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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)  
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Information about Form 990 and its instructions is at [www.irs.gov/foi990](http://www.irs.gov/foi990)

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  
BAPTIST HEALTH SOUTH FLORIDA FOUNDATION  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
6855 RED ROAD STE 600  
City or town, state or province, country, and ZIP or foreign postal code  
CORAL GABLES, FL 33143

**D** Employer identification number  
59-1923401  
**E** Telephone number  
(786) 662-7000  
**G** Gross receipts \$ 111,955,203

**F** Name and address of principal officer  
WILLIAM H BANCHS  
6855 RED RD STE 600  
CORAL GABLES, FL 33143

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW BAPTISTHEALTH NET

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1979

**M** State of legal domicile FL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities SEE FORM 990, PART III, LINE 1				
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	103		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	101		
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	40		
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	29,296,912	Current Year	19,555,413
	<b>9</b> Program service revenue (Part VIII, line 2g)		0		0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,748,634		834,638
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,329,290		847,502
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		34,374,836		21,237,553
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,990,638	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			0		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			3,677,398		5,070,038
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			606,163		527,902
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,813,719					
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			2,258,757		2,819,087
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		17,532,956		21,552,972	
<b>19</b> Revenue less expenses Subtract line 18 from line 12		16,841,880		-315,419	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	105,076,015	End of Year	114,399,046
	<b>21</b> Total liabilities (Part X, line 26)		6,772,053		11,595,328
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20		98,303,962		102,803,718

**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: [Signature] Date: 2017-08-03  
MATTHEW ARSENAULT CORPORATE VP, FINANCE  
Type or print name and title

**Paid Preparer Use Only**  
Prnt/Type preparer's name: DELOITTE TAX LLP Preparer's signature: [Signature] Date: [Date]  
Check  if self-employed PTIN: P00648526  
Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772  
Firm's address ▶ 201 N FRANKLIN STREET SUITE 3600 Tampa, FL 336025818 Phone no (813) 273-8355

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission

SEE SCHEDULE O

**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 \$ 17,581,257 including grants of \$ 13,135,945 ) (Revenue \$ 835,235 )  
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 ▶ 17,581,257

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and health insurance issuers.

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 . . . . . [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a-1b, 2-9 regarding governing body structure and relationships.

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

Table with columns for question number, description, and Yes/No responses. Includes questions 10a-16b regarding organizational policies on chapters, conflicts of interest, whistleblower, and document retention.

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
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



**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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							1,423,019	428,205	181,511	

**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 ▶ 11

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>4</b> 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>	Yes	
<b>5</b> 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>		No

**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
COPLEY RAFF INC 233 NEEDHAM STREET NEWTON, MA 02464	PROFESSIONAL SVCS	318,644
TUSCANY PROMOTIONS LLC 9553 HARDING AVE 311 SURFSIDE, FL 33154	PURCHASED SVCS	250,000
ROBERT G BAAL 13505 SW 72 CT PINECREST, FL 33156	PROFESSIONAL SVCS	196,144

**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 ▶ 3

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	452,313				
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	19,103,100				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ <b>1g</b>	331,657				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . <b>▶</b>	19,555,413				
<b>Program Service Revenue</b>	<b>2a</b>	_____ Business Code _____					
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . <b>▶</b>					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . <b>▶</b>	1,710,268			1,710,268	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>					
	<b>5</b>	Royalties . . . . . <b>▶</b>					
	<b>6a</b>	Gross rents	(i) Real				
			(ii) Personal				
			<b>b</b> Less rental expenses				
			<b>c</b> Rental income or (loss)				
	<b>d</b>	Net rental income or (loss) . . . . . <b>▶</b>					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	88,609,991			
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses	89,485,621			
			<b>c</b> Gain or (loss)	-875,630			
	<b>d</b>	Net gain or (loss) . . . . . <b>▶</b>	-875,630			-875,630	
	<b>8a</b>	Gross income from fundraising events (not including \$ 452,313 of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
			<b>b</b> Less direct expenses . . . . . <b>b</b>	2,067,264			
			<b>c</b> Net income or (loss) from fundraising events . . . . . <b>▶</b>	835,235			835,235
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
			<b>b</b> Less direct expenses . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . . <b>▶</b>							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from sales of inventory . . . . . <b>▶</b>					
Miscellaneous Revenue		Business Code					
<b>11a</b>	MISCELLANEOUS REVENUE _____	900099	12,267			12,267	
<b>b</b>	_____						
<b>c</b>	_____						
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . <b>▶</b>		12,267				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . <b>▶</b>		21,237,553	0	0	1,682,140	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	13,135,945	13,135,945		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	710,032		710,032	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	3,475,161	3,055,191	419,970	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	182,536	133,251	49,285	
<b>9</b>	Other employee benefits . . . . .	429,197	313,314	115,883	
<b>10</b>	Payroll taxes . . . . .	273,112	199,372	73,740	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	1,017		1,017	
<b>c</b>	Accounting . . . . .				
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	527,902			527,902
<b>f</b>	Investment management fees . . . . .	388,543		388,543	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	1,505,940		255,294	1,250,646
<b>12</b>	Advertising and promotion . . . . .	32,091	1,605	4,814	25,672
<b>13</b>	Office expenses . . . . .	417,841	355,165	62,676	
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .				
<b>17</b>	Travel . . . . .	65,114	12,965	42,650	9,499
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .				
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	1,552	1,009	543	
<b>23</b>	Insurance . . . . .				
<b>24</b>	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.)				
<b>a</b>	MISCELLANEOUS . . . . .	223,659	190,110	33,549	
<b>b</b>	PROVISION FOR BAD DEBTS . . . . .	183,330	183,330		
<b>c</b>					
<b>d</b>					
<b>e</b>	All other expenses . . . . .				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	21,552,972	17,581,257	2,157,996	1,813,719
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	4,457,338	<b>2</b>	3,754,075
	<b>3</b> Pledges and grants receivable, net . . . . .	29,492,567	<b>3</b>	34,052,298
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 33,760		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 24,498	10,813	<b>10c</b> 9,262
	<b>11</b> Investments—publicly traded securities . . . . .	62,637,547	<b>11</b>	68,493,738
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	8,477,750	<b>15</b>	8,089,673
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	105,076,015	<b>16</b>	114,399,046	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,483,700	<b>17</b>	6,945,572
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	2,288,353	<b>25</b>	4,649,756
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	6,772,053	<b>26</b>	11,595,328
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	23,017,896	<b>27</b>	23,062,504
	<b>28</b> Temporarily restricted net assets . . . . .	62,421,952	<b>28</b>	66,580,240
	<b>29</b> Permanently restricted net assets . . . . .	12,864,114	<b>29</b>	13,160,974
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	98,303,962	<b>33</b>	102,803,718	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	105,076,015	<b>34</b>	114,399,046	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	21,237,553
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	21,552,972
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-315,419
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	98,303,962
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,051,511
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-236,336
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	102,803,718

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	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	
<b>3a</b>	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>3b</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:**

**Software Version:**

**EIN:** 59-1923401

**Name:** BAPTIST HEALTH SOUTH FLORIDA FOUNDATION

### Form 990, Part III, Line 4a

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<b>4a</b>	(Code	) (Expenses \$	17,581,257	including grants of \$	13,135,945 ) (Revenue \$	835,235 )
	SEE SCHEDULE O					

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
YERBY T BARKER ..... DIRECTOR	2 00 .....	X						0	0	0
RUDY KRANYS ..... DIRECTOR	2 00 .....	X						0	0	0
GERALD CASE ..... DIRECTOR BEG 10/15	6 00 .....	X						0	0	0
GEORGE ARONOFF ..... DIRECTOR	2 00 .....	X						0	0	0
JOSEPH BUCHANAN ESQ ..... DIRECTOR	2 00 .....	X						0	0	0
ROBERT BURSTEIN ..... DIRECTOR	2 00 .....	X						4,555	0	0
MAURICIO CAYON ..... DIRECTOR BEG 10/15	2 00 .....	X						0	0	0
KENT HAMILL ..... DIRECTOR BEG 10/15	2 00 .....	X						0	0	0
BRUCE WIRTZ MACARTHUR ..... DIRECTOR BEG 10/15	2 00 .....	X						0	0	0
JOANNE J MCGREGOR-GANUS ..... DIRECTOR	2 00 .....	X						0	0	0

