	0	0	
(53) ROBERT F. CORRIGAN, JR. SR VP & GENERAL COUNSEL	50.00 1.00			X			467,182.	0	27,417.	
(54) KIMBERLY COTNER DAVID SR.VP & CFO	50.00 1.00			X			543,692.	0	27,105.	
(55) S. GREENBERG VICE PRESIDENT (THRU 7/1/2014)	50.00 0			X			518,443.	0	27,087.	
(56) PAUL KLOTMAN PRESIDENT & CEO	50.00 0			X			1,893,258.	0	27,086.	
(57) ADAM KUSPA VICE PRESIDENT	50.00 1.00			X			432,788.	0	27,532.	
(58) ALICIA MONROE, MD PROVOST/SVP ACD	50.00 0			X			464,797.	0	26,302.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 2235

	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>	X	
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(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 in compensation from the organization ►

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) STEPHEN SIGWORTH VICE PRESIDENT	50.00 0			X			506,314.	0	27,263.	
(60) LORIE TABAK CHIEF OF STAFF	50.00 0			X			440,070.	0	27,532.	
(61) WILLIAM D. WALKER VP - INVESTMENT	50.00 1.00			X			915,109.	0	27,121.	
(62) CLAIRE M. BASSETT VP PUBLIC AFFAIRS	50.00 0				X		272,199.	0	27,681.	
(63) MICHAEL A. BELFORT CHAIRMAN OB GYN	50.00 0				X		859,824.	0	27,087.	
(64) DAVID H. BERGER VP MCNAIR FACILITY	50.00 0				X		419,468.	0	27,468.	
(65) MICHAEL COBURN CHAIRMAN UROLOGY	50.00 0				X		738,612.	0	27,086.	
(66) KRISTI COOPER VP DEVELOPMENT	50.00 0				X		299,799.	0	28,224.	
(67) DANE K. FRIEND VP HUMAN RESOURCES	50.00 0				X		332,442.	0	28,071.	
(68) J.D. HOLCOMB VICE PRESIDENT	50.00 0				X		232,382.	0	25,302.	
(69) THOMAS R. HUNT III ORTHOPEDIC SURGERY	50.00 0				X		1,039,370.	0	27,087.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 2235

	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>	X	
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(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 in compensation from the organization ►

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) ALEXANDER IZAGUIRRE VP-INFO TECHNOLOGY	50.00 0				X			365,988.	0	27,804.
(71) TOM KLEINWORTH VP GOV REL	50.00 0				X			390,773.	0	27,794.
(72) MARK W. KLINE CHAIRMAN PEDIATRICS	50.00 1.00				X			731,021.	0	27,087.
(73) RANDALL LEE LANGENDERFER VP AUDIT SERVICES	50.00 0				X			327,927.	0	28,090.
(74) ROCK D. MORILLE VP FACILITIES	50.00 0				X			253,235.	0	26,851.
(75) JULIE B. NICKELL VP FINANCE AND PLANNING	50.00 0				X			298,304.	0	28,286.
(76) DERRICK E. PARKER VP BUSINESS DEVELOPMENT	50.00 0				X			348,586.	0	28,009.
(77) TODD ROSENGART CHAIRMAN OF SURGERY	50.00 0				X			1,216,232.	0	27,087.
(78) THOMAS MICHAEL WHEELER CHAIRMAN PATHOLOGY	50.00 0				X			940,123.	0	27,087.
(79) CHARLES FRASER, JR. PROFESSOR	50.00 0					X		2,054,766.	0	27,086.
(80) JOSEPH COSELLI PROFESSOR	50.00 0					X		1,999,074.	0	27,086.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 2235

	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>	X	
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(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 in compensation from the organization ►

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	279,599.					
	d Related organizations	1d	828,214.					
	e Government grants (contributions),	1e	489,982,341.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	595,329,107.					
	g Noncash contributions included in lines 1a-1f: \$		9,029,055.					
	h Total. Add lines 1a-1f			1,086,419,261.				
	Program Service Revenue	Business Code						
2a EDUCATIONAL PROGRAMS			621110	367,190,920.	367,182,335.	8,585.		
b ST. LUKE'S BCM MEDICAL CENTER JV INCOME			900099	20,461,424.	20,461,424.			
c TUITION AND FEES			611600	16,079,131.	16,079,131.			
d OTHER PROGRAM SERVICES			621110	7,065,061.	7,065,061.			
e INTEREST: STUDENT LOAN			525990	329,810.	329,810.			
f All other program service revenue								
g Total. Add lines 2a-2f				411,126,346.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			31,130,315.			31,130,315.	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			14,809,371.			14,809,371.	
	6a Gross rents	(i) Real	47,258.					
		(ii) Personal						
		b Less: rental expenses						
	c Rental income or (loss)		47,258.					
	d Net rental income or (loss)			47,258.		1,775.	45,483.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	151,208,040.	215,933,798.				
		(ii) Other						
		b Less: cost or other basis and sales expenses		122,107,034.				
		c Gain or (loss)		29,101,006.	215,933,798.			
	d Net gain or (loss)			245,034,804.		473,539.	244,561,265.	
	8a Gross income from fundraising events (not including \$ 279,599. of contributions reported on line 1c). See Part IV, line 18	a		38,368.				
		b Less: direct expenses	b		121,734.			
c Net income or (loss) from fundraising events				-83,366.			-83,366.	
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a		20,163.					
	b Less: cost of goods sold	b		111.				
	c Net income or (loss) from sales of inventory			20,052.			20,052.	
Miscellaneous Revenue			Business Code					
11a EMPLOYEE PARKING		531120	4,614,433.			4,614,433.		
b EXPERT WITNESS FEES		541900	1,802,812.	1,802,812.				
c INSURANCE PROCEEDS		900099	435,057.	435,057.				
d All other revenue		900099	251,621.	251,621.	-660,469.	660,469.		
e Total. Add lines 11a-11d			7,103,923.					
12 Total revenue. See instructions			1,795,607,964.	413,607,251.	-176,570.	295,758,022.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	86,333,774.	86,333,774.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6,545,611.	6,545,611.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	16,683,676.	6,662,147.	9,705,244.	316,285.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	49,950.		49,950.	
7 Other salaries and wages	860,530,317.	780,075,774.	77,270,680.	3,183,863.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	45,074,357.	42,132,926.	2,814,976.	126,455.
9 Other employee benefits	61,497,359.	57,543,594.	3,781,057.	172,708.
10 Payroll taxes	42,057,870.	39,313,287.	2,626,591.	117,992.
11 Fees for services (non-employees):				
a Management	1,724.	1,724.		
b Legal	7,364,503.	105,081.	7,259,422.	
c Accounting	1,269,575.	453,544.	816,031.	
d Lobbying	1,158,671.		1,158,671.	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	4,415,453.		4,415,453.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 3	197,285,665.	147,375,021.	49,459,986.	450,658.
12 Advertising and promotion	1,776,243.	29,820.	1,746,423.	
13 Office expenses	11,567,819.	7,169,550.	4,167,564.	230,705.
14 Information technology	7,672,611.	5,687,054.	1,961,744.	23,813.
15 Royalties	0			
16 Occupancy	25,615,157.	11,616,069.	13,999,088.	
17 Travel	8,507,571.	9,069,488.	-598,272.	36,355.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,731,859.	2,591,012.	146,734.	-5,887.
20 Interest	31,753,781.	4,370,508.	27,383,273.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	58,439,756.	54,455,795.	3,868,007.	115,954.
23 Insurance	32,375,106.	2,177,575.	30,197,531.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SUPPLIES AND OTHER</u>	84,457,040.	90,728,767.	-6,310,979.	39,252.
b <u>EMPLOYEE COSTS</u>	7,820,639.	4,968,152.	2,836,576.	15,911.
c <u>MISC FEES</u>	5,958,826.	4,826,877.	1,106,873.	25,076.
d <u>DUES/MEMBERSHIP</u>	3,836,206.	3,158,736.	668,592.	8,878.
e All other expenses	5,744,100.	5,725,019.	-33,638.	52,719.
25 Total functional expenses. Add lines 1 through 24e	1,618,525,219.	1,373,116,905.	240,497,577.	4,910,737.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	26,588,065.	1	27,077,171.
	2 Savings and temporary cash investments	106,210,960.	2	74,073,041.
	3 Pledges and grants receivable, net	164,680,665.	3	134,731,367.
	4 Accounts receivable, net	510,637,673.	4	585,186,753.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	4,212,232.	8	2,119,504.
	9 Prepaid expenses and deferred charges	11,856,400.	9	12,098,947.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1145240072.		
	b Less: accumulated depreciation	10b 713,805,159.	432,406,640.	10c 431,434,913.
	11 Investments - publicly traded securities	539,047,187.	11	517,110,921.
	12 Investments - other securities. See Part IV, line 11	815,228,568.	12	1,057,999,647.
	13 Investments - program-related. See Part IV, line 11	18,864,786.	13	17,028,760.
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	6,864,097.	15	6,842,134.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,636,597,273.	16	2,865,703,158.	
Liabilities	17 Accounts payable and accrued expenses	539,510,412.	17	626,987,793.
	18 Grants payable	90,035,032.	18	106,028,728.
	19 Deferred revenue	6,041,136.	19	223,550.
	20 Tax-exempt bond liabilities	526,926,692.	20	518,809,974.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	29,938,507.	24	10,810,391.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	110,737,575.	25	110,493,980.
	26 Total liabilities. Add lines 17 through 25	1,303,189,354.	26	1,373,354,416.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	414,693,841.	27	597,426,061.
	28 Temporarily restricted net assets	513,399,942.	28	482,699,140.
	29 Permanently restricted net assets	405,314,136.	29	412,223,541.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,333,407,919.	33	1,492,348,742.
	34 Total liabilities and net assets/fund balances	2,636,597,273.	34	2,865,703,158.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,795,607,964.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,618,525,219.
3	Revenue less expenses. Subtract line 2 from line 1	3	177,082,745.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,333,407,919.
5	Net unrealized gains (losses) on investments	5	-22,772,925.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,631,003.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,492,348,742.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization BAYLOR COLLEGE OF MEDICINE	Employer identification number 74-1613878
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2010, (b) 2011, (c) 2012, (d) 2013, (e) 2014, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 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, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2014; 15 Public support percentage from 2013 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2014; b 33 1/3% support test - 2013; 17a 10%-facts-and-circumstances test - 2014; b 10%-facts-and-circumstances test - 2013; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
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	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? 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.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		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? Provide details in Part VI .	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.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

