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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

CONTINUE THE HEALING MINISTRY OF CHRIST BY PROVIDING ACCESSIBLE, QUALITY HEALTHCARE SERVICES AT A REASONABLE COST IN AN ATMOSPHERE THAT FOSTERS RESPECT AND COMPASSION

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

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?

YesNo

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 5,799,538 including grants of \$ 4,889,128 ) (Revenue \$ 0 )

BAPTIST HEALT H SYSTEM FOUNDATION, INC PLANS, DEVELOPS AND COORDINATES THE FUNDRAISING ACTIVITIES FOR BAPTIST HEALTH SYSTEM, INC AND ITS FOUR LICENSED HOSPITALS IN THE NORTHEAST FLORIDA REGION THE PROCEEDS ARE USED TO SUPPORT THE EXEMPT CHARITABLE ACTIVITIES OF THESE HOSPITALS

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 ▶ 5,799,538

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
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? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	<b>Section 501(c)(12) organizations.</b> Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	33	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	24	
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	No
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 governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body? . . . . .	8a	Yes
8b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	No
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did 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?		
15a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
15b	Other officers or key employees of the organization . . . . .	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶Scott Finnegan 841 Prudential Dr Aetna Bld 1602 Jacksonville,FL 32207 (904) 202-3270

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

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

Form **990** (2013)



## Part VII

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0
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## Section B. Independent Contractors

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THREE ATLANTA LLC 359 EAST PACES FERRY RD 300 ATLANTA GA 30305	ADVERTISING SERVICES FOR FUNDRAISING CAMPAIGN	520,962

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶1

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a0			
	b	Membership dues . . . . .	1b0			
	c	Fundraising events . . . . .	1c915,369			
	d	Related organizations . . . . .	1d9,246,419			
	e	Government grants (contributions)	1e0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f14,115,426			
	g	Noncash contributions included in lines 1a-1f \$	0			
	h	Total. Add lines 1a-1f . . . . .	24,277,214			
Program Service Revenue	2a	Business Code	0			
	b		0			
	c		0			
	d		0			
	e		0			
	f	All other program service revenue	0	0	0	0
	g	Total. Add lines 2a-2f . . . . .	0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	5,246,031	0	0	5,246,031
	4	Income from investment of tax-exempt bond proceeds . . . . .	0			
	5	Royalties . . . . .	0			
	6a	Gross rents	(i) Real(ii) Personal			
	b	Less rental expenses				
	c	Rental income or (loss)	00			
	d	Net rental income or (loss) . . . . .	0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities(ii) Other			
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)	00			
	d	Net gain or (loss) . . . . .	0			
	8a	Gross income from fundraising events (not including \$ 915,369 of contributions reported on line 1c) See Part IV, line 18 . . . . .	a1,521,673			
	b	Less direct expenses . . . . .	b996,280			
	c	Net income or (loss) from fundraising events . . . . .	525,393		0	525,393
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a			
	b	Less direct expenses . . . . .	b			
	c	Net income or (loss) from gaming activities . . . . .	0			
	10a	Gross sales of inventory, less returns and allowances . . . . .	a			
	b	Less cost of goods sold . . . . .	b			
	c	Net income or (loss) from sales of inventory . . . . .	0			
	Miscellaneous Revenue		Business Code			
	11a			0		
	b			0		
	c			0		
	d	All other revenue . . . . .		0	0	0
	e	Total. Add lines 11a-11d . . . . .	0			
	12	Total revenue. See Instructions . . . . .	30,048,638	0	0	5,771,424

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	4,411,626	4,411,626		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	477,502	477,502		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members.	0	0		
5	Compensation of current officers, directors, trustees, and key employees.	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7	Other salaries and wages.	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0	0	0	0
9	Other employee benefits.	0	0	0	0
10	Payroll taxes.	0	0	0	0
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	517	0	517	0
c	Accounting.	35,570	17,785	17,785	0
d	Lobbying.	0	0	0	0
e	Professional fundraising services. See Part IV, line 17.	256,714			256,714
f	Investment management fees.	0	0	0	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0	0	0	0
12	Advertising and promotion.	384,606	0	0	384,606
13	Office expenses.	184,756	61,585	61,585	61,586
14	Information technology.	90,453	30,151	30,151	30,151
15	Royalties.	0	0	0	0
16	Occupancy.	141,328	47,109	47,109	47,110
17	Travel.	19,582	0	9,791	9,791
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19	Conferences, conventions, and meetings.	97,891		41,090	56,801
20	Interest.	0	0	0	0
21	Payments to affiliates.	0	0	0	0
22	Depreciation, depletion, and amortization.	11,221	5,610	5,611	0
23	Insurance.	0	0	0	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	SALARIES AND WAGES	1,341,454	560,204	110,523	670,727
b	EMPLOYEE BENEFITS	384,901	187,966	8,969	187,966
c	DONOR RECOGNITION EXPENSES	75,990	0	0	75,990
d	DUES AND MEMBERSHIPS	12,568	0	12,568	0
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e.	7,926,679	5,799,538	345,699	1,781,442
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X

Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing . . . . .			0	1	0
	2	Savings and temporary cash investments . . . . .			0	2	0
	3	Pledges and grants receivable, net . . . . .			7,415,730	3	9,778,189
	4	Accounts receivable, net . . . . .			0	4	626,487
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .			0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .			0	6	0
	7	Notes and loans receivable, net . . . . .			0	7	0
	8	Inventories for sale or use . . . . .			0	8	0
	9	Prepaid expenses and deferred charges . . . . .			0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	371,825	68,098	10c	222,993
	b	Less accumulated depreciation . . . . .	10b	148,832			
	11	Investments—publicly traded securities . . . . .			51,932,757	11	64,184,087
	12	Investments—other securities See Part IV, line 11 . . . . .			0	12	0
	13	Investments—program-related See Part IV, line 11 . . . . .			0	13	0
	14	Intangible assets . . . . .			0	14	0
	15	Other assets See Part IV, line 11 . . . . .			372,288	15	986,947
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			59,788,873	16	75,798,703	
Liabilities	17	Accounts payable and accrued expenses . . . . .			187,875	17	122,921
	18	Grants payable . . . . .			0	18	0
	19	Deferred revenue . . . . .			0	19	0
	20	Tax-exempt bond liabilities . . . . .			0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .			0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .			4,889,262	25	363,759
	26	Total liabilities. Add lines 17 through 25 . . . . .			5,077,137	26	486,680
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets . . . . .			4,447,351	27	5,969,847
28		Temporarily restricted net assets . . . . .			26,271,812	28	30,830,127
29		Permanently restricted net assets . . . . .			23,992,573	29	38,512,049
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds . . . . .				30	
31		Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
32		Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
33		Total net assets or fund balances . . . . .			54,711,736	33	75,312,023
34		Total liabilities and net assets/fund balances . . . . .			59,788,873	34	75,798,703

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,048,638
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,926,679
3	Revenue less expenses Subtract line 2 from line 1	3	22,121,959
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54,711,736
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,521,672
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	75,312,023

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

## Additional Data

**Software ID:** 13000248  
**Software Version:** 2013v3.1  
**EIN:** 59-2487135  
**Name:** BAPTIST HEALTH SYSTEM FOUNDATION INC

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
A HUGH GREENE President & Director	0 00 40 00	X		X				0	1,072,886	514,891
CLEVE WARREN Secretary	2 00 0	X		X				0	0	0
DENNIS BLACKBURN Chairman & Director	2 00 0	X		X				0	0	0
MICHAEL K DIAZ Vice Chairman & Director	2 00 0	X		X				0	0	0
NEIL VONSTEIN Treasurer & Director	2 00 0	X		X				0	0	0
PIERRE ALLAIRE PHD VP & Director	40 00 0 00	X		X				0	221,046	8,969
ART GRAHAM Director	2 00 0	X						0	0	0
ARTHUR BROWNING MD Director	2 00 38 00	X						0	443,849	16,662
ARTHUR LEE Director	2 00 0	X						0	0	0
C MAC HOLLEY Director	2 00 0	X						0	0	0
CHRIS BALL Director	2 00 0	X						0	0	0
DANIEL M EDELMAN CPA Director	2 00 0	X						0	0	0
JANE E ROLLINSON Director	2 00 0	X						0	0	0
JEFF EDWARDS Director	2 00 0	X						0	0	0
JOHN H WILLIAMS JR Director	2 00 0	X						0	0	0
KATHY BARCO-JOSSIM Director	2 00 0	X						0	0	0
KENT STERMON Director	2 00 0	X						0	0	0
KURT MORI MD Director	2 00 0	X						0	0	0
LARRY FAIRMAN Director	2 00 0	X						0	0	0
MARTHA BAKER Director	2 00 0	X						0	0	0
MICHAEL GREBE Director	1 00 1 00	X						0	0	0
MICHAEL WOLFSON Director	2 00 0	X						0	0	0
PAMELA RAMA DEPADUA Director	2 00 38 00	X						0	600,629	11,317
PAUL BOSLAND Director	2 00 0	X						0	0	0
POPPY CLEMENTS Director	2 00 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBIN BRADBURY  Director	2 00 0	X						0	0	0
SHYAM B PARYANI MD  Director	2 00 0	X						0	0	0
STACY BERG  Director	2 00 0	X						0	0	0
SUSAN SMATHERS  Director	2 00 0	X						0	0	0
SYLVIA COMA  Director	2 00 0	X						0	0	0
TABITHA FURYK  Director	2 00 0	X						0	0	0
TERRY WEST  Director	2 00 0	X						0	0	0
UNNI THOMAS MD  Director	2 00 0	X						0	0	0
WILLIAM C MASON  Director	2 00 0 00	X						0	232,937	0
WILLIAM L GREEN  Director	2 00 0	X						0	0	0
HARVEY GRANGER  Assistant Secretary	0 00 40 00			X				0	486,616	215,282
JOSEPH F THOMPSON  Secretary	2 00 0			X				0	0	0
MICHAEL LUKASZEWSKI  Assistant Treasurer	0 00 40 00			X				0	691,689	20,236
SCOTT WOOTEN  Assistant Treasurer	0 00 40 00			X				0	50,000	0

SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization BAPTIST HEALTH SYSTEM FOUNDATION INC	Employer identification number 59-2487135
--	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

1

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(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 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?

a

☐

b

☐

c

☐

d

☐

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)

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

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

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									



Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,405,541	13,672,749	12,329,809	17,807,420	24,277,214	77,492,733
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	9,405,541	13,672,749	12,329,809	17,807,420	24,277,214	77,492,733
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,754,250
6 Public support. Subtract line 5 from line 4						67,738,483

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	9,405,541	13,672,749	12,329,809	17,807,420	24,277,214	77,492,733
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,146,088	16,154	6,104,688	5,288,639	5,246,031	19,801,600
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	0	0	0	0	1,521,673	1,521,673
11 Total support (Add lines 7 through 10)						98,816,006
12 Gross receipts from related activities, etc (see instructions)					12	4,289,131
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 . . . . .						▶

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	68 550 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	64 720 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶	

