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Form 990

## Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

## A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.	C Name of organization BAPTIST HEALTH SOUTH FLORIDA FOUNDATION INC	D Employer identification number 59-1923401
	Doing Business As	
	Number and street (or P O box if mail is not delivered to street address) 8900 NORTH KENDALL DRIVE	Room/suite
	City or town, state or country, and ZIP + 4 MIAMI, FL 33176	

F Name and address of Principal Officer  
ROBERT G BAAL  
8900 NORTH KENDALL DRIVE  
MIAMI, FL 33176

H(a) Is this a group return for affiliates?  Yes  No

H(b) Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

H(c) Group Exemption Number ►

I Tax-exempt status  501(c) (3) ► (Insert no.)  4947(a)(1) or  527

J Web site: ► WWW.BAPTISTHEALTH.NET

K Type of organization  Corporation  trust  association  other ►

L Year of Formation 1979 M State of legal domicile FL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities SEE STATEMENT 1
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
5 Total number of employees (Part V, line 2a) . . . . .
6 Total number of volunteers (estimate if necessary) . . . . .
7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . .
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 9,035,794	Current Year 4,389,943
9 Program service revenue (Part VIII, line 2g) . . . . .		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	1,706,296	-3,853,603
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,062,819	778,518
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,804,909	1,314,858

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year 11,966,386	Current Year 2,396,667
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)	2,139,720	2,729,749
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b (Total fundraising expenses, Part IX, column (D), line 25 207,458)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,054,915	665,082
18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	15,161,021	5,791,498
19 Revenue less expenses Subtract line 18 from line 12	-3,356,112	-4,476,640

20 Total assets (Part X, line 16)	Beginning of Year 61,340,905	End of Year 59,466,528
21 Total liabilities (Part X, line 26)	3,400,714	2,426,592
22 Net assets or fund balances Subtract line 21 from line 20	57,940,191	57,039,936

## Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer	Date 2010-08-06	
	WENDY W GREENLEAF CORP VP FINANCE CORPORATE VP OF FINANCE		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4 DELOTTE TAX LLP 201 E KENNEDY BLVD STE 1200 TAMPA, FL 336024990			EIN ► Phone no ► (813) 273-8300

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

**Part III Statement of Program Service Accomplishments** (See the instructions.)**1** Briefly describe the organization's mission  
See Additional Data Table**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O**3** Did the organization cease conducting or make significant changes in how it conducts any program services?  Yes  No  
If "Yes," describe these changes on Schedule O**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 4,551,927 including grants of \$ 2,396,667) (Revenue \$ 1,697,515)

Consistent with our spiritual foundation, Baptist Health South Florida and its affiliates (Baptist Health) are dedicated to providing high-quality, cost-effective, compassionate healthcare services to all, including, as permitted by our resources, charity care to those in need. During the fiscal year ended September 30, 2009, Baptist Health provided patient services to the South Florida area with 69,809 adult admissions, 354,934 adult patient days, and 217,305 emergency room visits. During that same time period, urgent care visits totaled 124,480, outpatient surgery cases 17,449, and other outpatient visits were 422,138 system-wide. As of September 30, 2009 the system had 1,612 licensed beds comprised of 1,179 routine general medical/surgical, 127 obstetrics, 74 neonatal intensive care unit, 57 pediatrics, 104 intensive care, 23 rehabilitative, and 48 for an alcohol treatment program. In total Baptist Health provided more than \$831,410,000 in community benefit during its 2009 fiscal year. We provided charity care valued at \$270,760,000 as well as \$519,650,000 in uncompensated services. We also contributed \$20,640,000 to the indigent care fund and expended \$3,700,000 for educational programs, screenings, corporate sponsorships and donations. Free community health and wellness programs covered topics ranging from insomnia and food safety to diabetes and weight control. In addition, Baptist Health provided free screenings for cholesterol, blood pressure, body composition and osteoporosis. Baptist Health also helped those in need of primary care services by donating \$1,460,000 to neighborhood clinics such as the Open Door Health Center in Homestead, the South Miami Children's Center in South Miami and the Good Health Clinic in Tavernier. We spent \$10,470,000 paying physicians who provide free care to our community members in need. Additionally, we provided \$1,300,000 in continuing medical education and \$3,500,000 in chaplaincy during the year ended September 30, 2009. Fulfilling our mission to provide compassionate care to the entire community isn't only about assisting those in financial need. It is also about supporting services that lose money but are essential to our community. Baptist Health recently invested \$135,000,000 in building a replacement hospital for Homestead Hospital which has operated consistently at a loss. In fact, two of the Baptist Health facilities consistently operate at a loss. Baptist Health continues to operate these hospitals because they fill an important community need for quality healthcare. Baptist Health is building a new hospital in the underserved West Kendall area at a cost of \$190,000,000. Additionally, Baptist Health has invested substantial funds to harden its facilities to withstand a category 5 hurricane for the protection of our patients and neighbors. In addition to the health-related benefits listed above, Baptist Health also has a significant and positive financial impact on our community. We directly employ more than 13,000 individuals and indirectly create another 11,000 jobs. As South Florida's largest private employer, Baptist Health is taking a leadership role by committing to the environmentally responsible, energy-efficient design and function of our facilities. Our new hospital will apply for Leadership in Energy and Environmental Design certification for the US Green Building Council. This commitment applies to our day-to-day operations, as well, from the supplies we purchase to the vehicles we use. In accordance with our faith-based mission, Baptist Health South Florida and its affiliates is committed to making a significant, positive impact on the community it serves.

**4b** (Code) (Expenses \$ ) (including grants of \$ ) (Revenue \$ ) )**4c** (Code) (Expenses \$ ) (including grants of \$ ) (Revenue \$ ) )**4d** Other program services (Describe in Schedule O)  
(Expenses \$ ) (including grants of \$ ) (Revenue \$ ) )**4e** Total program service expenses \$ 4,551,927 Must equal Part IX, Line 25, column (B).

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S.?
 

