



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/foi m990](#)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Southern Baptist Hospital of Flonda Inc

Doing business as

Baptist Medical CenterBaptist Medical Center SouthBaptist Emerg Ctr Clay

Number and street (or P O box if mail is not delivered to street address)Room/suite

1660 Prudential Dr 203

City or town, state or province, country, and ZIP or foreign postal code

Jacksonville, FL 32207

F Name and address of principal officer

A Hugh Greene

1660 Prudential Dr

Jacksonville,FL 32207

D Employer identification number

59-0747311

E Telephone number

(904) 202-1797

G Gross receipts \$ 1,176,256,035

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.baptistjax.com

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1965

M State of legal domicile FL

Part I Summary				
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities 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 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	7,766	
Revenue	6 Total number of volunteers (estimate if necessary)	6	336	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	347,009	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-50,914	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
		6,465,755	1,765,555	
		1,019,668,693	1,093,482,830	
		-8,917,151	78,351,133	
		13,260,918	2,234,416	
Expenses	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,030,478,215	1,175,833,934	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,335,095	238,290	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	374,816,555	405,510,733	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
Net Assets or Fund Balances	b Total fundraising expenses (Part IX, column (D), line 25) ▶0			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	533,744,841	606,666,878	
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	910,896,491	1,012,415,901	
	19 Revenue less expenses Subtract line 18 from line 12	119,581,724	163,418,033	
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
		2,264,109,450	2,425,928,208	
		997,568,678	1,011,871,662	
	21 Total liabilities (Part X, line 26)	1,266,540,772	1,414,056,546	
	22 Net assets or fund balances Subtract line 21 from line 20			

Part II Signature Block

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

Sign Here

Signature of officer

2017-08-11

Date

Scott Wooten SVP & CFO

Type or print name and title

Pnnt/Type preparer’s name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

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? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ 970,080,164 including grants of \$ 238,290) (Revenue \$ 1,093,502,029)
	See Additional Data

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 ▶ 970,080,164
-----------	--

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
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	No
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	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	No
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	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
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 Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. 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?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	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	1a	12	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10	
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	
b	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			
a	The governing body?	8a	Yes	
b	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
b	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
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	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. ☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records Scott Finnegan 841 Prudential Dr Aetna Bld 1602 Jacksonville, FL 32207 (904) 202-3270	

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) A Hugh Greene President & CEO	0 5 39 5	X		X				0	13,810,968	58,178
(2) M C Harden III Chairman	0 5 0 5	X		X				0	0	0
(3) Enc Mann Vice Chairman	0 5 0	X		X				0	0	0
(4) Richard L Sisisky Secretary/Treasurer	0 5 0 2	X		X				0	0	0
(5) Charles C Baggs Director	0 1 0	X						0	0	0
(6) Cynthia Bioteau PhD Director	0 1 0	X						0	0	0
(7) Pam Chally RNPhD Director	0 1 0 2	X						0	0	0
(8) Kyle Etzkorn MD Director	0 1 0	X						0	0	0
(9) Richard D Glock MD Director	0 1 39 9	X						0	273,212	15,310
(10) Robert E Hill Jr Director	0 1 0 5	X						0	0	0
(11) Barbara G Jaffe Director	0 1 0	X						0	0	0
(12) Kyle T Reese Director	0 1 0	X						0	0	0
(13) Terry West Director	0 1 0 2	X						0	0	0
(14) Michael Aubin SVP	40 0 0			X				507,910	0	139,482

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Harvey Granger	0 5									
SVP/General Counsel/Asst Secretary/Asst Treasurer	 39 5			X				0	506,902	237,515
(16) Michael A Mayo	40 0									
Senior Vice President	 0			X				551,906	0	149,474
(17) Ronald G Robinson	40 0									
Vice President	 0			X				360,423	0	97,759
(18) Keith L Stein MD	39 5									
SVP/Chief Medical Officer	 0 5			X				0	566,032	124,451
(19) John F Wilbanks	0 5									
Executive VP/COO	 39 5			X				0	702,320	287,083
(20) Scott Wooten	0 5									
SVP/CFO	 39 5			X				0	773,340	191,818
(21) Pierre Allaire PhD	39 5									
VP & Chief Development Officer	 0 5					X		336,431	0	23,511
(22) Jerry Bridgham	40 0									
Chief Medical Officer	 0					X		378,243	0	35,066
(23) Audrey Moran	40 0									
SVP, Social Responsibility/Community Advocacy	 0					X		399,867	0	60,568
(24) Shanq Refai	40 0									
Physician-Psychiatrist	 0					X		410,522	0	9,262
(25) Serge Vilvar MD	40 0									
Physician - Psychiatrist	 0					X		432,487	0	16,142

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	3,377,789	16,632,774	1,445,619

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 ▶ 150

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5 Yes	

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
Owens & Minor Inc 8489 Westside Industrial Dr Jacksonville, FL 32219	Medical Supply Distributor	30,660,089
Amensourcebergen 1300 Morris Drive Chesterbrook, PA 19087	American Drug Wholesale Company	24,779,534
Auld & White Constructors Inc 4168 Southpoint Pkwy 200 Jacksonville, FL 32256	Construction	11,446,652
Batson-Cook Company 8860 Philips Hwy Jacksonville, FL 32256	Construction	10,466,182
ASD Healthcare 3101 Gaylord Pkwy Frisco, TX 75034	Oncology, Sup Care, & Other Drug Distributor	10,237,207

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 ▶ 391

Part VIII

Statement of Revenue

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

☒

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	1,762,803				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,752				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			1,765,555			
Program Service Revenue	2a	Patient Service Revenues, Net	Business Code 621990	1,074,831,208	1,074,831,208			
	b	EHR Revenue Medicare	621990	674,880	674,880			
	c	Hospital Cafeteria	722514	7,085,989	7,085,989			
	d	Health & Fitness Center	713940	185,080	185,080			
	e	Rental Revenue	531120	248,310	248,310			
	f	All other program service revenue		10,457,363	10,432,546	24,817	0	
	g	Total. Add lines 2a-2f			1,093,482,830			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		78,180,789			78,180,789
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		(i) Real						
		2,290,309						
		(ii) Personal						
		422,101						
b		Less rental expenses						
c		Rental income or (loss)		1,868,208	0			
d		Net rental income or (loss)		1,868,208			1,868,208	
7a		(i) Securities						
		(ii) Other						
		170,344						
		Less cost or other basis and sales expenses						
b		Less cost or other basis and sales expenses						
c		Gain or (loss)		0	170,344			
d		Net gain or (loss)		170,344			170,344	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
b		Less direct expenses		b				
c		Net income or (loss) from fundraising events . .						
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 . . .							
10a	Gross sales of inventory, less returns and allowances		a					
	Less cost of goods sold		b					
	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	Reference lab revenues	621500	365,574	43,382	322,192			
b	Miscellaneous Revenue	999999	634	634				
c								
d	All other revenue		0	0	0	0		
e	Total. Add lines 11a-11d			366,208				
12	Total revenue. See Instructions			1,175,833,934	1,093,502,029	347,009	80,219,341	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	238,290	238,290		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,574,381		1,574,381	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	292,745,022	289,026,312	3,718,710	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,700,173	15,507,020	193,153	0
9 Other employee benefits	72,737,907	71,843,231	894,676	0
10 Payroll taxes	22,753,250	22,545,774	207,476	0
11 Fees for services (non-employees)				
a Management	6,484,213	5,616,783	867,430	0
b Legal	885,744	748,986	136,758	0
c Accounting	641,908	542,797	99,111	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	48,356,485	40,890,244	7,466,241	0
12 Advertising and promotion	164,242	126,164	38,078	0
13 Office expenses	276,318,173	273,723,629	2,594,544	0
14 Information technology	2,282,901	2,261,213	21,688	0
15 Royalties	137,122	116,554	20,568	0
16 Occupancy	16,930,067	16,721,827	208,240	0
17 Travel	1,926,297	1,902,603	23,694	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	878,234	867,432	10,802	0
20 Interest	23,348,310	23,061,126	287,184	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	66,814,262	65,992,447	821,815	0
23 Insurance	11,370,445	11,230,588	139,857	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 System function allocations	136,593,697	115,503,630	21,090,067	0
b AHCA & NICA Assessments	12,208,417	10,323,437	1,884,980	0
c Dues & Memberships	801,513	791,654	9,859	0
d Licenses & Fees	361,132	356,690	4,442	0
e All other expenses	163,716	141,733	21,983	0
25 Total functional expenses. Add lines 1 through 24e	1,012,415,901	970,080,164	42,335,737	0
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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		16,458	1	16,557
	2	Savings and temporary cash investments		5,517,340	2	5,523,152
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		190,887,792	4	205,402,038
	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	
	7	Notes and loans receivable, net		0	7	47,024,418
	8	Inventories for sale or use		16,247,415	8	17,283,886
	9	Prepaid expenses and deferred charges		11,927,980	9	7,971,420
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,543,678,344			
	b	Less: accumulated depreciation	10b 854,360,744	659,278,254	10c	689,317,600
	11	Investments—publicly traded securities		1,277,405,896	11	1,336,379,039
	12	Investments—other securities. See Part IV, line 11		0	12	
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets		3,454,175	14	4,854,175
	15	Other assets. See Part IV, line 11		99,374,140	15	112,155,923
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,264,109,450	16	2,425,928,208	
Liabilities	17	Accounts payable and accrued expenses		117,116,614	17	109,298,671
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		744,678,561	20	722,339,160
	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	
	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		135,773,503	25	180,233,831
	26	Total liabilities. Add lines 17 through 25		997,568,678	26	1,011,871,662
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,196,268,867	27	1,317,484,110
	28	Temporarily restricted net assets		15,975,185	28	22,860,671
	29	Permanently restricted net assets		54,296,720	29	73,711,765
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	0
	33	Total net assets or fund balances		1,266,540,772	33	1,414,056,546
	34	Total liabilities and net assets/fund balances		2,264,109,450	34	2,425,928,208