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test	
Return Reference	Explanation
Schedule A, Part II, Line 10, Other Income	DESCRIPTION - FUNDRAISING REVENUE, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - 1521673 000000, COLUMN F - 1521673 000000,

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
▶ **Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

<b>Name of the organization</b> BAPTIST HEALTH SYSTEM FOUNDATION INC	<b>Employer identification number</b>  59-2487135
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2013

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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 XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	38,087,061	24,693,262	19,022,167	18,898,310	17,054,000
b Contributions . . . . .	14,796,899	10,497,925	2,782,655	552,466	294,000
c Net investment earnings, gains, and losses	3,715,000	3,706,423	3,640,966	8,844	1,700,000
d Grants or scholarships . . . . .	15,600	104,900	80,400	0	0
e Other expenditures for facilities and programs . . . . .		705,649	672,126	437,453	279,000
f Administrative expenses . . . . .	898,815	0	0	0	-129,310
g End of year balance . . . . .	55,684,545	38,087,061	24,693,262	19,022,167	18,898,310

- 2

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

a

Board designated or quasi-endowment

15 700 %

b

Permanent endowment

68 400 %

c

Temporarily restricted endowment

15 900 %

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

3a

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

(i) unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii) related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No
- 4

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

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	0	2,075		2,075
b Buildings . . . . .				0
c Leasehold improvements . . . . .		75,718	8,161	67,557
d Equipment . . . . .	0	294,032	140,671	153,361
e Other . . . . .				0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				222,993



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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	Other losses . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	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 XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .		5	

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Schedule D, Part V, Line 4, Intended uses of endowment funds	ENDOWMENT FUNDS ARE USED BY THE ORGANIZATION TO FUND CAPITAL PROJECTS FOR ITS AFFILIATED 501 (C)(3) HOSPITALS AND REIMBURSEMENT FOR OPERATIONAL EXPENSES BY THESE HOSPITALS THAT ARE IN ACCORDANCE WITH WRITTEN ENDOWMENT AGREEMENTS. THE ENDOWMENT POLICY OF THE ORGANIZATION LIMITS ANNUAL SPENDING TO 5% OF THE ACCUMULATED CONTRIBUTIONS BY THE DONORS, AND ACCUMULATED INVESTMENT EARNINGS, OF EACH ENDOWMENT.
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	NOTES TO CONSOLIDATED FINANCIAL STATEMENTS (DOLLARS IN THOUSANDS) 9. INCOME TAXES DEFERRED INCOME TAXES, WHICH AS OF SEPTEMBER 30, 2014 AND 2013, HAVE NO NET CARRYING VALUE, REFLECT THE NET TAX EFFECT OF TEMPORARY DIFFERENCES BETWEEN THE CARRYING AMOUNTS OF ASSETS AND LIABILITIES FOR FINANCIAL REPORTING AND THE AMOUNTS USED FOR INCOME TAX PURPOSES. AS OF SEPTEMBER 30, 2014 AND 2013, BHS HAD DEFERRED TAX ASSETS OF \$24,358 AND \$22,388, RESPECTIVELY, RELATING PRINCIPALLY TO NET OPERATING LOSS CARRYOVERS. ASC 740-10-50-3, INCOME TAXES DISCLOSURE, REQUIRES A VALUATION ALLOWANCE TO REDUCE THE DEFERRED TAX ASSETS REPORTED IF, BASED ON THE WEIGHT OF THE EVIDENCE, IT IS MORE LIKELY THAN NOT THAT SOME PORTION OR ALL OF THE DEFERRED TAX ASSETS WILL NOT BE REALIZED. AFTER CONSIDERATION OF ALL THE EVIDENCE, BOTH POSITIVE AND NEGATIVE, MANAGEMENT DETERMINED THAT A \$24,358 AND \$22,388 ALLOWANCE AT SEPTEMBER 30, 2014 AND 2013, RESPECTIVELY, WAS NECESSARY TO REDUCE THE DEFERRED TAX ASSETS TO THE AMOUNT THAT WOULD MORE LIKELY THAN NOT BE REALIZED. THE CHANGE IN THE VALUATION ALLOWANCE FOR THE CURRENT YEAR IS \$1,970. AT SEPTEMBER 30, 2014, BHS HAS AVAILABLE NET OPERATING LOSS CARRYFORWARDS OF \$64,729. THESE NET OPERATING LOSSES WILL EXPIRE BETWEEN 2018 AND 2034.

[illegible]



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization BAPTIST HEALTH SYSTEM FOUNDATION INC	Employer identification number  59-2487135
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**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1

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

☒ Mail solicitations
- e

☒ Solicitation of non-government grants
- b

☒ Internet and email solicitations
- f

☒ Solicitation of government grants
- c

☒ Phone solicitations
- g

☒ Special fundraising events
- d

☒ In-person solicitations
- 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 services?

☐ 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶						

- 3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- 
-

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ART & ANTIQUES SHOW 2013 (event type)	FLORIDA FORUM 2013/2014 (event type)	19 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	467,318	457,263	1,512,461
	2	Less Contributions . . .	112,010	73,047	730,312
	3	Gross income (line 1 minus line 2) . . . .	355,308	384,216	782,149
Direct Expenses	4	Cash prizes . . . .	0	0	0
	5	Noncash prizes . . .	0	72,341	72,341
	6	Rent/facility costs . . .	56,171	32,760	8,500
	7	Food and beverages .	35,698	33,374	13,244
	8	Entertainment . . . .	3,170	75,000	303,545
	9	Other direct expenses .	94,772	41,302	226,403
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .			(996,280)
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . .			525,393

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

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

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

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

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No



<b>13</b> Indicate the percentage of gaming activity operated in		
<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name  .....


