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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)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Southern Baptist Hospital of Florida Inc

Doing business as
Baptist Medical CenterBMC SouthBMC Town CenterBMC NorthBMC Downtown

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1660 Prudential Dr 203

City or town, state or province, country, and ZIP or foreign postal code
Jacksonville, FL 32207

D Employer identification number
59-0747311

E Telephone number
(904) 202-4132

G Gross receipts $ 1,240,765,838

F Name and address of principal officer
A Hugh Greene
841 Prudential Dr Ste 1601
Jacksonville, FL 32207

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 baptistjax com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1965

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Continue the healing ministry of Christ by providing accessible, quality healthcare services at a reasonable cost in an atmosphere that fosters respect and compassion

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	8,028
6	Total number of volunteers (estimate if necessary)	**6**	446
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	784,991
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,765,555	3,843,501
9	Program service revenue (Part VIII, line 2g)	1,093,482,830	1,148,647,169
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	78,351,133	80,108,249
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,234,416	2,446,241
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,175,833,934	1,235,045,160
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	238,290	1,944,671
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	405,510,733	521,814,867
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	606,666,878	552,160,448
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,012,415,901	1,075,919,986
19	Revenue less expenses Subtract line 18 from line 12	163,418,033	159,125,174

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,425,928,208	2,716,265,797
21	Total liabilities (Part X, line 26)	1,011,871,662	1,005,229,010
22	Net assets or fund balances Subtract line 21 from line 20	1,414,056,546	1,711,036,787

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2018-08-09

▶ Scott Wooten SVP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Continue the healing ministry of Christ by providing accessible, quality healthcare services at a reasonable cost in an atmosphere that fosters respect and compassion

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,055,051,276 including grants of $ 1,944,671) (Revenue $ 1,148,712,134)

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** ▶ 1,055,051,276

Part IV Checklist of Required Schedules

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	452		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	8,028		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶Scott Finnegan 841 Prudential Dr Ste 1602 Jacksonville, FL 32207 (904) 202-3270

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,736,242	8,508,130	1,356,851

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 ▶ 24

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Amerisourcebergen 1300 Morris Drive Chesterbrook, PA 19087	American Drug Wholesale Company	47,331,081
Owens & Minor Inc 8489 Westside Industrial Dr Jacksonville, FL 32219	Medical Supply Distributor	41,795,650
DPR Construction 1357 Palm Ave Jacksonville, FL 32207	Construction	40,692,801
Batson-Cook Company 8860 Philips Hwy Jacksonville, FL 32256	Construction	29,031,655
Gate Precast Company 402 Zoo Road Jacksonville, FL 32226	Architectural	13,721,546

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 ▶ 488

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0			
	b Membership dues	1b	0			
	c Fundraising events	1c	0			
	d Related organizations	1d	3,453,615			
	e Government grants (contributions)	1e	264,283			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	125,603			
	g Noncash contributions included in lines 1a-1f $ 0					
	h Total. Add lines 1a-1f		3,843,501			
Program Service Revenue		Business Code				
	2a Patient Service Revenues, Net	621990	1,133,441,643	1,133,441,643		
	b Hospital Cafeteria	722514	6,838,998	6,838,998		
	c Hospital Program Revenue	621990	5,436,956	5,436,956		
	d Premier Healthcare Alliance	900099	2,718,855	2,658,701	60,154	
	e Health & Fitness Center	713940	163,639	163,639		
	f All other program service revenue		47,078	47,078	0	0
	g Total. Add lines 2a-2f		1,148,647,169			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		80,648,053			80,648,053
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	2,231,966				
	b Less rental expenses	451,649				
	c Rental income or (loss)	1,780,317	0			
	d Net rental income or (loss)			1,780,317		184,032	1,596,285
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		4,729,225			
	b Less cost or other basis and sales expenses		5,269,029			
	c Gain or (loss)	0	-539,804			
	d Net gain or (loss)			-539,804			-539,804
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a Reference lab revenues	621500	662,694	121,889	540,805	
	b Miscellaneous Revenue	900099	3,230	3,230		
	c					
	d All other revenue		0	0	0	0
	e Total. Add lines 11a-11d		665,924			
	12 Total revenue. See Instructions		1,235,045,160	1,148,712,134	784,991	81,704,534

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,944,671	1,944,671		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,134,075	2,507,260	626,815	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	373,894,004	369,144,467	4,749,537	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	20,403,023	20,152,013	251,010	
9 Other employee benefits	95,752,533	94,574,777	1,177,756	
10 Payroll taxes	28,631,232	28,370,158	261,074	
11 Fees for services (non-employees)				
a Management	7,784,521	6,743,142	1,041,379	
b Legal	1,062,519	898,467	164,052	
c Accounting	649,159	548,928	100,231	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	65,467,724	55,359,508	10,108,216	0
12 Advertising and promotion	65,654	50,433	15,221	
13 Office expenses	51,533,901	51,050,010	483,891	
14 Information technology	2,650,338	2,625,160	25,178	
15 Royalties . .	139,369	118,464	20,905	
16 Occupancy	21,116,672	20,856,937	259,735	
17 Travel	994,396	982,165	12,231	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	544,896	538,194	6,702	
20 Interest	26,427,504	26,102,446	325,058	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	86,116,373	85,057,142	1,059,231	
23 Insurance . . .	13,039,814	12,879,424	160,390	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Hospital/Medical Supplies	253,345,698	253,345,698		
b AHCA & NICA Assessments	13,834,999	13,834,999		
c Patient Reference Lab	3,530,078	3,530,078		
d Patient Transportation	2,439,302	2,439,302		
e All other expenses	1,417,531	1,397,433	20,098	0
25 **Total functional expenses.** Add lines 1 through 24e	1,075,919,986	1,055,051,276	20,868,710	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	16,557	1	16,255
	2	Savings and temporary cash investments	5,523,152	2	2,106,871
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	205,402,038	4	206,480,832
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	
	7	Notes and loans receivable, net	47,024,418	7	89,684,752
	8	Inventories for sale or use	17,283,886	8	17,875,529
	9	Prepaid expenses and deferred charges	7,971,420	9	8,082,349
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,733,762,241			
	b	Less accumulated depreciation — 10b: 916,144,622	689,317,600	10c	817,617,619
	11	Investments—publicly traded securities	1,336,379,039	11	1,407,071,115
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets	4,854,175	14	5,754,175
	15	Other assets See Part IV, line 11	112,155,923	15	161,576,300
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,425,928,208	16	2,716,265,797
Liabilities	17	Accounts payable and accrued expenses	109,298,671	17	146,580,866
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	722,339,160	20	699,933,158
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	180,233,831	25	158,714,986
	26	**Total liabilities.** Add lines 17 through 25	1,011,871,662	26	1,005,229,010
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,317,484,110	27	1,570,301,852
	28	Temporarily restricted net assets	22,860,671	28	31,368,377
	29	Permanently restricted net assets	73,711,765	29	109,366,558
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33	Total net assets or fund balances	1,414,056,546	33	1,711,036,787
	34	Total liabilities and net assets/fund balances	2,425,928,208	34	2,716,265,797

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,235,045,160
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,075,919,986
3	Revenue less expenses Subtract line 2 from line 1	3	159,125,174
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,414,056,546
5	Net unrealized gains (losses) on investments	5	59,895,277
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	77,959,790
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,711,036,787

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 59-0747311
Name: Southern Baptist Hospital of Florida Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

THE PROGRAM SERVICE ACCOMPLISHMENTS FOR THE ORGANIZATION ARE NUMEROUS AND EXPENSES OFTEN OVERLAP with related entities' expenses SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC (SBHF) IS A SUBSIDIARY OF BAPTIST HEALTH SYSTEM, INC (BHS), A TAX-EXEMPT PARENT HOLDING COMPANY LOCATED IN JACKSONVILLE, FLORIDA SBHF IS A TAX-EXEMPT ORGANIZATION THAT OPERATES TWO ACUTE CARE HOSPITALS, BAPTIST MEDICAL CENTER (BMC) AND BAPTIST MEDICAL CENTER SOUTH (BMCS), and three Emergency Departments, BAPTIST EMERGENCY CENTER at CLAY, Baptist medical center at the Town Center, and Baptist Medical Center at North THE PRIMARY PROGRAM SERVICE ACCOMPLISHMENTS BY EXPENSES ARE THE OPERATION OF THE HOSPITALS, AND THE FOLLOWING ARE SOME OF THE ACHIEVEMENTS FOR THE ORGANIZATION'S HOSPITALS DURING THE YEAR THE TWO HOSPITALS HAVE 691 AND 269 LICENSED BEDS, RESPECTIVELY BMC IS A FULL-SERVICE, MAGNET-DESIGNATED TERTIARY CARE HOSPITAL REPRESENTING NEARLY ALL MAJOR SPECIALTIES THIS FLAGSHIP HOSPITAL IS ALSO HOME TO BAPTIST HEART HOSPITAL, OFFERING COMPREHENSIVE, HIGH-QUALITY CARDIOVASCULAR CARE, AND WOLFSON CHILDREN'S HOSPITAL (WCH), THE ONLY FULL-SERVICE TERTIARY HOSPITAL FOR CHILDREN IN THE REGION, SERVING NORTH FLORIDA, SOUTH GEORGIA AND BEYOND WCH IS RECOGNIZED YEAR AFTER YEAR AS ONE OF AMERICA'S BEST CHILDREN'S HOSPITALS BY U S NEWS & WORLD REPORT WCH SERVES AS THE MAIN TEACHING FACILITY FOR THE UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE'S PEDIATRIC RESIDENCY TRAINING PROGRAM FOR FISCAL YEAR 2017, SBHF HAD 51,271 ADMISSIONS ACCOUNTING FOR 250,818 PATIENT DAYS, 251,770 EMERGENCY ROOM VISITS, AND 74,031 HOME HEALTH VISITS SBHF'S PRIMARY FOCUS IS ADDRESSING UNMET HEALTH NEEDS, PARTICULARLY AMONG VULNERABLE POPULATIONS WHO HAVE LIMITED HEALTH RESOURCES AND ACCESS TO HEALTH CARE SBHF'S COMMUNITY HEALTH EFFORTS ARE GUIDED BY THE COMMUNITY HEALTH COMMITTEE, WHICH IS COMPRISED OF SELECTED BHS BOARD MEMBERS FROM ACROSS OUR HEALTH SYSTEM A CORNERSTONE OF SBHF'S COMMITMENT TO THE COMMUNITY IS CARING FOR THE HEALTH OF VULNERABLE, UNINSURED AND UNDERSERVED PEOPLE AMONG US MD Anderson Cancer Center and Baptist Health have united to create Baptist MD Anderson Cancer Center This partnership brings together MD Anderson's world-renowned cancer expertise and Baptist Health's comprehensive health system to create an unprecedented range of options for adult cancer patients in our region The goal of the partnership is to provide the same high-level, multidisciplinary cancer care to patients in Northeast Florida that is available to MD Anderson patients in Houston This includes all aspects along the continuum of cancer care -- patient care, research, education and prevention THE FOLLOWING ARE SOME OF THE AWARDS AND HONORS RECEIVED BY BMC AND BMCS 1) Recipient from American Heart Association of Gold Plus Quality Achievement Award for Stroke program (Baptist Jacksonville), 2) Named one of the 30 most nurse-friendly hospitals in the United States by TopRNtoBSN com (Baptist Jacksonville), 3) Ranked in the top 50 by U S News & World Report in two specialties for 2016-17 America's Best Children's Hospitals for gastroenterology and GI surgery, and pediatric neurology and neurosurgery (Wolfson Children's Hospital), and 4) 2012-16 Magnet designation BHS IS THE FIRST AND ONLY HEALTH SYSTEM IN NORTH FLORIDA TO ACHIEVE MAGNET RECOGNITION AS A HEALTH SYSTEM BY THE AMERICAN NURSES CREDENTIALING CENTER CURRENTLY, ONLY SEVEN PERCENT OF THE HOSPITALS IN THE UNITED STATES ENJOY MAGNET DESIGNATION, WHICH IS CONSIDERED THE GOLD STANDARD FOR RECOGNIZING QUALITY PATIENT CARE, NURSING EXCELLENCE AND INNOVATIONS IN PROFESSIONAL NURSING PRACTICE, AN HONOR FIRST EARNED IN IN 2007 MANY OTHER AWARDS AND HONORS CAN BE VIEWED AT THE ORGANIZATION'S WEBSITE WWW BAPTISTJAX COM