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(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			
LEIF GUNDERSON ..... DIRECTOR	2 00 .....	X						721	0	0
LANE JONES ..... DIRECTOR	2 00 .....	X						0	0	0
ROBERT BERRIN ..... DIRECTOR	2 00 .....	X						0	0	0
WILLIAM DICKINSON ..... DIRECTOR	2 00 .....	X						0	0	0
WILLIAM W WILSON III ..... DIRECTOR	6 00 .....	X						0	0	0
RENE TAYLOR ..... DIRECTOR	2 00 .....	X						0	0	0
BETTY ANNE SCHILLING ..... DIRECTOR	2 00 .....	X						0	0	0
WILLIAM TILLET ..... DIRECTOR	2 00 .....	X						38	0	0
RICHARD ANDERSON ..... DIRECTOR	8 00 .....	X						0	0	0
JOHANNA PATERSON ..... DIRECTOR	2 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA MULL ..... DIRECTOR	2 00 ..... 0 00	X						370	0	0
PATRICIA STANLEY ..... DIRECTOR	2 00 ..... 2 00	X						14,940	0	0
JOEL M SHEPHERD ..... DIRECTOR END 09/16	2 00 ..... 0 00	X						0	0	0
CYNTHIA LEESFIELD ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
JOEL SCHENKMAN MD ..... DIRECTOR	2 00 ..... 2 00	X						5,075	0	0
TOMAS P ERBAN ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
LANI KAHN DRODY ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
AGUSTIN G DE GOYTISOLO ..... DIRECTOR	2 00 ..... 0 00	X						1,819	0	0
JAY HERSHOFF ESQ ..... DIRECTOR	2 00 ..... 4 00	X						2,563	0	0
JON LANDAU ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUAN-CARLOS QUINTERO DMD ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
LOURDES JOFRE-COLLETT ..... DIRECTOR	2 00 ..... 0 00	X						423	0	0
LUIS HERNANDEZ ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
PETER GARDNER ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						0	0	0
KENNETH AHONEN MD ..... DIRECTOR END 08/16	2 00 ..... 0 00	X						2,239	16,000	0
KAREL FOTI ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
WILLIAM HENNEBERRY ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
WILLIAM ROHRER ..... DIRECTOR END 09/16	2 00 ..... 0 00	X						0	0	0
CHIP VANDENBERG ..... DIRECTOR END 12/15	2 00 ..... 0 00	X						0	0	0
AGUSTIN VEITIA ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						0	0	0

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(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			
ROARK YOUNG ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
CHERYL ANNE MEADS ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
ERIS THOMAS ..... DIRECTOR END 10/15	2 00 ..... 0 00	X						0	0	0
SCOTT WESTON ..... DIRECTOR	2 00 ..... 8 00	X						2,869	0	0
MARTA YEE ..... DIRECTOR	2 00 ..... 0 00	X						3,776	0	0
NEIL R CRYSTAL ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
MARK BENNINGTON ..... DIRECTOR END 01/16	2 00 ..... 0 00	X						1,319	0	0
AUDRA L HILL ..... DIRECTOR	2 00 ..... 2 00	X						3,380	0	0
E CARLTON WILTON JR ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
JOSE AGUIRRECHU ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0

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(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			
LIANA M DE MENA ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
PEDRO FERNANDEZ ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
DONALD GALLO DMD ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
YGNACIO L GARCIA-SALADRIGAS ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
ALEX GIERBOLINI ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
JOSE ANTONIO GONZALEZ ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
KRISTINA GOSSMAN-DUCANES ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
CHARLOTTE ALTHIN HICKS ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
HANK KLEIN ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
CARLOS E LOWELL ..... DIRECTOR	2 00 ..... 2 00	X						517	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VICTORIA LOWELL ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
JUAN ANTONIO MICHELENA ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
LILLIAN M PETERS ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
AISLYNN THOMAS-MCDONALD ESQ ..... DIRECTOR END 05/16	2 00 ..... 0 00	X						0	0	0
FRANK MIGUEL VELOSO ..... DIRECTOR	2 00 ..... 0 00	X						3,317	0	0
KRISTINE T WENZEL ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
VIVIAN WILLIAMS ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
RODNEY BARRETO ..... DIRECTOR END 06/16	2 00 ..... 0 00	X						0	0	0
CARLOS ARRIOLA ..... DIRECTOR END 02/16	2 00 ..... 0 00	X						1,814	0	0
OSCAR BARBARA ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD BARBARA ESQ ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						0	0	0
RODNEY BELL ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						325	0	0
STEPHEN BLUMENTHAL ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
DAVID CAROLAN ..... DIRECTOR BEG 01/16	2 00 ..... 0 00	X						0	0	0
ROBERT COWARD ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						0	0	0
WAYNE ELDRED ..... DIRECTOR BEG 01/16	2 00 ..... 0 00	X						0	0	0
LISA GAETA ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
RICHARD GOMEZ ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
ILIEN HECHTMAN ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						0	0	0
MARK HERNANDEZ MD ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						0	5,588	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DENNIS JARA ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						0	0	0
JUDITH KATZEN ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						0	0	0
SAMIR KULKARNI MD ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						640	0	0
FERNANDO MENDOZA MD ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						2,871	0	0
THOMAS MURPHY ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						0	0	0
CHRISTOPHER PAGE ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
JORGE PEREZ MD ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						0	0	0
MARCOS PEREZ ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
JOSE PROTUONDO MD ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						0	0	0
RAMON RASCO ESQ ..... DIRECTOR END 06/16	2 00 ..... 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DARREN SALINGER MD ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						0	3,400	0
CRISTINA SULLIVAN ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						0	0	0
JEFFREY TAYLOR ..... DIRECTOR	2 00 ..... 0 00	X						0	0	0
ERNESTO VALDES MD ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						0	16,150	0
OTTO VEGA MD ..... DIRECTOR BEG 10/15	2 00 ..... 0 00	X						0	5,025	0
JOSEPH WESTON ..... DIRECTOR	2 00 ..... 2 00	X						0	0	0
LLOYD WRUBLE DMD ..... DIRECTOR BEG 10/15	2 00 ..... 2 00	X						0	0	0
ERNESTO AVINO ..... DIRECTOR BEG 07/16	2 00 ..... 0 00	X						0	0	0
CAROLINA CANIDA ..... DIRECTOR BEG 07/16	2 00 ..... 0 00	X						0	0	0
BEA CITRON ..... DIRECTOR BEG 07/16	2 00 ..... 0 00	X						0	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLAUDINE CLAUS ..... DIRECTOR BEG 07/16	2 00 ..... 0 00	X						0	0	0
ANDREW DICKSON ..... DIRECTOR BEG 07/16	2 00 ..... 0 00	X						0	0	0
GARDO GOMEZ ..... DIRECTOR BEG 07/16	2 00 ..... 0 00	X						0	0	0
JOSE GUREVICH DDS ..... DIRECTOR BEG 07/16	2 00 ..... 0 00	X						0	0	0
MICHAEL KATZ ..... DIRECTOR BEG 07/16	2 00 ..... 0 00	X						0	0	0
A TODD KESTERSON ..... DIRECTOR END 09/16	2 00 ..... 0 00	X						0	0	0
GAIL LONG ..... DIRECTOR BEG 07/16	2 00 ..... 0 00	X						0	0	0
ALEX MONTAGUE ..... DIRECTOR BEG 07/16	2 00 ..... 0 00	X						0	0	0
EVAN REES ..... DIRECTOR BEG 07/16	2 00 ..... 0 00	X						0	0	0
ANITA SHARMA ..... DIRECTOR BEG 07/16	2 00 ..... 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL SKORIC ..... DIRECTOR BEG 07/16	2 00 ..... 0 00	X						0	0	0
ALBERT TANO MD ..... DIRECTOR BEG 07/16	2 00 ..... 0 00	X						7,335	0	0
CARMEN TUDELA MD ..... DIRECTOR BEG 07/16	2 00 ..... 0 00	X						0	0	0
JAVIER VAZQUEZ ..... DIRECTOR BEG 07/16	2 00 ..... 0 00	X						0	0	0
BORIS ZEDAN ..... DIRECTOR BEG 07/16	2 00 ..... 0 00	X						0	0	0
WILLIAM BANCHS ..... CEO	50 00 ..... 0 00			X				397,732	0	30,334
CHRISTOPHER KRAUS ..... VP & COO	50 00 ..... 0 00			X				275,484	0	55,732
SEAN KRAMER ..... DEVELOPMENT OFFICER	45 00 ..... 0 00					X		164,128	0	10,728
KARL CETTA ..... FUNDRAISER	45 00 ..... 0 00					X		142,109	57,477	35,468
WENDY GENTES ..... DEVELOPMENT OFFICER	45 00 ..... 0 00					X		138,870	0	17,786

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANNA MARTINEZ ..... DEVELOPMENT OFFICER	45 00 ..... 0 00					X		127,566	0	4,117
NATALIE FERRER ..... DEVELOPMENT OFFICER	45 00 ..... 0 00					X		112,195	0	23,018
YVONNE JOHNSON MD ..... FORMER DIRECTOR	0 00 ..... 2 00						X	433	181,390	4,328
JORGE MEJIA MD ..... FORMER DIRECTOR	0 00 ..... 2 00						X	0	60,000	0
MICHAEL FILI MD ..... FORMER DIRECTOR	0 00 ..... 2 00						X	3,596	83,175	0

2015

Open to Public Inspection

SCHEDULE A (Form 990 or 990EZ)

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.