Address  .....

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


**b** If "Yes," enter the amount of gaming revenue received by the organization  \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party  \$ \_\_\_\_\_


**c** If "Yes," enter name and address of the third party

Name  .....

Address  .....

**16** Gaming manager information

Name  .....


Gaming manager compensation  \$ .....

Description of services provided  .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ \_\_\_\_\_

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

Return Reference	Explanation
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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BAPTIST HEALTH SYSTEM FOUNDATION INC

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Employer identification number  
59-2487135

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SOUTHERN BAPTIST HOSPITAL OF FLORIDA INC 800 PRUDENTIAL DR JACKSONVILLE,FL 32207	59-0747311	501(C)(3)	2,641,455				BAPTIST HEALTH SYSTEM FOUNDATION, INC IS A SUPPORTING, FUNDRAISING ORGANIZATION FOR ITS AFFILIATED 501 (C)(3) HOSPITALS, INCLUDING SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC THE CASH DISTRIBUTIONS ARE USED TO ASSIST THE HOSPITAL WITH FUNDING OF CAPITAL PROJECTS AND REIMBURSEMENT OF PROGRAM OPERATIONAL EXPENDITURES
(2) BAPTIST MEDICAL CENTER OF THE BEACHES INC 1350 13TH AVE S JACKSONVILLE BEACH,FL 32250	59-2980620	501(C)(3)	1,229,344				BAPTIST HEALTH SYSTEM FOUNDATION, INC IS A SUPPORTING, FUNDRAISING ORGANIZATION FOR ITS AFFILIATED 501 (C)(3) HOSPITALS, INCLUDING BAPTIST MEDICAL CENTER OF THE BEACHES, INC THE CASH DISTRIBUTIONS ARE USED TO ASSIST THE HOSPITAL WITH FUNDING OF CAPITAL PROJECTS AND REIMBURSEMENT OF PROGRAM OPERATIONAL EXPENDITURES
(3) BAPTIST MEDICAL CENTER OF NASSAU INC 1250 S 18TH ST FERNANDINA BEACH,FL 32034	59-3234721	501(C)(3)	72,893				BAPTIST HEALTH SYSTEM FOUNDATION, INC IS A SUPPORTING, FUNDRAISING ORGANIZATION FOR ITS AFFILIATED 501 (C)(3) HOSPITALS, INCLUDING BAPTIST MEDICAL CENTER OF NASSAU, INC THE CASH DISTRIBUTIONS ARE USED TO ASSIST THE HOSPITAL WITH FUNDING OF CAPITAL PROJECTS AND REIMBURSEMENT OF PROGRAM OPERATIONAL EXPENDITURES
(4) ALL OTHER FOUNDATION COMMUNITY SPENDING 841 PRUDENTIAL DR AETNA BLD 1300 JACKSONVILLE,FL 32207			467,934				SUPPORT FOR LOCAL COMMUNITY PROGRAMS

2

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

4

3

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

0

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) THE ORGANIZATION PROVIDED SCHOLARSHIPS DURING THE TAX YEAR FOR 149 RECIPIENTS WHO ARE QUALIFIED NURSING/MEDICAL STUDENTS, STUDENT APPLICANTS, OR CURRENT NURSES IN THE NORTHEAST FLORIDA REGION WISHING TO FURTHER THEIR EDUCATION THE SCHOLARSHIPS ARE AWARDED BASED ON AN INTERVIEW PRODESS BY A SCHOLARSHIP COMMITTEE THAT ASSESSES SUCH CRITERIA AS THE STUDENT'S FINANCIAL NEEDS AND GRADES	149	149,609			
(2) THE ORGANIZATION RECEIVES FUNDS THROUGH VOLUNTARY EMPLOYEE PAYROLL DEDUCTIONS FROM ITS RELATED ORGANIZATIONS FOR THE PURPOSE OF PROVIDING FINANCIAL SUPPORT TO EMPLOYEES WITH EMERGENCY FINANCIAL NEEDS EMPLOYEES MEETING THE REQUIREMENTS OF FINANCIAL NEED ESTABLISHED BY THE CHAPLAINS OF THE HEALTH SYSTEM MAY RECEIVE FINANCIAL ASSISTANCE BASED ON ESTABLISHED POLICIES	137	136,596			
(3) THE ORGANIZATION RECEIVES FUNDING FROM THE SCOTTISH RITES CHARITABLE ORGANIZATION TO PROVIDE FINANCIAL SUPPORT TO CHILDREN AFFLICTED WITH SPEECH AND LANGUAGE DISORDERS THERAPY IS PROVIDED BY THE FILING ORGANIZATION'S AFFILIATED HOSPITAL, SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC	144	108,135			
(4) THE ORGANIZATION RECEIVES FUNDING FROM THE PATRONS OF THE HEART ENDOWMENT TO PROVIDE PATIENT ASSISTANCE TO CHILDREN, AND THEIR FAMILIES, FROM UNDERDEVELOPED COUNTRIES MEDICAL ASSISTANCE IS PROVIDED BY THE FILING ORGANIZATION'S AFFILIATED HOSPITAL, SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC	12	58,597			
(5) FINANCIAL ASSISTANCE PROVIDED TO UNDERPRIVILEGED PATIENTS FROM MISCELLANEOUS FUNDING SOURCES	24	24,565			