2014

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization BAYLOR COLLEGE OF MEDICINE	Employer identification number 74-1613878
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization BAYLOR COLLEGE OF MEDICINE	Employer identification number 74-1613878
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 147,227,593.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 238,584,565.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 39,421,783.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 28,892,582.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 396,827,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 32,830,267.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BAYLOR COLLEGE OF MEDICINE

Employer identification number

74-1613878

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization BAYLOR COLLEGE OF MEDICINE

Employer identification number
74-1613878

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization BAYLOR COLLEGE OF MEDICINE	Employer identification number 74-1613878
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2014

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,158,671.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			1,158,671.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B

LOBBYING ACTIVITIES

RAMPY NORTHRUP IS A PUBLIC AFFAIRS FIRM WHICH REPRESENTS BAYLOR COLLEGE OF MEDICINE (BCM) TO THE UNITED STATES CONGRESS, DEPARTMENTS AND AGENCIES. RAMPY NORTHRUP SET UP MEETINGS FOR BCM PHYSICIANS AND STAFF TO PRESENT IDEAS IN ORDER TO HELP IN THE FORMULATION OF PUBLIC POLICY; TO ENCOURAGE CONTINUED SUPPORT FOR MEDICAL RESEARCH; AND TO ACQUAINT GOVERNMENT OFFICIALS TO WITH RESEARCH DISCOVERIES AS A RESULT OF RESEARCH PERFORMED BY BCM.

INFREQUENTLY, COLLEGE ALUMI AND SOME BOARD MEMBERS ARE REQUESTED TO CONTACT THEIR STATE REPRESENTATIVE REGARDING APPROPRIATE LEGISLATION IN SUPPORT OF THE COLLEGE.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

BAYLOR COLLEGE OF MEDICINE

74-1613878

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, number of easements on historic structures, and other details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include 1a (works of art, historical treasures), 1b (collections), and 2 (financial gain).

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

Schedule D (Form 990) 2014

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1023766712.	875,466,075.	797,276,599.	839,779,347.	793,303,356.
b Contributions	86,777,375.	25,747,141.	18,133,483.	21,739,638.	32,598,886.
c Net investment earnings, gains, and losses	29,941,058.	162,148,229.	98,116,751.	-1,574,109.	169,899,819.
d Grants or scholarships					
e Other expenditures for facilities and programs	44,653,668.	39,594,733.	38,060,758.	62,668,277.	156,022,714.
f Administrative expenses					
g End of year balance	1095831477.	1023766712.	875,466,075.	797,276,599.	839,779,347.

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

- a** Board designated or quasi-endowment 37.0300 %
- b** Permanent endowment 62.6200 %
- c** Temporarily restricted endowment .3500 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	2,152,455.	5,269,261.		7,421,716.
b Buildings		653,517,042.	337,442,951.	316,074,091.
c Leasehold improvements		105,575,560.	85,109,485.	20,466,075.
d Equipment		375,563,993.	289,184,877.	86,379,116.
e Other		3,161,761.	2,067,846.	1,093,915.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				431,434,913.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other ATTACHMENT 1		
(A) HORSLEY BRIDGE VII, LP	13,411,208.	FMV
(B) THOMAS H. LEE EQUITY FUND V LP	70,689.	FMV
(C) GMO & CO., LLC	72,695,309.	FMV
(D) ABRY MEZZANINE PARTNERS, L.P.	566,771.	FMV
(E) BRIDGEPOINT CAPITAL LTD.	823,423.	FMV
(F) TSG4, L.P.	520,185.	FMV
(G) CSFP GLOBAL OPPORTUNITIES FUND	4,849.	FMV
(H) HORSLEY BRIDGE III. L.P.	15,054,094.	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,057,999,647.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(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 "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) BONDS PAYABLE TAXABLE SERIES 2012	109,121,000.
(3) OTHER LIABILITIES - GIFT ANNUITIES	1,372,980.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	110,493,980.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS

THE ENDOWMENT FUNDS ARE USED TO FUND MEDICAL RESEARCH AND MEDICAL EDUCATION, INCLUDING SCHOLARSHIPS AND STUDENT LOAN FUNDS.

SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE - UNCERTAINTY IN INCOME TAX - ASC 740

IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2015, THE FOOTNOTE TO THE FINANCIAL STATEMENTS ADDRESSING THE REPORTING REQUIREMENTS OF FIN 48 READS AS FOLLOWS:

MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED BALANCE SHEETS AS OF JUNE 30, 2015 AND 2014.

ATTACHMENT 1

SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
ABRY PARTNERS V, L.P.	497,854.	FMV
OCM OPPORTUNITIES FUND VI, L.P	411,758.	FMV
HORSLEY BRIDGE VIII, L.P.	24,763,821.	FMV
ABRY SENIOR EQUITY II	999,780.	FMV
TSG5, L.P.	11,597,403.	FMV
HORSLEY BRIDGE IV, LP	23,435,332.	FMV
OCM OPPORTUNITIES FUND VII, LP	1,768,335.	FMV
HORSLEY BRIDGE IX,LP	31,005,860.	FMV
ABRY PARTNERS VI, LP	3,944,619.	FMV
OCM OPPORTUNITIES FUND VIIB	1,266,528.	FMV

Part XIII Supplemental Information (continued)ATTACHMENT 1 (CONT'D)SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
HORSLEY BRIDGE INTL V,	19,175,051.	FMV
KING RANCH INVESTMENT	20,480,040.	FMV
ABRY PARTNERS VII, LP	8,388,408.	FMV
REEF AMERICA II REAL ESTATE	38,207,753.	FMV
JPM INCM & GRWTH REAL ESTATE	38,480,224.	FMV
BCM TECHNOLOGIES 1, L.P.	532,474.	FMV
SASCO CAPITAL	73,345,692.	FMV
ABRY SENIOR EQUITY IV, LP	2,517,082.	FMV
EQUUS-BPG FUND IX	10,541,596.	FMV
SWIFT REAL ESTATE PARTNERS	7,510,577.	FMV
PENNYBACKER III, L.P.	4,090,086.	FMV
MSCI EMERGING MKTS BLACKROCK	101,143,898.	FMV
ABRY PARTNERS VIIJ, L.P.	1,660,596.	FMV
OAKTREE US SENIOR LOAN FUND	50,804,734.	FMV
JPM EUROPEAN OPPOR PROP FND	-131,748.	FMV
ADVEQ EUROPE VI, LP	1,315,337.	FMV
NON ENDOWED INVESTMENTS	137,311.	FMV
BCMT COMMON STOCK	1,060.	FMV
BCM APIC	10,954,691.	FMV
MJP PRIVATE EQUITY	12,443,199.	FMV
BAYLOR MEDICAL FOUNDATION	39,834,877.	FMV
USRC LP SCOTT	248,518.	FMV
HUDSON PARTNERSHIP, LTD	100,000.	FMV
APRENDA SYSTEMS, LLC-	225,263.	FMV

Part XIII Supplemental Information (continued)ATTACHMENT 1 (CONT'D)SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
FINGER 1% LTD	138,189.	FMV
DIVERSIGEN	327,272.	FMV
JOINT VENTURE CHI	342,027,016.	FMV
BAYLOR CHI ST LUNKES HEALTH JV	1,750,000.	FMV
BCM/BMGL	68,912,633.	FMV
TOTALS	<u>1,057,999,647.</u>	

**SCHEDULE E
(Form 990 or 990-EZ)**

Schools

OMB No. 1545-0047

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BAYLOR COLLEGE OF MEDICINE

Employer identification number

74-1613878

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
----- SEE SUPPLEMENTAL PAGE -----		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II. -----		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. -----		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" to either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Schedule E (Form 990 or 990-EZ) (2014)

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

SCHEDULE E, PART I, LINE 3

THE COLLEGE INCLUDES A STATEMENT OF ITS RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS IN ALL ITS BROCHURES AND CATALOGS DEALING WITH ADMISSIONS, PROGRAMS AND SCHOLARSHIPS.

SCHEDULE E, PART I, LINE 6A

GOVERNMENT FINANCIAL AID

BAYLOR COLLEGE OF MEDICINE PARTICIPATES IN THE FEDERAL STUDENT LOAN PROGRAMS, PERKINS PRIMARY CARE LOANS AND LOANS FOR DISADVANTAGED STUDENTS. THE U.S. GOVERNMENT PROVIDES THE MONEY THAT THE COLLEGE LOANS TO STUDENTS AT 5% INTEREST. THE PRINCIPAL AND INTEREST COLLECTED FROM THE STUDENTS IS USED TO RELOAN TO OTHER STUDENTS.

BAYLOR COLLEGE OF MEDICINE RECEIVES AID AND ASSISTANCE FROM GOVERNMENT AGENCIES, INCLUDING MEDICAL RESEARCH GRANTS FROM NIH, NSF, DOD, USDA, NASA, DOJ, TITLE IV FUNDING, PERKINS AND FEDERAL WORK-STUDY FROM THE DEPARTMENT OF EDUCATION. STATE AGENCIES INCLUDE THE TEXAS COORDINATING BOARD, THE DSHS (DEPT OF STATE HEALTH SERVICES) AND THE DEPARTMENT OF TRANSPORTATION. LOCAL AGENCIES INCLUDE THE HARRIS COUNTY HOSPITAL DISTRICT AND THE CITY OF HOUSTON.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

BAYLOR COLLEGE OF MEDICINE

74-1613878

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE			GRANTMAKING	GRANTS FOR PEDIAT AIDS	1,128,238.
(2) SUB-SAHARAN AFRICA			GRANTMAKING	GRANTS FOR PEDIAT AIDS	6,062,460.
(3) SOUTH AMERICA			GRANTMAKING	GRANTS FOR PEDIAT AIDS	40,361.
(4) EUROPE			INVESTMENTS	INVESTMENTS	823,423.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					8,054,482.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					8,054,482.