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25
 

- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- 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?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

25b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20		No
21	Yes	
22		No
23	Yes	
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No

**Part IV Checklist of Required Schedules (Continued)**

**28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

**33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

**35** Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

**36** 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

**37** Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>		No
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>		No
<b>34</b>	Yes	
<b>35</b>		No
<b>36</b>		No
<b>37</b>		No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	<b>1a</b> 0	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 0	
<b>2b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
<b>4b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b> No	
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b> No	
<b>5c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	<b>5c</b>	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	<b>6a</b> No	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>	<b>7a</b> No	
<b>7b</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	<b>7b</b>	
<b>7c</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b> No	
<b>7d</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>	
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>	
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b> No	
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>	<b>9a</b> No	
<b>9b</b>	Did the organization make any taxable distributions under section 4966?	<b>9b</b> No	
<b>9c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9c</b>	
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter	<b>10a</b>	
<b>10b</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>	
<b>11</b>	<i>Section 501(c)(12) organizations.</i> Enter	<b>11a</b>	
<b>11b</b>	Gross income from members or shareholders	<b>11b</b>	
<b>11c</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11c</b>	
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**
**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body . . .	1a	72
b Enter the number of voting members that are independent . . .	1b	69
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4	No
5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	No
6 Does the organization have members or stockholders? . . . . .	6	No
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	No
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	Yes
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a the governing body? . . . . .	8a	Yes
b each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9a Does the organization have local chapters, branches, or affiliates? . . . . .	9a	No
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	10	Yes
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	11	No

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	12a	Yes
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes
13 Does the organization have a written whistleblower policy? . . . . .	13	Yes
14 Does the organization have a written document retention and destruction policy? . . . . .	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a The organization's CEO, Executive Director, or top management official? . . . . .	15a	Yes
b Other officers or key employees of the organization? . . . . .	15b	Yes
Describe the process in Schedule O		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 own website  another's website  upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
**FINANCE DEPARTMENT**  
**6855 RED ROAD STE 200**  
**coral gables, FL 33143**  
**(786) 662-7645**

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid

\* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

\* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

\* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee or key employee.

**Part VII** **Continued**

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable

compensation from the organization

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .

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

## **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

(A) Name and business address	(B) Description of services	(C) Compensation
MARRIOTT INTERNATIONAL INC 4400 NW 87TH AVENUE DORAL, FL 33178	EVENTS	227,758

Part  
VIII

## Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,389,943			
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
<b>h</b> <b>Total (Add lines 1a-1f)</b> . . . . .			4,389,943			
Program Service Revenue	<b>2a</b>	Business Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total. Add lines 2a-2f</b> . . . . .		\$ 0			
Other Revenue	<b>3</b> Investment income (including dividends, interest other similar amounts) . . . . .		988,715		988,715	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross Rents	(i) Real				
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .					
<b>7a</b>	(i) Securities	(ii) Other				
<b>b</b> Gross amount from sales of assets other than inventory	48,886,577					
<b>c</b> Less cost or other basis and sales expenses	53,728,895					
<b>d</b> Gain or (loss)	-4,842,318					
<b>d</b> Net gain or (loss) . . . . .			-4,842,318		-4,842,318	
<b>8a</b> Gross income from fundraising events (not including \$ 1,697,515 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>	918,997				
<b>c</b> Net income or (loss) from fundraising events . . . . .			778,518	778,518		
<b>9a</b> Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>		0			
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>		0			
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		Business Code				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e</b> <b>Total. Add lines 11a-11d</b> . . . . .		\$ 0				
<b>12</b> <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		1,314,858	778,518		-3,853,603	

**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) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,396,667	2,396,667		
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22	0			
<b>3</b> Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	411,395		411,395	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages	1,693,671	1,536,698		
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	86,400	63,072	23,328	
<b>9</b> Other employee benefits . . . . .	418,076	305,195	112,881	
<b>10</b> Payroll taxes . . . . .	120,207	87,751	32,456	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	1,251		1,251	
<b>c</b> Accounting . . . . .	0			
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising See Part IV, line 17 . . .	0			
<b>f</b> Investment management fees . . . . .	265,479		265,479	
<b>g</b> Other . . . . .	206,180	6,957		199,223
<b>12</b> Advertising and promotion . . . . .	1,644	82	247	1,315
<b>13</b> Office expenses . . . . .	126,255	107,317	18,938	
<b>14</b> Information technology . . . . .	268	268		
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	1,117	748	369	
<b>17</b> Travel . . . . .	11,353	2,836	1,597	6,920
<b>18</b> Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0			
<b>19</b> Conferences, conventions and meetings . . . . .	1,385		1,385	
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	4,440	2,886	1,554	
<b>23</b> Insurance . . . . .	0			
<b>24</b> Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
<b>a</b> ENTERTAINMENT & COMMUNITY	26,634	23,971	2,663	
<b>b</b> MISCELLANEOUS	19,076	17,479	1,597	
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>d</b>				
<b>e</b>				
<b>e</b>				
<b>f</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	5,791,498	4,551,927	1,032,113	207,458
<b>26</b> <b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b>		<b>(B)</b>	
		Beginning of year		End of year	
1	Cash—non-interest-bearing		1		
2	Savings and temporary cash investments	6,570,993	2	2,094,527	
3	Pledges and grants receivable, net	11,929,972	3	10,411,572	
4	Accounts receivable, net		4		
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5		
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6		
7	Notes and loans receivable, net		7		
8	Inventories for sale or use		8		
9	Prepaid expenses and deferred charges		9		
10a	Land, buildings, and equipment <i>cost basis</i>	10a	62,599		
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	31,609	35,430	10c 30,990
11	Investments—publicly traded securities			41,413,963	11 45,553,071
12	Investments—other securities <i>See Part IV, line 11 Complete Part VII of Schedule D</i>				12
13	Investments—program-related <i>See Part IV, line 11 Complete Part VIII of Schedule D</i>				13
14	Intangible assets				14
15	Other assets <i>See Part IV, line 11 Complete Part IX of Schedule D</i>			1,390,547	1,376,368
16	<b>Total assets.</b> <i>Add lines 1 through 15 (must equal line 34)</i>			61,340,905	16 59,466,528
17	Accounts payable and accrued expenses			2,208,188	17 2,167,542
18	Grants payable				18
19	Deferred revenue				19
20	Tax-exempt bond liabilities				20
21	Escrow account liability <i>Complete Part IV of Schedule D</i>				21
22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>				22
23	Secured mortgages and notes payable to unrelated third parties				23
24	Unsecured notes and loans payable				24
25	Other liabilities <i>Complete Part X of Schedule D</i>			1,192,526	25 259,050
26	<b>Total liabilities.</b> <i>Add lines 17 through 25</i>			3,400,714	26 2,426,592
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
27	Unrestricted net assets			18,659,797	27 16,933,306
28	Temporarily restricted net assets			28,755,861	28 29,245,200
29	Permanently restricted net assets			10,524,533	29 10,861,430
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
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			57,940,191	33 57,039,936
34	Total liabilities and net assets/fund balances			61,340,905	34 59,466,528