Part IV

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

Return Reference	Explanation
Schedule I, Part I, Line 2, Procedures for monitoring use of grant funds	BAPTIST HEALTH SYSTEM FOUNDATION, INC 'S (BHF) MANAGEMENT AND STAFF MEET REGULARLY WITH ITS OWN BOARD MEMBERS AND THE EXECUTIVE MANAGERS OF THE FOUR LICENSED 501(C)(3) HOSPITALS THAT BHF PROVIDES FINANCIAL SUPPORT THERE ARE DISCUSSIONS OF CAPITAL IMPROVEMENT, AND OTHER PROJECTS, THAT THE HOSPITALS PRIORITIZE ANNUALLY FOR POSSIBLE FUNDING SUPPORT FROM BHF OUR COMMUNITY HEALTH EFFORTS ARE GUIDED BY THE ORGANIZATION'S COMMUNITY HEALTH COMMITTEE, COMPRISED OF SELECTED BAPTIST HEALTH SYSTEM, INC (BHS) BOARD MEMBERS (BHS IS THE PARENT AFFILIATE OF THE FILING ORGANIZATION) THE COMMITTEE PROVIDES STRATEGIC DIRECTION RELATED TO OUR COMMUNITY HEALTH ACTIVITIES AND ENSURES WE FOCUS ON KEY PRIORITIES THAT ALIGN WITH OUR MISSION THE FILING ORGANIZATION HOSTS AN ANNUAL GOLF TOURNAMENT, A FUNDRAISING EVENT IN THE NORTHEAST FLORIDA COMMUNITY NET PROCEEDS FROM THIS EVENT ARE USED TO PROVIDE SCHOLARSHIPS TO QUALIFIED NURSING/MEDICAL STUDENTS, STUDENT APPLICANTS, OR CURRENT NURSES WISHING TO FURTHER THEIR EDUCATION THE SCHOLARSHIPS ARE AWARDED BASED ON AN INTERVIEW PROCESS BY A SCHOLARSHIP COMMITTEE THAT ASSESSES THE STUDENT'S FINANCIAL NEEDS, GRADES, AND OTHER CRITERIA
Schedule I, Part II, Column H, Purpose of grant or assistance	SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC , 59-0747311 BAPTIST HEALTH SYSTEM FOUNDATION, INC IS A SUPPORTING, FUNDRAISING ORGANIZATION FOR ITS AFFILIATED 501(C)(3) HOSPITALS, INCLUDING SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC THE CASH DISTRIBUTIONS ARE USED TO ASSIST THE HOSPITAL WITH FUNDING OF CAPITAL PROJECTS AND REIMBURSEMENT OF PROGRAM OPERATIONAL EXPENDITURES ,BAPTIST MEDICAL CENTER OF THE BEACHES, INC , 59-2980620 BAPTIST HEALTH SYSTEM FOUNDATION, INC IS A SUPPORTING, FUNDRAISING ORGANIZATION FOR ITS AFFILIATED 501(C)(3) HOSPITALS, INCLUDING BAPTIST MEDICAL CENTER OF THE BEACHES, INC THE CASH DISTRIBUTIONS ARE USED TO ASSIST THE HOSPITAL WITH FUNDING OF CAPITAL PROJECTS AND REIMBURSEMENT OF PROGRAM OPERATIONAL EXPENDITURES ,BAPTIST MEDICAL CENTER OF NASSAU, INC , 59-3234721 BAPTIST HEALTH SYSTEM FOUNDATION, INC IS A SUPPORTING, FUNDRAISING ORGANIZATION FOR ITS AFFILIATED 501(C)(3) HOSPITALS, INCLUDING BAPTIST MEDICAL CENTER OF NASSAU, INC THE CASH DISTRIBUTIONS ARE USED TO ASSIST THE HOSPITAL WITH FUNDING OF CAPITAL PROJECTS AND REIMBURSEMENT OF PROGRAM OPERATIONAL EXPENDITURES ,
Schedule I, Part III, column(b), Estimated Number of Recipients	NAME=THE ORGANIZATION RECEIVES FUNDING FROM THE SCOTTISH RITES CHARITABLE ORGANIZATION TO PROVIDE FINANCIAL SUPPORT TO CHILDREN AFFLICTED WITH SPEECH AND LANGUAGE DISORDERS THERAPY IS PROVIDED BY THE FILING ORGANIZATION'S AFFILIATED HOSPITAL, SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC ,DESCRIPTION=1,442 PATIENT VISITS WITH AN AVERAGE OF 10 VISITS PER PATIENT ENROLLED IN THE PROGRAM THROUGHOUT THE YEAR ,NAME=THE ORGANIZATION RECEIVES FUNDING FROM THE PATRONS OF THE HEART ENDOWMENT TO PROVIDE PATIENT ASSISTANCE TO CHILDREN, AND THEIR FAMILIES, FROM UNDERDEVELOPED COUNTRIES MEDICAL ASSISTANCE IS PROVIDED BY THE FILING ORGANIZATION'S AFFILIATED HOSPITAL, SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC ,DESCRIPTION=PROGRAM AVERAGE EXPENDITURE PER PATIENT IS \$5,000 ,NAME=FINANCIAL ASSISTANCE PROVIDED TO UNDERPRIVILEGED PATIENTS FROM MISCELLANEOUS FUNDING SOURCES ,DESCRIPTION=AVERAGE ASSISTANCE OF \$1,000 PER PERSON SERVED ,

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BAPTIST HEALTH SYSTEM FOUNDATION INC