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			
Pam Chally RNPhD Chairman	0 5 0 2	X		X				0	0	0
A Hugh Greene President & CEO	0 5 39 5	X		X				0	1,228,753	53,706
Richard L Sisisky Former Secretary/Treasurer	0 5 0 6	X		X				0	0	0
Scott Baity Assistant Secretary	0 3 0 3	X		X				0	0	0
M C Harden III Past Chairman	0 5 0 5	X		X				0	0	0
Eric Mann Vice Chairman	0 5 0	X		X				0	0	0
Ken Babby Director	0 1 0	X						0	0	0
Charles C Baggs Director	0 1 0	X						0	0	0
Cynthia Bioteau PhD Director	0 1 0	X						0	0	0
Kyle Etzkorn MD Director	0 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Richard D Glock MD Director	0 1 39 9	X						0	263,680	9,344
Robert E Hill Jr Director	0 1 0 5	X						0	0	0
Barbara G Jaffe Director	0 1 0	X						0	0	0
Kyle T Reese Director	0 1 0	X						0	0	0
Asghar Syed Director	0 1 0	X						0	0	0
Terry West Director	0 1 0 2	X						0	0	0
Michael Diaz Director	0 1 0	X						0	0	0
Michael Aubin SVP	40 0 0			X				480,991	0	114,822
Harvey Granger SVP/General Counsel/Asst Secretary/Asst Treasurer	0 5 39 5			X				0	5,139,647	198,567
Michael A Mayo Senior Vice President	40 0 0			X				1,163,528	0	117,379

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			
Ronald G Robinson Vice President	40 0 0			X				308,295	0	75,350
Keith L Stein MD SVP/Chief Medical Officer	39 5 0 5			X				0	558,123	131,813
Nichole Thomas Vice President	40 0 0			X				0	0	0
John F Wilbanks Executive VP/COO	0 5 39 5			X				0	637,914	261,390
Scott Wooten SVP/CFO	0 5 39 5			X				0	680,013	203,722
Jerry Bridgham Chief Medical Officer	40 0 0					X		354,904	0	73,448
Peter Clangnaz Medical Director	40 0 0					X		325,138	0	13,157
Shariq Refai Physician-Psychiatrist	40 0 0					X		437,921	0	15,405
Darin Roark VP, Onc Svc Line & Clay medical	40 0 0					X		259,997	0	65,092
Serge Vilvar MD Physician - Psychiatrist	40 0 0					X		405,468	0	23,656

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
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*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	87,206,094	62,217,315	44,527,713	30,146,155	17,717,878
b Contributions	35,812,484	19,367,003	21,046,573	12,175,877	10,068,037
c Net investment earnings, gains, and losses	10,294,301	6,857,816	-1,141,894	2,922,133	2,899,963
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	2,429,627	1,236,040	2,215,077	716,452	539,723
f Administrative expenses	0	0	0	0	0
g End of year balance	130,883,252	87,206,094	62,217,315	44,527,713	30,146,155

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

- a Board designated or quasi-endowment ▶ 1 05 %
- b Permanent endowment ▶ 93 19 %
- c Temporarily restricted endowment ▶ 5 76 %

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		28,851,407		28,851,407
b Buildings		876,428,345	374,629,287	501,799,058
c Leasehold improvements		7,386,619	2,515,693	4,870,926
d Equipment		657,938,574	532,345,841	125,592,733
e Other		163,157,296	6,653,801	156,503,495
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				817,617,619

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) Other assets	21,183,856
(2) Interest in net assets of Baptist Health System Foundation, Inc	140,392,444
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	161,576,300

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
All other liabilities	25,302,081
BOND SWAP MARKET VALUATION	8,005,665
WORKER'S COMP SELF-INSURANCE TRUST	14,942,710
Deferred rent	1,608,044
ESTIMATED THIRD-PARTY SETTLEMENTS	1,761,271
LEASE INCENTIVE OBLIGATION	830,607
PENSION & SERP LIABILITY	66,533,361
HOSPITAL SELF-INSURANCE TRUST	39,731,247
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	158,714,986

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.

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 59-0747311
Name: Southern Baptist Hospital of Florida Inc

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

1 (a) Description of Liability	(b) Book Value
All other liabilities	25,302,081
BOND SWAP MARKET VALUATION	8,005,665
WORKER'S COMP SELF-INSURANCE TRUST	14,942,710
Deferred rent	1,608,044
ESTIMATED THIRD-PARTY SETTLEMENTS	1,761,271
LEASE INCENTIVE OBLIGATION	830,607
PENSION & SERP LIABILITY	66,533,361
HOSPITAL SELF-INSURANCE TRUST	39,731,247

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	With few exceptions, Southern Baptist Hospital of Florida, Inc is no longer subject to ex aminations by major tax jurisdictions for years ended September 30, 2013 and prior Manage ment does not believe there are any material uncertain positions

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	0	0	39,998,672	0	39,998,672	3 72 %
b Medicaid (from Worksheet 3, column a)	0	0	199,782,943	113,088,565	86,694,378	8 06 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	0	0	0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	239,781,615	113,088,565	126,693,050	11 78 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	0	0	2,765,296	0	2,765,296	0 26 %
f Health professions education (from Worksheet 5)	0	0	3,291,233	0	3,291,233	0 31 %
g Subsidized health services (from Worksheet 6)	0	0	24,498,338	21,112,586	3,385,752	0 31 %
h Research (from Worksheet 7)	0	0	0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	0	0	2,276,413	0	2,276,413	0 21 %
j **Total.** Other Benefits	0	0	32,831,280	21,112,586	11,718,694	1 09 %
k **Total.** Add lines 7d and 7j	0	0	272,612,895	134,201,151	138,411,744	12 86 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development	2				0	0 %
3 Community support	3				0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building	24				0	0 %
7 Community health improvement advocacy	44				0	0 %
8 Workforce development	2				0	0 %
9 Other	3				0	0 %
10 Total	78	0	0	0	0	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	52,009,766		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	263,762,526
6	Enter Medicare allowable costs of care relating to payments on line 5	6	350,888,223
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-87,125,697
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **2**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

Name of hospital facility or letter of facility reporting group

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

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //www baptistjax com/patient-info/financial-assistance			
b	☑ The FAP application form was widely available on a website (list url) https //www baptistjax com/patient-info/financial-assistance			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www baptistjax com/patient-info/financial-assistance			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☑ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II, Line 2 Economic Development	Line 2 Economic Development-New employment opportunities were provided to 50 teenagers 16 - 18 years old after successful completion of an eight-week job readiness training program Teens are provided exposure to the scope of practice for one of their top three areas of career interest at our flagship hospital system The teens come from low-income neighborhoods and attend school with very low graduation rates The summer employment opportunity provides teens exposure to real-life careers which motivates them to prepare appropriately for life after high school

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II, Line 3 Community Support	Line 3 Community Support- 31 Baptist Health employees volunteered their time to provide one-to-one mentoring for high school students each week The students who participate in the program are from our most vulnerable communities, low income families and attend local schools with low graduation rates In this career guidance mentoring program, mentors introduce students to various careers in healthcare In addition, they serve as supporters and encouragers for teens as they navigate the challenges of adolescence Summer Youth Volunteer Program - Baptist Health offers opportunities for young people ages 16-17 to volunteer during the summer to assist in the selection of a career and as an opportunity to serve others Baptist employees supervise the volunteers giving them direction and support during their service 130 teens participated in the summer volunteer program in FY 2017 on the Baptist Medical Center Jacksonville, Baptist Medical Center South and Wolfson Children's Hospital campuses High School Medical Academy Rotation - Baptist Health partners with Mandarin High School to provide medical academy students hands-on learning of clinical and administrative aspects of health care During the last semester of their senior year, students are required to complete four rotations (16 hours total) at a hospital where they receive hands-on experience before they are allowed to sit for their CMAA (Certified Medical Administrative Assistant) exam 72 students completed their hospital rotation at Baptist Medical Center South during fiscal year 2017

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II, Line 7 Community Health Improvement Advocacy	Line 7 Community Health Improvement Advocacy- To provide access to primary health care for the uninsured and the underinsured, Baptist Health partners with Sulzbacher Center, Muslim American Social Services, The Way Free Medical Clinic, We Care Jacksonville, Helping Hands Community Outreach, and Volunteers in Medicine Baptist Health partners with DLC Nurse and Learn, Pine Castle, Youth Crisis Center, BASCA, YMCA and JASMYN to ensure targeted health care needs are met for the vulnerable clients within their organizations Baptist Health provides access to safety net services to help frail elderly stay in their homes in partnership with the AgeWell Institute CHNA Priority Communicable Diseases and Unprotected Sex/Teen Pregnancy - Baptist Health partners with JASMYN, Planned Parenthood and the Northeast Florida Healthy Start Coalition to reduce STD's and unprotected sex In addition, Baptist Health staff received training to provide technical assistance to Duval County teachers implementing the school system's sexual health curriculum CHNA Priority Mental Health - Baptist Health partners with The ARC of Jacksonville for physically and emotionally handicapped, ElderSource, United Way Full Service Schools, PACE Center for Girls, DLC Nurse and Learn, The Women's Center of Jacksonville, Children's Home Society, Project for Healing, and Hope Haven Children's Clinic to provide access to mental health services In addition, Baptist Health has partnered with UNF Brooks College of Health to initiate a mental health nurse practitioner degree program to increase access to mental health services, and Mental Health America Northeast Florida to advocate for access to mental health services in Northeas Florida Baptist Health partners with the Northeast Florida Health Planning Council and the National Council for Behavioral Health to train citizens in Mental Health First Aid CHNA Priority Access to Care - Baptist Health provides access to vision services for children and adults through United Way Full Service Schools and Vision Is Priceless Wolfson Children's Hospital, through THE PLAYERS Center for Child Health, is working with community partners to identify and help families complete Florida KidCare applications In addition, outreach educators train and educate the community on the importance of coverage In addition, Baptist Health worked with the Duval County School System, Sulzabcher Center, UF Health Jacksonville and the Department of Health-Duval to open school health centers for children in underserved areas CHNA Priority Diabetes and Maternal and Child Health - In addition to supporting access to care for adults without insurance, Baptist Health partnered with the YMCA to pilot the Kid Fit Challenge to help young children and their families becom healthier Baptist Health also partners with the Jacksonville Jaguars Foundation to implement PLAY 60, a nutrition and physical activity program targeted to 6th grade students and partners with faith organziations to implement 8 Weeks to Healthy Living, an exercise and healthy eating education program CHNA Priorities Cancer/Smoking - In addition to supporting access to care for adults without insurance, Baptist Health partners with AHEC to offer smoking cessation classes in hospitals and other community locations CHNA Priority Unintentional Injury - Baptist Health partners with Jacksonville Sports Medicne Program to provide trainers for high school athletics programs and health assessments for student athletes In addition, Wolfson Children's Hospital is a member of the Duval Safety Coalition CHNA Priority Health Disparities - In addition to supporting acces to care for adults without insurance, Baptist Health partners with The Bridge of Northeast Florida and United Way to address economic and educational conditions that foster health disparities To increase health education and information, Baptist Health partners with the Health Planning Council of Northeast Florida and the Museum of Science and History