**Part XI Financial Statements and Reporting**

		<b>Yes</b>	<b>No</b>
1	Accounting method used to prepare the Form 990	<input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a No
b	Were the organization's financial statements audited by an independent accountant?		2b No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c
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?		3a No
b	If "Yes," did the organization undergo the required audit or audits?		3b

2008

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury  
Internal Revenue Service**Name of the organization**

BAPTIST HEALTH SOUTH FLORIDA FOUNDATION INC

**Employer identification number**

59-1923401

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

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)**. (Attach Schedule H )

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)**. (See instructions )

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 that describes the type of supporting organization and complete lines 11e through 11h

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section <b>(See Instructions)</b> )	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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.)
**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,945,288	8,275,156	4,429,344	5,330,794	4,389,943	28,370,525
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3	5,945,288	8,275,156	4,429,344	5,330,794	4,389,943	28,370,525
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						28,370,525

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	5,945,288	1,624,023	4,429,344	5,330,794	4,389,943	28,370,525
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,042,252	1,624,023	1,567,291	1,515,270	4,999,768	10,748,604
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						39,119,129
12 Gross receipts from related activities, etc (See instructions )					<b>12</b>	12,406,527

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

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	<b>72.523 %</b>
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	<b>84.224 %</b>
16a <b>33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b <b>33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
17a <b>10% Facts and Circumstances Test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b <b>10% Facts and Circumstances Test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
18 <b>Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input checked="" type="checkbox"/>

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>
<b>19a</b> <b>33 1/3% Tests - 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>b</b> <b>33 1/3% Tests - 2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>20</b> <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	►

**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

**Facts and Circumstances Test**

2008

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Department of the Treasury  
Internal Revenue Service**Name of the organization**

BAPTIST HEALTH SOUTH FLORIDA FOUNDATION INC

**Employer identification number**

59-1923401

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate Contributions to (during year)		
3 Aggregate Grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

 Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

 Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

3 Using the organization's 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      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

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

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 Trust, 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 why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**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 . . . . .					
1b Contributions . . . . .					
1c Investment earnings or losses . . . . .					
1d Grants or scholarships . . . . .					
1e Other expenditures for facilities and programs . . . . .					
1f Administrative expenses . . . . .					
1g End of year balance . . . . .					

## 2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

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

(i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

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

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

Yes	No
3a(i)	
3a(ii)	
3b	

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
1b Buildings . . . . .				
1c Leasehold improvements . . . . .				
1d Equipment . . . . .		62,599	31,609	30,990
1e Other . . . . .				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ►				30,990

**Part VII Investments—Other Securities.** 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
ACCRUED INTEREST RECEIVABLE	302,250
CSV OF OWNED LIFE INS POLICIES	797,298
REC FROM REMAINDER TRUSTS	276,820
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	• • • • • • • • •

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
FEDERAL INCOME TAXES	
DUE TO AFFILIATES	184,275
POST RETIREMENT BENEFITS LONG TERM	74,775
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	259,050

In Part XIV, 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

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1
2 Total expenses (Form 990, Part IX, column (A), line 25)	2
3 Excess or (deficit) for the year Subtract line 2 from line 1	3
4 Net unrealized gains (losses) on investments	4
5 Donated services and use of facilities	5
6 Investment expenses	6
7 Prior period adjustments	7
8 Other (Describe in Part XIV)	8
9 Total adjustments (net) Add lines 4 - 8	9
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements . . . . .	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments . . . . .	2a
b Donated services and use of facilities . . . . .	2b
c Recoveries of prior year grants . . . . .	2c
d Other (Describe in Part XIV) . . . . .	2d
e Add lines 2a through 2d . . . . .	2e
3 Subtract line 2e from line 1 . . . . .	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a
b Other (Describe in Part XIV) . . . . .	4b
c Add lines 4a and 4b . . . . .	4c
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements . . . . .	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities . . . . .	2a
b Prior year adjustments . . . . .	2b
c Losses reported on Form 990, Part IX, line 25 . . . . .	2c
d Other (Describe in Part XIV) . . . . .	2d
e Add lines 2a through 2d . . . . .	2e
3 Subtract line 2e from line 1 . . . . .	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a
b Other (Describe in Part XIV) . . . . .	4b
c Add lines 4a and 4b . . . . .	4c
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

## **Supplemental Information Regarding Fundraising or Gaming Activities**

2008

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

Name of the organization

BAPTIST HEALTH SOUTH FLORIDA FOUNDATION INC

**Employer identification number**

59-1923401

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		<b>(a) Event #1</b> <b>BHM BALL</b> (event type)	<b>(b) Event #2</b> <b>SMH BALL</b> (event type)	<b>(c) Other Events</b> <b>7</b> (total number)	<b>(d) Total Events</b> (Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	506,163	275,818	915,534	1,697,515
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	506,163	275,818	915,534	1,697,515
<b>Direct Expenses</b>	<b>4</b> Cash Prizes . . . . .				
	<b>5</b> Non-cash Prizes . . . . .				
	<b>6</b> Rent/Facility costs . . . . .	90,438	78,396	149,748	318,582
	<b>7</b> Other direct expenses . . . . .	101,516	46,972	451,927	600,415
	<b>8</b> Direct expense summary Add lines 4 through 7 in column (d) . . . . . ►				918,997
	<b>9</b> Net income summary Combine lines 3 and 8 in column (d) . . . . . ►				778,518