Department of the Treasury Internal Revenue Service

Name of the organization BAPTIST HEALTH SOUTH FLORIDA FOUNDATION

Employer identification number

59-1923401

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	5,847,271	8,320,602	9,538,272	9,500,578	9,406,458	42,613,181
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	5,847,271	8,320,602	9,538,272	9,500,578	9,406,458	42,613,181
<b>5</b> 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)						62,524
<b>6 Public support.</b> Subtract line 5 from line 4						42,550,657

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b> Amounts from line 4	5,847,271	8,320,602	9,538,272	9,500,578	9,406,458	42,613,181
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,246,841	1,489,434	1,458,497	1,811,356	1,710,268	7,716,396
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					12,268	12,268
<b>11 Total support.</b> Add lines 7 through 10						50,341,845

**12** Gross receipts from related activities, etc. (see instructions) **12** 17,575,689

**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** 84.520%

**15** Public support percentage for 2014 Schedule A, Part II, line 14 **15** 84.610%

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2015.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b 33 1/3% support tests—2014.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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**

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

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 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?  
*If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  
*If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
  - 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.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  
*If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
  - b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  
*If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations. **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
  - b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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

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

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

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS REVENUE - 2015 AMOUNT \$ 12,268

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
UNUSUAL GRANTS	TAX YEAR 2011 DATE OF GRANT 07/06/2012 AMOUNT \$2,171,434 TAX YEAR 2012 DATE OF GRANT 12/26/2012 AMOUNT \$1,000,000 DATE OF GRANT 12/28/2012 AMOUNT \$1,071,055 DATE OF GRANT 02/27/2013 AMOUNT \$1,000,000 DATE OF GRANT 05/01/2013 AMOUNT \$1,000,000 DATE OF GRANT 05/23/2013 AMOUNT \$1,000,000 TAX YEAR 2013 DATE OF GRANT 10/14/2013 AMOUNT \$1,333,333 DATE OF GRANT 01/20/2014 AMOUNT \$1,000,000 DATE OF GRANT 02/25/2014 AMOUNT \$1,115,664 DATE OF GRANT 03/25/2014 AMOUNT \$1,000,000 TAX YEAR 2014 DATE OF GRANT VARIOUS AMOUNT \$12,945,115 DATE OF GRANT 10/13/2014 AMOUNT \$3,060,000 DATE OF GRANT 02/18/2015 AMOUNT \$1,000,000 DATE OF GRANT 02/18/2015 AMOUNT \$1,000,000 DATE OF GRANT 05/19/2015 AMOUNT \$1,000,000 DATE OF GRANT 07/10/2015 AMOUNT \$791,219

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
TAX YEAR 2015	DATE OF GRANT 10/02/2015 AMOUNT \$5,100,000 DATE OF GRANT VARIOUS AMOUNT \$950,000 DATE OF G RANT 09/30/2016 AMOUNT \$900,000 DATE OF GRANT 05/26/2016 AMOUNT \$750,000 DATE OF GRANT 02/ 29/2016 AMOUNT \$500,000 DATE OF GRANT 09/30/2016 AMOUNT \$500,000 DATE OF GRANT 01/12/2016  AMOUNT \$500,000 DATE OF GRANT 01/26/2016 AMOUNT \$498,955 DATE OF GRANT 04/18/2016 AMOUNT \$ 450,000

**Schedule A (Form 990 or 990-EZ) 2015**

**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](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
**Open to Public Inspection**

**Name of the organization**  
BAPTIST HEALTH SOUTH FLORIDA FOUNDATION

**Employer identification number**  
59-1923401

**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.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
<b>a</b> Total number of conservation easements	
<b>b</b> Total acreage restricted by conservation easements	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	
<b>d</b> 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 ▶ \$ \_\_\_\_\_

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Table with 2 columns: Description (1c-1f) and Amount.

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

Table with 6 columns: (a) Current year, (b) Prior year, (b) (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a Board designated or quasi-endowment
b Permanent endowment 100 000 %
c Temporarily restricted endowment
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?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Small table for 3a(i), 3a(ii), 3b with Yes/No columns.

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.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other.

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Includes a Total row at the bottom.

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

Table with 2 columns: (a) Description, (b) Book value. Rows include ACCRUED INTEREST RECEIVABLE, CASH SURRENDER VALUE, RECEIVABLE FROM REMAINDER TRUSTS, and PLEDGE RECEIVABLE FROM BHSF RE FOUNDATION.

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes and DUE TO AFFILIATES.

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

**Part 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	288,896,580
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	281,585,443	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	281,585,443
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	7,311,137
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	13,926,416	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	13,926,416
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	21,237,553

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	334,683,298
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	322,681,556	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	322,681,556
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	12,001,742
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	9,551,230	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	9,551,230
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	21,552,972

**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:**

**Software Version:**

**EIN:** 59-1923401

**Name:** BAPTIST HEALTH SOUTH FLORIDA FOUNDATION

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4	INTENDED USE OF ORGANIZATION'S ENDOWMENT FUNDS BAPTIST HEALTH SOUTH FLORIDA FOUNDATION, IN C'S ENDOWMENT CONSISTS OF FUNDS THAT HAVE BEEN LIMITED BY DONORS TO A SPECIFIC TIME PERIOD OR PURPOSE AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS ALL ENDOWMENTS RECEIVED BY BHSF FOUNDATION HAVE BEEN RECORDED AS PERMANENTLY RESTRICTED NET ASSETS DUE TO THE DONOR IMPOSED RESTRICTIONS ENDOWMENT FUNDS RECEIVED ARE INCLUDED IN ASSETS WHOSE USE IS LIMITED AND INVESTED IN ACCORDANCE WITH BAPTIST HEALTH SOUTH FLORIDA'S (BHSF) INVESTMENT POLICY GIFTS DONATED TO THE PERMANENTLY RESTRICTED ENDOWMENTS ARE CLASSIFIED AS PERMANENTLY RESTRICTED NET ASSETS AT THEIR ORIGINAL FAIR VALUE GIFTS DONATED WITH TEMPORARY RESTRICTIONS ARE CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS AT THEIR ORIGINAL FAIR VALUE, UNTIL THOSE ASSETS ARE APPROPRIATED FOR EXPENDITURE BY THE BHSF HOSPITALS OR BAPTIST OUTPATIENT SERVICES, INC (BOS) IN ACCORDANCE WITH DONORS' WISHES INCOME DERIVED FROM PERMANENTLY AND TEMPORARILY RESTRICTED NET ASSETS IS EXPENDABLE TO SUPPORT THE BHSF HOSPITALS AND BOS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY THE ENDOWMENT FUNDS AT BAPTIST HEALTH SOUTH FLORIDA FOUNDATION SUPPORT E-ICU SERVICES, HYPERBARIC MEDICINE, ONCOLOGY SERVICES, ELECTROPHYSIOLOGY PROGRAM, CHILD DEVELOPMENT PROGRAM, THE PEPE ALVAREZ MEMORIAL LECTURE FUND AND AN ANNUAL DINNER LECTURE FOR NURSES

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE THE CURRENT ACCOUNTING STANDARDS REQUIRE THAT DEFERRED INCOME TAXES REFLECT THE TAX CONSEQUENCES ON FUTURE YEARS OF DIFFERENCES BETWEEN THE TAX BASES OF ASSETS AND LIABILITIES AND THEIR BASES FOR FINANCIAL REPORTING PURPOSES IN ADDITION, FUTURE TAX BENEFITS, SUCH AS MINIMUM TAX CREDIT CARRY FORWARDS, ARE REQUIRED TO BE RECOGNIZED TO THE EXTENT THAT REALIZATION OF SUCH BENEFITS IS MORE LIKELY THAN NOT AS OF SEPTEMBER 30, 2016 AND 2015, BHSF HAD NO MATERIAL UNRECOGNIZED TAX POSITIONS

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF LIFE INSURANCE POLICIES 44,528 REVENUE OF AFFILIATES 276,877,947 NET UNREALIZED GAINS ON INVESTMENTS 5,051,511 INVESTMENT MANAGEMENT FEES -388,543

**Supplemental Information**

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	NET ASSETS RELEASED FROM RESTRICTIONS -3,973,258 TEMPORARILY RESTRICTED FUNDS FROM FUNDRA ISING EVENTS 835,235 PERMANENTLY RESTRICTED FUNDS CURRENT YEAR 226,379 TEMPORARILY RESTR ICTED FUNDS CURRENT YEAR 16,385,746 NON-CASH CONTRIBUTIONS 331,657 CASH CONTRIBUTIONS 12 0,657

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES OF AFFILIATES 322,681,556

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	CONTRIBUTIONS TO AFFILIATES FOR PP&E 9,162,687 INVESTMENT MANAGEMENT FEES 388,543

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ

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

Name of the organization  
BAPTIST HEALTH SOUTH FLORIDA FOUNDATION

Employer identification number  
59-1923401

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ROBERT BAAL C/O 6855 RED ROAD STE 600  CORAL GABLES, FL 33143	FUNDRAISING		No	0	188,793	0
2 JOSEFINA ROMANO BROWN C/O 6855 RED ROAD STE 600  CORAL GABLES, FL 33143	FUNDRAISING		No	0	106,227	0
3 COPLEY RAFF INC C/O 6855 RED ROAD STE 600  CORAL GABLES, FL 33143	FUNDRAISING		No	0	232,882	0
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>					527,902	

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

FL

**Part II Fundraising Events.**

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

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		<b>MCVI BOCELLI EVENT</b> (event type)	<b>MH BALL</b> (event type)	<b>4</b> (total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	1,362,299	595,277	562,001	2,519,577
	<b>2</b> Less Contributions . . . . .	282,206	110,350	59,757	452,313
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	1,080,093	484,927	502,244	2,067,264
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	0	91,416	46,831	138,247
	<b>7</b> Food and beverages . . . . .	45,604	103,250	19,116	167,970
	<b>8</b> Entertainment . . . . .	250,000	12,000	5,000	267,000
	<b>9</b> Other direct expenses . . . . .	360,884	160,634	137,294	658,812
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				1,232,029
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				835,235	