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II, Line 9 Other	Line 9 Other Mental Health First Aid - Baptist Health provided 8-hour certification training in Mental Health First Aid, Youth and Adult, to 191 community members The AgeWell Institute provided education on various topics to 505 people during fiscal year 2017 Northeast Florida Medical Society - Baptist Health provided funding for college scholarships distributed by the Northeast Florida Medical Society to Duval County high school students

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II, Line 6 Coalition Building	Line 6 Coalition Building- Jacksonville Nonprofit Hospital Partnership came together to develop a multi-hospital system collaborative community health needs assessment The Partnership is a network of five health systems that are a shared voice to improve population health by eliminating the gaps that prevent quality, integrated health care and to improve access to resources that support a healthier lifestyle During FY 2017, the Partnership initiated a collaboration to reduce stigma and crises related to mental illness through a community implementation of Mental Health First Aid, a program recognized by the Substance Abuse and Mental Health Services Administration The New Town Children's Success Zone Coalition is a group of community stakeholders who work to provide a place-based continuum of services from prenatal to college, the military or some form of secondary training for the children and their families living in the neighborhood Leaders from Baptist Health, UF Health, Mayo, St Vincent's and Florida Blue serve as a coalition to provide programs and resources in the New Town Children's Success Zone in a coordinated effort to address some of the health care disparities such as asthma, diabetes, nutrition in addition to Florida KidCare enrollment Baptist partnered with the neighborhood elementary and middle school to provide asthma training for children with asthma, faculty and parents Baptist along with the rest of the coalition worked with families to get children enrolled in Florida KidCare insurance programs Healthy Jacksonville Childhood Obesity Coalition - Baptist Health is a member of the the Healthy Jacksonville Childhood Obesity Prevention Coalition (HJCOPC), which is a public-private partnership devoted to reducing and preventing childhood obesity in Duval County Citizens, business leaders and community organizations work to create healthy environments for children and families through advocacy, education, policy development and cultural changes The Partnership for Child Health develops and implements programs and services to improve the health and wellbeing of all children and youth in Northeast Florida by collaborating with community partners in major child-serving organizations Baptist Health is an active member of The Partnership which is focused on providing a medical home for children with complex medical conditions, mental, behavioral and addiction health disorders, developmental disabilities, access to dental care, family violence and dysfunction, poverty, child trafficking, and other marginalized children and families Child Abuse Prevention and Permanence Local Planning Team is led by Family Support Services of Northeast Florida with the goal of preventing children from experiencing abuse or neglect, ensure the safety of children through improved investigative processes, and ensure the safety of children while preserving the family structure Wolfson Children's Hospital is an active member of the planning team Child Sexual Abuse Prevention Coalition's mission is to prevent child sexual abuse through the delivery of the Darkness to Light, Stewards of Children training program to adults in Northeast Florida and empowering an unprecedented preventative action movement with the awareness and knowledge to protect children Wolfson Children's Hospital is an active member of the coalition

Form and Line Reference	Explanation
Schedule H, Part II, Line 6 Coalition Building	Duval County Traffic Safety Team consists of advocates who are committed to solving traffi c safety problems through a comprehensive, multi-jurisdictional, multidisciplinary approac h Members include city, county, state, private industry, citizens and Wolfson Children's Hospital The goal is to reduce the number and severity of traffic crashes within their co mmunity Duval County School Health Advisory Council's purpose is to offer recommendations and advice to the Duval County School Board and Duval County Public Schools Administratio n on issues that relate to the health of children and their families In accordance with t he Centers for Disease Control Coordinated School Health Model, including, but not limited to matters pertaining to Health Education, Physical Education, Health Services, Nutrition Services, Counseling and Psychological Services, Healthy School Environment, Health Promo tion for Staff, Family/Community Involvement, the Safe and Drug Free Schools Program and t he Wellness Policy Wolfson Children's Hospital is an active member of the Council Fetal Infant Mortality Review Committee aims to reduce infant mortality by gathering and reviewi ng detailed information to gain a better understanding of fetal and infant deaths in North east Florida The project examines cases with the worst outcomes to identify gaps in mater nal and infant services and to promote future improvements Wolfson Children's Hosoital is an active member of the Committee Full Service Schools Oversight Committee directs and g uides the operation of Full Service Schools of Jacksonville led by United Way of Northeast Florida Through Full Service Schools nearly 3,500 students and families are connected to a critical range of therapeutic, health and social services and address non-academic barr iers to success in school Each Full Service Schools site strives to meet the specific nee ds of the neighborhood in which it is based by providing a number of free services Wolfso n Children's Hospital is an active member of the Full Service Schools Oversight Committee Florida Asthma Coalition's goal is to reduce the overall burden of asthma, with a focus o n minimizing the disproportionate impact of asthma in racial/ethnic and low-income populat ions, by promoting asthma awareness and disease prevention at the community level and expa nding and improving the quality of asthma education, management, and services through syst em and policy changes Wolfson Children's Hospital is an active member of the Asthma Coali tion Help Me Grow Leadership Team provides assistance in identifying at-risk children bir th through age eight, and then helps families find community-based programs and services Wolfson Children's Hospital is an active member of the Leadership team Healing Hands Comm unity Advisory Council provides support to Healing Hands efforts to provide access to cris is intervention, case coordination, and medical services for at-risk children in Jacksonvi lle and surrounding areas The organization brings together physicians, psychologists, nur ses and other medical professionals who diagnose cases of childhood physical and sexual ab use Wolfson Children's Hospital is an active member of the Healing Hands Advisory Council Infant Mortality Task Force - Clay County - Wolfson Children's Hospital is an active mem ber of the Clay County Infant Mortality Task Force With the goal of reducing infant morta lity, the task force reviews and addresses maternal and infant health issues specific to C lay county Infant Mortality Task Force - St John's County - Wolfson Children's Hospital is an active member of the St Johns County Infant Mortality Task Force With the goal of reducing infant mortality, the task force reviews and addresses maternal and infant health issues specific to Clay county Jacksonville Pediatric Injury Coalition offers children a nd their parents important safety topics in effort to reduce the number and severity of in juries in children Wolfson Children's Hospital is an active member of the Pediatric Injury Coalition Mayor's Hispanic American Advisory Board promotes Jacksonville City services a mong the growing Hispanic community and advises the Mayor and his staff on specific needs within the community The eleven members of the board are appointed by the mayor to effect ively recognize the concerns and desires of the Hispanic community in Jacksonville The pu rpose of the board is to provide a means by which the city may obtain information, guidanc e and on-going comprehensive studies relating to its citizens of Hispanic descent Wolfson Children's Hospital is an active member of the Advisory Board Northeast Florida Healthy Start Coalition leads a cooperative communtiy effort to reduce infant mortality and improv e the health of children, childbearing women and their families in Northeast Florida Wolf son Children's Hospital is an active member of the Healthy Start Coalition Safe Kids Coal ition Northeast Florida is a local coalition of Sa

Form and Line Reference	Explanation
Schedule H, Part II, Line 6 Coalition Building	fe Kids Worldwide and led by THE PLAYERS Center for Child Health at Wolfson Children's Hos pital , was founded in 2003 Funding is provided by Wolfson Children's Hospital, along wit h grants from Safe Kids Worldwide, and public and private contributors Our mission brings together local organizations to promote pediatric injury prevention, and offer programs t o prevent accidental injuries to children ages 19 and under School Health Advisory Counci l Clay County Schools provides community guidance and input to Clay county school health s ervices and education programs Wolfson Children's Hospital is an active member Uninsured Working Group is a consortium of organizations working together to improve access to care through enrollment in health insurance programs or increased provider availbaility Wolfs on Children's Hospital and Baptist Health are active members of the Uninsured Working Grou p Florida Teen Safe Driving Coalition is a Coalition of more than 35 organizations commit ted to helping teens leverage the proven principles of Graduated Driver Licensing (GDL) T he Safe Driving Coalition is affiliated with state and local government, law enforcement a nd public health agencies, traffic safety and injury prevention organizations, academia an d business Wolfson Children's Hospital is an active member Lutheran Family Services Head Start Policy Committee is the governing body of the Head Start Program and acts as the pa rents' voice in making major decisions for the program Policy Committee is comprised of p arents/guardians of currently enrolled children and representatives of our community to ma ke up the voting members Wolfson Children's Hospital is an active member of the Policy Co mmittee Clay County Community Partnership School - The Community Partnership School model is a community school in which four core community partners - a school district, a univer sity/college, a nonprofit and a health care provider - commit to a long-term partnership (25 years) to establish, develop and sustain the Community Partnership School In this mode l, the school becomes a hub for the community where services are brought directly to the c ampus Baptist Health has signed on to be the health care partner for the Community Partne rship School at Wilkinson Junior High School in Clay County The other partners are Clay C ounty District Schools, Children's Home Society and St Johns River State College After a needs assessment is conducted and a strategic action plan is developed, Baptist will play the lead role in coordinating resources and other health care organizations to provide ne eded services onto the campus for students and the community

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II, Line 8 Workforce Development	Line 8 Workforce Development Workforce Development opportunities were provided to 50 teenagers 16 - 18 years old after successful completion of an eight-week job readiness training program Teens are provided exposure to the scope of practice for one of their top three areas of career interest at our flagship hospital system The teens come from low-income neighborhoods and attend school with very low graduation rates The summer employment opportunity provides teens exposure to real-life careers which motivates them to prepare appropriately for life after high school Southern Baptist Hospitals also provided Clinical Education and Training to undergraduate and graduate student interns procuring degrees in nursing, IT, pharmacy, physical therapy and other health care professional provided by Baptist Health clinicians In FY 17, Southern Baptist Hospitals provided 2,433 students with 241,965 hours of clinical education supervision