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

Schedule F (Form 990) 2014

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	AIDS PREVENT & CARE	1,128,238.	WIRE TRANSFR			
(2)			SOUTH AMERICA	AIDS PREVENT & CARE	40,361.	WIRE TRANSFR			
(3)			SUB-SAHARAN AFRICA	AIDS PREVENT & CARE	6,062,460.	WIRE TRANSFR			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ -----

3 Enter total number of other organizations or entities. ▶ 3.

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART 1, LINE 2

THE MAJORITY OF THE BOARD MEMBERS OF THE RECIPIENT ORGANIZATIONS ARE EMPLOYEES OF BAYLOR COLLEGE OF MEDICINE, AND EMPLOYEES OF A RELATED ORGANIZATION, BAYLOR INTERNATIONAL PEDIATRIC AIDS INITIATIVE. THESE BOARD MEMBERS ARE THEREFORE ABLE TO CONTROL THE BOARD AND MONITOR THE ACTIVITIES OF THE VARIOUS NON-GOVERNMENTAL ORGANIZATIONS THROUGH BOARD OVERSIGHT.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		HEALTH SUMMIT (event type)	TEA & TODDIES (event type)	2. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	247,811.	34,678.	35,478.	317,967.
	2 Less: Contributions	224,227.	27,094.	28,278.	279,599.
	3 Gross income (line 1 minus line 2)	23,584.	7,584.	7,200.	38,368.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			5,059.	5,059.
	7 Food and beverages	29,203.	7,550.	1,222.	37,975.
	8 Entertainment			1,560.	1,560.
	9 Other direct expenses	63,754.	3,520.	9,866.	77,140.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				121,734.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-83,366.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- 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

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

BAYLOR COLLEGE OF MEDICINE

Employer identification number

74-1613878

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

9129KS 1385

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS AND FELLOWSHIPS FOR STUDENTS	3,807.	86,333,774.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS ARE PROVIDED IN THE FORM OF STIPENDS TO RESIDENTS, POST-DOCTORAL, AND GRADUATE STUDENTS. THE STIPENDS ARE SUBJECT TO ALL OF THE PAYROLL SYSTEM CONTROLS, TIME SHEETS, TIME AND EFFORT REPORTING AND OTHER PAYROLL CONTROLS. THE REMAINING GRANTS USE TUITION SCHOLARSHIPS WHICH ARE APPLIED DIRECTLY TO TUITION AND FEES WITHIN THE ACCOUNTING SYSTEM TO WHICH THE STUDENT HAS NO ACCESS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BAYLOR COLLEGE OF MEDICINE

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Employer identification number

74-1613878

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	CLAIRE M. BASSETT VP PUBLIC AFFAIRS	(i) 269,849.	0	2,350.	19,387.	8,294.	299,880.	0
	(ii)	0	0	0	0	0	0	0
2	MICHAEL A. BELFORT CHAIRMAN OB GYN	(i) 838,316.	15,936.	5,572.	18,792.	8,295.	886,911.	0
	(ii)	0	0	0	0	0	0	0
3	DAVID H. BERGER VP MCNAIR FACILITY	(i) 413,896.	0	5,572.	19,155.	8,313.	446,936.	0
	(ii)	0	0	0	0	0	0	0
4	MICHAEL COBURN CHAIRMAN UROLOGY	(i) 715,218.	21,072.	2,322.	18,792.	8,294.	765,698.	0
	(ii)	0	0	0	0	0	0	0
5	KRISTI COOPER VP DEVELOPMENT	(i) 299,209.	0	590.	19,911.	8,313.	328,023.	0
	(ii)	0	0	0	0	0	0	0
6	ROBERT F. CORRIGAN, JR. SR VP & GENERAL COUNSEL	(i) 423,440.	42,500.	1,242.	19,104.	8,313.	494,599.	0
	(ii)	0	0	0	0	0	0	0
7	KIMBERLY COTNER DAVID SR.VP & CFO	(i) 542,882.	0	810.	18,792.	8,313.	570,797.	0
	(ii)	0	0	0	0	0	0	0
8	DANE K. FRIEND VP HUMAN RESOURCES	(i) 331,582.	0	860.	19,777.	8,294.	360,513.	0
	(ii)	0	0	0	0	0	0	0
9	HIRAM F. GILBERT SR VICE PRES	(i) 95,461.	0	21,359.	7,169.	4,653.	128,642.	0
	(ii)	0	0	0	0	0	0	0
10	S. GREENBERG VICE PRESIDENT (THRU 7/1/2014)	(i) 505,538.	238.	12,667.	18,792.	8,295.	545,530.	0
	(ii)	0	0	0	0	0	0	0
11	J.D. HOLCOMB VICE PRESIDENT	(i) 221,524.	0	10,858.	17,008.	8,294.	257,684.	0
	(ii)	0	0	0	0	0	0	0
12	PETER J. HOTEZ, MD, PHD FORMER DEAN-SCHOOL ALLIED HLTH	(i) 515,875.	0	2,322.	18,792.	8,294.	545,283.	0
	(ii)	0	0	0	0	0	0	0
13	THOMAS R. HUNT III ORTHOPEDIC SURGERY	(i) 1,035,578.	2,550.	1,242.	18,792.	8,295.	1,066,457.	0
	(ii)	0	0	0	0	0	0	0
14	ALEXANDER IZAGUIRRE VP-INFO TECHNOLOGY	(i) 365,448.	0	540.	19,491.	8,313.	393,792.	0
	(ii)	0	0	0	0	0	0	0
15	TOM KLEINWORTH VP GOV REL	(i) 387,209.	0	3,564.	19,481.	8,313.	418,567.	0
	(ii)	0	0	0	0	0	0	0
16	MARK W. KLINE CHAIRMAN PEDIATRICS	(i) 728,699.	0	2,322.	18,792.	8,295.	758,108.	0
	(ii)	0	0	0	0	0	0	0

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PAUL KLOTMAN PRESIDENT & CEO	(i)	1,876,004.	0	17,254.	18,792.	8,294.	1,920,344.	0
	(ii)	0	0	0	0	0	0	0
2 ADAM KUSPA VICE PRESIDENT	(i)	431,546.	0	1,242.	19,238.	8,294.	460,320.	0
	(ii)	0	0	0	0	0	0	0
3 RANDALL LEE LANGENDERFE VP AUDIT SERVICES	(i)	325,605.	0	2,322.	19,777.	8,313.	356,017.	0
	(ii)	0	0	0	0	0	0	0
4 ALICIA MONROE, MD PROVOST/SVP ACD	(i)	411,811.	50,000.	2,986.	19,394.	6,908.	491,099.	0
	(ii)	0	0	0	0	0	0	0
5 ROCK D. MORILLE VP FACILITIES	(i)	247,761.	0	5,474.	18,557.	8,294.	280,086.	0
	(ii)	0	0	0	0	0	0	0
6 JULIE B. NICKELL VP FINANCE AND PLANNING	(i)	289,994.	7,500.	810.	19,992.	8,294.	326,590.	0
	(ii)	0	0	0	0	0	0	0
7 DERRICK E. PARKER VP BUSINESS DEVELOPMENT	(i)	341,276.	0	7,310.	19,696.	8,313.	376,595.	0
	(ii)	0	0	0	0	0	0	0
8 TODD ROSENGART CHAIRMAN OF SURGERY	(i)	1,113,640.	98,100.	4,492.	18,792.	8,295.	1,243,319.	0
	(ii)	0	0	0	0	0	0	0
9 STEPHEN SIGWORTH VICE PRESIDENT	(i)	505,504.	0	810.	18,969.	8,294.	533,577.	0
	(ii)	0	0	0	0	0	0	0
10 LORIE TABAK CHIEF OF STAFF	(i)	439,530.	0	540.	19,238.	8,294.	467,602.	0
	(ii)	0	0	0	0	0	0	0
11 WILLIAM D. WALKER VP - INVESTMENT	(i)	911,545.	0	3,564.	18,808.	8,313.	942,230.	0
	(ii)	0	0	0	0	0	0	0
12 DAVID WESSON FORMER CHAIRMAN SURGERY	(i)	708,321.	10,000.	4,191.	18,792.	8,295.	749,599.	0
	(ii)	0	0	0	0	0	0	0
13 THOMAS MICHAEL WHEELER CHAIRMAN PATHOLOGY	(i)	865,347.	67,962.	6,814.	18,792.	8,295.	967,210.	0
	(ii)	0	0	0	0	0	0	0
14 CHARLES FRASER, JR. PROFESSOR	(i)	2,051,944.	500.	2,322.	18,792.	8,294.	2,081,852.	0
	(ii)	0	0	0	0	0	0	0
15 JOSEPH COSELLI PROFESSOR	(i)	1,995,510.	0	3,564.	18,792.	8,294.	2,026,160.	0
	(ii)	0	0	0	0	0	0	0
16 MUMTAZ MUHAMMAD SENIOR FACULTY	(i)	1,192,803.	100,000.	37,878.	18,792.	8,294.	1,357,767.	0
	(ii)	0	0	0	0	0	0	0