**Part III Gaming.**

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

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

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

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

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

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

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

**11** Does the organization conduct gaming activities with nonmembers?  Yes  No

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

**13** Indicate the percentage of gaming activity conducted in

<b>a</b>	The organization's facility	%
<b>b</b>	An outside facility	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

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

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

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

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization BAPTIST HEALTH SOUTH FLORIDA FOUNDATION

Employer identification number

59-1923401

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (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. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 9

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

**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) Amount 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	BAPTIST HEALTH SOUTH FLORIDA FOUNDATION CONTRIBUTES TO ORGANIZATIONS THAT ARE IN ALIGNMENT WITH ITS MISSION THE ORGANIZATION STRIVES TO ENSURE THAT CONTRIBUTIONS ARE MADE TO ORGANIZATIONS THAT IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES IT SERVES TYPICALLY MEMBERS OF MANAGEMENT ARE INVOLVED WITH THESE ORGANIZATIONS AND MONITOR THE BENEFITS THE COMMUNITIES RECEIVE

**Additional Data**

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

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAPTIST HOSPITAL OF MIAMI INC 8900 NORTH KENDALL DRIVE MIAMI, FL 33176	59-0910342	501 (C)(3)	5,148,401				OPERATIONS, PROPERTY & EQUIPMENT ACQUISITIONS
SOUTH MIAMI HOSPITAL INC 6200 SW 73 STREET MIAMI, FL 33143	59-0872594	501 (C)(3)	1,373,630				OPERATIONS, PROPERTY & EQUIPMENT ACQUISITIONS
MARINERS HOSPITAL INC 91500 OVERSEAS HIGHWAY TAVERNIER, FL 33070	59-1987355	501 (C)(3)	780,848				OPERATIONS, PROPERTY & EQUIPMENT ACQUISITIONS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAPTIST HEALTH SOUTH FLORIDA INC 6855 RED ROAD SUITE 500 CORAL GABLES, FL 33143	65-0267668	501 (C)(3)	3,527,499				OPERATIONS, PROPERTY & EQUIPMENT ACQUISITIONS
HOMESTEAD HOSPITAL 975 BAPTIST WAY HOMESTEAD, FL 33033	65-0232993	501 (C)(3)	1,247,310				OPERATIONS, PROPERTY & EQUIPMENT ACQUISITIONS
DOCTORS HOSPITAL 5000 UNIVERSITY DR CORAL GABLES, FL 33146	04-3775926	501 (C)(3)	49,956				OPERATIONS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEST KENDALL BAPTIST HOSPITAL 9555 SW 162 AVE MIAMI, FL 33196	52-2438452	501 (C)(3)	160,696				OPERATIONS, PROPERTY & EQUIPMENT ACQUISITIONS
BAPTIST OUTPATIENT SERVICES 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143	56-2290370	501 (C)(3)	678,192				OPERATIONS
BAPTIST HEALTH MEDICAL GROUP INC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143	46-2597739	501 (C)(3)	169,412				OPERATIONS

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**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.**

**2015**  
**Open to Public Inspection**

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

Name of the organization BAPTIST HEALTH SOUTH FLORIDA FOUNDATION	Employer identification number 59-1923401
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</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.</p>	<b>1b</b>									
<p><b>2</b> 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?</p>	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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:</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> 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:</p>										
<p><b>a</b> The organization?</p>	<b>5a</b>	No								
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	No								
<p><b>6</b> 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:</p>										
<p><b>a</b> The organization?</p>	<b>6a</b>	No								
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	No								
<p><b>7</b> 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.</p>	<b>7</b>	Yes								
<p><b>8</b> 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.</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**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				
1 WILLIAM BANCHSCEO	(i)	248,403	137,934	11,395	5,300	25,034	428,066	0
	(ii)	0	0	0	0	0	0	0
2 CHRISTOPHER KRAUS VP & COO	(i)	172,108	91,353	12,023	21,382	34,350	331,216	16,632
	(ii)	0	0	0	0	0	0	0
3 SEAN KRAMER DEVELOPMENT OFFICER	(i)	138,587	20,341	5,200	3,305	7,423	174,856	0
	(ii)	0	0	0	0	0	0	0
4 KARL CETTAFUNDRaiser	(i)	93,427	43,641	5,041	2,919	18,552	163,580	0
	(ii)	54,507	0	2,970	1,212	12,785	71,474	0
5 WENDY GENTES DEVELOPMENT OFFICER	(i)	110,119	17,902	10,849	2,847	14,939	156,656	0
	(ii)	0	0	0	0	0	0	0
6 YVONNE JOHNSON MD FORMER DIRECTOR	(i)	0	0	433	0	0	433	0
	(ii)	162,000	0	19,390	3,258	1,070	185,718	0
7 JORGE MEJIA MD FORMER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	0	0	60,000	0	0	60,000	0
8 MICHAEL FILI MD FORMER DIRECTOR	(i)	0	0	3,596	0	0	3,596	0
	(ii)	0	0	83,175	0	0	83,175	0

**Part III Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	AS PART OF THE BAPTIST HEALTH SOUTH FLORIDA EXECUTIVE BENEFIT PLAN, EXECUTIVES ARE ELIGIBLE TO ALLOCATE A PORTION OF THEIR FLEXIBLE SPENDING ALLOWANCE TO A SUPPLEMENTAL SURVIVOR ACCUMULATION BENEFIT (SSAB) ACCOUNT. THE SSAB IS A LIFE INSURANCE PRODUCT THAT PROVIDES A DEFERRED RETIREMENT BENEFIT FOR THE EXECUTIVE OR A DEATH BENEFIT FOR THE EXECUTIVE'S SURVIVORS. CONTRIBUTIONS TO THE SSAB MAY BE MADE ANNUALLY TO THE PARTICIPANT'S ACCOUNT. ALL CONTRIBUTIONS ACCUMULATE, ALONG WITH INVESTMENT EARNINGS, FOR THE PERIOD THE EXECUTIVE PARTICIPATES. THE EXECUTIVE DOES NOT HAVE ACCESS TO THE CONTRIBUTIONS MADE OR THE RELATED INVESTMENT INCOME, ALL OF WHICH IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE. PURSUANT TO THE SSAB PLAN GUIDELINES, THIS BENEFIT IS TERMINATED UPON AN EXECUTIVE REACHING AGE 65. HOWEVER, PAYMENT CAN BE DEFERRED TO A DATE AT LEAST TWO YEARS AFTER REACHING AGE 65 BUT NO LATER THAN 68. AT THAT TIME THE ENTIRE AMOUNT ACCUMULATED IS PAID OUT IN A LUMP SUM.
SCHEDULE J, PART I, LINE 7	KEY EXECUTIVES WHO CONTROL SIGNIFICANT ASSETS OR WHO HAVE A MAJOR IMPACT ON OPERATIONS MAY EARN INCENTIVE PAY, CAPPED AT A PRE-DETERMINED PERCENTAGE OF THE EXECUTIVE'S BASE SALARY. THE PURPOSE OF INCENTIVE PAY IS TO FOCUS EXECUTIVE ACTION ON KEY "PERFORMANCE THRESHOLDS AND CORPORATE GOALS THAT ARE APPROVED BY THE BOARD'S COMPENSATION COMMITTEE. THE ACHIEVEMENT OF THESE GOALS REQUIRES EXTRAORDINARY EFFORT, COMMITMENT AND ACHIEVEMENT. THE INCENTIVE COMPONENT OF THE EXECUTIVE'S TOTAL COMPENSATION IS VARIABLE AND TOTALLY AT RISK, DEPENDING UPON THE ACHIEVEMENT OF THE AGREED-UPON GOALS.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No 1545-0047

# 2015

**Open to Public Inspection**

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

Name of the organization  
BAPTIST HEALTH SOUTH FLORIDA FOUNDATION

Employer identification number  
59-1923401

## Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .	X	1	48,600	FAIR MARKET VALUE
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( JEWELRY )	X	3	168,400	FAIR MARKET VALUE
26 Other ▶ ( MISCELLANEOUS )	X	7	114,657	FAIR MARKET VALUE
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

29 2

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

**Part II Supplemental Information.**

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

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED

**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](http://www.irs.gov/form990).

**2015**

**Open to Public  
Inspection**

Name of the organization  
BAPTIST HEALTH SOUTH FLORIDA FOUNDATION

**Employer identification number**

59-1923401

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 1	THE MISSION OF BAPTIST HEALTH IS TO IMPROVE THE HEALTH AND WELL-BEING OF INDIVIDUALS, AND TO PROMOTE THE SANCTITY AND PRESERVATION OF LIFE, IN THE COMMUNITIES WE SERVE BAPTIST HEALTH IS A FAITH-BASED ORGANIZATION GUIDED BY THE SPIRIT OF JESUS CHRIST AND THE JUDEO-CHRISTIAN ETHIC WE ARE COMMITTED TO MAINTAINING THE HIGHEST STANDARDS OF CLINICAL AND SERVICE EXCELLENCE, ROOTED IN THE UTMOST INTEGRITY AND MORAL PRACTICE. CONSISTENT WITH ITS SPIRITUAL FOUNDATION, BAPTIST HEALTH IS DEDICATED TO PROVIDING HIGH-QUALITY, COST-EFFECTIVE, COMPASSIONATE HEALTHCARE SERVICES TO ALL, REGARDLESS OF RELIGION, CREED, RACE OR NATIONAL ORIGIN, INCLUDING, AS PERMITTED BY ITS RESOURCES, CHARITY CARE TO THOSE IN NEED