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	There were no physician clinic costs included in the subsidized health services cost

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	0

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	We obtained our cost using our CCA cost accounting system to develop payor-level RCC's which were applied to payor charges to calculate cost

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - BAPTIST MEDICAL CENTER Line 16a URL https //www baptistjax com/patient-info/financial-assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - BAPTIST MEDICAL CENTER Line 16b URL https //www baptistjax com/patient-info/financial-assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - BAPTIST MEDICAL CENTER Line 16c URL https //www baptistjax com/patient-info/financial-assistance,

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	AT PATIENT Access POINTs, "GUIDELINES FOR CHARITY CARE ELIGIBILITY" CARDS ARE PROVIDED THAT CONTAIN FINANCIAL DISCOUNT AND CHARITY CARE INFORMATION THIS INCLUDES A GENERAL CHART OF ELIGIBLE INCOME LEVELS AND ENCOURAGES PATIENTS TO SPEAK WITH ONE OF OUR PATIENT FINANCIAL ADVOCATES TO ARRANGE A FINANCIAL EVALUATION Signs are also posted in the emergency room and patient admission areas informing everyone that charity care is available with contact information All bills sent to patients conspicuously show the web address and contact information of our patient financial services office to assist with financial assistance A copy of the plain language summary is also mailed out to patients with a copy of their bill Baptist Health also has the Financial Assistance policy, Plain language summary, application, contact information, and translations into different languages available on its website and free of charge at all hospital locations Baptist Health makes a reasonable effort to ensure that a copy of the plain language summary is provided to patients and that patients know there is assistance if they need it In the event that a patient has not submitted all information needed to apply for financial assistance, Baptist Health will contact the patient to request the remaining information to help complete the application process

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	The four counties served by Baptist Health System, Inc (BHS), parent company of the filing organization, has close to 1 4 million people The age range averages 18 to 44 year old Females make up more of the population than males, but not more than 3% Nassau and St Johns Counties are nearly 90% Caucasian Duval County has the region's largest African American population at 30 percent Duval County also has the largest Asian population of 4 2 percent Hispanic/ Latino residents make up 3 2 percent of Nassau County and 5 2 of St Johns County, while Duval is close to 9 0 percent The population of the constituents in the urban core served is largely made up of African Americans with a very small percentage of Caucasians, Hispanic, and Asian culture The average income in the area of focus is $21,000

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Baptist Health System, Inc (BHS), parent company of the filing organization, continues to maintain an open medical staff A designated Social Responsibility Community Health Board Committee consisting of Northeast Florida residents who also serve on Baptist hospital boards of directors provides direction to the community health work based on the community need within the four county area served by Baptist Health Baptist Health continues to donate more than 1 2 million dollars to support nonprofit organizations that provide health services to the underserved and low income community Some of the nonprofit organizations provide primary care for the uninsured and the underinsured Some provide behavioral health services to families who would not otherwise have access while others provide health services and transportation for the frail elderly

990 Schedule H, Supplemental Information

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 59-0747311
Name: Southern Baptist Hospital of Florida Inc

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **2** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	BAPTIST MEDICAL CENTER 800 PRUDENTIAL DR JACKSONVILLE, FL 32207 www baptistjax com 4448	X	X	X	X		X	X		Children's hospital is Wolfson Children's Hospital	A
2	BAPTIST MEDICAL CENTER SOUTH 144550 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32258 www baptistjax com 4448	X	X					X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - Southern Baptist Hospital of Florida, Inc Community health needs were identified by collecting and analyzing data and information from multiple quantitative and qualitative sources Considering information from a variety of sources is important when assessing community health needs, to ensure the assessment captures a wide range of facts and perspectives and to assist in identifying the highest-priority health needs Statistics for numerous health status, health care access, and related indicators were analyzed, including from local, state, and federal public agencies, local community service organizations, and hospital members of The Partnership Comparisons to benchmarks were made where possible Details from the quantitative data are presented in the CHNA Data and Analysis section of this report, followed by a review of the principal findings of health assessments and reports conducted by other organizations in the community in recent years Input from 195 persons representing the broad interests of the community was taken into account via 12 key informant interview sessions, nine focus groups, and four town hall meetings Interviews included individuals with special knowledge of or expertise in public health, the local public health department, agencies with current data or information about the health needs of the community, and leaders, representatives, and members of medically underserved, low income, and minority populations, and populations with chronic disease needs Duval County Department of Health staff, working under subcontract with Verite, conducted and summarized results from the key informant interviews and community meetings

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - Southern Baptist Hospital of Florida, Inc 11 hospitals (Baptist Medical Center Jacksonville, Baptist Medical Center South, Wolfson Children's Hospital, Baptist Medical Center of the Beaches, Inc , Baptist Medical Center of Nassau, Inc , Brooks Rehabilitation Hospital, Mayo Clinic Florida, St Vincent's Medical Center Riverside, St Vincent's Medical Center South, St Vincent's Medical Center Clay and UF Health Jacksonville)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility A, 1	Facility A, 1 - Southern Baptist Hospital of Florida, Inc PUBLIC RELEASE WAS HELD APRIL 28, 2016 WITH ALL HEALTH SYSTEM CEOS PRESENTING THE ASSESSMENT METHODOLOGY, THE NEEDS IDENTIFIED IN THE ASSESSMENT AND THE NEEDS PRIORITIZED BY EACH HOSPITAL THE PUBLIC RELEASE WAS ATTENDED BY APPROXIMATELY 75 PEOPLE INCLUDING MEDIA REPRESENTATIVES NEWSPAPER ARTICLES AND RADIO AND TELEVISION STORIES REPORTED ON THE ASSESSMENT AND INFORMED COMMUNITY MEMBERS WHERE THEY COULD FIND EACH HOSPITAL'S ASSESSMENT AND IMPLEMENTATION PLANS LINK TO STORY IN THE FLORIDA TIMES-UNION - HTTP //JACKSONVILLE COM/NEWS/METRO/2016-04-28/STORY/WHAT-ARE-JACKSONVILLES-BIGGEST-HEALTHNEEDS- THESE-HOSPITALS-HAVE-SOME

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - Southern Baptist Hospital of Florida, Inc (dba BMC "Downtown") Diabetes To address this need, Baptist Medical Center Jacksonville will undertake the following pr ogram initiatives Continue the 8 Weeks to Healthy Living program and look for ways to inc rease participation and completion of this program through faith-based and other community partnerships, Continue its partnership with the YMCA and JCA to provide prevention and ma intenance education on diabetes The number of people served through these facilities is e xpected to grow over the next three years as additional locations are added, Provide free BMI and blood glucose screenings at community health fairs and offer follow-up resources f or those who are found to be high-risk for developing diabetes Provide health literature on diabetes prevention and maintenance at all health screenings, Provide care coordination services for pre-diabetic and diabetic patients in Baptist Primary Care offices Care coo rdinators work with patients to educate them on prevention and disease management as well as directing patients to appropriate community resources for additional support, Continue to refer patients to the outpatient diabetes educational program located on the Baptist Me dical Center Jacksonville campus, Offer education and provide resources regarding diabetes prevention and disease management at local community events that Baptist sponsors or part icipates in, Work with community organizations to increase awareness in the community abou t preventing Type II diabetes and provide additional support and resources regarding lifes tyle maintenance, Continue to financially support community organizations who are committe d to reducing the incidence of diabetes in the community and/or providing support, educati on and coaching to those with Type II diabetes in order to prevent hospitalizations and im prove mortality Planned Collaborations In implementing the above initiatives, Baptist Me dical Center Jacksonville anticipates collaborating with the following organizations Fait h-based partners, YMCA, JCA, American Association of Diabetes Educators, American Diabetes Association, Duval County Department of Health A New DEAL Diabetes Program, and Duval Co unty Public Schools Anticipated Impacts Increased awareness about lifestyle risks that l ead to the development of Type II Diabetes, Increased awareness about the maintenance of T ype II Diabetes, Baselines In 2015, Duval County ranked 41st out of the 67 counties in Fl orida for diabetic screening, Diabetes has a mortality rate 27 7 in Duval County, compared to a rate in Florida of 19 6 Evaluation Plan Baptist Medical Center Jacksonville will a ssess the impact of the above initiatives as part of the community health needs assessment it will conduct in 2018 Measure the number of pre-diabetic and diabetic patients who rec eive care coordination services within Baptist Primary Care, Measure the number of patient s served through the outpatien

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	t diabetes educational program at Baptist Medical Center Jacksonville, Track the participa nts in the 8 Weeks to Healthy Living Program and record outcomes and improvements in healt h screening categories, Track the number of people educated at community events, Track the number of people served through our affiliations with the YMCA and JCA, Track the number of diabetic patients who receive care coordination services through Baptist Primary Care a nd measure outcomes and health status Program Results 82 participants enrolled, 61 compl eted the program, total of 197 6 lbs lost to those who completed the program, Pre-diabetes Program Partnered with one congregation to provide a new evidence-based program from the CDC to prevent diabetes by making lifestyle changes Healthy Living Centers The Baptist North and Johnson HLC were both opened during FY17, bringing the total number of these par tnerships to 6 Baptist North, Johnson, and the Riverside Y served 1,060 individuals durin g FY17, providing 571 1-hour biometric screenings and 820 health coaching sessions These sites also held 65 programs where physicians and other health experts provided education a nd answered health questions from participants Health Screenings BMC- J participated in over 29 health fairs and community events during FY17 at which health screenings were prov ided 1,199 people received a health screening (blood pressure, BMI and/or blood glucose) and 451 people were identified with abnormal results Those with abnormal results received a follow-up call from a Social Responsibility staff member who connected them to a primar y care clinic if they had not already done so themselves Care Coordination for Diabetic P atients BPP continued to provide care coordinators for medically complex patients during FY17 Community Partnership Humana Bold Goal Initiative A diabetes subcommittee was crea ted to develop a strategy to screen 100,000 people for diabetes by 2020 The group works t o gather resources and connect participants to medical care as needed or educational oppor tunities CHMI The Clinton Health Matters Initiative (CHMI) invited Baptist Health to par ticipate in its College Health Program, CHMI is convening local colleges and universities with community partners to identify health needs of college students in the realms of sexu al health, mental health and physical health (nutrition and physical activity) and to work together to develop strategies to address these needs Baptist Health staff attended the first workshop held in June 2017 and will continue this work in FY18, when the colleges wi ll identify which specific areas they want to prioritize Nutrition Classes BMC-J facilit ated a nutrition class for a community partner, Clara White, at which 7 people attended S trategic Investments Providing funding for "Creating a Healthier Jacksonville" conference held by the Florida Department of Health - Duval, Provided funding to Muslim American Soc ial Services to provide primar