Employer identification number  
59-2487135

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1b	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>	4a	No
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4b	Yes
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4c	No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		
<div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>	5a	No
<div><div>a</div><div>The organization?</div></div>	5b	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		
<div><div>6</div><div>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</div></div>	6a	No
<div><div>a</div><div>The organization?</div></div>	6b	Yes
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		
<div><div>7</div><div>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</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  
**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)PIERRE ALLAIRE PHD VP & DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	194,546	26,500	0	0	8,969	230,015	0
(2)A HUGH GREENE PRESIDENT & DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	752,886	290,000	30,000	499,028	15,863	1,587,777	0
(3)ARTHUR BROWNING MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	443,849	0	0	0	16,662	460,511	0
(4)WILLIAM C MASON DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	0	0	232,937	0	0	232,937	232,500
(5)PAMELA RAMA DEPADUA DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	580,881	0	19,748	0	11,317	611,946	0
(6)HARVEY GRANGER ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	366,616	105,000	15,000	196,051	19,231	701,898	0
(7)MICHAEL LUKASZEWSKI ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	395,982	280,707	15,000	4,462	15,774	711,925	0

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3, Arrangement used to establish the top management official's compensation	IN ACCORDANCE WITH THE EXECUTIVE COMPENSATION POLICY OF BAPTIST HEALTH SYSTEM, INC (BHS), THE ORGANIZATION'S SOLE MEMBER, BHS'S COMPENSATION COMMITTEE (MADE UP OF INDEPENDENT DIRECTORS OF BHS) ENGAGES ANNUALLY A THIRD PARTY COMPENSATION CONSULTANT WHO PROVIDES A DATABASE COMPOSED OF CURRENT DATA REGARDING COMPENSATION PAID FOR EACH EXECUTIVE POSITION BY SIMILARLY SITUATED TAX EXEMPT HEALTH SYSTEMS IN THE COUNTRY. THESE HEALTH SYSTEMS ARE GENERALLY THE SAME SIZE AS BHS, CONSIDERING REVENUE AND OTHER APPROPRIATE INDICATORS. THE GROUP OF COMPARATOR COMPANIES THAT IS DERIVED BASED ON THE ABOVE STATED PARAMETERS COMPRISE THE "MARKET." WHEN THE COMMITTEE MEETS WITH SUCH CONSULTANT, THE CONSULTANT PROVIDES TO COMMITTEE MEMBERS COMPENSATION TARGET LEVELS THAT ARE COMPETITIVE WITH THE MARKET. GENERALLY, THE MEDIAN OF THE MARKET IS TARGETED. THE ACTUAL AMOUNT THAT HEALTH SYSTEM EXECUTIVES RECEIVE AS COMPENSATION MAY BE HIGHER OR LOWER THAN THE MEDIAN, DEPENDING ON THE HEALTH SYSTEM AND THE INDIVIDUAL'S PERFORMANCE. THE OBJECTIVE IS TO HAVE A STRONG LINK BETWEEN HEALTH SYSTEM AND INDIVIDUAL PERFORMANCE AND EXECUTIVE COMPENSATION SUCH THAT IF THE HEALTH SYSTEM AND THE INDIVIDUAL PERFORM AT AN OPTIMAL LEVEL, HIS OR HER COMPENSATION IS IN THE HIGHER RANGE OF THE MARKET. CONVERSELY, IF EITHER THE HEALTH SYSTEM OR INDIVIDUAL PERFORMANCE IS BELOW EXPECTATION, COMPENSATION MAY BE IN THE LOWER RANGE OF THE MARKET. THE MINUTES OF THE ANNUAL COMPENSATION COMMITTEE ARE RECORDED BY THE COMMITTEE'S COMPENSATION CONSULTANT AND ARE APPROVED PROMPTLY BY THE CHAIR OF SUCH COMMITTEE.
Schedule J, Part I, Line 4b, Supplemental nonqualified retirement plan	BAPTIST HEALTH SYSTEM, INC (BHS), PARENT AFFILIATE OF BAPTIST HEALTH SYSTEM FOUNDATION, INC, HAS TWO ACTIVE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS (SERPS). ONE IS FOR CERTAIN EXECUTIVES (SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN) AND THE OTHER IS FOR CERTAIN VICE PRESIDENTS (VICE-PRESIDENT SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN). THESE SERPS ARE PLANS DESCRIBED IN IRS SECTION 457(F). THE BENEFITS UNDER THESE PLANS ACCRUE DURING EACH EXECUTIVE'S TERM OF EMPLOYMENT. THESE BENEFITS ARE UNVESTED AND SUBJECT TO FORFEITURE UNTIL THE COVERED EMPLOYEE REACHES RETIREMENT AGE. THE FOLLOWING INDIVIDUALS ACCRUED UNVESTED BENEFITS UNDER THESE PLANS DURING CALENDAR YEAR 2013: A. HUGH GREENE, \$459,770, AND HARVEY GRANGER, \$158,310. THESE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) FOR EACH OF THE LISTED INDIVIDUALS.
Schedule J, Part I, Line 6b, Compensation contingent on net earnings of a related organization	BAPTIST HEALTH SYSTEM, INC, PARENT COMPANY OF THE FILING ORGANIZATION, POLICY PROVIDES FOR ANNUAL REVIEWS OF ALL EMPLOYEES. AN EMPLOYEE'S PERFORMANCE INCLUDES AN EVALUATION BY THE EMPLOYEE AND SUPERVISOR IN MEETING INDIVIDUAL AND ORGANIZATIONAL GOALS. BASED ON AN EMPLOYEE'S PERFORMANCE IN MEETING THESE GOALS AND THE OPERATING MARGIN OF THE CONSOLIDATED HEALTH SYSTEM FOR THE FISCAL YEAR, A BONUS MAY BE PAID TO EMPLOYEES AT THE MANAGERIAL LEVEL AND ABOVE, INCLUDING THOSE LISTED IN SCHEDULE J, AND IS INCLUDED IN THE EMPLOYEE'S W-2 REPORTABLE COMPENSATION.