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CONSISTENT WITH ITS SPIRITUAL FOUNDATION, BAPTIST HEALTH SOUTH FLORIDA AND ITS AFFILIATES (BAPTIST HEALTH) ARE DEDICATED TO PROVIDING HIGH-QUALITY, COST-EFFECTIVE, COMPASSIONATE HEALTHCARE SERVICES TO ALL, INCLUDING, AS PERMITTED BY OUR RESOURCES, CHARITY CARE TO THOSE IN NEED DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2016, BAPTIST HEALTH PROVIDED PATIENT SERVICES TO THE SOUTH FLORIDA AREA WITH 74,362 ADULT ADMISSIONS, 366,494 PATIENT DAYS, AND 356,262 EMERGENCY ROOM VISITS DURING THAT SAME TIME PERIOD, URGENT CARE VISITS TOTALED 300,686, OUTPATIENT SURGERY CASES 60,522, AND TOTAL OUTPATIENT VISITS WERE 1,140,808 SYSTEM-WIDE AS OF SEPTEMBER 30, 2016 THE SYSTEM HAD 1,762 LICENSED INPATIENT BEDS COMPRISED OF 1,641 ACUTE CARE, 69 NEONATAL INTENSIVE CARE LEVEL II, 29 NEONATAL INTENSIVE CARE LEVEL II I AND 23 COMPREHENSIVE MEDICAL REHABILITATION IN TOTAL BAPTIST HEALTH PROVIDED MORE THAN \$188,490,000 IN COMMUNITY BENEFIT DURING ITS 2016 FISCAL YEAR WE PROVIDED CHARITY CARE VALUED AT \$94,352,000 AS WELL AS \$37,973,000 IN UNCOMPENSATED SERVICES THE ESTIMATED COST OF PROVIDING CHARITY SERVICES AND UNCOMPENSATED SERVICES IS BASED ON RECENT HISTORICAL COST-TO-CHARGE RATIOS FOR CHARITY PATIENTS AND MEDICAID PATIENTS FROM BHSF'S COST ACCOUNTING SYSTEM, APPLIED TO THE CURRENT PERIOD GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY AND MEDICAID PATIENTS WE ALSO CONTRIBUTED \$25,834,500 TO THE INDIGENT CARE FUND AND EXPENDED \$5,172,000 FOR EDUCATIONAL PROGRAMS, SCREENINGS, CORPORATE SPONSORSHIPS AND DONATIONS FREE COMMUNITY HEALTH AND WELLNESS PROGRAMS COVERED TOPICS RANGING FROM INSOMNIA AND FOOD SAFETY TO DIABETES AND WEIGHT CONTROL IN ADDITION, BAPTIST HEALTH PROVIDED FREE SCREENINGS FOR CHOLESTEROL, BLOOD PRESSURE, BODY COMPOSITION AND OSTEOPROVIDE BAPTIST HEALTH ALSO HELPED THOSE IN NEED OF PRIMARY CARE SERVICES BY DONATING APPROXIMATELY \$1,907,000 TO NEIGHBORHOOD NOT-FOR-PROFIT CLINICS SUCH AS THE OPEN DOOR HEALTH CENTER IN HOMESTEAD, THE SOUTH MIAMI CHILDREN'S CENTER AND GOOD NEWS CARE CENTER IN SOUTH MIAMI AND THE GOOD HEALTH CLINIC IN TAVERNIER BAPTIST HEALTH SPENT \$16,591,900 PAYING PHYSICIANS WHO PROVIDE CARE TO OUR COMMUNITY MEMBERS IN NEED ADDITIONALLY, WE PROVIDED \$2,310,000 IN CONTINUING MEDICAL EDUCATION, \$732,600 IN CHAPLAINCY, \$1,503,000 IN PALLIATIVE CARE AND \$2,115,000 IN UNFUNDED PATIENT CARE DURING THE YEAR ENDED SEPTEMBER 30, 2016 FULFILLING OUR MISSION TO PROVIDE COMPASSIONATE CARE TO THE ENTIRE COMMUNITY ISN'T ONLY ABOUT ASSISTING THOSE IN FINANCIAL NEED IT IS ALSO ABOUT SUPPORTING SERVICES THAT LOSE MONEY BUT ARE ESSENTIAL TO OUR COMMUNITY IN 2007, BAPTIST HEALTH INVESTED APPROXIMATELY \$135,000,000 IN BUILDING A REPLACEMENT HOSPITAL FOR HOMESTEAD HOSPITAL HOMESTEAD HOSPITAL OPERATES AT A LOSS, BUT BAPTIST HEALTH CONTINUES TO OPERATE THIS HOSPITAL BECAUSE IT FILLS AN IMPORTANT COMMUNITY NEED FOR QUALITY HEALTHCARE ADDITIONALLY BAPTIST HEALTH HAS INVESTED SUBSTANTIAL FUNDS TO HARDEN ITS FACILITIES TO</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A	<p>WITHSTAND A CATEGORY 5 HURRICANE FOR THE PROTECTION OF OUR PATIENTS AND NEIGHBORS MIAMI CANCER INSTITUTE OFFICIALLY OPENED ITS DOORS IN JANUARY 2017 THE \$430 MILLION, 445,000-SQU ARE-FOOT FACILITY IS PART OF BAPTIST HEALTH SOUTH FLORIDA MIAMI CANCER INSTITUTE HAS BECO ME THE THIRD FULL MEMBER, AND THE ONLY MEMBER IN FLORIDA, OF THE MEMORIAL SLOAN KETTERING (MSK) CANCER ALLIANCE, AN INITIATIVE DESIGNED TO COLLABORATIVELY GUIDE COMMUNITY PROVIDERS TOWARD STATE-OF-THE-ART CANCER CARE MIAMI CANCER INSTITUTE FEATURES A UNIQUE, HYBRID ACA DEMIC-COMMUNITY CANCER CENTER MODEL BACKED BY 30 YEARS OF BAPTIST HEALTH'S EXPERTISE IN CA NCER CARE THE FACILITY, LOCATED ON THE BAPTIST HOSPITAL CAMPUS, CONSOLIDATES MANY OUTPATIENT CLINICAL SERVICES, CLINICAL RESEARCH, AND TECHNOLOGY PLATFORMS UNDER ONE ROOF THE INS TITUTE IS HOME TO ONE OF THE MOST COMPREHENSIVE AND ADVANCED RADIATION ONCOLOGY PROGRAMS I N THE WORLD, INCLUDING SOUTH FLORIDA'S FIRST PROTON THERAPY CENTER, ONE OF UNDER TWO DOZEN PROTON THERAPY CENTERS IN THE NATION, WHICH WILL OPEN LATER THIS YEAR THE PRECISION OF P ROTON THERAPY ALLOWS DOCTORS TO TARGET CANCER CELLS WITHOUT DAMAGING HEALTHY TISSUE AND VITAL ORGANS MIAMI CANCER INSTITUTE EXPECTS TO DRAW A SIGNIFICANT NUMBER OF PATIENTS FROM O UTSIDE THE UNITED STATES AND WILL ATTRACT LEADING MEDICAL AND BUSINESS PROFESSIONALS TO SO UTH FLORIDA FOR CONFERENCES, SYMPOSIA AND OTHER EVENTS THE HILTON MIAMI-DADELAND - A 184- ROOM, FULL-SERVICE HOTEL AND CONFERENCE CENTER - IS DUE TO OPEN ON THE WEST END OF THE BAP TIST HOSPITAL CAMPUS IN LATE 2018 AND WILL BE AN ESSENTIAL COMPONENT TO SERVING OUT-OF-TOW N PATIENTS AND GUESTS VISITING THE CANCER INSTITUTE IN ADDITION TO THE HEALTH-RELATED BEN EFITS LISTED ABOVE, BAPTIST HEALTH ALSO HAS A SIGNIFICANT AND POSITIVE FINANCIAL IMPACT ON OUR COMMUNITY WE DIRECTLY EMPLOY MORE THAN 15,500 INDIVIDUALS AND DIRECTLY AND INDIRECTLY CREATE ANOTHER 34,000 JOBS AS SOUTH FLORIDA'S LARGEST PRIVATE EMPLOYER, BAPTIST HEALTH IS TAKING A LEADERSHIP ROLE BY COMMITTING TO THE ENVIRONMENTALLY RESPONSIBLE, ENERGY-EFFIC IENT DESIGN AND FUNCTION OF OUR FACILITIES WEST KENDALL BAPTIST HOSPITAL IS CERTIFIED AS A GREEN BUILDING THROUGH THE LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) PROGRAM FOR THE U S GREEN BUILDING COUNCILS THIS COMMITMENT APPLIES TO OUR DAY-TO-DAY OPERATIONS , AS WELL, FROM THE SUPPLIES WE PURCHASE TO THE VEHICLES WE USE IN ACCORDANCE WITH OUR FA ITH-BASED MISSION, BAPTIST HEALTH SOUTH FLORIDA AND ITS AFFILIATES ARE COMMITTED TO MAKING A SIGNIFICANT, POSITIVE IMPACT ON THE COMMUNITY IT SERVES</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IV, LINE 24A	BOND LIABILITIES ALL BOND LIABILITIES WILL BE REPORTED AT THE PARENT LEVEL, ON SCHEDULE K OF BAPTIST HEALTH SOUTH FLORIDA, INC 'S 2015 FORM 990