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	y care for people who live in Duval County and do not have health insurance MASS provided health services to 1,333 patients, 231 who were treated for diabetes, Provided funding to Volunteers in Medicine to provide primary care for people who live or work in Duval Count y and do not have health insurance 1,493 people were screened for diabetes, 314 were trea ted and 72% improved of 42 patients with three-month follow-up, Provided funding to MOSH t o develop a health educational exhibit The interactive exhibit includes information about the endocrine system and prevention information More than 1,309 people attended the exhi bit and/or educational programming, Provided funding to Sulzbacher to provide primary care for people living or working in Duval County who are un- or under-insured 5,397 patients were screened for diabetes with 2,612 receiving treatment, Provided funding to Pine Castl e to provide nursing care oversight for participants in the Adult Day Training program Th e clinic nurse on site monitored the health and administered medicine for 280 people inclu ding 6 people with diabetes, Provided funding to Community Health Outreach to provide prim ary care to residents of Duval County who are un- or under-insured 571 patients were seen at CHO and those with diabetes received appropriate treatment, Provided funding to Agape for diabetes education for patients diagnosed with diabetes or pre-diabetes 219 patients were screened for diabetes, 123 received treatment and 41 received education

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	Facility A, 2 - Southern Baptist Hospital of FLorida, Inc (dba BMC "South") Mental Healt h To address this need, Baptist Health Medical Center Jacksonville will undertake the fol lowing program initiatives Partner with Adult Mental Health First Aid trained facilitator s to offer training for non-clinicians in the service area Mental Health First Aid is an eight-hour course that teaches participants how to help someone who is developing a mental health problem or experiencing a mental health crisis The training helps participants id entify, understand, and respond to signs of mental illnesses and substance-use disorders Potential partners include Starting Point and Mental Health American, among others, Partne r with United Way of Northeast Florida to develop and implement a community-wide effort to reduce stigma associated with mental illness and increase access to care, Provide mindful ness training and coaching through Y Health Living Centers and JCA Health Connexions, Prov ide information on mental health resources at community events, Host free postpartum suppo rt groups for all new mothers in the community, regardless of whether they are a Baptist H ealth patient, Partner with faith-based organizations to offer Faith and Mental Health edu cation, Evaluate the impact of a geriatric psychiatric unit on the Baptist Medical Center Jacksonville campus in order to increase access and improve the quality of care received, Collaborate with other community providers to develop an integrated care clinic or clinics that will provide additional pediatric mental health resources in the community, Continue to provide financial investments to community organizations that are committed to increas ing access to mental health services and/or decreasing stigma Planned Collaborations In implementing the above initiatives, Baptist Health Medical Center Jacksonville anticipates collaborating with the following organizations United Way of Northeast Florida, YMCA, JC A, Starting Point, Mental Health America, and Others Anticipated Impacts Increased acces s to mental health services, Decreased stigma in the community surrounding mental health, Goal is to train 10,000 people in the community Mental Health First Aid classes Evaluatio n Plan Baptist Health Medical Center Jacksonville will assess the impact of the above ini tiatives as part of the community health needs assessment it will conduct in 2018 An eval uation of mental health awareness, attitudes and access will be included in the United Way effort, The number of participants in the Youth Mental Health First Aid eight-hour traini ng will be tracked and knowledge gains measured through surveys, The number of participant s in the Adult Mental Health First Aid eight-hour training will be tracked and knowledge g ains measured through surveys, The number of participants in training on youth mental illn ess and suicide will be tracked and knowledge gains will be measured via survey of partici pants, Monitor admissions in e

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	mergency department related to mental health, and Monitor rates of suicide in the communit y Program Results Health Fairs and Community Events BMC-Jacksonville participated in ov er 29 health fairs and community events during FY17 Health literature on mental health ma intenance and warning signs were provided at every event as well as flyers for local resou rces, workshops and trainings Any participant who received a health screening was asked a bout their current mental health and those identified at risk received counseling from an RN and were directed to follow-up resources, Post-Partum Support Groups During FY17, post -partum support groups were held in the Baptist Healthy Living Centers in Riverside and Po nte Vedra 63 moms attended one of these groups, Mental Health First Aid Baptist Health p artnered with the other non-profit hospitals in Jacksonville with a goal to train 10,000 p eople in northeast Florida in Mental Health First Aid The Non-Profit Hospital Partnership provided funding to train 53 new instructors in the region and covered the cost of materi als for these instructors During FY17, over 3,094 people in northeast Florida were traine d in Adult Mental Health First Aid Baptist Health also coordinated Youth Mental Health Fi rst Aid classes, during FY17, 16 classes were offered and 190 people participated, Faith & Mental Health Conference Baptist Health coordinated a Faith & Mental Health Conference o n November 4, 2016 Over 130 faith partners and community members were in attendance, Fait h & Health Volunteer Program 9 volunteers participated in this program at Baptist MD Ande rson Cancer Center, Baptist North, Johnson, and the Riverside Y served 1,060 individuals d uring FY17, providing 820 health coaching sessions 16 free yoga classes were held for can cer survivors, Community Classes Two Mindfulness classes were held with community partner s at which 12 people attended, Bullying class was held on Baptist Jacksonville campus for 34 Tipping the Scale Mentoring program teens, A group discussion provided on the tragic sh ooting that occurred in Las Vegas to help students cope, Partnered with NAMI to hold Peer- to-Peer classes on the BMC-J campus, One Bullying class at Abyssinia MBC with 45 youth in attendance, Baptist Health provided bullying classes for Northside Community Involvement, Inc A total of 183 girls ages 9 - 18 participated, Meditation Weekly free meditation cla sses are held on the BMC-J campus, Spirit of Caregiving Coordinated a two-day mental heal th retreat for community partners with 41 people in attendance, Community Collaborations Baptist Health staff members participated on the Humana Mental Health sub-committee which aims to make significant improvements in the regions mental health outcomes by 2020, The C linton Health Matters Initiative (CHMI) invited Baptist Health to participate in its Colle ge Health Program, CHMI is convening local colleges and universities with community partne rs to identify health needs of

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	college students in the realms of sexual health, mental health and physical health and to work together to develop strategies to address these needs Baptist Health staff attended the first workshop held in June 2017 and will continue this work in FY18 Strategic Inves tments Provided funding to The Women's Center of Jacksonville to provide mental health co unseling for women who cannot afford counseling 165 women were provided therapy, Provided funding to the National Council for Behavioral Health to train 26 community members as Me ntal Health First Aid facilitators, Providing funding to support mental health services at the ARC Village, a unique independent living community for adults with disabilities 90 r esidents received services with 58 residents in group counseling, Provided funding to Pine Castle for a clinical site nurse who served 280 individuals in Pine Castle's Adult Day Tr aining program, 24 of whom participated in psycho-social rehabilitation with 1 successfull y completing the program, Provided funding to Volunteers in Medicine to provide primary ca re for people who live or work in Duval County and do not have health insurance 390 peopl e were screened for behavioral health services and 50 received treatment, Provided funding to Museum of Science and History to develop a health educational exhibit The interactive exhibit includes information about the brain and mental illness 1,309 students and adult s toured the exhibit and/or participated in health education programming, Provided funding to Sulzbacher to provide primary care for people living or working in Duval County who ar e un- or under-insured 5,483 patients were screened for mental illness with 654 receiving treatment, Provided funding to Community Health Outreach to provide primary care to resid ents of Duval County who are un- or under-insured 571 patients were seen at CHO and those with needing mental health services received appropriate care, Provided funding to Projec t for Healing to provide mental health case management for 78 refugees who resettled in Du val County, Provided funding to Health Planning Council to manage the Mental Health First Aid initiative 3,400 people have been trained in adult mental health first aid, Provided funding to UNF to initiate a mental health nurse practitioner graduate program, Provided f unding to Seniors on A Mission to provide volunteer opportunities to 8 seniors, and Provid ed funding to Mental Health America of Northeast Florida to increase awareness of and advo cacy for additional mental health services in our community resulting in increased funding and legislation that expands the capacity of mental health services in northeast Florida

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	Facility A, 3 - Southern Baptist Hospital of FLorida, Inc (Dba BMC "South") Smoking To address this need, Baptist Health Medical Center Jacksonville will undertake the following program initiatives Utilize its partnership with MD Anderson Cancer Center to increase a wareness about lifestyle factors, particularly the use of tobacco, that are linked to deve loping cancer and provide resources and information on prevention within the Baptist MD An derson Cancer Center, Provide low-dose CT lung cancer screenings in the community, Increas e the amount of inpatient and outpatient referrals to Northeast Florida AHEC for smoking c essation by educating Baptist Primary Care physicians about the referral process, Provide information at health fairs and other community events about the health risks associated w ith smoking and resources for smoking cessation, Train Baptist Health Social Responsibilit y PRN registered nurses in motivational interviewing to identify and refer people who are interested in quitting smoking to AHEC for classes, Provide support to the Students Workin g Against Tobacco (SWAT) Club at The Bridge of Northeast Florida, Partner with local organ izations in order to better educate women on the risks of smoking while pregnant, and Faci litate classes on the dangers of tobacco products in middle and high schools Planned Coll aborations In implementing the above initiatives, Baptist Medical Center Jacksonville ant icipates collaborating with the following organizations Baptist MD Anderson Cancer Center Northeast Florida AHEC, The Bridge of Northeast Florida, Baptist Primary Care, Duval Cou nty Public Schools, Faith-based organizations, and We Care Anticipated Impacts Increased number of lung cancer screenings in the community, Increased participation in smoking ces sation programs, More middle and high school students educated on the dangers of smoking a nd smokeless tobacco Baseline - In Duval County, twenty percent of adults have reported t hat they smoke regularly compared to the U S average of 18 percent Evaluation Plan Bapt ist Medical Center Jacksonville will assess the impact of the above initiatives as part of the community health needs assessment it will conduct in 2018 Utilize AHEC's state-wide database to track by referral source the number of referrals received, the number of peopl e who attend classes, the number of people who complete classes and the number of people w ho quit smoking, Track the number of youth who participate in tobacco prevention classes v ia class surveys completed by participants, and analyze survey results from participants a t health education sessions to measure knowledge gains and planned lifestyle changes Prog ram Results Smoking Cessation Program Smokers gave permission to be referred to a commun ity smoking cessation program coordinated by American Health Education Centers 249 smoker s were referred for cessation intervention, Health Fairs and Community Events BMC-Jackson ville participated in over 29