Part XI

Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,175,833,934
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,012,415,901
3	Revenue less expenses Subtract line 2 from line 1	3	163,418,033
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,266,540,772
5	Net unrealized gains (losses) on investments	5	42,023,967
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	-57,926,226
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,414,056,546

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

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 59-0747311
Name: Southern Baptist Hospital of Florida Inc

Form 990, Part III, Line 4a

4a	(Code) (Expenses \$	970,080,164 including grants of \$	238,290) (Revenue \$	1,093,502,029)
	THE PROGRAM SERVICE ACCOMPLISHMENTS FOR THE ORGANIZATION ARE NUMEROUS AND EXPENSES OFTEN OVERLAP with related entities' expenses. SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC. (SBHF) IS A SUBSIDIARY OF BAPTIST HEALTH SYSTEM, INC. (BHS), A TAX-EXEMPT PARENT HOLDING COMPANY LOCATED IN JACKSONVILLE, FLORIDA. SBHF IS A TAX-EXEMPT ORGANIZATION THAT OPERATES TWO ACUTE CARE HOSPITALS, BAPTIST MEDICAL CENTER (BMC) AND BAPTIST MEDICAL CENTER SOUTH (BMCS), AND BAPTIST EMERGENCY CENTER CLAY. THE PRIMARY PROGRAM SERVICE ACCOMPLISHMENTS BY EXPENSES ARE THE OPERATION OF THE HOSPITALS, AND THE FOLLOWING ARE SOME OF THE ACHIEVEMENTS FOR THE ORGANIZATION'S HOSPITALS DURING THE YEAR. THE TWO HOSPITALS HAVE 691 AND 269 LICENSED BEDS, RESPECTIVELY. BMC IS A FULL-SERVICE, MAGNET-DESIGNATED TERTIARY CARE HOSPITAL REPRESENTING NEARLY ALL MAJOR SPECIALTIES. THIS FLAGSHIP HOSPITAL IS ALSO HOME TO BAPTIST HEART HOSPITAL, OFFERING COMPREHENSIVE, HIGH-QUALITY CARDIOVASCULAR CARE, AND WOLFSON CHILDREN'S HOSPITAL (WCH), THE ONLY FULL-SERVICE TERTIARY HOSPITAL FOR CHILDREN IN THE REGION, SERVING NORTH FLORIDA, SOUTH GEORGIA AND BEYOND. WCH IS RECOGNIZED YEAR AFTER YEAR AS ONE OF AMERICA'S BEST CHILDREN'S HOSPITALS BY U.S. NEWS & WORLD REPORT. WCH SERVES AS THE MAIN TEACHING FACILITY FOR THE UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE'S PEDIATRIC RESIDENCY TRAINING PROGRAM. FOR FISCAL YEAR 2016, SBHF HAD 52,365 ADMISSIONS, ACCOUNTING FOR 255,679 PATIENT DAYS, 216,502 EMERGENCY ROOM VISITS, AND 69,996 HOME HEALTH VISITS. SBHF'S PRIMARY FOCUS IS ADDRESSING UNMET HEALTH NEEDS, PARTICULARLY AMONG VULNERABLE POPULATIONS WHO HAVE LIMITED HEALTH RESOURCES AND ACCESS TO HEALTH CARE. SBHF'S COMMUNITY HEALTH EFFORTS ARE GUIDED BY THE COMMUNITY HEALTH COMMITTEE, WHICH IS COMPRISED OF SELECTED BHS BOARD MEMBERS FROM ACROSS OUR HEALTH SYSTEM. A CORNERSTONE OF SBHF'S COMMITMENT TO THE COMMUNITY IS CARING FOR THE HEALTH OF VULNERABLE, UNINSURED AND UNDERSERVED PEOPLE AMONG US. DURING FISCAL YEAR 2016, SBHF PROVIDED THE FOLLOWING UNCOMPENSATED CARE AND COMMUNITY BENEFIT: (1) CHARITY CARE - \$36.4 MILLION, (2) UNREIMBURSED MEDICAID COSTS - \$84.3 MILLION, (3) UNREIMBURSED MEDICARE COSTS - \$81.9 MILLION, AND (4) SPECIFIC COMMUNITY PROGRAMS - \$13.0 MILLION FOR A TOTAL OF \$215.6 MILLION OF UNCOMPENSATED CARE AND COMMUNITY BENEFITS. MD Anderson Cancer Center and Baptist Health have united to create Baptist MD Anderson Cancer Center. This partnership brings together MD Anderson's world-renowned cancer expertise and Baptist Health's comprehensive health system to create an unprecedented range of options for adult cancer patients in our region. The goal of the partnership is to provide the same high-level, multidisciplinary cancer care to patients in Northeast Florida that is available to MD Anderson patients in Houston. This includes all aspects along the continuum of cancer care -- patient care, research, education and prevention. THE FOLLOWING ARE SOME OF THE AWARDS AND HONORS RECEIVED BY BMC AND BMCS: 1) Recipient from American Heart Association of Gold Plus Quality Achievement Award for Stroke program (Baptist Jacksonville), 2) Named one of the 30 most nurse-friendly hospitals in the United States by TopRNtoBSN.com (Baptist Jacksonville), 3) Ranked in the top 50 by U.S. News & World Report in two specialties for 2016-17: America's Best Children's Hospitals for gastroenterology and GI surgery, and pediatric neurology and neurosurgery (Wolfson Children's Hospital), and 4) 2012-16 Magnet designation. BHS IS THE FIRST AND ONLY HEALTH SYSTEM IN NORTH FLORIDA TO ACHIEVE MAGNET RECOGNITION AS A HEALTH SYSTEM BY THE AMERICAN NURSES CREDENTIALING CENTER. CURRENTLY, ONLY SEVEN PERCENT OF THE HOSPITALS IN THE UNITED STATES ENJOY MAGNET DESIGNATION, WHICH IS CONSIDERED THE GOLD STANDARD FOR RECOGNIZING QUALITY PATIENT CARE, NURSING EXCELLENCE AND INNOVATIONS IN PROFESSIONAL NURSING PRACTICE, AN HONOR FIRST EARNED IN 2007. MANY OTHER AWARDS AND HONORS CAN BE VIEWED AT THE ORGANIZATION'S WEBSITE: WWW.BAPTISTJAX.COM.			