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART V, LINE 1A	US INFORMATIONAL RETURNS BAPTIST HEALTH SOUTH FLORIDA (BHSF) HAS A SYSTEM-WIDE TREASURY POLICY, WHICH RECOGNIZES ITS RESPONSIBILITY TO OVERSEE, MANAGE, AND COORDINATE ALL AFFILIATE OPERATIONS, INCLUDING THE TREASURY FUNCTIONS BHSF SERVES AS THE CENTRALIZED CASH RECEIPT AND DISBURSING AGENT FOR ALL BHSF ENTITIES AS SUCH ONLY BHSF ISSUES US INFORMATIONAL RETURNS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART V, LINE 2A	EMPLOYEES REPORTED ON FORM W-3 BAPTIST HEALTH SOUTH FLORIDA (BHSF) IS THE APPOINTED PAY AGENT FOR ALL OF ITS AFFILIATES AS SUCH ONLY BHSF ISSUES FORM W-3

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	CARLOS LOWELL AND VICTORIA LOWELL HAVE A FAMILY RELATIONSHIP JOSEPH WESTON AND SCOTT WESTON HAVE A FAMILY RELATIONSHIP OSCAR BARBARA AND RICHARD BARBARA HAVE A FAMILY RELATIONSHIP

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	GOVERNING BODY AND MANAGEMENT THIS ORGANIZATION IS PART OF BAPTIST HEALTH SOUTH FLORIDA, AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THE BOARD OF TRUSTEES OF BAPTIST HEALTH SOUTH FLORIDA HAS THE RIGHT TO APPOINT SOME BOARD MEMBERS TO THE HOSPITAL'S BOARD OF DIRECTORS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	GOVERNING BODY AND MANAGEMENT THIS ORGANIZATION IS PART OF BAPTIST HEALTH SOUTH FLORIDA, AN INTEGRATED HEALTH CARE DELIVERY SYSTEM THE BOARD OF TRUSTEES OF BAPTIST HEALTH SOUTH FLORIDA HAS THE RIGHT TO APPROVE OR RATIFY CERTAIN CORPORATE DECISIONS OF THE ORGANIZATION

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	PROCESS FOR REVIEWING FORM 990 THE MANAGEMENT OF BAPTIST HEALTH SOUTH FLORIDA (BHSF) IS RESPONSIBLE FOR THE ACCURACY AND COMPLETENESS OF THE TAX RETURNS OF BHSF AND ALL OF ITS NONPROFIT, CHARITABLE AFFILIATES THIS FORM 990 HAS BEEN PREPARED IN CONFORMITY WITH THE INTERNAL REVENUE CODE AND TREASURY REGULATIONS INDEPENDENT TAX CONSULTANTS AND MEMBERS OF MANAGEMENT HAVE REVIEWED IN DETAIL THE COMPLETED FORM 990 PRIOR TO FILING, THE FORM 990 PREPARATION PROCESS AND THE DOCUMENTS ARE DISCUSSED AT A MEETING OF THE FINANCE & INSURANCE COMMITTEE OF THE BOARD OF TRUSTEES AND MADE AVAILABLE ELECTRONICALLY TO ALL MEMBERS OF THE BOARD OF TRUSTEES FOR REVIEW AND COMMENTARY ADDITIONALLY THE EXECUTIVE AND COMPENSATION COMMITTEES OF THE BHSF BOARD OF TRUSTEES, COMPOSED OF INDEPENDENT UNCOMPENSATED MEMBERS, REVIEW OTHER PERTINENT AREAS OF THE RETURN THE PRESIDENT AND CEO AS WELL AS THE EXECUTIVE VICE PRESIDENT AND CFO HEREBY CERTIFY AS TO THE ACCURACY AND COMPLETENESS OF THIS FORM 990

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>EMPLOYEE CONFLICT OF INTEREST AN ACTUAL, POTENTIAL OR PERCEIVED CONFLICT OF INTEREST OCCUR S IN THOSE CIRCUMSTANCES WHERE AN EMPLOYEE'S JUDGEMENT COULD BE AFFECTED BECAUSE THE EMPLOYEE HAS A PERSONAL INTEREST, OTHER THAN THE RECEIPT OF COMPENSATION FROM BAPTIST HEALTH SOUTH FLORIDA, INC AND ITS AFFILIATES ("BHSF"), IN THE OUTCOME OF A DECISION OVER WHICH THE EMPLOYEE HAS CONTROL OR INFLUENCE FOR THE PURPOSES OF THIS POLICY, IT IS PRESUMED THAT MANAGERS HAVE CONTROL OR INFLUENCE OVER ANY DECISION AFFECTING A MATTER FOR WHICH A MANAGER HAS RESPONSIBILITY A PERSONAL INTEREST EXISTS WHEN AN EMPLOYEE OR A MEMBER OF HIS OR HER FAMILY STANDS TO DIRECTLY OR INDIRECTLY OBTAIN FINANCIAL GAIN AS A RESULT OF A DECISION THIS POLICY IS INTENDED FOR ALL EMPLOYEES IN ORDER THAT THEY MAY UNDERSTAND, IDENTIFY, MANAGE AND APPROPRIATELY DISCLOSE THOSE TRANSACTIONS WHICH COULD RESULT IN AN ACTUAL, POTENTIAL OR PERCEIVED CONFLICT OF INTEREST IN ACCORDANCE WITH OUR CODE OF ETHICS, HIGH ETHICAL STANDARDS MUST BE OBSERVED IN THE NEGOTIATION AND EXECUTION OF ALL BUSINESS ACTIVITIES CONDUCTED AT, BY OR WITH BHSF ANY DECISIONS MADE BY BHSF EMPLOYEES MUST BE MADE IN COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS, WITH THE BEST ORGANIZATIONAL INTERESTS OF BHSF AS THE HIGHEST PRIORITY AND WITHOUT REGARD TO THE PERSONAL GAIN OR INTEREST OF ANY OTHER PERSON OR ENTITY LIKEWISE, THE APPEARANCE OF ANY SUCH IMPROPER INFLUENCE ON ANY DECISIONS SHOULD BE CONSCIOUSLY AVOIDED EMPLOYEES SHOULD ALSO ADHERE TO POLICY 828 WHICH PROHIBITS VENDOR SPONSORED TRAVEL AND POLICY 829 LIMITING ACCEPTANCE OF PERSONAL HONORARIUMS AND POLICY 831 WHICH PROVIDES LIMITATIONS AND GUIDELINES ON PHILANTHROPIC SOLICITATION OF VENDORS A POTENTIAL OR PERCEIVED CONFLICT OR INTEREST MAY EXIST IRRESPECTIVE OF THE INTENT OF THE EMPLOYEE BOARD CONFLICT OF INTEREST BAPTIST HEALTH AND ITS AFFILIATES HAVE A STRONG AND ROBUST CONFLICT OF INTEREST POLICY THE POLICY IS MEANT TO ENSURE THAT EACH VOTING MEMBER OF THE RESPECTIVE ENTITY'S BOARD GOVERNS THE AFFAIRS OF BAPTIST HEALTH AND ITS AFFILIATES WITH HONESTY AND INTEGRITY AND MAKES DECISIONS FOR THE BENEFIT OF BAPTIST HEALTH INDIVIDUALS MAY SERVE AS VOTING MEMBERS OF THE BOARD OF DIRECTORS OF THE FOUNDATION, SO LONG AS THEY ARE NOT EMPLOYED BY BAPTIST OR THE FOUNDATION, NOT ENGAGED IN BUSINESS WITH THE FOUNDATION EITHER DIRECTLY OR INDIRECTLY THROUGH A FAMILY OR BUSINESS RELATIONSHIP, AND DO NOT HAVE A FAMILY MEMBER EMPLOYED IN A MANAGEMENT CAPACITY BY THE FOUNDATION THE POLICY IMPOSES ADDITIONAL RESTRICTIONS ON A FOUNDATION BOARD MEMBER'S ABILITY TO SERVE AS CHAIRPERSON OR ON BAPTIST HEALTH COMMITTEES SINCE THE APPEARANCE OF A CONFLICT OF INTEREST MAY BE A DAMAGING TO BAPTIST HEALTH'S REPUTATION AS ACTUALLY PERMITTING A CONFLICT TO EXIST, EACH BOARD MEMBER HAS A CONTINUING OBLIGATION TO DISCLOSE ANY POTENTIAL CONFLICTS THIS CONTINUING OBLIGATION IS SUPPLEMENTED BY AN ANNUAL CERTIFICATION THAT THE BOARD MEMBER IS FREE FROM ACTUAL OR POTENTIAL CONFLICTS OF</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	INTEREST THE ANNUAL CERTIFICATION IS REVIEWED BY THE VICE PRESIDENT OF COMPLIANCE WHO REPORTS DIRECTLY TO THE BOARD POTENTIAL CONFLICTS ARE FURTHER REVIEWED BY THE BOARD'S ETHICS COMMITTEE IF A CONFLICT DOES EXIST, THE CONFLICTED BOARD MEMBER MAY BE REQUIRED TO (I) RESIGN FROM THE BOARD OR (II) ELIMINATE THE RELATIONSHIP WHICH GIVES RISE TO THE CONFLICT CONFLICT OF INTEREST POLICY COMPLIANCE ONE OF BAPTIST HEALTH SOUTH FLORIDA'S GREATEST ASSETS IS THE INTEGRITY OF ITS VOLUNTEER BOARD MEMBERS ONE WAY TO ASSURE INTEGRITY IS THEIR COMMITMENT TO A STRINGENT CONFLICT OF INTEREST POLICY FOR THEIR GOVERNING BOARDS AND MANAGEMENT AS A PART OF A ROBUST CONFLICT OF INTEREST POLICY, BOARD MEMBERS MUST ANNUALLY COMPLETE A CONFLICT OF INTEREST DECLARATION FORM THE AUDIT AND COMPLIANCE DEPARTMENT MONITOR TO ENSURE ALL VOTING MEMBERS SUBMIT THE DECLARATION FORM AND PERFORM NECESSARY RESEARCH TO UNDERSTAND IF A POTENTIAL CONFLICT EXISTS ALL DISCLOSURES AND THE RELATED RESEARCH ARE SUMMARIZED FOR THE ETHICS COMMITTEE OF THE BAPTIST HEALTH BOARD OF TRUSTEES ANY DISCLOSURES THAT MAY RESULT IN THE APPEARANCE OF A CONFLICT ARE ADDRESSED BY THE COMMITTEE FOR ITS CONSIDERATION AND RESOLUTION