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	health fairs and community events during FY17 Educational materials were provided on the health risks associated with tobacco use Any participant who received a health screening was asked about their current tobacco use and those that identified themselves as tobacco users received counseling from an RN 1,199 people were screened for tobacco use, Support SWAT Baptist Health continued to support SWAT activities through its partnership with the Boys and Girls Club 26 Students are actively involved in programming, Tobacco Prevention Classes BMC-J coordinated 2 tobacco prevention classes in the community during FY17, whi ch 20 community members attended, Healthy Living Centers Baptist North, Johnson, and the Riverside Y served 1,060 individuals during FY17, providing 820 health coaching sessions, where resources for smoking cessation are provided to individuals who identify as smokers Strategic Investments Provided funding to Sulzbacher to provide primary care for people living or working in Duval County who are un- or under-insured 5,483 patients were screen ed for services to quit smoking, all were educated about the harmful effects of smoking an d 2,612 smokers were provided smoking cessation education and support, Provided funding to Pine Castle for a clinical site nurse who served 280 individuals in Pine Castle's Adult D ay Training program, 10 of whom participated in smoking cessation classes No entity can a ddress all of the health needs present in its community Baptist Medical Center Jacksonvil le is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a wid e range of community benefits This implementation strategy does not include specific plan s to address the following health priorities that were identified in the 2015 Community He alth Needs Assessment Access Baptist Medical Center Jacksonville provides support to Sul zbacher, Volunteers in Medicine, Muslim American Social Services, Community Health Outreac h, We Care Jacksonville community clinic and health care access programs While access is extremely important, due to resource constraints and the availability of other resources i n the community, the hospital will focus at this time on other significant community healt h needs Communicable Diseases Baptist Medical Center Jacksonville does not anticipate im plementing additional initiatives to address identified communicable disease needs The ma jority of STIs are found in youth, and this issue is being addressed by Wolfson Children's Hospital The hospital will focus on other significant community health needs Health Dis parities Baptist Medical Center Jacksonville does not anticipate implementing additional initiatives to address identified health disparities The hospital already provides educat ion and faith-based programs throughout the community Due to resource constraints and the availability of other resourc

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	es in the community, the hospital will focus on other significant community health needs Maternal and Child Health Baptist Medical Center Jacksonville does not anticipate impleme nting additional initiatives to address identified maternal and child health needs Many o f the indicators pertain to the health of children and are being addressed by Wolfson Chil dren's Hospital There are a number of other resources in the community that are addressin g maternal indicators, including Healthy Start, Planned Parenthood and March of Dimes Nut rition, Physical Activity, and Obesity Baptist Medical Center Jacksonville does not antic ipate implementing additional initiatives to address identified needs surrounding nutritio n, physical activity, and obesity The hospital already provides health education through faith and community partners including nutrition and exercise Due to resource constraints and the availability of other resources in the community, the hospital will focus on othe r significant community health needs Poverty Baptist Medical Center Jacksonville does no t anticipate implementing additional initiatives to address identified poverty This need is being addressed by other entities in Duval County, including United Way of Northeast Fl orida The hospital does not have sufficient resources to effectuate a significant change in this area, and believes resources devoted to its implementation strategy should focus o n other significant community health needs Transportation Baptist Medical Center Jackson ville does not anticipate implementing additional initiatives to address identified transp ortation This need is being addressed by other entities in Duval County The hospital doe s not have expertise in this area nor sufficient resources to effectuate a significant cha nge Accordingly, the hospital believes resources devoted to its implementation strategy s hould focus on other significant community health needs

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 4	Facility A, 4 - Southern Baptist Hospital of Florida, Inc (Dba BMC "South") Cancer To a ddress this need, Baptist South will undertake the following initiatives Use its partners hip with MD Anderson to increase awareness about lifestyle and other risk factors linked t o cancer and provide resources and information on wellness and prevention within the Bapti st MD Anderson Cancer Center, Provide education and screenings in low income, African Amer ican and Hispanic communities and follow-up on abnormal results with action items includin g connection to a medical home, Offer prostate specific antigen (PSA) screenings at commun ity events Follow up phone calls will be made to patients with abnormal results to encour age patients to visit their primary care physician or connect them to a free or low cost c linic, Educate young adults and parents on the importance of the HPV vaccine in preventing cervical cancer, Register eligible women at community events for mammograms from the Flor ida Breast and Cervical Cancer Early Detection Program offered through the Florida Departm ent of Health, Offer community education sessions on various forms of cancer, Provide info rmation at health fairs and other community events about the health risks associated with smoking and resources for smoking cessation, Partner with local organizations in order to better educate women on the risks of smoking while pregnant, Facilitate classes on the dan gers of tobacco products in middle schools, high schools, colleges and universities Plann ed Collaborations In implementing the above initiatives, Baptist South anticipates collab orating with the following organizations Baptist MD Anderson Cancer Center, Northeast Flo rida AHEC, Florida Department of Health Duval, St Johns, and Clay counties, Public School Districts Duval, St Johns, and Clay counties, Local colleges and universities, Faith-bas ed and community organizations, and Others Anticipated Impacts Increased number of cance r screenings in the community, Increased awareness regarding lifestyle and other risks ass ociated with developing cancer, Increased participation in smoking cessation programs, Mor e young adults educated on the HPV vaccine, More middle school, high school, and college s tudents educated on the dangers of smoking and smokeless tobacco Baseline Cancer rate in Clay County is 474, Duval County is 514 8, St Johns County is 458 7, and all of Florida is 447 Evaluation Plan Baptist South will assess the impact of the above initiatives as part of the community health needs assessment it will conduct in 2018 including Track the number of men who have PSA screenings and the number of abnormal results requiring follow up, Utilize AHEC's state-wide database to track by referral source the number of referral s received, the number of people who attend classes, the number of people who complete cla sses and the number of people who quit smoking, Track the number of youth who participate in tobacco prevention classes,

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 4	Track the number of women referred to the Florida Breast and Cervical Cancer Early Detect ion Program, Analyze survey results from participants at health education sessions to meas ure knowledge gains and planned lifestyle changes, Track the number of individuals who rec eive HPV education, Monitor HPV vaccination rates Program Results BMCS participated in t he Pink Ribbon Symposium on October 1, 2016 at the Thrasher Horne Center in Orange Park A ttendees were taught how to properly self-examine their breasts and more than 300 Buddy Ch eck cards were distributed, Baptist South's Community Relations Coordinator presented on s moking cessation at Mandarin High School on November 30, 2016 There were 67 students in t he interactive presentation, BMCS hosted a free lunch & learn for the community on June 15 , 2017 on Lung Cancer presented by Carolyn Baggett There were 14 attendees in the talk an d 100% of them said they learned something new and plan to make a lifestyle change Attend ees were also referred to our upcoming Tools to Quit class, BMCS hosted AHEC's Tools to Qu it class on July 17, 2016 attended by 3 individuals from the community, Baptist South's Re spiratory Therapy team identified inpatient individuals who were smokers and counseled the m on smoking cessation Therapists referred patients who had a desire to stop smoking to A HEC's Tools to Quit classes, There were 19 free yoga classes held for cancer survivors at the Williams Y Healthy Living Center, There were 33 free yoga classes held for cancer surv ivors at the JCA Wellness Connexions Strategic Investments Provided funding to Volunteer s in Medicine to provide primary care for people who live or work in Duval County and do n ot have health insurance 279 patients received breast exams and 237 received a mammogram, Provided funding to Pine Castle for a clinical site nurse who served 280 individuals in P ine Castle's Adult Day Training program, 10 of whom participated in smoking cessation clas ses, Provided funding to Sulzbacher to provide primary care for people living or working i n Duval County who are un- or under-insured 5,483 patients were screened for services to quit smoking, all were educated about the harmful effects of smoking and 2,612 smokers wer e provided smoking cessation education and support 4,112 patients were screened for cance r with 11 receiving treatment Communicable Diseases To address this need, Baptist South will undertake the following initiatives Offer community education sessions on STIs, Part ner with local colleges and universities to enhance STI education programs, Offer STI prev ention and safe sex education at community events and health fairs, Partner with Duval Cou nty, St John's County, and Clay County Public Schools to enhance STI education and awaren ess, Partner with local agencies to increase awareness of existing HIV and STI testing and treatment sites and help grow additional HIV and STI testing sites in the community Plan ned Collaborations In impleme

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 4	nting the above initiatives, Baptist South anticipates collaborating with the following or ganizations The Way Clinic, Local colleges and universities, Public School Districts Duva l, St Johns, and Clay counties, Florida Department of Health Duval, St Johns, and Clay c ounties, and Others Anticipated Impacts Increased educational programs offered on STI pr evention, Increased awareness of screenings and treatment options in the community which w ill lead to a reduction in STI rates Baselines In 2015 Duval County ranked 62nd out of t he 67 Florida counties for rates of STIs, The chlamydia rate in Duval County (606 per 100, 000) exceeded the U S average by 32 percent Evaluation Plan Baptist Medical Center Sout h will assess the impact of the above initiatives as part of the community health needs as sessment it will conduct in 2018 including Measure knowledge gained of the participants f rom educational sessions through a survey, Monitor STI rates as provided by the Florida De partment of Health, Track the number of individuals who receive STI education, Track the n umber of individuals screened through planned collaborations Program Results On November 11, 2016, eleven Baptist Health team members were trained to teach Duval County Public Sc hool curriculum We have been teaching in HOPE classes in Duval middle and high schools ac ross the county Over 1200 students have been educated in safe sex practices thus far On April 28, 2017, BMCS participated in the annual Clay County Student Health Fair This year 's fair was held at Clay High School in Green Cove Springs, FL At our booth, we educated over 800 students on the importance of safe sex practices and the importance of receiving the HPV vaccine Each summer, BMCS hosts high school students as summer volunteers This s ummer we hosted 85 students throughout the summer, during their orientation sessions on Ju ne 5, July 6, and July 18, 2017, the students were educated on the importance of good ment al, physical, and sexual health The students were also urged to receive the HPV vaccine i f they had not already Strategic Investments Provided funding to JASMYN Sexual Health Cl inic to offer testing and treatment for sexually transmitted diseases 457 young people pa rticipated in the clinic in 2016 Provided funding to the BrdznBz program providing 577 yo uth and young adults sexual health information Funded PACE Center for Girls to provide a Straight Talk Clinic 130 girls were served with basic health services 98% did not become pregnant and 98% remained STI free during the year Provided funding to Delta Sigma Theta for 28 children affected by HIV/AIDS to attend summer camp where they learned about HIV/A ids and other communicable diseases and received mental health counseling Provided fundin g to Sulzbacher to provide primary care for people living or working in Duval County who a re un- or under-insured 4,798 patients were screened for communicable diseases with 209 r eceiving treatment