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A , Part II, line 14		15				
16a 33 1/3% support test—2015.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—2014.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—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						►
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly 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 III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below. 2a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> 2b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below. 3a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> 3b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1

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

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

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

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). ☐		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

(a) Donor advised funds

(b) Funds and other accounts

2

Aggregate value of contributions to (during year)

3

Aggregate value of 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?

☐ Yes

☐ No

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?

☐ Yes

☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

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

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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)

Revenue included on 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

Revenue included on 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) 2015

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

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

☐

Part V Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	62,217,315	44,527,713	30,146,155	17,717,878	13,206,971
b Contributions	19,367,003	21,046,573	12,175,877	10,068,037	2,593,958
c Net investment earnings, gains, and losses	6,857,816	-1,141,894	2,922,133	2,899,963	2,482,752
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	1,236,040	2,215,077	716,452	539,723	565,803
f Administrative expenses	0	0	0	0	0
g End of year balance	87,206,094	62,217,315	44,527,713	30,146,155	17,717,878

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

a Board designated or quasi-endowment ▶ 1 72 %

b Permanent endowment ▶ 94 54 %

c Temporarily restricted endowment ▶ 3 74 %

The percentages on 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

(ii) related organizations

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

Yes

No

3a(i)

No

Yes

3a(ii)

Yes

Yes

3b

Yes

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)	Accumulated (c) depreciation	(d) Book value
1a Land		26,699,521		26,699,521
b Buildings		836,616,205	345,107,713	491,508,492
c Leasehold improvements		7,386,619	1,858,625	5,527,994
d Equipment		632,758,017	500,424,084	132,333,933
e Other		40,217,982	6,970,322	33,247,660
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				689,317,600

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	1,215,810,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	42,163,967
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	42,163,967
3	Subtract line 2e from line 1	3	1,173,646,033
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	2,187,901
c	Add lines 4a and 4b	4c	2,187,901
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,175,833,934

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

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

1	Total expenses and losses per audited financial statements	1	1,010,228,000
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	-2,187,901
e	Add lines 2a through 2d	2e	-2,187,901
3	Subtract line 2e from line 1	3	1,012,415,901
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	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,012,415,901

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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 59-0747311
Name: Southern Baptist Hospital of Florida Inc

Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) Book Value
	All other liabilities	2,425,844
	BOND SWAP MARKET VALUATION	13,824,543
	WORKER'S COMP SELF-INSURANCE TRUST	2,206,253
	Deferred rent	1,560,993
	ESTIMATED THIRD-PARTY SETTLEMENTS	1,868,144
	LEASE INCENTIVE OBLIGATION	1,055,721
	PENSION & SERP LIABILITY	117,084,864
	HOSPITAL SELF-INSURANCE TRUST	40,207,469

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC (SBHF) ENDOWMENT FUNDS ARE HELD BY ITS RELATED AFFILIATE, BAPTIST HEALTH SYSTEM FOUNDATION, INC (BHF) BHF'S ENDOWMENT POLICY ALLOWS ANNUALLY THAT 5% OF THE COMBINED ENDOWMENT CORPUS AND ACCUMULATED EARNINGS BECOME AVAILABLE FOR OR SPENDING ON CAPITAL PROJECTS OF SBHF

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Notes to Consolidated Financial Statements (Dollars in Thousands) With few exceptions, Southern Baptist Hospital of Florida, Inc is no longer subject to examinations by major tax jurisdictions for years ended September 30, 2012 and prior Management does not believe there are any material uncertain positions

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4 (b) Other revenues in form 990 not in audited financial statements	For audited financial statement purposes, the income received from the Premier Healthcare Alliance, P A partnership, is reported as a contra-expense account on the statement of ex penses. However, for tax return presentation purposes, the revenues received from the Prem ier Healthcare Alliance, P A partnership is reported on the statement of revenues in acco rdance with the form K-1 that Southern Baptist Hospital of Florida, Inc receives from Pre mier Healthcare Alliance, P A - 2610002 For audited financial statement purposes, rental expenses are reported on the statement of revenues. However, for tax return presentation p urposes, the rental expenses associated with the rental income on part VIII, Line 6a is re corded as an expense on part VIII "Statement of Revenues", line 6b - -422101

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	For audited financial statement purposes, the income received from the Premier Healthcare Alliance, P A partnership, is reported as a contra-expense account on the statement of ex penses. However, for tax return presentation purposes, the revenues received from the Prem ier Healthcare Alliance, P A partnership is reported on the statement of revenues in acco rdance with the form K-1 that Southern Baptist Hospital of Florida, Inc. receives from Pre mier Healthcare Alliance, P A - -2610002 For audited financial statement purposes, rental expenses are reported on the statement of revenues. However, for tax return presentation purposes, the rental expenses associated with the rental income on part VIII, Line 6a is r ecorded as an expense on part VIII "Statement of Revenues", line 6b - 422101

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Flonda Inc

Employer identification number
59-0747311

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			36,383,990	0	36,383,990	3 59 %
b Medicaid (from Worksheet 3, column a)			200,033,949	115,688,411	84,345,538	8 33 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	236,417,939	115,688,411	120,729,528	11 92 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,690,846	0	2,690,846	0 27 %
f Health professions education (from Worksheet 5)			3,158,295	0	3,158,295	0 31 %
g Subsidized health services (from Worksheet 6)			22,545,094	18,494,894	4,050,200	0 40 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,711,057	0	1,711,057	0 17 %
j Total. Other Benefits	0	0	30,105,292	18,494,894	11,610,398	1 15 %
k Total. Add lines 7d and 7j	0	0	266,523,231	134,183,305	132,339,926	13 07 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing					0	0 %
2Economic development	1				0	0 %
3Community support	3				0	0 %
4Environmental improvements					0	0 %
5Leadership development and training for community members	1				0	0 %
6Coalition building	26				0	0 %
7Community health improvement advocacy	31				0	0 %
8Workforce development					0	0 %
9Other	2				0	0 %
10Total	64	0	0	0	0	0 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

54,534,212

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

249,898,862

6Enter Medicare allowable costs of care relating to payments on line 5.

6

331,765,630

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-81,866,768

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☒ Cost accounting system

☐ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
	See Additional Data Table									

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 15	5	Yes
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes
If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a ☒ Hospital facility's website (list url) https://www.baptistjax.com/about-us/social-responsibility/assessing-community-health-needs		
b ☒ Other website (list url) https://hpcnef.org		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☒ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 15		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
https://www.baptistjax.com/about-us/social-responsibility/assessing-		
a If "Yes" (list url) community-health-needs		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 400.0 %		
b	☐ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance discount		
g	☒ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	☐ The FAP was widely available on a website (list url)		
b	☐ The FAP application form was widely available on a website (list url)		
c	☐ A plain language summary of the FAP was widely available on a website (list url)		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☐ Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☒ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group

19

Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

If "Yes," check all actions in which the hospital facility or a third party engaged

a

☐

Reporting to credit agency(ies)

b

☐

Selling an individual's debt to another party

c

☐

Actions that require a legal or judicial process

d

☐

Other similar actions (describe in Section C)

20

Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

a

☐

Notified individuals of the financial assistance policy on admission

b

☒

Notified individuals of the financial assistance policy prior to discharge

c

☒

Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills

d

☒

Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

e

☒

Other (describe in Section C)

f

☐

None of these efforts were made

19

Yes

No

Policy Relating to Emergency Medical Care

21

Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

a

☐

The hospital facility did not provide care for any emergency medical conditions

b

☐

The hospital facility's policy was not in writing

c

☐

The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)

d

☐

Other (describe in Section C)

21

Yes

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22

Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

a

☐

The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged

b

☐

The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged

c

☐

The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged

d

☒

Other (describe in Section C)