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JOHN A. GOSS PROFESSOR	(i) 1,112,214.	(ii) 18,647.	(iii) 7,742.	18,792.	8,294.	1,165,689.	0
		(ii) 0	0	0	0	0	0	0
2	JEFFERY STEPHEN HEINLE PROFESSOR	(i) 919,070.	(ii) 0	(iii) 4,492.	18,792.	8,294.	950,648.	0
		(ii) 0	0	0	0	0	0	0
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A

TAX IDEMNIFICATION AND GROSS-UP PAYMENTS

BAYLOR COLLEGE OF MEDICINE OFFERS A FACULTY AND CHILDREN'S SCHOLARSHIP

PROGRAM FOR DEPENDENT CHILDREN OF DESIGNATED STAFF EMPLOYEES. THE COLLEGE

PAYS UP TO A MAXIMUM OF \$4,500 ANNUALLY PER CHILD. A CHILD CAN RECEIVE A

MAXIMUM OF FOUR (4) ANNUAL SCHOLARSHIP AWARDS. THE TOTAL ANNUAL BENEFIT

AMOUNT IS \$6,500 AND THE ENTIRE AMOUNT OF THIS BENEFIT IS TAXABLE TO THE

EMPLOYEE. THE TOTAL REPRESENTS THE \$4,500 PAYMENT TO THE CHILD'S COLLEGE

AND AN ADDITIONAL \$2,000 TO OFFSET THE FEDERAL INCOME TAXES. THIS ASSUMES

THE ENTIRE \$6,500 IS THE PAYMENT. IF THE BENEFIT IS REDUCED, THE INCOME

TAX OFFSET IS REDUCED AS WELL. IN OTHER WORDS, \$6,500 IS ADDED TO THE

EMPLOYEE'S TAXABLE INCOME; THEREFORE, THE BENEFIT MAY AFFECT THE

EMPLOYEE'S TAX BRACKET.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2014

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

BAYLOR COLLEGE OF MEDICINE

Employer identification number

74-1613878

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A HARRIS COUNTY CULTURAL EDUCATION FAC FINANCE CORP	76-0337885	414008AA0	08/27/2008	251,893,440.	RFND BONDS ISSUED 6/11/99 & 8/3/05		X		X		X
B HARRIS CNTY CULTURAL EDUC CNTY HLTH FAC FIN CORP	76-0337885	414008BK7	09/06/2012	364,304,718.	RFND PRIOR BOND ISSUES,SEE PART IV		X		X		X
C HARRIS COUNTY CULTURAL EDUCATION FAC FINANCE CORP	76-0337885	414008BQ4	06/17/2015	150,000,000.	RFND BOND ISSUED 9/6/2012		X		X		X
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	92,740,000.		154,225,000.					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	251,893,440.		364,304,718.		150,000,000.			
4 Gross proceeds in reserve funds	16,445,049.							
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	2,955,947.		3,150,117.					
8 Credit enhancement from proceeds	27,500.		48,500.					
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	232,464,944.		361,106,101.		150,000,000.			
12 Other unspent proceeds								
13 Year of substantial completion	2006							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X		X			
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		
16 Has the final allocation of proceeds been made?	X		X		X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			

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

Part III Private Business Use (Continued)

BAYLOR COLLEGE OF MEDICINE

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X		X			
b Exception to rebate?		X		X		X		
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?	X		X		X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			
b Name of provider					BARCLAYS/MERRILL LYN			
c Term of hedge.					32.000			
d Was the hedge superintegrated?						X		
e Was the hedge terminated?						X		

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART I, LINE B

BAYLOR COLLEGE OF MEDICINE RESTRUCTURED ITS DEBT IN SEPTEMBER 2012. THE 2008E BONDS WERE REFUNDED BY THE NEW 2012 TAXABLE COLLEGE BOND SERIES. THE 1999A BONDS WERE REFUNDED BY THE NEW 2012A SERIES. THE 2007B BONDS WERE REFUNDED BY THE NEW 2012A AND 2012B SERIES. THE 2008A, B, C SERIES BONDS WERE REFUNDED BY THE NEW 2012A, B, C SERIES BONDS. THE 2008D BONDS REMAINED UNCHANGED.

SCHEDULE K, PART IV, LINE 2C

THE ARBITRAGE REPORT FOR COLUMN A, FY13, WAS COMPLETED IN APRIL 2014 SHOWING NO REBATE DUE. NO REBATE IS DUE FOR THE BOND ISSUES IN COLUMN B AND C AS THE 5 YEAR CALCULATION DATE HAS NOT BEEN REACHED.

SCHEDULE K, PART IV, LINE 4B

THE VARIABLE RATE DEBT IS HEDGED WITH INTEREST RATE SWAPS, \$103M WITH BARCLAYS AND \$44M WITH BANK OF AMERICA/MERRILL LYNCH. THE VARIABLE RATE DEBT ASSOCIATED WITH THE BOND ISSUES IN COLUMN A AND B HAVE BEEN RETIRED AND ARE NOW ASSOCIATED WITH THE TAX-EXEMPT ISSUES IN COLUMN C.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

BAYLOR COLLEGE OF MEDICINE

Employer identification number

74-1613878

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	19.	1,248,816.	HIGH & LOW AVERAGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EQUIPMENT)	X	782.	7,780,239.	COST
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 6.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

JSA

4E1298 1.000

9129KS 1385

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B)

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN
COLUMN (B).

SCHEDULE M, LINE 32(B)

THE COLLEGE RECEIVES DONATIONS IN THE FORM OF COMMON STOCK AND OTHER
PUBLICLY TRADED SECURITIES AND HAS HIRED LICENSED BROKERS TO SELL THESE
SECURITIES FOR THE COLLEGE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

BAYLOR COLLEGE OF MEDICINE

Employer identification number

74-1613878

FORM 990, HEADER, ITEM B

BAYLOR COLLEGE OF MEDICINE'S 6/30/15 FORM 990 IS BEING AMENDED TO CORRECT AN ERROR IN A KEY EMPLOYEE'S DEFERRED COMPENSATION AS REPORTED ON PART VII AND SCHEDULE J OF THE RETURN AS ORIGINALLY FILED.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

ACADEMIC SUPPORT - DEPARTMENTAL TEACHING AND RESEARCH SUPPORT FUNDS FROM VARIOUS DONORS AND SOURCES. RESEARCH AND INSTRUCTION EFFORTS ARE INCLUDED IN ACADEMIC SUPPORT. LIBRARY EXPENSES ARE ALSO INCLUDED IN THIS CATEGORY.