**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.

		<b>(a) Bingo</b>	<b>(b) Pull tabs/Instant bingo/progressive bingo</b>	<b>(c) Other gaming</b>	<b>(d) Total gaming (Add col (a) through col (c))</b>
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►				
	<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ►				

<b>9</b> Enter the state(s) in which the organization operates gaming activities . . . . .	<b>Yes</b>	<b>No</b>
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain _____ _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? <b>b</b> If "Yes," Explain _____ _____	<b>10a</b>	
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> 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? . . . . .	<b>12</b>	

	Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in	13a	
a The organization's facility . . . . .	13b	
b An outside facility . . . . .		
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	15a	
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		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b> Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

**Schedule I  
(Form 990)**

## **Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.**

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.**

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Name of the organization

BAPTIST HEALTH SOUTH FLORIDA FOUNDATION INC

**Employer identification number**

59-1923401

## **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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

2 Enter total number of section 501(c)(3) and government organizations . . . . .

**3 Enter total number of other organizations .**

**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. Use Schedule I-1 (Form 990) if additional space is needed.

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

**Name of the organization**

BAPTIST HEALTH SOUTH FLORIDA FOUNDATION INC

**Employer identification number**

59-1923401

**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 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 line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<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

**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

**501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

**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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

### **Part III      Supplemental Information**

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

2008

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**SCHEDULE O**  
(Form 990)**Supplemental Information to Form 990**

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

**Name of the organization**

BAPTIST HEALTH SOUTH FLORIDA FOUNDATION INC

**Employer identification number**

59-1923401

Identifier	Return Reference	Explanation
FORM 990 PART VI QUESTION 15	executive compensation philosophy	THE GOVERNING BOARD OF BAPTIST HEALTH AND ITS AFFILIATES SEEKS EXECUTIVES WITH GREAT VISION, SKILL AND LEADERSHIP. THE BOARD EXPECTS EXECUTIVES TO (I) PROVIDE BUSINESS PREEMINENCE IN SOUTH FLORIDA AND NATIONAL RECOGNITION FOR QUALITY OF SERVICES AND EXCELLENCE OF PROGRAMS (II) ENSURE OPERATIONS ARE FISCALLY SOUND WHILE MEETING COMMUNITY SERVICE AND CHARITY CARE RESPONSIBILITIES AND (III) DEMONSTRATE INTEGRITY AND LOYALTY IN THE PERFORMANCE OF RESPONSIBILITIES INCLUDING RIGOROUS ADHERENCE TO THE BAPTIST HEALTH CODE OF ETHICS AND COMPLIANCE PROGRAM. EXECUTIVE COMPENSATION IS THE FOUNDATION TO ATTRACT AND RETAIN EXECUTIVES WITH THE TALENT, EXPERIENCE AND CHARACTER TO MEET THE BOARD'S EXPECTATIONS. THE COMPENSATION COMMITTEE, COMPRISED EXCLUSIVELY OF INDEPENDENT VOLUNTARY BOARD MEMBERS, IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE AND APPROVING THE COMPENSATION OF ALL EXECUTIVES. "EXECUTIVES" INCLUDE THE PRESIDENT, AFFILIATE CHIEF EXECUTIVE OFFICERS, EXECUTIVE VICE PRESIDENTS, AND ALL VICE PRESIDENTS. "COMPENSATION" INCLUDES SALARIES, INCENTIVES, BENEFITS, AND PERQUISITES. THE COMMITTEE DOCUMENTS ITS APPROVAL AND THE REASONABLENESS OF EXECUTIVE COMPENSATION BY RELYING ON INDEPENDENT COMPENSATION SURVEYS AND INDEPENDENT CONSULTANTS. EXECUTIVE COMPENSATION INCENTS SUPERIOR PERFORMANCE WITH "AT RISK" AMOUNTS THAT WILL NOT BE AWARDED IF PERFORMANCE OBJECTIVES ARE NOT MET. BASE SALARIES ARE TARGETED TO THE 50TH PERCENTILE (MEDIAN) OF SIMILARLY SITUATED PEER ORGANIZATIONS. AT RISK, INCENTIVE COMPENSATION FOR SIGNIFICANT PERFORMANCE ACHIEVEMENTS MAY INCREASE AN EXECUTIVE'S COMPENSATION TO THE 75TH PERCENTILE OF THE PEER GROUP.