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SCHEDULE O (Form 990 or 990-EZ)  Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ  Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .				OMB No 1545-0047
					2013
					Open to Public Inspection
Name of the organization BAPTIST HEALTH SYSTEM FOUNDATION INC				Employer identification number 59-2487135	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Sec A, Line 6, Classes of members or stockholders	
Form 990, Part VI, Sec A, Line 7a, Members or stockholders electing members of governing body	THE BOARD OF DIRECTORS OF BAPTIST HEALTH SYSTEM, INC , THE SOLE CORPORATE MEMBER OF THE OR GANIZATION, ELECTS THE MEMBERS OF THE GOVERNING BODY OF THE ORGANIZATION
Form 990, Part VI, Sec A, Line 7b, Decisions requiring approval by members or stockholders	THE BOARD OF DIRECTORS OF BAPTIST HEALTH SYSTEM, INC , THE SOLE CORPORATE MEMBER OF THE OR GANIZATION, HAS THE RIGHT TO REMOVE DIRECTORS OF THE ORGANIZATION AND MUST APPROVE ANY A ME NDMENTS TO THE GOVERNING DOCUMENTS OF THE ORGANIZATION
Form 990, Part VI, Sec B, Line 11b, Review of form 990 by governing body	WHILE THE ORGANIZATION'S GOVERNING BODY DID NOT REVIEW THE FORM 990, THE BOARD OF DIRECTOR S OF BAPTIST HEALTH SYSTEM, INC , THE SOLE CORPORATE MEMBER OF THE ORGANIZATION, WAS PROVI DED THE ORGANIZATION'S ENTIRE FORM 990 PRIOR TO ITS FILING VIA A LINK TO A PASSWORD-PROTEC TED WEBSITE
Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	THE BOARD OF DIRECTORS OF THE ORGANIZATION'S SOLE MEMBER, BAPTIST HEALTH SYSTEM, INC , HAS APPOINTED A CONFLICTS OF INTEREST COMMITTEE WHICH REGULARLY REVIEWS THE REQUIRED DISCLOSU RES OF POTENTIAL CONFLICTS OF INTEREST BY THE DIRECTORS AND OFFICERS OF THE ORGANIZATION A ND ITS AFFILIATES AND RECOMMENDS ANY ACTION TO BE TAKEN WITH REGARD TO SUCH DISCLOSURES I N ACCORDANCE WITH THE CONFLICTS OF INTEREST POLICY , DURING MEETINGS OF THE ORGANIZATION'S GOVERNING BODY , A DIRECTOR WHO MAY HAVE A CONFLICT OF INTEREST IS EXCUSED FROM DISCUSSION BY THE GOVERNING BODY ABOUT ANY TRANSACTION OR MATTER THAT MAY HAVE GIVEN RISE TO THE DIRE CTOR'S ACTUAL OR POTENTIAL CONFLICT OF INTEREST
Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official	IN ACCORDANCE WITH THE EXECUTIVE COMPENSATION POLICY OF BAPTIST HEALTH SYSTEM, INC (BHS), THE ORGANIZATION'S SOLE MEMBER, BHS'S COMPENSATION COMMITTEE (MADE UP OF INDEPENDENT DIRE CTORS OF BHS) ENGAGES ANNUALLY A THIRD PARTY COMPENSATION CONSULTANT WHO PROVIDES A DATABA SE COMPOSED OF CURRENT DATA REGARDING COMPENSATION PAID FOR EACH EXECUTIVE POSITION BY SIM ILARLY SITUATED TAX EXEMPT HEALTH SYSTEMS IN THE COUNTRY THESE HEALTH SYSTEMS ARE GENERAL LY THE SAME SIZE AS BHS, CONSIDERING REVENUE AND OTHER APPROPRIATE INDICATORS THE GROUP O F COMPARATOR COMPANIES THAT IS DERIVED BASED ON THE ABOVE STATED PARAMETERS COMPRISE THE " MARKET" WHEN THE COMMITTEE MEETS WITH SUCH CONSULTANT, THE CONSULTANT PROVIDES TO COMMITT EE MEMBERS COMPENSATION TARGET LEVELS THAT ARE COMPETITIVE WITH THE MARKET GENERALLY, THE MEDIAN OF THE MARKET IS TARGETED THE ACTUAL AMOUNT THAT HEALTH SYSTEM EXECUTIVES RECEIVE AS COMPENSATION MAY BE HIGHER OR LOWER THAN THE MEDIAN, DEPENDING ON THE HEALTH SYSTEM'S AND THE INDIVIDUAL'S PERFORMANCE THE OBJECTIVE IS TO HAVE A STRONG LINK BETWEEN HEALTH SY STEM AND INDIVIDUAL PERFORMANCE AND EXECUTIVE COMPENSATION SUCH THAT IF THE HEALTH SYSTEM AND THE INDIVIDUAL PERFORM AT AN OPTIMAL LEVEL, HIS OR HER COMPENSATION IS IN THE HIGHER R ANGE OF THE MARKET CONVERSELY , IF EITHER THE HEALTH SYSTEM OR INDIVIDUAL PERFORMANCE IS B ELOW EXPECTATION, COMPENSATION MAY BE IN THE LOWER RANGE OF THE MARKET THE MINUTES OF THE ANNUAL COMPENSATION COMMITTEE ARE RECORDED BY THE COMMITTEE'S COMPENSATION CONSULTANT AND ARE APPROVED PROMPTLY BY THE CHAIR OF SUCH COMMITTEE
Form 990, Part VI, Sec B, Line 15b, Process to establish compensation of other employees	ALL OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION WERE INCLUDED IN THE EXECUTIVE COMPENSA TION POLICY DESCRIBED ON FORM 990, PART VI, LINE 15A THIS PROCESS IS USED TO ESTABLISH CO MPENSATION FOR THESE INDIVIDUALS FOR EACH CALENDAR YEAR
Form 990, Part VI, Sec C, Line 19, Required documents available to the public	UPON RECEIVING A REQUEST FROM ANY ONE, THE ORGANIZATION WILL SUPPLY A COPY OF ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY , FINANCIAL STATEMENTS AND ITS MOST RECENTLY FILED FORM 990 THE ORGANIZATION ALSO MAKES ITS FORM 990 AVAILABLE AT THE WEBSITE GUIDESTAR.ORG
Form 990 , Part XI, Line 9, Other changes in net assets or fund balances	FUNDRAISING REVENUES REPORTED AS REVENUE PER FORM 990 AND INCLUDED IN NET ASSETS PER AUDITED FINANCIAL STATEMENTS - -1521672,