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>PERFORMANCE-BASED EXECUTIVE COMPENSATION THE SOUTH FLORIDA MARKET FOR HIGHLY COMPETENT HEALTHCARE EXECUTIVES REFLECTS A VERY COMPETITIVE ENVIRONMENT FOR QUALIFIED EXECUTIVES IT IS COMPRISED OF LARGE, NATIONAL, FOR PROFIT CHAINS AND NOT-FOR-PROFIT HOSPITAL SYSTEMS AND STAND-ALONE HOSPITALS THE BOARD OF TRUSTEES OF BAPTIST HEALTH SOUTH FLORIDA SEEKS EXECUTIVES OF VISION AND LEADERSHIP TO CARRY OUT THE ORGANIZATION'S FAITH-BASED MISSION OF QUALITY CARE AND COMMUNITY SERVICE. THE BOARD EXPECTS THESE EXECUTIVES TO PROVIDE LEADERSHIP THAT WILL PLACE BAPTIST HEALTH AMONG THE BEST HEALTHCARE SYSTEMS IN THE NATION FOR QUALITY AND EXCELLENCE. THE BOARD EXPECTS EXECUTIVES TO DEMONSTRATE INTEGRITY AND LOYALTY IN THE PERFORMANCE OF THEIR DUTIES AND TO ADHERE TO BAPTIST HEALTH CONFLICT OF INTEREST POLICY, EXECUTIVE CODE OF CONDUCT AND ALL COMPLIANCE/ETHICS POLICIES EXECUTIVE COMPENSATION IS CONSIDERED THE FOUNDATION TO ATTRACT AND RETAIN EXECUTIVES WITH THE TALENT, EXPERIENCE AND CHARACTER TO MEET THESE EXPECTATIONS THE BYLAWS OF BAPTIST HEALTH SOUTH FLORIDA FOUNDATION DELEGATE THE AUTHORITY TO SET EXECUTIVE COMPENSATION TO BAPTIST HEALTH SOUTH FLORIDA (BHSF) BHSF'S COMPENSATION COMMITTEE IS COMPRISED EXCLUSIVELY OF INDEPENDENT BOARD MEMBERS WHO SERVE VOLUNTARILY WITHOUT ANY REMUNERATION, AND WHO MUST ADHERE TO A STRINGENT CONFLICT OF INTEREST POLICY THAT PRECLUDES THEM OR THEIR FAMILIES FROM DOING BUSINESS WITH BAPTIST HEALTH THE COMMITTEE IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE AND APPROVING THE COMPENSATION FOR EXECUTIVES THE TERM "COMPENSATION" INCLUDES SALARIES, BENEFITS AND INCENTIVES THE COMPENSATION COMMITTEE ANNUALLY ENGAGES A NATIONALLY-RECOGNIZED, INDEPENDENT CONSULTANT TO CONDUCT COMPENSATION SURVEYS AND TO ADVISE THE BOARD ON COMPENSATION POLICIES THE COMPENSATION COMMITTEE DECISIONS ARE BASED ON THE FOLLOWING 1 TOTAL COMPENSATION PACKAGE RECRUITMENT AND RETENTION OF CAPABLE, PRODUCTIVE EXECUTIVES IS ACCOMPLISHED THROUGH DESIGN OF A TOTAL COMPENSATION PACKAGE THAT INCLUDES A BASE SALARY, AT-RISK INCENTIVE PAY, AND BENEFITS IT IS THE OBJECTIVE OF BAPTIST HEALTH TO ENSURE A CONSISTENT COMPENSATION PHILOSOPHY ACROSS ALL EMPLOYEE AND LEADERSHIP LEVELS THAT REWARDS OUTSTANDING PERFORMANCE USING A CASH PLUS EMPLOYEE BENEFITS PACKAGE TARGETING THE 75TH PERCENTILE. BASE SALARIES OF FULLY PRODUCTIVE EXECUTIVES ARE INDEXED TO THE MEDIAN (50TH PERCENTILE) SALARY PAID BY SIMILAR HEALTHCARE ORGANIZATIONS INCENTIVE PAY FOR SUPERIOR ACHIEVEMENT PROVIDES THE OPPORTUNITY FOR TOTAL CASH COMPENSATION AT THE 75TH PERCENTILE OF THE EXECUTIVE'S PEER GROUP IF THE EXECUTIVE EXCEEDS HIS/HER PERFORMANCE METRICS 2 PERFORMANCE-BASED SALARY INCREASES ONE OF THE KEY ELEMENTS OF BAPTIST HEALTH'S EXECUTIVE COMPENSATION PHILOSOPHY IS "PAY FOR PERFORMANCE." SALARY INCREASES ARE BASED UPON THE DEGREE TO WHICH EACH EXECUTIVE ACHIEVES HIS/HER INDIVIDUAL PERFORMANCE OBJECTIVES FOR THE YEAR, WHICH ARE TIED TO CORPORATE OBJECTIVES GENERALLY THESE OBJECTIVES RELATE</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>TO CLINICAL QUALITY, PATIENT, PHYSICIAN AND COMMUNITY SATISFACTION, CHARITY CARE AND MISSION GOALS, FINANCIAL PERFORMANCE AND EXPENSE MANAGEMENT INDIVIDUAL AND GROUP PERFORMANCE AGAINST THESE OBJECTIVES IS REVIEWED BY THE COMPENSATION COMMITTEE AND BOARD OF TRUSTEES ANNUALLY AFTER THE CLOSE OF THE FISCAL YEAR. 3 MARKET-BASED SALARY INCREASES THE BOARD'S COMPENSATION COMMITTEE REVIEWS THE MARKET VALUE OF EXECUTIVE POSITIONS ANNUALLY TO ASSURE THAT BAPTIST HEALTH'S PAY LEVELS ARE COMPETITIVE. THE INDEPENDENT CONSULTANT, SELECTED BY THE COMPENSATION COMMITTEE, OBTAINS EXECUTIVE SALARY INFORMATION FOR FUNCTIONALLY COMPARABLE POSITIONS AT HEALTHCARE INSTITUTIONS OF COMPARABLE SIZE WITHIN FLORIDA AND THE UNITED STATES BAPTIST HEALTH'S PEER GROUP IS COMPRISED OF OTHER COMPLEX NOT-FOR-PROFIT HOSPITAL SYSTEMS OF SIMILAR SIZE (\$2.5 BILLION IN REVENUES, 16,000 EMPLOYEES), SCOPE (6 HOSPITALS, 20 OUTPATIENT CENTERS AND A LARGE INTERNATIONAL SERVICE) THE PEER GROUP DOES NOT INCLUDE FOR-PROFIT HOSPITALS, WHOSE COMPENSATION PRACTICES ARE FAR MORE GENEROUS (AND INCLUDE SUCH THINGS AS STOCK OPTIONS AND EQUITY/OWNERSHIP INTERESTS) 4 NO GUARANTEED SALARY INCREASES THERE IS NO GUARANTEE OF ANNUAL EXECUTIVE SALARY INCREASES SALARY INCREASES DEPEND UPON THE ORGANIZATION'S ABILITY TO PAY, THE EXECUTIVE'S SALARY IN RELATION TO THE MARKET, THE EXECUTIVE'S PERFORMANCE LEVEL, AND INTERNAL PAY RELATIONSHIPS TO PEERS 5 AT-RISK INCENTIVE PAY KEY EXECUTIVES WHO CONTROL SIGNIFICANT ASSETS OR WHO HAVE A MAJOR IMPACT ON OPERATIONS MAY EARN INCENTIVE PAY, CAPPED AT A PRE-DETERMINED PERCENTAGE OF THE EXECUTIVE'S BASE SALARY THE PURPOSE OF INCENTIVE PAY IS TO FOCUS EXECUTIVE ACTION ON KEY "PERFORMANCE THRESHOLDS AND CORPORATE GOALS THAT ARE APPROVED BY THE BOARD'S COMPENSATION COMMITTEE THE ACHIEVEMENT OF THESE GOALS REQUIRES EXTRAORDINARY EFFORT, COMMITMENT AND ACHIEVEMENT THE INCENTIVE COMPONENT OF THE EXECUTIVE'S TOTAL COMPENSATION IS VARIABLE AND TOTALLY AT RISK, DEPENDING UPON THE ACHIEVEMENT OF THE AGREED-UPON GOALS 6 PERQUISITES BAPTIST HEALTH EXECUTIVES ARE PROVIDED WITH A COMMON SET OF PERQUISITES THAT ARE TYPICAL OF OTHER RESPONSIBLE NOT-FOR-PROFIT ORGANIZATIONS TO ENABLE THEM TO MORE EFFECTIVELY CONDUCT THEIR BUSINESS THESE BENEFITS ARE DEEMED BY THE COMPENSATION COMMITTEE TO BE APPROPRIATE AND CONSERVATIVE PERQUISITES ARE GENERALLY LIMITED TO AUTO AND CELL PHONE ALLOWANCES WHICH ARE FULLY TAXABLE TO THE EXECUTIVE OTHER PERQUISITES PROVIDED TO EXECUTIVES, SUCH AS PAID TIME OFF OR REIMBURSEMENT FOR RELEVANT EDUCATIONAL EXPENSES, ARE OFFERED TO ALL EMPLOYEES IN ACCORDANCE WITH ENTERPRISE-WIDE POLICIES AND PROCEDURES BUSINESS TRAVEL FOR EXECUTIVES ON COMMERCIAL AIRLINES IS LIMITED TO COACH FARES (AN UPGRADE TO THE NEXT AVAILABLE CLASS OF SERVICE, E.G., BUSINESS CLASS, MAY BE PERMITTED WHEN THE FLIGHT DURATION IS IN EXCESS OF FIVE HOURS OR AN OVERNIGHT ACCOMMODATION CAN BE AVOIDED) CHARTERED PLANE TRAVEL, SPOUSAL TRAVEL, LUXURY RESIDENCES FOR PERSONAL USE</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	SE, HEALTH, COUNTRY OR SOCIAL CLUB DUES AND PERSONAL SERVICES (SUCH AS MAID, CHAUFFEUR, CHEF, LANDSCAPER) ARE NOT PROVIDED (OR REIMBURSED) TO BAPTIST HEALTH EXECUTIVES