23

During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

23

No

24

During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

24

No

Schedule H (Form 990) 2015

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
1 Baptist Emergency Center Clay 1771 Baptist Clay Dr Fleming Island, FL 32003	The facility features an emergency center with separate waiting areas and exam rooms for children
2 BAPTIST BEHAVIORAL HEALTH 800 PRUDENTIAL DR STE 510/512 JACKSONVILLE, FL 32207	COMPREHENSIVE MENTAL HEALTH SERVICES AT BAPTIST MEDICAL CENTER JACKSONVILLE'S HOSPITAL CAMPUS
3 BAPTIST BEHAVIORAL HEALTH 900 BEACH BLVD STE 930 JACKSONVILLE BEACH, FL 32250	COMPREHENSIVE MENTAL HEALTH SERVICES IN THE BEACHES' COMMUNITIES
4 BAPTIST BEHAVIORAL HEALTH 87010 PROFESSIONAL WAY YULEE, FL 32097	COMPREHENSIVE MENTAL HEALTH SERVICES IN NASSAU COUNTY
5 BAPTIST BEHAVIORAL HEALTH 13241 BARTRAM PARK BLVD STE 1901 JACKSONVILLE, FL 32258	COMPREHENSIVE MENTAL HEALTH SERVICES IN THE MANDARIN COMMUNITY
6 BAPTIST BEHAVIORAL HEALTH 1325 SAN MARCO BLVD STE 500 JACKSONVILLE, FL 32207	COMPREHENSIVE MENTAL HEALTH SERVICES IN THE SAN MARCO COMMUNITY
7 BAPTIST BEHAVIORAL HEALTH 4160 UNIVERSITY BLVD S JACKSONVILLE, FL 32216	COMPREHENSIVE MENTAL HEALTH SERVICES in the southside community
8 Baptist Emergency Center North 11250 Baptist Health Drive Jacksonville, FL 32218	Emergency and primary care, specialist physician offices, imaging, and labs for adults and children
9 Baptist Emergency Town Center 841 Prudential Drive Ste 1802 Jacksonville, FL 32207	The facility features two emergency centers under one roof One for children and one for adults
10	

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Factors other than FPG	n/a

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of the community benefit report	Baptist Health System, Inc (BHS), parent company of the filing organization, is located within the northeast Florida quadrant. There are no requirements for state filing in Florida of the annual community benefit report. However, BHS does publish the report and it is available upon request or at the www.baptistjax.com website.

Form and Line Reference	Explanation
Schedule H, Part II, Line 2 Community Building Activities	Line 2 Economic Development-New employment opportunities were provided to 52 teenagers 16 - 18 years old after successful completion of an eight-week job readiness training program. Teens are provided exposure to the scope of practice for one of their top three areas of career interest at our flagship hospital system. The teens come from low-income neighborhoods and attend school with very low graduation rates. The summer employment opportunity provides teens exposure to real-life careers which motivates them to prepare appropriately for life after high school.

Form and Line Reference	Explanation
Schedule H, Part II, Line 3 Community Building Activities	Line 3 Community Support- Forty-five Baptist Health employees volunteer their time to provide one-to-one mentoring for high school students each week. The students who participate in the program are from our most vulnerable communities and low income families. They also attend local schools with low graduation rates. In this career guidance mentoring program, mentors introduce students to various careers in healthcare. In addition, they serve as supporters and encouragers for teens as they navigate the challenges of adolescence. Summer Youth Volunteer Program - Baptist Health offers opportunities for young people ages 16-17 to volunteer during the summer to assist in the selection of a career and as an opportunity to serve others. Baptist employees supervise the volunteers giving them direction and support during their service. 102 teens participated in the summer volunteer program in FY 2016 on the Baptist Medical Center Jacksonville, Baptist Medical Center South and Wolfson Children's Hospital campuses. High School Medical Academy Rotation - Baptist Health partners with Mandarin High School to provide medical academy students hands-on learning of clinical and administrative aspects of health care. During the last semester of their senior year, students are required to complete four rotations (16 hours total) at a hospital where they receive hands-on experience before they are allowed to sit for their CMAA (Certified Medical Administrative Assistant) exam. 55 students completed their hospital rotation at Baptist Medical Center South during fiscal year 2016.

Form and Line Reference	Explanation
Schedule H, Part II, Line 5 Community Building Activities	Line 5 Leadership Development and Training for community members- Baptist health care professionals trained 6 community members as health advocates to lead peer to peer education classes on asthma. An additional 48 community members were trained as health advocates to lead peer education classes on mental health. The health advocates educated 85 people on asthma and 200 on mental health during FY 2016.

Form and Line Reference	Explanation
Schedule H, Part II, Line 7 Community Building Activities	Line 7 Community Health Improvement Advocacy- To provide access to primary health care for the uninsured and the underinsured, Baptist Health partners with Sulzbacher Center, Muslim American Social Services, The Way Free Medical Clinic, We Care Jacksonville, Helping Hands Community Outreach, and Volunteers in Medicine. Baptist Health partners with DLC Nurse and Learn, Pine Castle, Youth Crisis Center, BASCA, YMCA and JASMYN to ensure targeted health care needs are met for the vulnerable clients within their organizations. Baptist Health provides access to safety net services to help frail elderly stay in their homes in partnership with the AgeWell Institute. CHNA Priority Communicable Diseases and Unprotected Sex/Teen Pregnancy - Baptist Health partners with JASMYN and the Northeast Florida Healthy Start Coalition to reduce STD's and unprotected sex. In addition, Baptist Health staff received training to provide technical assistance to Duval County teachers implementing the school system's sexual health curriculum. CHNA Priority Mental Health - Baptist Health partners with The ARC of Jacksonville for physically and emotionally handicapped, ElderSource, United Way Full Service Schools, PACE Center for Girls, DLC Nurse and Learn, The Women's Center of Jacksonville, and Hope Haven Children's Clinic to provide access to mental health services. In addition, Baptist Health has partnered with UNF Brooks College of Health to initiate a mental health nurse practitioner degree program to increase access to mental health services, and Mental Health America Northeast Florida to advocate for access to mental health services in Northeast Florida. CHNA Priority Access to Care - Baptist Health provides access to vision services for children and adults through United Way Full Service Schools and Vision Is Priceless. Wolfson Children's Hospital, through THE PLAYERS Center for Child Health, is working with community partners to identify and help families complete Florida KidCare applications. In addition, outreach educators train and educate the community on the importance of coverage. CHNA Priority Diabetes and Maternal and Child Health - In addition to supporting access to care for adults without insurance, Baptist Health partners with UNF's Brooks College of Health and YMCA to provide dietetic students to provide nutrition counseling to low income adults. Baptist Health also partners with the Jacksonville Jaguars Foundation to implement PLAY 60, a nutrition and physical activity program targeted to 6th grade students. CHNA Priorities Cancer/Smoking - In addition to supporting access to care for adults without insurance, Baptist Health partners with AHEC to offer smoking cessation classes in hospitals and other community locations. CHNA Priority Unintentional Injury - Baptist Health partners with Jacksonville Sports Medicine Program to provide trainers for high school athletics programs and health assessments for student athletes. In addition, Wolfson Children's Hospital is a member of the Duval Safety Coalition. CHNA Priority Health Disparities - In addition to supporting access to care for adults without insurance, Baptist Health partners with The Bridge of Northeast Florida and United Way to address economic and educational conditions that foster health disparities. To increase health education and information, Baptist Health partners with the Health Planning Council of Northeast Florida and the Museum of Science and History.