EXPENSES - \$21,362,916

GRANTS - \$711,947

REVENUE - \$27,856,295

FORM 990, PART VI, SECTION A, LINE 1

THE MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES ARE CHOSEN BY THE BOARD AND MUST BE TRUSTEES. THEY SHALL NOT NUMBER LESS THAN SEVEN MEMBERS AND AT LEAST ONE THIRD OF THE NUMBER OF MEMBERS OF THE EXECUTIVE COMMITTEE SHALL BE NECESSARY TO CONSTITUTE A QUORUM. EXCEPTIONS ARE PROVIDED IN THE BYLAWS OF BAYLOR COLLEGE OF MEDICINE (BCM), SECTION 2.13. THEY SHALL HAVE AND MAY EXERCISE THE AUTHORITY OF THE BOARD OF TRUSTEES IN THE MANAGEMENT OF THE CORPORATION INCLUDING, BUT WITHOUT

Name of the organization BAYLOR COLLEGE OF MEDICINE	Employer identification number 74-1613878
--	--

LIMITATION, THE AUTHORITY TO EXECUTE LEGAL INSTRUMENTS WITH OR WITHOUT THE CORPORATE SEAL.

FORM 990, PART VI, SECTION A, LINE 2

FAMILY RELATIONSHIPS:

TRUSTEE SALLY ANDERSON CLARK AND TRUSTEE JOHN ANDERSON, M.D. HAVE A FAMILY RELATIONSHIP.

BUSINESS RELATIONSHIPS:

TRUSTEE MARC SHAPIRO AND TRUSTEE GREG BRENNEMAN HAVE A BUSINESS RELATIONSHIP.

TRUSTEE BOB MCNAIR AND TRUSTEE ROBERT UNDERBRINK HAVE A BUSINESS RELATIONSHIP.

TRUSTEE ROBERT UNDERBRINK AND OFFICER BILL WALKER HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6

THE ORGANIZATION DOES NOT HAVE MEMBERS PER ITS ARTICLES OF INCORPORATION. CERTAIN CORPORATE ACTIONS REQUIRE THE PRIOR APPROVAL OF BAYLOR UNIVERSITY. IN ADDITION, 25% OF BCM'S TRUSTEES SERVE AT THE PLEASURE OF BAYLOR UNIVERSITY.

FORM 990, PART VI, SECTION A, LINE 7A

THE TRUSTEES SHALL BE DIVIDED INTO TWO GROUPS, ONE OF SUCH GROUPS IS TO

Name of the organization BAYLOR COLLEGE OF MEDICINE	Employer identification number 74-1613878
--	--

BE COMPRISED OF AT LEAST ONE FOURTH OF THE MAXIMUM NUMBER OF TRUSTEES.
THE OTHER SUCH GROUP IS TO BE COMPRISED OF THE REMAINDER OF THE NUMBER OF TRUSTEES. THE FIRST GROUP OF TRUSTEES (25%) SHALL BE ELECTED BY THE BAYLOR UNIVERSITY BOARD AND SUCH BOARD SHALL ALSO DETERMINE THE TERMS OF OFFICE FOR SUCH GROUP.

FORM 990, PART VI, SECTION A, LINE 7B

CERTAIN ASSETS OWNED BY BAYLOR UNIVERSITY AND CONVEYED TO BCM WHEN BAYLOR UNIVERSITY TRANSFERRED ASSETS TO BCH HAVE CERTAIN LIMITATIONS AS TO USE AND BAYLOR UNIVERSITY RETAINED CERTAIN OTHER RIGHTS DESCRIBED BELOW. IN ADDITION, CERTAIN CORPORATE ACTIONS REQUIRE THE PRIOR APPROVAL OF BAYLOR UNIVERSITY.

ANY DISSOLUTION MERGER, OR CONSOLIDATION MUST BE APPROVED BY BOTH A MAJORITY OF THE TRUSTEES OF THE CORPORATION AND A MAJORITY OF THE MEMBERS OF THE BOARD OF TRUSTEES OF BAYLOR UNIVERSITY. NO SUCH PLAN OF MERGER, CONSOLIDATION OR DISSOLUTION SHALL BE ADOPTED UNLESS SUCH PLAN REQUIRES THE ASSETS TO BE TRANSFERRED TO THE NEW ENTITY WHICH IS A PRIVATE, NON-PROFIT SCIENTIFIC OR EDUCATIONAL CORPORATION, TRUST, OR ASSOCIATION, OR TO SOME GOVERNMENTAL AGENCY OR ORGANIZATION ENGAGED IN CHARITABLE, SCIENTIFIC OR EDUCATIONAL ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 11B

A COPY OF FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BOARD OF TRUSTEES FOR REVIEW AND QUESTIONS BEFORE FILING. THE AUDIT COMMITTEE REVIEWS FORM 990 TO MAKE SURE IT IS COMPLETE BEFORE SUBMITTING IT TO THE

Name of the organization BAYLOR COLLEGE OF MEDICINE	Employer identification number 74-1613878
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TRUSTEES FOR THEIR APPROVAL. MANAGEMENT THEN PRESENTS FORM 990 TO THE TRUSTEES. MANAGEMENT IS ALSO AVAILABLE TO ANSWER THE TRUSTEE'S QUESTIONS.

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

THE PRESIDENT OF THE COLLEGE APPOINTS A CONFLICT OF INTEREST COMMITTEE THAT HAS RESPONSIBILITY FOR ADMINISTERING AND INTERPRETING THE POLICY. THE CONFLICT OF INTEREST COMMITTEE MEETS AS OFTEN AS ITS CHAIRMAN SHALL DETERMINE, AND IT PERIODICALLY REPORTS ON ITS ACTIVITIES TO THE PRESIDENT, TO THE ACADEMIC COUNCIL, AND TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES OF THE COLLEGE.

ANY DISCLOSURES MANDATED UNDER THE POLICY ARE REVIEWED AND DISPOSED OF IN ADVANCE BY THE CONFLICT OF INTEREST COMMITTEE AND ARE REPORTED PERIODICALLY TO THE AUDIT COMMITTEE OF THE COLLEGE'S BOARD OF TRUSTEES. DECISIONS OF THE COMMITTEE MAY BE APPEALED TO THE PRESIDENT OF THE COLLEGE THROUGH THE ELECTRONIC CONFLICT OF INTEREST DISCLOSURE SYSTEM.

EACH OFFICER, DIRECTOR AND TRUSTEE IS REQUIRED TO READ THE POLICY, ANSWER A QUESTIONNAIRE AND SIGN THE QUESTIONNAIRE ANNUALLY. THERE WILL BE AN APPROPRIATE FOLLOW UP IF ALL OF THE QUESTIONNAIRES ARE NOT RETURNED.