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 5	Facility A, 5 - Southern Baptist Hospital of FLorida, Inc (Dba BMC "Downtown") Diabetes To address this need, Baptist Medical Center South will undertake the following initiativ es Offer community education sessions on diabetes, obesity, nutrition, and lifestyle educ ation, Provide glucose and BMI screenings at community events and health fairs and provide follow-up resources to people found to be high-risk for developing diabetes, Offer "8 Wee ks to Healthy Living" program to local faith-based and community organizations Activity Provide care coordination services for pre-diabetic and diabetic patients in primary care offices, Partner with Duval, St John's, and Clay counties Public School Districts to enha nce diabetes, obesity, nutrition, and lifestyle education, Provide education to adults and children on healthy eating habits, obesity, nutrition, and lifestyle, Increase awareness of the resources provided by YMCA Healthy Living Centers and JCA Health Connexions Planne d Collaborations In implementing the above initiatives, Baptist Medical Center South anti cipates collaborating with the following organizations YMCA, JCA, THE PLAYERS Center for Child Health at Wolfson Children's Hospital, American Diabetes Association, Public School Districts - Duval, St Johns, and Clay counties, Faith-based and community organizations, and Others Anticipated Impacts Increased educational programs offered pertaining to diab etes, obesity, nutrition, and lifestyle choices, Increased number of BMI and glucose scree nings in the community Baselines In 2015, Clay County ranked 58th and Duval County ranke d 41st for diabetic screening, Diabetes has a mortality rate 27 7 in Duval County, compare d to a rate in Florida of 19 6 Evaluation Plan Baptist South will assess the impact of t he above initiatives as part of the community health needs assessment it will conduct in 2 018 including Track number of people participating in health education sessions, Measure knowledge gains and planned lifestyle changes from participants at health education sessio ns via survey, Track the number of free glucose and BMI screenings provided to community m embers Program Results BMCS participated in the Family Fitness Night at Bartram Springs Elementary on October 14, 2016 We provided literature on diabetes prevention and answered questions on health disparities, On October 20, 2016, BMCS held a lunch & learn for commu nity members on Healthy Habits presented by Dr Martinez-Whittinghan Attendees learned ab out the importance of a balanced diet and proper exercise We also learned about the effec ts of a poor diet including diabetes There were 20 attendees in the presentation and 100% of attendees stated they planned to make a lifestyle change and that they learned somethi ng new, On November 10, 2016, Baptist Medical Center Clay held a Talk with a Doc event on High Cholesterol presented by Dr Zamora Dr Zamora linked high cholesterol to additional risks including high blood pr

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 5	essure and diabetes There were 8 attendees in the class and 100% stated they learned some thing new and plan to make a lifestyle change based on the information presented in the cl ass, Baptist South participated in the Episcopal Children's Services Health Fair in Orange Park, FL on November 15, 2016 We screened 15 individuals and performed a total of 45 scr eenings including BMI, blood pressure, and glucose Of the 45 screenings, 9 of the results were abnormal Those with abnormal results received a follow up phone call after the heal th fair, on January 9, 2017, BMCS participated in the Kemper Health Fair Baptist South pa rticipated in the Episcopal Children's Services Health Fair in Orange Park, FL on November 15, 2016 We screened 85 individuals and performed a total of 255 screenings including BM I, blood pressure, and glucose Of the 255 screenings, 32 of the results were abnormal Th ose with abnormal results received a follow up phone call after the health fair, On Februa ry 16, 2017, BMCS held a lunch & learn on Preventative Cardiology presented by Dr Gummadi He stressed the importance of heart health and linked cardiology issues to other issues that may occur including diabetes There were 20 attendees in the class and 100% of them s tated they learned something new and plan to make a lifestyle change from the talk, On Mar ch 16, 2017, Baptist South hosted a lunch & learn on Kidney Health in honor of World Kidne y Day Dr Chataut was the presenter and talked about kidney health and how it can affect the rest of your overall health Dr Chataut stated that poor kidney health can bring abou t diabetes along with other ailments There were 12 attendees in the class and 83% of them stated they learned something new and plan to make a lifestyle change based upon the pres entation, On April 20, 2017, Dr Futch presented a lunch & learn at BMCS on Foot Health D r Futch informed attendees about some of the negative effects from diabetes and how it af fects your foot health There were 18 attendees present and 94% of them learned something new and plan to make a lifestyle change after the presentation, On July 20, 2017, Dr Cowa rt held a lunch & learn at Baptist South on "10 Reasons to Visit Your Eye Doctor" The pre sentation was very informative and attendees learned that some of the early signs of diabe tes can be detected through a regular eye exam There were 21 attendees present at the tal k and 100% of them stated they learned something new and plan to make a lifestyle change b ased upon the information presented to them, On July 29, 2017, BMCS participated in the Sa lvation Army Back to School Bash Health Fair in Middleburg, FL We screened 114 individual s and performed a total of 342 screenings including BMI, blood pressure, and glucose Of t he 342 screenings, 41 of the results were abnormal Those with abnormal results received a follow up phone call after the health fair, BMCS participated in the Westminster Woods an nual health fair on August 7,

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 5	2017 Baptist South participated in the Episcopal Children's Services Health Fair in Orang e Park, FL on November 15, 2016 We screened 32 individuals and performed a total of 96 sc reenings including BMI, blood pressure, and glucose Of the 96 screenings, 8 of the result s were abnormal Those with abnormal results received a follow up phone call after the hea lth fair, On September 21, 2017, BMCS held a lunch & learn on the Mediterranean Diet prese nted by Dr Denton Attendees learned about healthy eating habits and the importance of a balanced diet to avoid obesity and the risk factors associated with obesity including diab etes There were 25 individuals present for the talk and 92% of them stated they learned s omething new and plan to make a lifestyle change based on the talk, 85 people received fre e biometric screenings at the Williams Family Y Healthy Living Center and all individuals screened participated in health coaching provided by the Healthy Living Center, 254 people received free biometric screenings at the Jewish Community Alliance and all individuals s creened participated in health coaching provided by the Healthy Living Center, 34 people p articipated in healthy eating, physical activity and diabetes education at the Williams Fa mily Y Healthy Living Center, 15 people participated in healthy eating, physical activity and diabetes education at the Williams Family Y Healthy Living Center, Need Health Connexi ons education results (11/9/15 Diabetes Management class by Baptist Health Registered Diet ician - 6 attendees at JCA Wellness Connexions), 254 people received free health screening s through JCA Wellness Connexions, 113 people received free health screenings through Will iams Family Y Healthy Living Center Strategic Investments Providing funding for "Creatin g a Healthier Jacksonville" conference held by the Florida Department of Health - Duval, P rovided funding to Muslim American Social Services to provide primary care for people who live in Duval County and do not have health insurance MASS provided health services to 1, 333 patients, 231 who were treated for diabetes, Provided funding to Volunteers in Medicin e to provide primary care for people who live or work in Duval County and do not have heal th insurance 1,493 people were screened for diabetes, 314 were treated and 72% improved o f 42 patients with three-month follow-up, Provided funding to MOSH to develop a health edu cational exhibit The interactive exhibit includes information about the endocrine system and prevention information More than 1,309 people attended the exhibit and/or educational programming, Provided funding to Sulzbacher to provide primary care for people living or working in Duval County who are un- or under-insured 5,397 patients were screened for dia betes with 2,612 receiving treatment, Provided funding to Pine Castle to provide nursing c are oversight for participants in the Adult Day Training program

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 6	Facility A, 6 - Southern Baptist Hospital of FLorida, Inc (dba BMC "Downtown") Mental He alth To address this need, Baptist Medical Center South will undertake the following init iatives Partner with United Way of Northeast Florida to develop and implement a community -wide effort to reduce stigma associated with mental illness and increase access to care, Offer Mental Health education sessions and information to the community, Provide mindfulne ss training and coaching through Y Healthy Living Centers and JCA Health Connexions, Offer Youth Mental Health First Aid training for community members on the warning signs of ment al illness and what to do to help young people, Offer Adult Mental Health First Aid traini ng for community members on the warning signs of mental illness and what to do to help adu lts, Partner with faith-based organizations to offer Faith and Mental Health education, Tr ain adults in the community on recognizing the warning signs of mental illness and suicide among youth, Collaborate with other community providers to develop integrated pediatric c are clinic that will provide additional mental health resources in the community Planned Collaborations In implementing the above initiatives, Baptist Medical Center South antici pates collaborating with the following organizations United Way of Northeast Florida, Men tal Health America, Starting Point, YMCA, JCA, and Others Anticipated Impacts Increased access to mental health services, Reduction in stigma associated with mental illness, Goal is to train 10,000 people in the community Mental Health First Aid Evaluation Plan Bapt ist Medical Center South will assess the impact of the above initiatives as part of the co mmunity health needs assessment it will conduct in 2018 including An evaluation of mental health awareness, attitudes and access will be included in the United Way effort, The num ber of participants in the Youth Mental Health First Aid eight-hour training will be track ed and knowledge gains measured through surveys, The number of participants in the Adult M ental Health First Aid eight-hour training will be tracked and knowledge gains measured th rough surveys, The number of participants in training on youth mental illness and suicide will be tracked and knowledge gains will be measured via survey of participants, Monitor a dmissions in emergency department related to mental health, Monitor rates of suicide in th e community Program Results As a focus to train 10,000 individuals in the community by 2 018, we continued to host Adult Mental Health First Aid classes For South's area, Baptist Health trained 358 individuals (32063 had 26 individuals, 32068 had 65 individuals, 32073 had 43 individuals, 32082 had 40 individuals, 32084 had 17 individuals, 32257 had 35 indi viduals, 32256 had 112 individuals, and 32258 had 20 individuals), On November 4, 2016, Ba ptist Health held our annual Faith and Mental Health Conference This conference is widely attended across the city Thi

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 6	s year we had 129 attendees present, On January 19, 2017, BMCS held a lunch & learn for th e community on Balance in the New Year presented by Dr Sastre He spoke on the importance of living a balanced life and focusing on one's mental health There were 21 attendees in the class and 100% of them stated they learned something new and plan to make a lifestyle change based on the information presented to them, On January 24, 2017, Baptist Clay held a Talk with a Doc event on Bringing Balance to the New Year presented by Dr Jones Dr J ones stressed the importance making time for yourself, balancing your priorities, and focu sing on your mental health There were 23 individuals in the talk and 91% of them stated t hey learned something new and plan to make a lifestyle change based on the information pre sented to them, On August 8, 2017, Baptist South hosted a lunch & learn on "Making Yoursel f a Priority" presented by Nancy Crain, PA-C Nancy stressed the importance of good mental health There were 19 attendees present for the talk and 95% of them stated they learned something new and plan to make a lifestyle change based on information presented to them, 2 individuals were trained in Adult Mental Health First Aid at the Williams Family Y Healt hy Living Center Strategic Investments Provided funding to The Women's Center of Jackson ville to provide mental health counseling for women who cannot afford counseling 165 wome n were provided therapy, Provided funding to the National Council for Behavioral Health to train 26 community members as Mental Health First Aid facilitators, Providing funding to support mental health services at the ARC Village, a unique independent living community f or adults with disabilities 90 residents received services with 58 residents in group cou nseling, Provided funding to Pine Castle for a clinical site nurse who served 280 individu als in Pine Castle's Adult Day Training program, 24 of whom participated in psycho-social rehabilitation with 1 successfully completing the program, Provided funding to Volunteers in Medicine to provide primary care for people who live or work in Duval County and do not have health insurance 390 people were screened for behavioral health services and 50 rec eived treatment, Provided funding to YMCA for staffing to provide specialized activities f or 30 adults with disabilities enhancing their quality of life and providing respite servi ces for their caregivers, Provided funding to Museum of Science and History to develop a h ealth educational exhibit The interactive exhibit includes information about the brain an d mental illness 1,309 students and adults toured the exhibit and/or participated in heal th education programming, Provided funding to Sulzbacher to provide primary care for peopl e living or working in Duval County who are un- or under-insured 5,483 patients were scre ened for diabetes with 654 receiving treatment, Provided funding to Project for Healing to provide mental health case ma