Identifier	Return Reference	Explanation
FORM 990 PART VI QUESTION 12	employee conflict of interest	AN ACTUAL, POTENTIAL OR PERCEIVED CONFLICT OF INTEREST OCCURS IN THOSE CIRCUMSTANCES WHERE AN EMPLOYEE'S JUDGEMENT COULD BE AFFECTED BECAUSE THE EMPLOYEE HAS A PERSONAL INTEREST, OTHER THAN THE RECEIPT OF COMPENSATION FROM BAPTIST HEALTH SOUTH FLORIDA, INC AND ITS AFFILIATES ("BHSF"), IN THE OUTCOME OF A DECISION OVER WHICH THE EMPLOYEE HAS CONTROL OR INFLUENCE. FOR THE PURPOSES OF THIS POLICY, IT IS PRESUMED THAT MANAGERS HAVE CONTROL OR INFLUENCE OVER ANY DECISION AFFECTING A MATTER FOR WHICH A MANAGER HAS RESPONSIBILITY. A PERSONAL INTEREST EXISTS WHEN AN EMPLOYEE OR A MEMBER OF HIS OR HER FAMILY STANDS TO DIRECTLY OR INDIRECTLY OBTAIN FINANCIAL GAIN AS A RESULT OF A DECISION. THIS POLICY IS INTENDED FOR ALL EMPLOYEES IN ORDER THAT THEY MAY UNDERSTAND, IDENTIFY, MANAGE AND APPROPRIATELY DISCLOSE THOSE TRANSACTIONS WHICH COULD RESULT IN AN ACTUAL, POTENTIAL OR PERCEIVED CONFLICT OF INTEREST. IN ACCORDANCE WITH OUR CODE OF ETHICS, HIGH ETHICAL STANDARDS MUST BE OBSERVED IN THE NEGOTIATION AND EXECUTION OF ALL BUSINESS ACTIVITIES CONDUCTED AT, BY OR WITH BHSF. ANY DECISIONS MADE BY BHSF EMPLOYEES MUST BE MADE IN COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS, WITH THE BEST ORGANIZATIONAL INTERESTS OF BHSF AS THE HIGHEST PRIORITY AND WITHOUT REGARD TO THE PERSONAL GAIN OR INTEREST OF ANY OTHER PERSON OR ENTITY. LIKEWISE, THE APPEARANCE OF ANY SUCH IMPROPER INFLUENCE ON ANY DECISIONS SHOULD BE CONSCIOUSLY AVOIDED. EMPLOYEES SHOULD ALSO ADHERE TO POLICY 828 WHICH PROHIBITS VENDOR SPONSORED TRAVEL AND POLICY 829 PROHIBITING ACCEPTANCE OF PERSONAL HONORARIUMS AND POLICY 831 WHICH PROVIDES LIMITATIONS AND GUIDELINES ON PHILANTHROPIC SOLICITATION OF VENDORS. A POTENTIAL OR PERCEIVED CONFLICT OF INTEREST MAY EXIST IRRESPECTIVE OF THE INTENT OF THE EMPLOYEE. PLEASE VISIT OUR WEBSITE WWW.BAPTISTHEALTH.NET TO VIEW THE IMPLEMENTATION PROCEDURES FOR EACH POLICY.

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTION 12	BOARD CONFLICT POLICY	BAPTIST HEALTH AND ITS AFFILIATES HAVE A STRONG AND ROBUST CONFLICT OF INTEREST POLICY. THE POLICY IS MEANT TO ENSURE THAT EACH VOTING MEMBER OF THE BOARD OF TRUSTEES GOVERNS THE AFFAIRS OF BAPTIST HEALTH WITH HONESTY AND INTEGRITY AND MAKES DECISIONS FOR THE BENEFIT OF BAPTIST HEALTH. VOTING BOARD MEMBERS MAY NOT BE EMPLOYED BY BAPTIST HEALTH NOR ENGAGED TO PROVIDE SERVICES TO BAPTIST HEALTH IN EXCHANGE FOR CASH COMPENSATION. CONFLICT FREE DECISION MAKING EXTENDS BEYOND THE BOARD MEMBERS AND PROHIBITS TRANSACTIONS THAT MIGHT BENEFIT (I) THE PRIVATE INTEREST OF A MEMBER OR HIS OR HER FAMILY (II) AN ORGANIZATION CONTROLLED BY A MEMBER OR HIS OR HER FAMILY (III) AN ORGANIZATION IN WHICH A MEMBER OR HIS OR HER FAMILY HAS A MATERIAL INTEREST, ARE PROHIBITED. SINCE THE APPEARANCE OF A CONFLICT OF INTEREST MAY BE AS DAMAGING TO BAPTIST HEALTH'S REPUTATION AS ACTUALLY PERMITTING A CONFLICT TO EXIST, EACH BOARD MEMBER HAS A CONTINUING OBLIGATION TO DISCLOSE ANY POTENTIAL CONFLICTS. THIS CONTINUING OBLIGATION IS SUPPLEMENTED BY AN ANNUAL CERTIFICATION THAT THE BOARD MEMBER IS FREE FROM ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE ANNUAL CERTIFICATION IS REVIEWED BY THE VICE PRESIDENT OF COMPLIANCE WHO REPORTS DIRECTLY TO THE BOARD. POTENTIAL CONFLICTS ARE FURTHER REVIEWED BY THE BOARD'S ETHICS COMMITTEE. IF A CONFLICT DOES EXIST, THE CONFLICTED BOARD MEMBER MAY BE REQUIRED TO (I) RESIGN FROM THE BOARD OR (II) ELIMINATE THE RELATIONSHIP WHICH GIVES RISE TO THE CONFLICT.

Identifier	Return Reference	Explanation
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DOCUMENTS AVAILABLE TO THE PUBLIC	FORM 990, PART VI, SECTION C LINE 19	DOCUMENTS THAT ARE REQUIRED TO BE OPEN FOR PUBLIC INSPECTION ARE MADE AVAILABLE UPON REQUEST
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Identifier	Return Reference	Explanation
US INFORMATIONAL RETURNS	FORM 990, PART V, LINE 1A	BAPTIST HEALTH SOUTH FLORIDA (BHSF) HAS A SYSTEM-WIDE TREASURY POLICY, WHICH RECOGNIZES ITS RESPONSIBILITY TO OVERSEE, MANAGE, AND COORDINATE ALL AFFILIATE OPERATIONS, INCLUDING THE TREASURY FUNCTIONS. BHSF SERVES AS THE CENTRALIZED CASH RECEIPT AND DISBURSING AGENT FOR ALL BHSF ENTITIES. AS SUCH ONLY BHSF ISSUES US INFORMATIONAL RETURNS.