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS AVAILABLE TO THE PUBLIC DOCUMENTS THAT ARE REQUIRED TO BE OPEN FOR PUBLIC INSPECTION ARE MADE AVAILABLE UPON REQUEST IN ADDITION BOTH THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING ON THIRD PARTY WEBSITES THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON WWW.BAPTISTHEALTH.NET

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VII	REPORTABLE COMPENSATION THE AMOUNTS APPEARING AS REPORTABLE COMPENSATION ON FORM 990 PART VII FOR VOLUNTEER BOARD MEMBERS ARE COMPOSED OF EITHER PAYMENTS FOR SERVICES AS AN ELECTED REPRESENTATIVE OF THE MEDICAL STAFF, NON-CLINICAL SERVICES RENDERED TO BAPTIST HEALTH SOUTH FLORIDA OR ITS AFFILIATES WHICH MAKE POSSIBLE AN IMPORTANT ADMINISTRATIVE FUNCTION, OR MINOR DISCOUNTS ON CLINICAL SERVICES RECEIVED AT A BAPTIST HEALTH SOUTH FLORIDA FACILITY ALL OF THESE AMOUNTS ARE REPORTED IN ACCORDANCE WITH THE RULES AND REGULATIONS PERTAINING TO IRS FORMS W-2 AND 1099 RESPECTIVELY

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -342,818 CONTRIBUTIONS TO AFFILIATES FOR PP&E 9,162,687 CONTRIBUTIONS TO AFFILIATES FOR OPERATIONS 3,973,258 NET ASSETS RELEASED FROM RESTRICTION -13,135,945 UNCOLLECTIBLE TEMPORARILY RESTRICTED PLEDGES -8,500 RESTRICTED INVESTMENT INCOME 70,454 CHANGE IN VALUE OF LIFE INSURANCE POLICY 44,528

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE J PART II COLUMN (B)(II)	EXECUTIVE COMPENSATION ALL EXECUTIVE COMPENSATION IS REVIEWED AND APPROVED ANNUALLY BY THE COMPENSATION COMMITTEE WHICH IS COMPRISED OF INDEPENDENT UNCOMPENSATED MEMBERS OF THE BOARD OF TRUSTEES WHO HAVE CERTIFIED THAT THEY HAVE NO CONFLICT OF INTEREST WITH THE ORGANIZATION REPORTABLE COMPENSATION INCLUDES BASE SALARY AS WELL AS PAYMENTS UNDER A FORMAL INCENTIVE PLAN WHICH REWARDS SUCCESSFUL ACHIEVEMENT OF QUALITY, MISSION, CHARITY CARE, AND FINANCIAL CORPORATE OBJECTIVES

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization BAPTIST HEALTH SOUTH FLORIDA FOUNDATION

Employer identification number

59-1923401

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

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity.

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

Table with 7 columns: (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).

**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	

**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
See Additional Data Table									

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

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved



**Part VII** **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
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**Additional Data**

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

**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 HEALTH SOUTH FLORIDA 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0267668	SUPPORT	FL	501(C)(3)	11C, TYPE 3	N/A		No
BAPTIST HOSPITAL OF MIAMI 8900 N KENDALL DRIVE MIAMI, FL 33176 59-0910342	HOSPITAL	FL	501(C)(3)	3	BHSF		No
BHSF REAL ESTATE FOUNDATION 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0611015	SUPPORT	FL	501(C)(3)	11A, TYPE 1	BHSF		No
HOMESTEAD HOSPITAL 975 BAPTIST WAY HOMESTEAD, FL 33033 65-0232993	HOSPITAL	FL	501(C)(3)	3	BHSF		No
SOUTH MIAMI HOSPITAL 6200 SW 73 ST SOUTH MIAMI, FL 33143 59-0872594	HOSPITAL	FL	501(C)(3)	3	BHSF		No
MARINERS HOSPITAL 91500 OVERSEAS HIGHWAY TAVERNIER, FL 33070 59-1987355	HOSPITAL	FL	501(C)(3)	3	BHSF		No
WEST KENDALL BAPTIST HOSPITAL 9555 SW 162 AVE MIAMI, FL 33196 52-2438452	HOSPITAL	FL	501(C)(3)	3	BHSF		No
BAPTIST OUTPATIENT SERVICES 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 56-2290370	MED DIAG	FL	501(C)(3)	3	BHSF		No
DOCTORS HOSPITAL 5000 UNIVERSITY DRIVE CORAL GABLES, FL 33146 04-3775926	HOSPITAL	FL	501(C)(3)	3	BHSF		No
BAPTIST HEALTH MEDICAL GROUP INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 46-2597739	HEALTHCARE	FL	501(C)(3)	9	BHSF		No
MIAMI CANCER INSTITUTE AT BAPTIST HEALTH 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 47-3090066	HEALTHCARE	FL	501(C)(3)	9	BHSF		No

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

(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) SAMARITAN RISK RETENTION GROUP 7301 RIVERS AVENUE STE 230 NORTH CHARLESTON, SC 29406 20-3433505	INSURANCE	SC	BHSF	C					No
(1) PINEAPPLE INSURANCE COMPANY 23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0465790	INSURANCE	CJ	BHSF	C					No
(2) BAPTIST HEALTH ENTERPRISES 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 59-2572862	REAL ESTATE MGMT	FL	BHSF	C					No
(3) BMAB EAST TOWER 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-4047110	LEASE OFFICE	FL	BHE	C					No
(4) BAPTIST MEDICAL SERVICES CORP 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0506620	HOLDING COMPANY	FL	BHE	C					No
(5) KENDALL CREDIT & BUSINESS SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0434778	COLLECTION AGENCY	FL	BHE	C					No
(6) WEST KENDALL PROFESSIONAL SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0475570	COLLECTION AGENCY	FL	BHE	C					No
(7) SOUTH MIAMI HEALTH ENTERPRISES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 59-2623930	MEDICAL CENTER	FL	BHE	C					No
(8) EAST KENDALL INVESTMENTS INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0593165	REAL ESTATE RENTL	FL	BHE	C					No
(9) BAPTIST AMBULATORY SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 42-1573814	HOLDING COMPANY	FL	BHE	C					No
(10) BHE REALTY INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 90-0152617	R ESTATE BROKER	FL	BHE	C					No
(11) BAPTIST ANCILLARY SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 55-0800138	HOLDING COMPANY	FL	BHE	C					No