THE COMMITTEE MAKES A GOOD FAITH EFFORT TO OBTAIN ALL OF THE SIGNED QUESTIONNAIRES. THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES (OR A SUBCOMMITTEE APPOINTED BY THE AUDIT COMMITTEE) IS RESPONSIBLE FOR ADMINISTERING THE TRUSTEE POLICY. THE COMMITTEE UTILIZES FORMS BY WHICH

Name of the organization BAYLOR COLLEGE OF MEDICINE	Employer identification number 74-1613878
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TRUSTEES PERIODICALLY VERIFY THAT THEY ARE IN COMPLIANCE, WITH THE POLICY. SUCH FORMS ARE DISTRIBUTED AS DETERMINED BY THE COMMITTEE WHICH NORMALLY WILL BE ONCE A YEAR. ALL COMMUNICATIONS REGARDING DISCLOSURES AND DETERMINATIONS OF CONFLICT OF INTEREST ARE MAINTAINED IN CONFIDENCE.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B

ANNUALLY THE COLLEGE HIRES A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT TO REVIEW AND ASSESS CURRENT COMPENSATION AND ANY PROPOSED MODIFICATIONS FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, OTHER SENIOR OFFICERS, CHAIRS, DEANS, VICE PRESIDENTS, AND THOSE EMPLOYEES EARNING OVER A CERTAIN DOLLAR THRESHOLD. THE MANAGEMENT DEVELOPMENT AND COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES (THE "MD&C COMMITTEE") REVIEWS AND, IN RELIANCE ON THE REPORT FROM THE INDEPENDENT COMPENSATION CONSULTANT WHICH INCLUDES AN OPINION ON THE "REASONABLENESS" AND "FAIR MARKET VALUE" OF PROPOSED COMPENSATION, MAY MODIFY THE COMPENSATION FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER. THE COMMITTEE DOCUMENTS THE BASIS FOR ITS DETERMINATION ON SUCH COMPENSATION CONCURRENTLY WITH MAKING THE DETERMINATION.

ANNUALLY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, AFTER CONSULTING THE REPORT FROM THE QUALIFIED INDEPENDENT COMPENSATION CONSULTANT, MAY RECOMMEND CHANGES TO COMPENSATION FOR OTHER SENIOR OFFICERS, CHAIRS, DEANS, VICE PRESIDENTS, AND THOSE EMPLOYEES EARNING OVER A CERTAIN DOLLAR THRESHOLD. THE MD&C COMMITTEE REVIEWS THE PRESIDENT'S RECOMMENDATION AND, IN RELIANCE ON THE REPORT FROM THE INDEPENDENT COMPENSATION CONSULTANT THAT INCLUDES AN OPINION ON THE "REASONABLENESS" AND "FAIR MARKET VALUE"

Name of the organization BAYLOR COLLEGE OF MEDICINE	Employer identification number 74-1613878
--	--

OF PROPOSED COMPENSATION, MAY MODIFY THE COMPENSATION FOR OTHER SENIOR OFFICERS, CHAIRS, DEANS, VICE PRESIDENTS, AND THOSE EMPLOYEES EARNING OVER A CERTAIN DOLLAR THRESHOLD. THE COMMITTEE DOCUMENTS THE BASIS FOR ITS DETERMINATION ON SUCH COMPENSATION CONCURRENTLY WITH MAKING THE DETERMINATION.

THE PROCESS FOR DETERMINING AND MODIFYING COMPENSATION FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, OTHER SENIOR OFFICERS, CHAIRS, DEANS, VICE PRESIDENTS, AND THOSE EMPLOYEES EARNING OVER A CERTAIN DOLLAR THRESHOLD, INCLUDES A REVIEW AND ASSESSMENT BY A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT, WHICH ASSESSMENT INCLUDES COMPARABILITY DATA THAT THE MD&C COMMITTEE CONSIDERS AND RELIES UPON BEFORE SETTING/MODIFYING COMPENSATION FOR THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, OTHER SENIOR OFFICERS, CHAIRS, DEANS, VICE PRESIDENTS, AND THOSE EMPLOYEES EARNING OVER A CERTAIN DOLLAR THRESHOLD. THE MD&C COMMITTEE DOCUMENTS THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THE DETERMINATION.

FORM 990, PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST. THE AUDITED FINANCIALS ARE ON THE COLLEGE'S WEB SITE THAT IS AVAILABLE TO THE PUBLIC.

FORM 990, PART X

SOME PRIOR YEAR BALANCES HAVE BEEN RECLASSIFIED FOR PRESENTATION PURPOSES ONLY.

Name of the organization BAYLOR COLLEGE OF MEDICINE	Employer identification number 74-1613878
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FORM 990 PART XI, LINE 9

GAIN ON CONTRIBUTION TO JOINT VENTURE	\$ 22,258,934
DISTRIBUTIONS FROM MARS/MCLEAN TRUST	574,401
BOOK TO TAX DIFFERENCE - LOSS ON CASH DISTRIBUTIONS	(553,888)
LOSS ON SALE OF PARTNERSHIP INTEREST	(260,778)
BOOK TO TAX DIFFERENCE - PARTNERSHIP INCOME	(5,658,920)
CHANGE IN NET VALUE OF BCM TRUST	(11,728,746)

TOTAL	\$ 4,631,003

FORM 990, PART XII, LINE 2

EXPLANATION: BAYLOR COLLEGE OF MEDICINE IS AUDITED BY INDEPENDENT AUDITORS. HOWEVER, THE AUDIT IS PERFORMED ON A CONSOLIDATED BASIS AND THUS COMBINES OTHER ENTITIES IN THE AUDIT WITH BAYLOR COLLEGE OF MEDICINE. FOR INSTANCE, ITS WHOLLY OWNED CORPORATION IS INCLUDED IN THE FINANCIAL STATEMENTS. THIS ENTITY DOES NOT RECEIVE A SEPARATE COMPANY AUDIT. THE ORGANIZATION DOES HAVE AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT.

ATTACHMENT 1FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CAYMAN ISLANDS

LESOTHO

SWAZILAND

MALAWI

TANZANIA

UGANDA

UNITED KINGDOM

COLOMBIA

Name of the organization BAYLOR COLLEGE OF MEDICINE	Employer identification number 74-1613878
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ATTACHMENT 1 (CONT'D)

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

BOTSWANA

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LINBECK GROUP, LLC 3900 ESSEX LANE, SUITE 1200 HOUSTON, TX 77027	CONSTRUCTION	20,922,919.
PRICEWATERHOUSECOOPERS LLP PO BOX 326 BOSTON, MA 02241	CONSULTING	14,078,289.
JOHN L WORTHAM & SON, LLP 2727 ALLEN PARKWAY HOUSTON, TX 77019	RISK MANAGEMENT SVCS	2,951,261.
CAIN BROTHERS & COMPANY, INC 360 MADISON AVENUE, 5TH FLOOR NEW YORK, NY 10017	INV. MANAGEMENT SVCS	2,655,186.
MEDICAL BILLING SERVICES, INC 3200 WILCREST DRIVE, SUITE 600 HOUSTON, TX 77042	BILLING SERVICES	2,098,619.