Identifier	Return Reference	Explanation
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EMPLOYEES REPORTED ON FORM W-3	FORM 990, PART V, LINE 2a	BAPTIST HEALTH SOUTH FLORIDA (BHSF) IS THE APPOINTED PAY AGENT FOR ALL OF ITS AFFILIATES. AS SUCH ONLY BHSF ISSUES FORM W-3.
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Identifier	Return Reference	Explanation
PROCESS FOR REVIEWING FORM 990	FORM 990, PART VI, SECTION A, LINE 10	THE MANAGEMENT OF BAPTIST HEALTH SOUTH FLORIDA (BHSF) IS RESPONSIBLE FOR THE ACCURACY AND COMPLETENESS OF THE TAX RETURNS OF BHSF AND ALL OF ITS NONPROFIT, CHARITABLE AFFILIATES. THIS FORM 990 HAS BEEN PREPARED IN CONFORMITY WITH THE INTERNAL REVENUE CODE AND TREASURY REGULATIONS. INDEPENDENT TAX CONSULTANTS AND MEMBERS OF MANAGEMENT HAVE REVIEWED IN DETAIL THE COMPLETED FORM 990. PRIOR TO FILING, THE FORM 990 PREPARATION PROCESS AND THE DOCUMENTS ARE DISCUSSED AT A MEETING OF THE FINANCE COMMITTEE AND MADE AVAILABLE ELECTRONICALLY TO ALL MEMBERS OF THE BOARD OF TRUSTEES FOR REVIEW AND COMMENTARY. ADDITIONALLY, THE EXECUTIVE AND COMPENSATION COMMITTEES OF THE BHSF BOARD OF TRUSTEES, COMPOSED OF INDEPENDENT UNCOMPENSATED MEMBERS, REVIEW OTHER PERTINENT AREAS OF THE RETURN. THE PRESIDENT AND CEO AS WELL AS THE EXECUTIVE VICE PRESIDENT AND CFO HEREBY CERTIFY AS TO THE ACCURACY AND COMPLETENESS OF THIS FORM 990.

Identifier	Return Reference	Explanation
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FORM 990, PART XI, QUESTION 2B	COMBINED FINANCIAL STATEMENTS AUDIT	There is a presumption that Combined Financial Statements are more meaningful than separate statements, and that they are usually necessary for a fair presentation when one of the companies in the group directly or indirectly has a controlling financial interest in the other companies. Thus, Baptist Health South Florida, Inc. does not submit its individual financial statements to audit. Instead, its financials are audited as part of the combined group. Baptist Health South Florida, Inc. and Affiliates, Baptist Health South Florida, Inc. and Affiliates Combined Financial Statements include a combined balance sheet, combined statement of operations, combined statement of changes in net assets, combined statement of cash flows, and footnote disclosures.
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Identifier	Return Reference	Explanation
GOVERNING BODY AND MANAGEMENT	FORM 990 PART VI LINE 7b	THIS ORGANIZATION IS PART OF BAPTIST HEALTH SOUTH FLORIDA, AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THE BOARD OF TRUSTEES OF BAPTIST HEALTH SOUTH FLORIDA HAS THE RIGHT TO APPROVE OR RATIFY CERTAIN CORPORATE DECISIONS OF THE ORGANIZATION

Identifier	Return Reference	Explanation
Schedule J Part II Column (B)(ii)	EXECUTIVE COMPENSATION	All executive compensation is reviewed and approved annually by the compensation committee which is comprised of independent uncompensated members of the Board of Trustees who have certified that they have no conflict of interest with the organization. Reportable compensation includes base salary as well as payments under a formal incentive plan which rewards successful achievement of quality, mission, charity care, and financial corporate objectives. During calendar year 2008, incentive awards were approved and paid out in January and December for fiscal years 2007 and 2008, respectively.

Identifier	Return Reference	Explanation
FORM 990 PART VI LINE 2	CONFLICT OF INTEREST DISCLOSURE	JAMES CARR AND JAMES HARRIS HAVE A BUSINESS RELATIONSHIP

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

Cat No 51056K

Schedule O (Form 990) 2008

## **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public  
Inspection**

- **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
  - See separate instructions.

► See separate instructions

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

BAPTIST HEALTH SOUTH FLORIDA FOUNDATION INC.

**Employer identification number**

59-192340

## **Part I Identification of Disregarded Entities**

(A) Name, address, and EIN 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

## **Part II Identification of Related Tax-Exempt Organizations**

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Exempt Code section	<b>(E)</b> Public charity status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity
See Additional Data Table					

**Part III Identification of Related Organizations Taxable as a Partnership**

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	<b>(E)</b> Type of entity (C corp, S corp, or trust)	<b>(F)</b> Share of total income	<b>(G)</b> Share of end-of-year assets	<b>(H)</b> Percentage ownership
See Additional Data Table							

**Part V Transactions with Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III or IV

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 (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m	Yes	
1n		No
1o		No
1p		No
1q		No
1r		No

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 other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

## Part VI Unrelated Organizations Taxable as a Partnership

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.

**Software ID:****Software Version:****EIN:** 59-1923401**Name:** BAPTIST HEALTH SOUTH FLORIDA FOUNDATION INC**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	<b>(C)</b> Legal Domicile (State or Foreign Country)	<b>(D)</b> Exempt Code section	<b>(E)</b> Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
BAPTIST HEALTH SOUTH FLORIDA  6855 RED ROAD STE 600 CORAL GABLES, FL33143 65-0267668	HEALTHCARE	FL	501 (C) (3)	11C, TYPE 3	NA
BAPTIST HOSPITAL OF MIAMI  8900 N KENDALL DRIVE MIAMI, FL33176 59-0910342	HOSPITAL	FL	501 (C) (3)	3	NA
BHSF REAL ESTATE FOUNDATION  6855 RED ROAD CORAL GABLES, FL33143 65-0611015	SUPPORT	FL	501 (C) (3)	11A, TYPE 1	NA
HOMESTEAD HOSPITAL  975 BAPTIST WAY HOMESTEAD, FL33033 65-0232993	HOSPITAL	FL	501 (C) (3)	3	NA
SOUTH MIAMI HOSPITAL  6200 SW 73ST SOUTH MIAMI, FL33143 59-0872594	HOSPITAL	FL	501 (C) (3)	3	NA
MARINERS HOSPITAL  9500 OVERSEAS HIGHWAY TAVERNIER, FL33070 59-1987355	HOSPITAL	FL	501 (C) (3)	3	NA
WEST KENDALL BAPTIST HOSPITAL  6855 RED ROAD CORAL GABLES, FL33143 52-2438452	SUPPORTED ORG	FL	501 (C) (3)	7	NA
BAPTIST OUTPATIENT SERVICES  6855 RED ROAD STE 600 CORAL GABLES, FL33143 56-2290370	MED DIAG	FL	501 (C) (3)	3	NA
DOCTORS HOSPITAL  5000 UNIVERSITY DRIVE CORAL GABLES, FL33146 04-3775926	HOSPITAL	FL	501 (C) (3)	3	NA