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BAPTIST HEALTH SYSTEM FOUNDATION INC

Employer identification number  
59-2487135

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) SOUTHERN BAPTIST HOSPITAL OF FLORIDA INC  800 PRUDENTIAL DR  JACKSONVILLE, FL 32207 59-0747311	HOSPITAL	FL	501(C)(3)	3	BAPTIST HEALTH SYSTEM INC		No
(2) BAPTIST MEDICAL CENTER OF THE BEACHES INC  1350 13TH AVE S  JACKSONVILLE BEACH, FL 32250 59-2980620	HOSPITAL	FL	501(C)(3)	3	BAPTIST HEALTH SYSTEM INC		No
(3) BAPTIST MEDICAL CENTER OF NASSAU INC  1250 S 18TH ST  FERNANDINA BEACH, FL 32034 59-3234721	HOSPITAL	FL	501(C)(3)	3	BAPTIST HEALTH SYSTEM INC		No
(4) BAPTIST HEALTH SYSTEM INC  3563 PHILIPS HWY BLD F STE 608  JACKSONVILLE, FL 32207 59-2487136	MANAGEMENT ASSISTANCE TO HOSPITAL	FL	501(C)(3)	11	NA		No
(5) BAPTIST HEALTH PROPERTIES INC  800 PRUDENTIAL DR  JACKSONVILLE, FL 32207 59-2487133	PROPERTY MANAGEMENT FOR HEALTH SYSTEM	FL	501(C)(3)	11	BAPTIST HEALTH SYSTEM INC		No
(6) BAPTIST HEALTH AMBULATORY SERVICES INC  3563 PHILIPS HWY BLD F STE 608  JACKSONVILLE, FL 32207 59-3410739	CANCER RESEARCH/EDUCATION FOR HEALTH SYSTEM	FL	501(C)(3)	11	BAPTIST HEALTH SYSTEM INC		No

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PAVILION ASSOCIATES LTD  3563 PHILIPS HWY BLD F STE 608 JACKSONVILLE, FL 32207 59-2505491	NONRESIDENTIAL PROPERTY MANAGEMENT	FL	SOUTHERN BAPTIST HOSPITAL OF FLORIDA INC	EXCLUDED	0	0		No	0		No	0 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) PAVILION HEALTH SERVICES INC  3563 PHILIPS HWY BLDG F STE 608 JACKSONVILLE, FL 32207 59-2059710	PHYSICIAN PRACTICES / RETAIL PHARMACIES	FL	BAPTIST HEALTH SYSTEM INC	C CORPORATION	0	0	0 %		

Part V

Transactions With Related Organizations

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID: 13000248  
Software Version: 2013v3.1  
EIN: 59-2487135  
Name: BAPTIST HEALTH SYSTEM FOUNDATION INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) SOUTHERN BAPTIST HOSPITAL OF FLORIDA INC  800 PRUDENTIAL DR JACKSONVILLE, FL 32207 59-0747311	HOSPITAL	FL	501(C)(3)	3	BAPTIST HEALTH SYSTEM INC		No
(1) BAPTIST MEDICAL CENTER OF THE BEACHES INC  1350 13TH AVE S JACKSONVILLE BEACH, FL 32250 59-2980620	HOSPITAL	FL	501(C)(3)	3	BAPTIST HEALTH SYSTEM INC		No
(2) BAPTIST MEDICAL CENTER OF NASSAU INC  1250 S 18TH ST FERNANDINA BEACH, FL 32034 59-3234721	HOSPITAL	FL	501(C)(3)	3	BAPTIST HEALTH SYSTEM INC		No
(3) BAPTIST HEALTH SYSTEM INC  3563 PHILIPS HWY BLD F STE 608 JACKSONVILLE, FL 32207 59-2487136	MANAGEMENT ASSISTANCE TO HOSPITAL	FL	501(C)(3)	11	NA		No
(4) BAPTIST HEALTH PROPERTIES INC  800 PRUDENTIAL DR JACKSONVILLE, FL 32207 59-2487133	PROPERTY MANAGEMENT FOR HEALTH SYSTEM	FL	501(C)(3)	11	BAPTIST HEALTH SYSTEM INC		No
(5) BAPTIST HEALTH AMBULATORY SERVICES INC  3563 PHILIPS HWY BLD F STE 608 JACKSONVILLE, FL 32207 59-3410739	CANCER RESEARCH/EDUCATION FOR HEALTH SYSTEM	FL	501(C)(3)	11	BAPTIST HEALTH SYSTEM INC		No