Form and Line Reference	Explanation
Schedule H, Part II, Line 9 Community Building Activities	Line 9 Other Youth Mental Health First Aid - Baptist Health provided 8-hour certification training in Youth Mental Health First Aid to 143 community members The AgeWell Institute provided education on various topics related to healthy aging including depression, dementia and Ageless Wisdom to 3,834 people during fiscal year 2016

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Other Website Address	http://www.hpcnef.org/wp-content/uploads/2016/01/Jacksonville-CB-Partnership-Summary-of-Findings-Final-Community-Health-Needs-Assessment.pdf

Form and Line Reference	Explanation
Schedule H, Part II, Line 6 Community Buildng Activities	Line 6 Coalition Building- Jacksonville Nonprofit Hospital Partnership came together to develop a multi-hospital system collaborative community health needs assessment. The Partnership is a network of five health systems that are a shared voice to improve population health by eliminating the gaps that prevent quality, integrated health care and to improve access to resources that support a healthier lifestyle. During FY 2016, the Partnership initiated a collaboration to reduce stigma and crises related to mental illness through a community implementation of Mental Health First Aid, a program recognized by the Substance Abuse and Mental Health Services Administration. The New Town Children's Success Zone Coalition is a group of community stakeholders who work to provide a place-based continuum of services from prenatal to college, the military or some form of secondary training for the children and their families living in the neighborhood. Leaders from Baptist Health, UF Health, Mayo, St. Vincent's and Florida Blue serve as a coalition to provide programs and resources in the New Town Children's Success Zone in a coordinated effort to address some of the health care disparities such as asthma, diabetes, nutrition in addition to Florida KidCare enrollment. Baptist partnered with the neighborhood elementary and middle school to provide asthma training for children with asthma, faculty and parents. Baptist along with the rest of the coalition worked with families to get children enrolled in Florida KidCare insurance programs. JCCI - Baptist Health funded and provided leadership to the Jacksonville Community Council's Rethink Aging inquiry to identify gaps in our system of mental health care and develop recommendations to close the gaps. More than 50 community members came together to learn about Jacksonville's services for seniors and recommend actions for improvement. Healthy Jacksonville Childhood Obesity Coalition - Baptist Health is a member of the Healthy Jacksonville Childhood Obesity Prevention Coalition (HJCOPC), which is a public-private partnership devoted to reducing and preventing childhood obesity in Duval County. Citizens, business leaders and community organizations work to create healthy environments for children and families through advocacy, education, policy development and cultural changes. Duval County Food Policy Council was formed in 2011 to address food access to improve the overall health of residents in Jacksonville. The Council is comprised of three task force groups all working toward creating a community that provides equal access to fresh and healthy food for all residents. Community Food System Assessment. Works with community organizations to conduct a food assessment to aid in addressing and resolving the food desert epidemic in Duval County. The following are more programs: Urban Agriculture, Institutional Food and School Nutrition, The Partnership for Child Health, Child Abuse Prevention and Permanence Local Planning Team, Child Sexual Abuse Prevention Coalition, Duval County Traffic Safety Team, Duval County School Health Advisory Council, Fetal Infant Mortality Review Committee, Full Service Schools Oversight Committee, Florida Asthma Coalition, Help Me Grow Leadership Team, Healing Hands Community Advisory Council, Infant Mortality Task Force, Jacksonville Pediatric Injury Coalition, Mayor's Hispanic American Advisory Board, Northeast Florida Healthy Start Coalition, Safe Baby Court Task Force, Safe Kids Coalition Northeast Florida, School Health Advisory Council Clay County Schools, Uninsured Working Group, Florida Teen Safe Driving Coalition, and the Lutheran Family Services Head Start Policy Committee.

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	Baptist Health System, Inc

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	PATIENT SERVICE REVENUES ARE REPORTED AT ESTIMATED NET REALIZABLE AMOUNTS FOR SERVICES RENDERED BHS RECOGNIZES PATIENT SERVICE REVENUES ASSOCIATED WITH PATIENTS WHO HAVE THIRD-PARTY PAYOR COVERAGE ON THE BASIS OF CONTRACTUAL RATES FOR THE SERVICES RENDERED FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, REVENUE IS RECOGNIZED ON THE BASIS OF DISCOUNTED RATES IN ACCORDANCE WITH BHS' POLICY PATIENT SERVICE REVENUES ARE REDUCED BY THE PROVISION FOR BAD DEBTS AND ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS THESE AMOUNTS ARE BASED ON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS FOR EACH MAJOR PAYOR SOURCE, CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS MANAGEMENT REGULARLY REVIEWS COLLECTIONS DATA BY MAJOR PAYOR SOURCES IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS ON THE BASIS OF HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF BHS' SELF-PAY PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED THUS, BHS RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD SERVICES ARE PROVIDED RELATED TO SELF-PAY PATIENTS FOR RECEIVABLES ASSOCIATED WITH PATIENTS WHO HAVE THIRD-PARTY COVERAGE, BHS ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH BHS' POLICIES

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	THE ENTIRE PROVISION FOR BAD DEBTS IS RECORDED AS A DEDUCTION FROM PATIENT SERVICE REVENUES NONE OF THE PROVISION IS INCLUDED IN THE EXPENSES OF THE FORM 990 INCLUDING SCHEDULE H AND THE CALCULATION OF COMMUNITY BENEFIT

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	BAPTIST HEALTH SYSTEM, INC AND SUBSIDIARIES NOTES TO CONSOLIDATED FINANCIAL STATEMENTS 2 SIGNIFICANT ACCOUNTING POLICIES NET PATIENT SERVICE REVENUES, ACCOUNTS RECEIVABLE, AND PROVISION FOR BAD DEBTS PATIENT SERVICE REVENUES ARE REPORTED AT ESTIMATED NET REALIZABLE AMOUNTS FOR SERVICES RENDERED THE ORGANIZATION RECOGNIZES PATIENT SERVICE REVENUES ASSOCIATED WITH PATIENTS WHO HAVE THIRD-PARTY PAYOR COVERAGE ON THE BASIS OF CONTRACTUAL RATES FOR THE SERVICES RENDERED FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, REVENUE IS RECOGNIZED ON THE BASIS OF DISCOUNTED RATES IN ACCORDANCE WITH THE ORGANIZATION'S POLICY PATIENT SERVICE REVENUES ARE REDUCED BY THE PROVISION FOR BAD DEBTS AND ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS THESE AMOUNTS ARE BASED ON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS FOR EACH MAJOR PAYOR SOURCE, CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE AND OTHER COLLECTION INDICATORS MANAGEMENT REGULARLY REVIEWS COLLECTIONS DATA BY MAJOR PAYOR SOURCES IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS ON THE BASIS OF HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF THE ORGANIZATION'S SELF-PAY PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED THUS, THE ORGANIZATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD SERVICES ARE PROVIDED RELATED TO SELF-PAY PATIENTS FOR RECEIVABLES ASSOCIATED WITH PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE ORGANIZATION ANALYSES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORT HAS BEEN FOLLOWED IN ACCORDANCE WITH THE ORGANIZATION'S POLICIES

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	Medicare allowable costs of care based on the organization's cost accounting system which is used to determine the amount reported on Line 6. None of the shortfall reported on Line 7 is included in Schedule H, Part I

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	YES, THE ORGANIZATION DOES HAVE A WRITTEN DEBT COLLECTION POLICY THE POLICY DOES NOT SPECIFICALLY ADDRESS THOSE PATIENTS WHO ARE KNOWN TO QUALIFY OR HAVE APPLIED FOR CHARITY CARE AS THE ORGANIZATION DOES NOT BILL THESE PATIENTS THE ORGANIZATION'S COST ACCOUNTING SYSTEM IDENTIFIES ALL PATIENTS WHO HAVE A PENDING OR APPROVED CHARITY APPLICATION THE ORGANIZATION WOULD ONLY BILL THE PATIENT IF, AFTER MULTIPLE ATTEMPTS TO OBTAIN ANY NEEDED DOCUMENTATION FROM THE PATIENT TO COMPLETE THE CHARITY APPROVAL PROCESS, THE PATIENT WAS NONCOMPLIANT

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	Baptist Health System, Inc (BHS), parent company of the filing organization, is a member of the Jacksonville Community Benefit Partnership that is a collaborative of 5 hospitals who work together to access and address important community health needs BHS has partnered with 43 faith-based organizations located in vulnerable low-income neighborhoods where a health needs survey is conducted annually The survey of the members of our faith-based partners is anonymous In addition, data is gathered from the Northeast Florida Counts website which serves as a source of population data and information about the health status of the community It gathers information for Baker, Clay, Duval, Flagler, Nassau, St Johns, and Volusia Counties