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

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	<b>(C)</b> Legal Domicile (State or Foreign Country)	<b>(D)</b> Direct Controlling Entity	<b>(E)</b> Type of entity (C corp, S corp, or trust)	<b>(F)</b> Share of total income (\$)	<b>(G)</b> Share of end-of-year assets (\$)	<b>(H)</b> Percentage ownership
SAMARITAN RISK RETENTION GROUP 7301 RIVERS AVENUE STE 230 NORTH CHARLESTON, SC29406 20-3433505	INSURANCE	SC	NA	C			
PINEAPPLE INSURANCE COMPANY 23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0465790	INSURANCE	CJ	NA	C			
AESCLAPIUS INSURANCE COMPANY GOVERNORS SQUARE BLDG 4 2ND FLOOR 23 LIME TREE BAY AVE, PO BOX 1051, GRAND CAYMAN KY1-1102 CJ 98-0465789	INSURANCE	CJ	NA	C			
BAPTIST HEALTH ENTERPRISES 6855 RED ROAD STE 600 CORAL GABLES, FL33143 59-2572862	REAL ESTATE MNGMT	FL	NA	C			
BMAB EAST TOWER 6855 RED ROAD STE 600 CORAL GABLES, FL33143 65-4047110	LEASE OFFICE SPAC	FL	NA	C			
BAPTIST MEDICAL SERVICES CORP 6855 RED ROAD STE 600 CORAL GABLES, FL33143 65-0506620	HOLDING COMPANY	FL	NA	C			
KENDALL CREDIT & BUSINESS SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL33143 65-0434778	COLLECTION AGENCY	FL	NA	C			
WEST KENDALL PROFESSIONAL SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL33143 65-0475570	COLLECTION AGENCY	FL	NA	C			
SOUTH MIAMI HEALTH ENTERPRISES INC 6855 RED ROAD STE 600 CORAL GABLES, FL33143 59-2623930	MEDICAL CENTER	FL	NA	C			
MEDICAL TRANSPORT SERVICES 6855 RED ROAD STE 600 CORAL GABLES, FL33143 65-0732544	TRANSPORT PATIENT	FL	NA	C			
EAST KENDALL INVESTMENTS INC 6855 RED ROAD STE 600 CORAL GABLES, FL33143 65-0593165	REAL ESTATE RENT	FL	NA	C			
BAPTIST AMBULATORY SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL33143 42-1573814	HOLDING COMPANY	FL	NA	C			
BHE REALTY INC 6855 RED ROAD STE 600 CORAL GABLES, FL33143 90-0152617	REAL ESTATE BRKRS	FL	NA	C			
BAPTIST ANCILLARY SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL33143 55-0800138	HOLDING	FL	NA	C			

Form 4797

## Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

OMB No 1545-0184

2008

Attachment  
Sequence No 27Department of the Treasury  
Internal Revenue Service (99)

► Attach to your tax return. ► See separate instructions.

Name(s) shown on return

BAPTIST HEALTH SOUTH FLORIDA FOUNDATION INC

Identifying number

59-1923401

1 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) .

1

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions  
From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

(a) Description of property	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2						
3 Gain, if any, from Form 4684, line 45 . . . . .						3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .						4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .						5
6 Gain, if any, from line 32, from other than casualty or theft . . . . .						6
7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows . . . . .						7
<b>Partnerships (except electing large partnerships) and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below						
<b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below						
8 Nonrecaptured net section 1231 losses from prior years (see instructions) . . . . .						8
9 Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) . . . . .						9

**Part II Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

TRADED SECURITIES		48,886,577		53,728,895		4,842,318
11 Loss, if any, from line 7 . . . . .					11	( )
12 Gain, if any, from line 7, or amount from line 8, if applicable . . . . .					12	
13 Gain, if any, from line 31 . . . . .					13	
14 Net gain or (loss) from Form 4684, lines 37 and 44a . . . . .					14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .					15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .					16	
17 Combine lines 10 through 16 . . . . .					17	-4,842,318
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below						
a If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a" See instructions . . . . .					18a	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14 . . . . .					18b	

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
 (see instructions)

<b>19</b> (a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D		Property A	Property B	Property C	Property D
<b>20</b> Gross sales price (Note: See line 1 before completing)	20				
<b>21</b> Cost or other basis plus expense of sale	21				
<b>22</b> Depreciation (or depletion) allowed or allowable	22				
<b>23</b> Adjusted basis Subtract line 22 from line 21	23				
<b>24</b> Total gain Subtract line 23 from line 20	24				
<b>25 If section 1245 property:</b>					
a Depreciation allowed or allowable from line 22	25a				
b Enter the <b>smaller</b> of line 24 or 25a	25b				
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24 If residential rental property <b>or</b> line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the <b>smaller</b> of line 26c or 26d	26e				
f Sections 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
<b>27 If section 1252 property:</b> Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage (see instructions)	27b				
c Enter the <b>smaller</b> of line 24 or 27b	27c				
<b>28 If section 1254 property:</b>					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a				
b Enter the <b>smaller</b> of line 24 or 28a	28b				
<b>29 If section 1255 property:</b>					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the <b>smaller</b> of line 24 or 29a (see instructions)	29b				

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

<b>30</b> Total gains for all properties Add property columns A through D, line 24	30
<b>31</b> Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13	31
<b>32</b> Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 39 Enter the portion from other than casualty or theft on Form 4797, line 6	32

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
 (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
<b>33</b> Section 179 expense deduction or depreciation allowable in prior years	33	
<b>34</b> Recomputed depreciation (see instructions)	34	
<b>35</b> Recapture amount Subtract line 34 from line 33 See the instructions for where to report	35	

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 59-1923401  
**Name:** BAPTIST HEALTH SOUTH FLORIDA FOUNDATION INC