Name of the organization BAYLOR COLLEGE OF MEDICINE	Employer identification number 74-1613878
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ATTACHMENT 3FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
ANSWERING	758,838.	614,229.	144,609.	0
ARCHITECT	20,333.	13,189.	7,144.	0
BANKING	1,342,596.	804,930.	537,666.	0
BUILDING MAINTENANCE	-20,658.	39,269.	-59,927.	0
OUTSIDE BILLING	2,167,681.	2,152,936.	14,745.	0
CATERING/FOOD	2,411,591.	2,089,869.	193,529.	128,193.
SUBCONTRACTS	2,215,089.	2,029,446.	185,643.	0
CONSULTATION	24,854,111.	2,642,997.	22,121,378.	89,736.
SOFTWARE MAINTENANCE	4,453,513.	372,059.	4,081,204.	250.
MAINTENANCE CONTRACTS	12,304,883.	7,537,005.	4,767,878.	0
CUSTODIAL	1,488,220.	158,757.	1,329,302.	161.
CCM CHARGES	9,701,970.	9,355,895.	346,075.	0
ELECTRONIC	9,804.	7,189.	2,615.	0
ELECTRICAL	293,131.	291,716.	1,415.	0
HONORARIUMS	357,205.	320,920.	36,285.	0
SERVICE AWARDS	31,222.	12,150.	18,765.	307.
HOSPITAL COST	490,310.	490,310.	0	0
SPEC SERV FAC	23,316,634.	23,316,634.	0	0
LABORATORY ANALYSIS	13,197,555.	12,988,095.	209,460.	0
LAUNDRY	337,023.	335,883.	1,140.	0
LIBRARY	2,802,152.	2,802,140.	12.	0
CLNCL RSRCH OFF SUPP	497.	497.	0	0
PATENT COSTS	2,106.	2,106.	0	0

Name of the organization BAYLOR COLLEGE OF MEDICINE	Employer identification number 74-1613878
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ATTACHMENT 3 (CONT'D)FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
PHOTOGRAPHY	106,464.	84,889.	19,911.	1,664.
PRINT SHOP	2,780.	2,780.	0	0
RECROD STORAGE/RETRIV	428,166.	364,669.	62,462.	1,035.
ENVIRON SAFETY CHARGES	84,468.	448,250.	-363,782.	0
REIMBURSEMENT SALARY/FRINGE	1,183,683.	1,240,183.	-56,500.	0
REPAIRS	1,329,205.	1,185,381.	143,784.	40.
WORK ORDER	17,770,072.	-104,263.	17,874,335.	0
SUBCONTRACTS	44,117,625.	44,042,862.	74,763.	0
TRANSPORTATION	81,678.	56,479.	15,375.	9,824.
TEMPORARY HELP	3,821,246.	3,279,607.	524,968.	16,671.
TRANSCRIPTION	86,160.	82,661.	3,499.	0
OTHER SERVICES	25,738,312.	28,313,302.	-2,777,767.	202,777.
TOTALS	<u>197,285,665.</u>	<u>147,375,021.</u>	<u>49,459,986.</u>	<u>450,658.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization

BAYLOR COLLEGE OF MEDICINE

Employer identification number

74-1613878

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AFFILIATED MEDICAL SERVICES 1502 TAUB LOOP N, PC BUILDING HOUSTON, TX 77030 76-0259042	HLTHCARE DEL	TX	501(C)(3)	11-TYPE 1	BCM	X	
(2) BAYLOR MEDICAL FOUNDATION ONE BAYLOR PLAZA HOUSTON, TX 77030 74-1490000	SUPPORT BCM	TX	501(C)(3)	11-TYPE 2	N/A		X
(3) BAYLOR INTERNATIONAL PED AIDS INIT ONE BAYLOR PLAZA HOUSTON, TX 77030 20-2951275	CHILDREN CARE	TX	501(C)(3)	11-TYPE 1	BCM	X	
(4) NATIONAL SPACE BIOMEDICAL RESEARCH ONE BAYLOR PLAZA HOUSTON, TX 77030 76-0548799	BIOMEDL RSRCH	TX	501(C)(3)	7	BCM	X	
(5) BAYLOR COLLEGE OF MEDICINE HEALTHCARE ONE BAYLOR PLAZA HOUSTON, TX 77030 76-0481211	HLTHCARE DEL	TX	501(C)(3)	3	BCM	X	
(6) ALLBRITTON-ALFORD ENDOWMENT FUND 4400 POST OAK PARKWAY HOUSTON, TX 77027 52-6934320	SUPPT RESRCH	TX	501(C)(3)	11-TYPE 1	BCM	X	
(7)							

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

Schedule R (Form 990) 2014

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BCM TECH I LP 20-5541490 2 GRNWX PZ HOUSTON, TX 77030	INVESTMENT	TX	BCM	EXCLUDED	8,722.	544,968.		X			X	30.9100
(2) BCM VENTURES MGMT 20-5541357 2 GRNWX PZ HOUSTON, TX 77030	INVESTMENT	TX	BCM TECHNOLOGY	EXCLUDED	61.	121,751.		X			X	31.9776
(3) COMMUNITY PATH PLLC 32-0167640 1 BAYLOR PLZ HOUSTON, TX 77030	PATHOLOGY SVCS	TX	BCM	N/A				X			X	100.0000
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) BCM TECHNOLOGIES, INC. 76-0112935 2 GREENWAY PLZ #910 HOUSTON, TX 77030	INVESTMENT	DE	BCM	C CORP	14,372.	2,274,916.	100.0000	X	
(2) BAYLOR COLLEGE OF MED RADIOLOGY 20-4258051 1 BAYLOR PLAZA HOUSTON, TX 77030	RADIOLOGY SVCS	TX	BCM	C CORP			100.0000	X	
(3) PRESCRIPTIVE INSURANCE CO. 74-1613878 23 LIME TREE BAY AVE., PO BOX 1051 GRAND CAYMAN FC, CJ	INVESTMENTS	CJ	BCM	C CORP	128,531.	2,619,265.	100.0000	X	
(4) BAYLOR COLLEGE OF MED PATHOLOGY 32-0161879 ONE BAYLOR PLAZA HOUSTON, TX 77030	PATHOLOGY SVCS	TX	BCM	C CORP			100.0000	X	
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BAYLOR MEDICAL FOUNDATION	C	773,214.	GENERAL LEDGER
(2) BAYLOR MEDICAL FOUNDATION	S	172,833.	GENERAL LEDGER
(3) BCM TECHNOLOGIES, INC.	D	2,163,480.	BALANCE SHEET
(4) BCM HEALTHCARE	D	1,005,209.	BALANCE SHEET
(5) ALLBRITTON-ALFORD ENDOWMENT FUND	C	55,000.	BANK RECORDS
(6) NATIONAL SPACE BIOMEDICAL RESEARCH INSTITUTE	C	22,093,741.	GENERAL LEDGER

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BAYLOR INT PEDIATRIC AIDS INITIATIVE	B	6,136,714.	GENERAL LEDGER
(2) BAYLOR INT PEDIATRIC AIDS INITIATIVE	S	9,390,608.	GENERAL LEDGER
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