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	AT PATIENT Access POINTs, "GUIDELINES FOR CHARITY CARE ELIGIBILITY" CARDS ARE PROVIDED THAT CONTAIN FINANCIAL DISCOUNT AND CHARITY CARE INFORMATION THIS INCLUDES A GENERAL CHART OF ELIGIBLE INCOME LEVELS AND ENCOURAGES PATIENTS TO SPEAK WITH ONE OF OUR PATIENT FINANCIAL ADVOCATES TO ARRANGE A FINANCIAL EVALUATION THE ORGANIZATION SENDS STATEMENTS TO PATIENTS WHO HAVE APPLIED FOR CHARITY CARE BUT HAVE NOT PROVIDED ALL THE DOCUMENTATION THAT IS REQUIRED TO MAKE A DETERMINATION, LETTERS ARE SENT BY THE ORGANIZATION REQUESTING THE INFORMATION TO COMPLETE THEIR APPLICATION

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	The four counties served by Baptist Health System, Inc (BHS), parent company of the filing organization, has close to 1.4 million people. The age range averages 18 to 44 year old. Females make up more of the population than males, but not more than 3%. Nassau and St. Johns Counties are nearly 90% Caucasian. Duval County has the region's largest African American population at 30 percent. Duval County also has the largest Asian population of 4.2 percent. Hispanic/ Latino residents make up 3.2 percent of Nassau County and 5.2 of St. Johns County, while Duval is close to 9.0 percent. The population of the constituents in the urban core served is largely made up of African Americans with a very small percentage of Caucasians, Hispanic, and Asian culture. The average income in the area of focus is \$21,000.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Baptist Health System, Inc (BHS), parent company of the filing organization, continues to maintain an open medical staff. A designated Social Responsibility Community Health Board Committee consisting of Northeast Florida residents who also serve on Baptist hospital boards of directors provides direction to the community health work based on the community need within the four county area served by Baptist Health. Baptist Health continues to donate more than 1.2 million dollars to support nonprofit organizations that provide health services to the underserved and low income community. Some of the nonprofit organizations provide primary care for the uninsured and the underinsured. Some provide behavioral health services to families who would not otherwise have access while others provide health services and transportation for the frail elderly.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	Baptist Health System, Inc (BHS) is the parent affiliate of Southern Baptist Hospital of Florida, Inc (SBHF) The Social Responsibility and Community Health team at BHS coordinates the funding of nonprofit partners for SBHF and works with our employees in facilitating volunteer opportunities across our community Members of the SBHF board of directors serve on the Social Responsibility and Community Health Committee SBHF works closely with a number of nonprofit partners to meet the health needs in our community

Schedule H (Form 990) 2015

Additional Data**Software ID:** 15000238**Software Version:** 2015v3.0**EIN:** 59-0747311**Name:** Southern Baptist Hospital of Florida Inc**Form 990 Schedule H, Part V Section A. Hospital Facilities****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	BAPTIST MEDICAL CENTER 800 PRUDENTIAL DR JACKSONVILLE, FL 32207 www.baptistjax.com 4448	X	X	X	X		X	X		Children's hospital is Wolfson Children's Hospital	A
2	BAPTIST MEDICAL CENTER SOUTH 144550 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32258 www.baptistjax.com 4448	X	X					X			A

2015

Open to Public Inspection

59-0747311

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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	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 ORGANIZATION) THE COMMITTEE PROVIDES STRATEGIC DIRECTION RELATED TO OUR COMMUNITY HEALTH ACTIVITIES AND ENSURES WE FOCUS ON KEY PRIORITIES THAT ALIGN WITH OUR MISSION

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 59-0747311
Name: Southern Baptist Hospital of Florida Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Art With a Heart in Healthcare Inc 841 Prudential Dr Jacksonville, FL 32207	26-1313805	501(c)(3)	125,000	0	n/a	n/a	PROVIDES ONE-ON-ONE AND GROUP FINE ART EXPERIENCES TO PATIENTS OF WOLFSON CHILDREN'S HOSPITAL
Community Hospice of Northeast Florida Inc 4266 Sunbeam Rd Jacksonville, FL 32257	59-1940256	501(c)(3)	6,000	0	n/a	n/a	NOT-FOR-PROFIT HOSPICE THAT HAS SERVED THE GREATER JACKSONVILLE METROPOLITAN AREA SINCE 1979
The Tom Coughlin Jay Fund Foundation Inc 5000 Sawgrass Village Circle Ste 6 Ponte Vedra, FL 32082	59-3426937	501(c)(3)	50,000	0	n/a	n/a	PROVIDES FINANCIAL ASSISTANCE FOR HOUSEHOLD EXPENSES ON A TEMPORARY BASIS TO FAMILIES FACING FINANCIAL DIFFICULTY AS A RESULT OF OF THEIR CHILD'S CANCER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Davis Love Foundation PO 20344 St Simons Island,GA 31522	20-2920597	501(c)(3)	10,000	0	n/a	n/a	COMMUNITY-BASED PROGRAM FOR FAMILIES IN NEED
Common Threads 222 W Merchandise Mart Plaza Ste 1212 Chicago,IL 60654		501(c)(3)	15,000	0	n/a	n/a	EDUCATE CHILDREN ON NUTRITION AND WELL-BEING THROUGH PROGRAMS AT LOCAL SCHOOLS THAT EMPOWER UNDERSERVED CHILDREN AND FAMILIES TO COOK AND EAT HEALTHY
Curesearch for Children's Cancer 4600 East-West Hwy Ste 600 Bethesda,MD 20814	95-4132414	501(c)(3)	7,500	0	n/a	n/a	Program to end childhood cancer by driving targeted and innovative research with measurable results in an accelerated time frame

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b 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	1b	
2 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?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on 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.	7	No
8 Were any amounts reported on 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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 Southern Baptist Hospital of Florida, 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. After over 26.5 years of service, A. Hugh Greene reached retirement age under the executive SERP during 2015, causing his SERP benefit to vest. Accordingly, the total amount of Mr. Greene's SERP taxable benefit included in his W-2, box 5 was \$12,666,683 in addition to his current year income. Like other participants in the Executive SERP, Mr. Greene's SERP compensation is payable over his lifetime with a 15-year period certain. This SERP amount is reported on Schedule J, Part II, Column (B)(iii) "Other Reportable Compensation" in addition to other reportable compensation, Column (F) "Compensation in column (B) reported as deferred in prior Form 990", and Form 990, Part VII. The following individuals accrued unvested benefits under these plans during calendar year 2015: John F. Wilbanks, \$233,628; Harvey Granger, \$176,442; and Scott Wooten, \$170,354. These amounts are included on Schedule J, part II, column (c) for each of the listed individuals.

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 59-0747311

Name: Southern Baptist Hospital of Florida Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1A Hugh Greene President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	802,285	312,000	12,696,683	42,833	15,345	13,869,146	12,666,683
1Richard D Glock MD Director	(i)	0	0	0	0	0	0	0
	(ii)	136,178	2,265	134,769	1,855	-	-	0
2Michael Aubin SVP	(i)	392,610	105,300	10,000	120,769	18,713	647,392	0
	(ii)	0	0	0	0	-	-	0
3Harvey Granger SVP/General Counsel/Asst Secretary/Asst Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	383,442	108,460	15,000	218,952	-	-	0
4Michael A Mayo Senior Vice President	(i)	436,206	105,700	10,000	130,642	18,832	701,380	0
	(ii)	0	0	0	0	-	-	0
5Ronald G Robinson Vice President	(i)	297,953	52,470	10,000	80,418	17,341	458,182	0
	(ii)	0	0	0	0	-	-	0
6Keith L Stein MD SVP/Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	430,052	123,980	12,000	106,439	-	-	0
7John F Wilbanks Executive VP/COO	(i)	0	0	0	0	0	0	0
	(ii)	513,620	173,700	15,000	275,365	-	-	0
8Scott Wooten SVP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	565,020	193,320	15,000	180,954	-	-	0
9Pierre Allaire PhD VP & Chief Development Officer	(i)	280,881	55,550	0	10,600	12,911	359,942	0
	(ii)	0	0	0	0	-	-	0
10Jerry Bndgham Chief Medical Officer	(i)	311,183	56,160	10,900	24,370	10,696	413,309	0
	(ii)	0	0	0	0	-	-	0
11Audrey Moran SVP, Social Responsibility/Community Advocacy	(i)	314,867	75,000	10,000	58,159	2,409	460,435	0
	(ii)	0	0	0	0	-	-	0
12Shariq Refai Physician-Psychiatrst	(i)	410,522	0	0	4,638	4,624	419,784	0
	(ii)	0	0	0	0	-	-	0
13Serge Vilvar MD Physician - Psychiatrst	(i)	411,687	0	20,800	4,638	11,504	448,629	0
	(ii)	0	0	0	0	-	-	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493223015037

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Southern Baptist Hospital of Florida Inc

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

► Attach to Form 990.