**Form 990, Part VII - Section Aaa**

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week	<b>(C)</b> Position (check all that apply)					<b>(D)</b> Reportable compensation from the organization (W- 2/1099MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Office	Key employee	Highest compensated employee			
YERBY T BARKER , DIRECTOR	2 0	X							
RUDY KRANYS , DIRECTOR	2 0	X							
BARBARA HANCK , DIRECTOR	2 0	X					63		
GERALD CASE , DIRECTOR	2 0	X							
GERALD HIRSCH , DIRECTOR	2 0	X							
GEORGE ARONOFF , DIRECTOR	2 0	X							
ELISA BROWN-SOLTERO MD , DIRECTOR	2 0	X							
JOSEPH BUCHANAN ESQ , DIRECTOR	2 0	X							
ROBERT BURSTEIN , DIRECTOR	2 0	X							
JAMES BOKOR , DIRECTOR	2 0	X							
MAURICIO CAYON , DIRECTOR	2 0	X							
MITA BURKE , SECRETARY	2 0	X					701		
CURTIS GRAY , DIRECTOR	2 0	X							
JAY HERSHOFF ESQ , DIRECTOR	2 0	X					1,800		
RODNEY BARRETO , DIRECTOR	2 0	X					100		
JAMES BORUSZAK , DIRECTOR	2 0	X					30		
ROBERT GINTEL , DIRECTOR	2 0	X							
KENT HAMILL , DIRECTOR	2 0	X					2,688		
JAMES W HARRIS , VICE CHAIRMAN	2 0	X					657		
AGUSTIN HERRAN , DIRECTOR	2 0	X							
CHARLIE MARTINEZ , DIRECTOR	2 0	X							
THEODORE A EVANS MD , DIRECTOR	2 0	X							
MANNY S FERNANDEZ , DIRECTOR	2 0	X							
JACQUE HUTTOE , DIRECTOR	2 0	X							
BRUCE WIRTZ MACARTHUR , DIRECTOR	2 0	X							
SUSAN CARR , DIRECTOR	2 0	X							
PAT DAHNE , DIRECTOR	2 0	X							
DENISE EHRICH , DIRECTOR	2 0	X							
JO MCGREGOR , DIRECTOR	2 0	X							
EMERY B SHEER , DIRECTOR	2 0	X							

## Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
BARRY HALPERN MD , DIRECTOR	2 0	X							
LEIF GUNDERSON , DIRECTOR	2 0	X							
NATHAN HIRSCH MD , DIRECTOR	2 0	X							
LANE JONES , DIRECTOR	2 0	X							
KERRIN BERMONT , DIRECTOR	2 0	X							
ROBERT BERRIN , DIRECTOR	2 0	X					400		
BONNIE BLAIRE , DIRECTOR	2 0	X							
RAY CASTELLANOS , DIRECTOR	2 0	X							
WILLIAM DICKINSON , DIRECTOR	2 0	X					262		
EUGENE EISNER MD , DIRECTOR	2 0	X						69,050	
JAY PERKINS , DIRECTOR	2 0	X							
KATRINA LAVENE , DIRECTOR	2 0	X							
MARIA CAMILA LEIVA , DIRECTOR	2 0	X							
DEREK McDOWELL , DIRECTOR	2 0	X							
JORGE R RABAZA MD , DIRECTOR	2 0	X						99,236	
STEVE SHIVER , DIRECTOR	2 0	X							
WARREN WEISER , DIRECTOR	2 0	X							
WILLIAM W WILSON III , DIRECTOR	2 0	X					2,073		
RENE TAYLOR , DIRECTOR	2 0	X							
AUGUSTO GIL , DIRECTOR	2 0	X							
BETTY ANNE SCHILLING , DIRECTOR	2 0	X							
BILL R TILLET , CHAIRMAN OF THE BOARD	2 0	X							
RICHARD ANDERSON , DIRECTOR	2 0	X					292		
RICHARD T ALGER , DIRECTOR	2 0	X							
CAROLBERRY HELMS , DIRECTOR	2 0	X							
JOE CATARINEAU , DIRECTOR	2 0	X							
BONNIE LANO RIPPINGILLE , DIRECTOR	2 0	X							
JOHANNA PATERSON , DIRECTOR	2 0	X							
PATRICIA MULL , DIRECTOR	2 0	X							
PATRICIA STANLEY , DIRECTOR	2 0	X					477		

## Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
JOEL M SHEPHERD , DIRECTOR	2 0	X							
CYNTHIA LEESFIELD , DIRECTOR	2 0	X							
JEFF B WEINER , DIRECTOR	2 0	X							
JOEL SCHENKMAN MD , ASSISTANT TREASURER	2 0	X							
PHILIP WOLMAN , TREASURER	2 0	X					1,169		
GONZALO SANABRIA , DIRECTOR	2 0	X					200		
MARIO A ALMEIDA-SUAREZMD , DIRECTOR	2 0	X						31,453	
TOMAS P ERBAN , DIRECTOR	2 0	X							
JAMES CARR , CHAIR EMERITUS	2 0	X					978		
JOHN CASSEL MD , DIRECTOR	2 0	X					2,112		
LANI KAHN DRODY , DIRECTOR	2 0	X							
ANDREW MENACHEM , DIRECTOR	2 0	X							
LUIS QUINTERO MD , DIRECTOR	2 0	X					27,069		
ROBERT G BAAL , CEO	50 0		X				530,265		21,816
STEPHEN PARSONS , VP	50 0			X			278,931		59,760
CHRISTOPHER KRAUS , VP	50 0			X			197,620		34,738
Thomas Schramm , Fundraiser	45 0				X		116,223		27,794
KARL CETTA , FUNDRAISER	45 0				X		104,542		25,394

**Form 990, Part III, Line 1 - Briefly describe the organization's mission:**

The mission of Baptist Health is to improve the health and well-being of individuals, and to promote the sanctity and preservation of life, in the communities we serve. Baptist Health is a faith-based organization guided by the spirit of Jesus Christ and the Judeo-Christian ethic. We are committed to maintaining the highest standards of clinical and service excellence, rooted in the utmost integrity and moral practice. Consistent with its spiritual foundation, Baptist Health is dedicated to providing high-quality, cost-effective, compassionate healthcare services to all, regardless of religion, creed, race or national origin, including, as permitted by its resources, charity care to those in need.