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

Employer identification number

59-0747311

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A JACKSONVILLE HEALTH FACILITIES AUTHORITY VARIABLE RATE HOSPITAL REVENUE EXTENDABLE NOTES SERIES 2003A	59-2263061		12-01-2011	70,000,000	Proceeds used to currently refund prior issue 06/18/2003		X		X		X
B JACKSONVILLE HEALTH FACILITIES AUTHORITY VARIABLE RATE HOSPITAL REVENUE EXTENDABLE NOTES SERIES 2003B	59-2263061	469404UH8	12-01-2011	35,000,000	Proceeds used to currently refund prior issue 06/18/2003		X		X		X
C JACKSONVILLE HEALTH FACILITIES AUTHORITY FIXED RATE HOSPITAL REVENUE EXTENDABLE NOTES SERIES 2003C	59-2263061	469404TU1	12-01-2011	20,000,000	Proceeds used to currently refund prior issue 06/18/2003		X		X		X
D JACKSONVILLE HEALTH FACILITIES AUTHORITY VARIABLE RATE HOSPITAL REVENUE EXTENDABLE NOTES SERIES 2004	59-2263061		12-01-2011	50,000,000	Proceeds used to currently refund prior issue 11/04/2004		X		X		X

Part II

Proceeds

					A		B		C		D	
1	Amount of bonds retired				0		0		0		0	
2	Amount of bonds legally defeased				0		0		0		0	
3	Total proceeds of issue				70,000,000		35,000,000		20,000,000		50,000,000	
4	Gross proceeds in reserve funds				0		0		0		0	
5	Capitalized interest from proceeds				0		0		0		0	
6	Proceeds in refunding escrows				0		0		0		0	
7	Issuance costs from proceeds				288,960		144,480		82,560		251,698	
8	Credit enhancement from proceeds				0		0		0		0	
9	Working capital expenditures from proceeds				0		0		0		0	
10	Capital expenditures from proceeds				69,711,040		34,855,520		19,917,440		49,748,302	
11	Other spent proceeds				0		0		0		0	
12	Other unspent proceeds				0		0		0		0	
13	Year of substantial completion				2003		2003		2003		2004	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?				X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?					X		X		X		X
16	Has the final allocation of proceeds been made?				X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X		X	

Part III

Private Business Use

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

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

Cat No 50193E

Schedule K (Form 990) 2015

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

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

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

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

Return Reference	Explanation
Schedule K, Part I, Column (c) Series 2007 CDE	Cusip #'s 2007C N/A 2007D 469404UP0 2007E 469404UM7

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493223015037

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Southern Baptist Hospital of Florida Inc

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

► Attach to Form 990.

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

Employer identification number

59-0747311

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A JACSONVILLE HEALTH FACILITIES AUTHORITY HOSPITAL REVENUE BONDS SERIES 2007 A	59-2263061	469404UA3	02-22-2007	66,726,413	HOSPITAL CAPITAL IMPROVEMENTS		X		X		X
B JACSONVILLE HEALTH FACILITIES AUTHORITY VARIABLE RATE HOSPITAL REVENUE EXT ENDABLE NOTES SERIES 2007B	59-2263061	469404UL9	12-01-2011	27,750,000	Proceeds used to currently refund prior issue 02/22/2007		X		X		X
C JACSONVILLE HEALTH FACILITIES AUTHORITY VAR RATE HOSPITAL REVENUE REFUNDIN G EXTENDABLE NOTES SERIES 2007CDE	59-2263061		12-01-2011	92,969,370	Proceeds used to currently refund prior issue 05/17/2007		X		X		X
D JACSONVILLE HEALTH FACILITIES AUTHORITY VAR RATE HOSPITAL REVENUE EXTENDAB LE NOTES SERIES 2010A	59-2263061		12-01-2011	24,400,000	Proceeds used to currently refund prior issue 06/24/2010		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		10,825,000		26,837,370		3,380,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	66,726,413		27,750,000		92,969,370		24,400,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	399,400		158,600		0		0	
8	Credit enhancement from proceeds	0		413,538		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	66,327,013		27,177,862		92,969,370		24,400,000	
11	Other spent proceeds	0		0		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2007		2007		2007		2010	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed									
3	Is the bond issue a variable rate issue?		X	X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X			X
b	Name of provider			WELLS FARGO		UBS AND WELLS FARGO BANKS			
c	Term of hedge			1090 %		1610 %			
d	Was the hedge superintegrated?				X		X		
e	Was the hedge terminated?				X		X		

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493223015037

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Southern Baptist Hospital of Florida Inc

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

► Attach to Form 990.

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

Employer identification number

59-0747311

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A JACKSONVILLE HEALT FACILITIES AUTHORITY VAR RATE HOSPITAL REVENUE EXTENDABL E NOTES SERIES 2010B	59-2263061		12-01-2011	24,400,000	Proceeds used to currently refund prior issue 06/24/2010		X		X		X
B JACKSONVILLE HEALTH FACILITIES AUTHORITY VAR RATE HOSPITAL REVENUE EXTENDAB LE NOTES SERIES 2010C	59-2263061		12-01-2011	24,400,000	Proceeds used to currently refund prior issue 06/24/2010		X		X		X
C JACKSONVILLE HEALTH FACILITIES AUTHORITY VAR RATE HOSPITAL REVENUE EXTENDAB LE NOTES SERIES 2012A	59-2263061		03-28-2011	25,000,000	HOSPITAL CAPITAL Improvements		X		X		X
D JACKSONVILLE HEALTH FACILITIES AUTHORITY VAR RATE HOSPITAL REVENUE EXTENDAB LE NOTES SERIES 2012B	59-2263061		03-28-2011	20,000,000	HOSPITAL CAPITAL Improvements		X		X		X

Part II

Proceeds

					A	B	C	D
1	Amount of bonds retired				3,380,000	3,380,000	3,950,000	3,050,000
2	Amount of bonds legally defeased				0	0	0	0
3	Total proceeds of issue				24,400,000	24,400,000	25,000,000	20,000,000
4	Gross proceeds in reserve funds				0	0	0	0
5	Capitalized interest from proceeds				0	0	0	0
6	Proceeds in refunding escrows				0	0	0	0
7	Issuance costs from proceeds				0	0	0	0
8	Credit enhancement from proceeds				0	0	0	0
9	Working capital expenditures from proceeds				0	0	0	0
10	Capital expenditures from proceeds				24,400,000	24,400,000	25,000,000	20,000,000
11	Other spent proceeds				0	0	0	0
12	Other unspent proceeds				0	0	0	0
13	Year of substantial completion				2010	2010	2012	2012
					Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?				X		X	
15	Were the bonds issued as part of an advance refunding issue?					X	X	X
16	Has the final allocation of proceeds been made?				X		X	X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X	X

Part III

Private Business Use

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

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

Cat No 50193E

Schedule K (Form 990) 2015

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X		X	
b	Name of provider					BBVA COMPASS		SUN TRUST	
c	Term of hedge					1000 %		700 %	
d	Was the hedge superintegrated?					X		X	
e	Was the hedge terminated?						X		X

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A JACKSONVILLE HEALTH FACILITIES AUTHORITY VAR RATE HOSPITAL REVENUE EXTENDABLE NOTES SERIES 2012C	59-2263061		03-28-2011	15,000,000	HOSPITAL CAPITAL Equipment		X		X		X
B JACKSONVILLE HEALTH FACILITIES AUTHORITY VAR RATE HOSPITAL REVENUE EXTENDABLE NOTES SERIES 2012D	59-2263061		03-28-2011	40,000,000	Hospital Capital Improvements		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	9,450,588		9,000,000							
2	Amount of bonds legally defeased	0		0							
3	Total proceeds of issue	15,000,000		40,000,000							
4	Gross proceeds in reserve funds	0		0							
5	Capitalized interest from proceeds	0		0							
6	Proceeds in refunding escrows	0		0							
7	Issuance costs from proceeds	0		0							
8	Credit enhancement from proceeds	0		0							
9	Working capital expenditures from proceeds	0		0							
10	Capital expenditures from proceeds	15,000,000		40,000,000							
11	Other spent proceeds	0		0							
12	Other unspent proceeds	0		0							
13	Year of substantial completion	2012		2012							
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?		X		X						
15	Were the bonds issued as part of an advance refunding issue?		X		X						
16	Has the final allocation of proceeds been made?	X		X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government▶	0 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government▶	0 %		0 %					
6 Total of lines 4 and 5	0 %		0 %					
7 Does the bond issue meet the private security or payment test?	X		X					
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X					

Part IV Arbitrage

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

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 59-0747311

Name: Southern Baptist Hospital of Florida Inc

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HARDEN & ASSOCIATES INC	DIRECTOR of filing organization	294,838	EMPLOYEE BENEFITS INSURANCE COMMISSIONS		No
(1) HARDEN & ASSOCIATES INC	DIRECTOR of filing organization	1,074,013	INSURANCE CONSULTING FEES		No
(2) Sherman Blair	Family member of director of filing organization	26,652	Employed by filing organization		No

SCHEDULE O
(Form 990 or
990-EZ)

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization Southern Baptist Hospital of Florida Inc	Employer identification number 59-0747311
--	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE ORGANIZATION HAS A SOLE CORPORATE MEMBER, BAPTIST HEALTH SYSTEM, INC , WHOSE BOARD OF DIRECTORS ELECTS THE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, 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 ORGANIZATION, ELECTS THE MEMBERS OF THE GOVERNING BODY OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	The Board of Directors of Baptist Health System, Inc , the sole corporate member of the fi ling organization, has the right to remove Directors of the Organization and must approve any amendments to the governing documents of the Organization

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Form 990 and accompanying schedules are prepared internally and then provided to Baptist Health System, Inc who is the sole corporate member of Southern Baptist Hospital of Florida, Inc. The board of directors of Baptist Health System, Inc are provided a copy of the form 990 and all accompanying schedules prior to filing with the internal revenue service center

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, 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 DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST BY THE DIRECTORS AND OFFICERS OF THE ORGANIZATION AND ITS AFFILIATES AND RECOMMENDS ANY ACTION TO BE TAKEN WITH REGARD TO SUCH DISCLOSURES IN 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 DIRECTOR'S ACTUAL OR POTENTIAL CONFLICT OF INTEREST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, 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 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'S 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	All officers and key employees of the organization were included in the Executive Compensation policy described on Form 990, Part VI, Line 15a. This process is used to establish compensation for these individuals for each calendar year.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization makes its governing documents, conflict of interest policy, financial statements, and three most recent forms 990 available to the public upon request The organization's tax returns are also available on www guidestar com

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Officer Compensation - A Hugh Greene	Baptist Health System, Inc (BHS) parent affiliate of Southern Baptist Hospital of Florida , 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 After over 26 5 years of service, A Hugh Greene reached retirement age under the executive SERP during 2015, causing his SERP benefit to vest Accordingly, the total amount of Mr Greene's SERP taxable benefit included in his W-2 , box 5 was \$12,666,683 in addition to his current year income Like other participants in the Executive SERP, Mr Greene's SERP compensation is payable over his lifetime with a 15 -year period certain This SERP amount is reported on Schedule J, Part II, Column (B)(iii) "Other Reportable Compensation" in addition to other reportable compensation, Column (F) "Compensation in column (B) reported as deferred in prior Form 990", and Form 990, Part VI

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Other Program Revenue - Total Revenue 7897188, Related or Exempt Function Revenue 789718 8, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Premier Healthcare Alliance, P A - Total Revenue 2560175, Related or Exempt Function Revenue 2535358, Unrelated Business Revenue 24817, Revenue Excluded from Tax Under Sect ions 512, 513, or 514 0,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfers to affiliated organizations - -57926226,

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Baptist Behavioral Health LLC 841 Prudential Dr Ste 1601 Jacksonville, FL 32207 46-4629700	Provide medical and healthcare services	FL	0	0	Southern Baptist Hospital of Florida Inc

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)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 841 PRUDENTIAL DR STE 1602 JACKSONVILLE, GA 32207 59-2487136	Financial/management assistance for health system	FL	501(c)3		Coastal Community Health Inc		No
(4)BAPTIST HEALTH SYSTEM FOUNDATION INC 841 PRUDENTIAL DR 13TH FLR JACKSONVILLE, FL 32207 59-2487135	FUNDRAISING FOR tax-exempt entities controlled by BHS	FL	501(c)3	7	BAPTIST HEALTH SYSTEM INC		No
(5)BAPTIST HEALTH PROPERTIES INC 1660 Prudential Dr Ste 101 JACKSONVILLE, FL 32207 59-2487133	Owns/manages real estate properties for health system	FL	501(c)3		BAPTIST HEALTH SYSTEM INC		No
(6)BAPTIST HEALTH AMBULATORY SERVICES INC 1660 Prudential Dr Ste 203 JACKSONVILLE, FL 32207 59-3410739	Medical Research and Education	FL	501(c)3		BAPTIST HEALTH SYSTEM INC		No
(7)Coastal Community Health Inc 841 Prudential Dr Ste 1450 Jacksonville, FL 32207 47-1322041	Regional affiliation of BHS with 2 other 501(c)(3) healthcare systems	FL	501(c)3		na		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	SOUTHERRN BAPTIST HOSPITAL OF FLORIDA INC	Excluded	1,363,801	3,587,085		No	0	Yes		98 5 %
(2) Corporate Health LLC 841 Prudential Dr Ste 1802 Jacksonville, FL 32207	Operation of a medically-based wellness program	FL	Baptist Health Ambulatory Services Inc	Related	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 3563 PHILIPS HWY BLD F STE 608 JACKSONVILLE, FL 32207 59-2059710	PHYSICIAN PRACTICES/RETAIL PHARMACIES	FL	BAPTIST HEALTH SYSTEM INC	C Corporation	0	0	0 %		No
(2) IT4CIN Inc 841 Prudential Dr Ste 1802 Jacksonville, FL 32207 47-3954500	Purchase health information technology products and services for its members	FL	na	C Corporation	0	0	0 %		No

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

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

Schedule R (Form 990) 2015

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
------------------	-------------

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 59-0747311
Name: Southern Baptist Hospital of Florida 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
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
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
BAPTIST HEALTH SYSTEM INC 841 PRUDENTIAL DR STE 1602 JACKSONVILLE, GA 32207 59-2487136	Financial/management assistance for health system	FL	501(c)(3)		Coastal Community Health Inc		No
BAPTIST HEALTH SYSTEM FOUNDATION INC 841 PRUDENTIAL DR 13TH FLR JACKSONVILLE, FL 32207 59-2487135	FUNDRAISING FOR tax- exempt entities controlled by BHS	FL	501(c)(3)	7	BAPTIST HEALTH SYSTEM INC		No
BAPTIST HEALTH PROPERTIES INC 1660 Prudential Dr Ste 101 JACKSONVILLE, FL 32207 59-2487133	Owens/manages real estate properties for health system	FL	501(c)(3)		BAPTIST HEALTH SYSTEM INC		No
BAPTIST HEALTH AMBULATORY SERVICES INC 1660 Prudential Dr Ste 203 JACKSONVILLE, FL 32207 59-3410739	Medical Research and Education	FL	501(c)(3)		BAPTIST HEALTH SYSTEM INC		No
Coastal Community Health Inc 841 Prudential Dr Ste 1450 Jacksonville, FL 32207 47-1322041	Regional affiliation of BHS with 2 other 501(c)(3) healthcare systems	FL	501(c)(3)		na		No