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 6	nagement for 78 refugees who resettled in Duval County, Provided funding to UNF to initiat e a mental health nurse practitioner graduate program, Provided funding to Seniors on A Mi ssion to provide volunteer opportunities to 8 seniors, Provided funding to Mental Health A merica of Northeast Florida to increase awareness of and advocacy for additional mental he alth services in our community resulting in increased funding and legislation that expands the capacity of mental health services in northeast Florida Other Programming On April 12, 2017, individuals from BMCS judged Mandarin High School's health science fair All of the students previously did their medical rotations at BMCS as a part of our partnership w ith Mandarin High School and formed relationships with mentors at the hospital Each of th e students were tasked with presenting on a health disparity of interest or a health caree r of interest All of the students talked about their great experience, On May 23, 2017, B aptist Clay hosted a Talk with a Doc on Hearing Issues presented by Dr Walker Dr Walker explained the different reasons an individual may be experiencing hearing loss There wer e 7 attendees present in the talk and 100% of them stated they learned something new and p lan to make a lifestyle change based on the information learned

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 7	Facility A, 7 - Southern Baptist Hospital of Florida, Inc (dba BMC "Downtown") No entity can address all of the health needs present in its community Baptist South is committed to serving the community by adhering to its mission, using its skills and capabilities, an d remaining a strong organization so that it can continue to provide a wide range of commu nity benefits This implementation strategy does not include specific plans to address the following health needs that were identified in the 2015 Community Health Needs Assessment Access Baptist South supports The Way Free Clinic, Muslim American Social Services and Mission House clinic services to increase access to health care and does not anticipate im plementing additional initiatives Due to the availability of other resources in the commu nity the hospital will focus on other significant community health needs Dental Care Bap tist South is supporting the Florida Dental Health Association to provide dental services for people who currently do not have access and does not anticipate implementing additiona l initiatives The hospital does not have sufficient resources to effectuate a significant change in this area, and will focus on other significant community health needs Health D isparities Baptist South supports The Way Free Clinic, Muslim American Social Services an d Mission House clinic services to address health disparities and does not anticipate impl ementing additional initiatives Due to the availability of other resources in the communi ty the hospital will focus on other significant community health needs Maternal and Child Health Baptist South supports The Way Free Clinic, Muslim American Social Services and M ission House clinic services to provide maternal and child health services and does not an ticipate implementing additional initiatives In addition, Baptist Health is comprised of THE PLAYERS Center for Child Health which addresses maternal and child health across the f ive-county region Baptist South will continue offering many free classes for expecting mo thers that are open to community members Due to resource constraints and the availability of other resources in the community the hospital will focus on other significant communit y health needs Nutrition, Physical Activity, and Obesity Baptist South's efforts to addr ess the priority need of diabetes will incorporate nutrition, physical activity, and obesi ty as a whole The hospital's efforts to address healthy living will focus on diabetes pre vention Poverty Baptist South does not anticipate implementing additional initiatives to address poverty This need is being addressed by other entities in Clay, Duval, and St J ohns counties including United Way of Northeast Florida Baptist Health is an advocate and supporter of United Way which addresses poverty in northeast Florida The hospital does n ot have sufficient resources to effectuate a significant change in this area, and will foc us on other significant commun

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 7	ity health needs Smoking Baptist South's efforts in cancer programming will incorporate smoking cessation to decrease the prevalence of lung and other cancers associated with smo king In addition, this need is being addressed by other entities in Clay, Duval, and St Johns counties Transportation Baptist South does not anticipate implementing additional initiatives to address transportation This need is being addressed by other entities in C lay, Duval, and St Johns counties The hospital does not have expertise in this area nor sufficient resources to effectuate a significant change Accordingly, the hospital will fo cus on other significant community health needs

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 8	Facility A, 8 - Southern Baptist Hospital of Florida, Inc (dba Wolfson Children's Hospital) Access To address this need, Wolfson Children's Hospital will undertake the following program initiatives Assure that financial assistance programs comply fully with state an d federal requirements Working with Patient Financial Services, patients without insuranc e are offered assistance with applicable insurance options or charity care, Increase enrol lment in Florida KidCare, the Children's Health Insurance program for Florida, through bot h community and hospital outreach Community outreach initiatives include participation in school events, health fairs and other health-related events Additionally, Wolfson Childr en's Hospital will continue its hospital outreach to its self-pay patients by contacting a nd assisting them in enrolling in Florida KidCare In FY 2016 and 2017, THE PLAYERS Center for Child Health team provided application assistance to 523 individuals, Work in conjunc tion with local school boards or other community partners in order to establish new avenue s that will increase access to primary care services for children, Baptist Health has an M OU and is currently seeing patients at Ribault Middle and High School, Continue to evaluat e how to best use and expand its home health and telehealth services in order to improve a ccess to care, Reduce the number of preventable hospitalizations for asthma by continuing to build on the services offered by the Community Asthma Partnership at Wolfson (CAPW) CA PW provides education, events, workshops and other programs in order to teach children and their caregivers how to better manage their disease CAPW also provides care coordination services to patients who present frequently to the Emergency Department in order to reduc e the number of admissions for asthma, Train the Trainer Takeisha Sessoms, RRT- 4/21/16 T rained Health Advocates on 30 min educational presentation to perform in communities 2016- 2017 results Workshop attendance - The Community Asthma Partnership offered 45 community based workshops, and 128 children and 168 adults attended, School based classes - Educator s taught 119 programs and reached 1128 students in VPK, school based, and after school pro grams for children with asthma, Care Coordination - Provided Care Coordination for 118 new ly identified high risk asthma patients in FY 2016 and FY 2017, Continue to support access to specialty care and reduce preventable hospitalizations through its investment in the B ower Lyman Center for Medically Complex Children The Center offers medically complex chil dren a coordinated, family-focused and team-based approach to achieve their highest possib le quality of life and health outcomes, and to promote family well-being Wolfson Children 's Hospital continues to fund the operation expenses for the Bower Lyman Center for Medica lly Complex Children This funding includes salaries for a parent liaison and two social w orkers, Offer free health-rela

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 8	ted programming in the community through partnerships between Baptist Health System, YMCA and Jewish Community Alliance Wolfson Children's Hospital will evaluate how to best impro ve access for children through these centers, which may include offering school physicals THE PLAYERS Center for Child Health educators offered unintentional injury prevention edu cation to 85 children and 58 adults at the YMCA Healthy Kids Day on April 31, 2016 On Jul y 22, 2017 team members provided education at 5 YMCA locations for their baby shower event s Educators participated in the YMCA Thingamajig event on August 3, 2016, and provided he alth and safety education to 144 individuals 333 children received asthma education durin g the 2017 Thingamajig event, Continue to participate in local community health fairs, whi ch provide health screenings, education, information on insurance coverage and other healt h-related services for children and their families THE PLAYERS Center team participated i n 216 health fairs and provided education to 30,649 individuals in FY 2016 In FY 2017, te am members participated in 295 health events, and provided education to 21,755 individuals , Provide free "back to school" and sports physicals in varying locations across the commu nity In collaboration with the Jacksonville Sports Medicine Program, Wolfson Children's H ospital provided free back to school physicals on July 30, 2016 to 705 student athletes in Duval County On July 29, 2017 665 athletes in Duval county participated in sports physic als, Support and advocate for legislation that is specifically focused on improving access to care for children Wolfson Children's Hospital patient Jacob Lopez and his family part icipated in the Children's Hospital Association Speak Now for Kids Family Advocacy Days in Washington DC June 20-22, 2016 Jacob met with 5 legislators from Florida and Georgia In July of 2017 Wolfson Children's Hospital patient Norah Sproles and her family traveled to Washington to meet with 4 legislators, Continue to support the UF Health Pediatric Weight Management Center - Wolfson Children's Hospital This center provides obese and overweigh t pediatric patients with a comprehensive, family-centered and team-based approach to achi eve weight loss, weight loss maintenance and reverse the co-morbidities of obesity The tr eatment team works together to provide the best support and guidance for the patient and f amily, not only for weight loss, but also for weight loss maintenance Wolfson Children's Hospital continues to provide the unmet reimbursed costs to run a pediatric weight managem ent center, Continue to provide financial support to community organizations that are comm itted to increasing access for child health services Planned Collaborations In implement ing the above initiatives, Wolfson Children's Hospital anticipates collaborating with the following organizations Local health departments in the five-county area, Local school di stricts in the five-county are

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 8	a, Nemours Children's Specialty Care, Jacksonville, University College of Medicine - Jacks onville, YMCA, After -school programs and summer camps, Community PedsCare, Children's Hos pital Association, Florida Association of Children's Hospitals, St Vincent's HealthCare, and Jacksonville Sports Medicine Program Anticipated Impacts More children will have hea lth insurance coverage, More children will have access to primary care from the baseline t hat in Baker, Clay, and Nassau counties the supply of primary care physicians, dentists, a nd mental health providers is below the U S average, More families will be better informe d on the health resources that exist in the community for children and will be better educ ated about child health and wellness Baseline - In Baker, Clay, and Nassau counties, the per-capita supply of primary care physicians, dentists, and mental health providers is bel ow U S averages Evaluation Plan Wolfson Children's Hospital will assess the impact of t he above initiatives as part of the Community Health Needs Assessment it will conduct in 2 018 Track the number of families assisted and enrolled in KidCare -FY 16 539, FY 17 523 , Track the number of families educated at community events - FY16 30,649, FY 17 21,755, Track the number of children and adults educated on care coordination services for asthma through CAPW - 118 new high risk patients in 2016, 116 patients in 2017, Track the number of families educated at YMCA - 620 participants in events Strategic Investments Funded a conference on increasing access to care for LGBTQ youth with 175 people attending, Provi ded funding to United Way for vision screenings and glasses for children identified as nee ding those services through the Full Service School 158 children received vision screenin g and glasses if needed, Funded DLC Nurse and Learn to provide nursing care, physical and occupational therapies, treatment for diabetes and asthma for children who are physically and emotionally disabled 196 children including more than 60 children with developmental disabilities and medical complications participated in the inclusion child development pro gram, Provided funding to Sulzbacher Center to open a pediatric practice in a low-income h ealth dessert in Jacksonville for children without insurance or on Medicaid The practice is scheduled to open in spring 2018, Funded PACE Center for Girls to provide a Straight Ta lk Clinic 130 girls were served with basic health services, Provided funding to Children' s Home Society to provide counseling for students who do not have insurance or have Medica id and attend high poverty schools in Jacksonville 86 children received counseling or cri sis intervention services and 190 teachers received training on trauma informed classrooms , Funded The Bridge to provide health screenings and access to medical, dental and vision services 336 teens participated

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 9	Facility A, 9 - Southern Baptist Hospital of Florida, Inc (Dba Wolfson Children's Hospita l) Health Disparities to address this need, Wolfson Children's Hospital will undertake t he following program initiatives Reduce disparities pertaining to access to affordable ca re by providing assistance in enrolling uninsured children in KidCare In FY 2016, THE PLAY ERS Center for Child Health team provided application assistance to 539 individuals, and 5 23 in 2017, Improve the level of linguistically and culturally appropriate care by hiring bilingual staff who can better communicate with the Hispanic population and understand the cultural barriers to care THE PLAYERS Center for Child Health hired MariVi Wright to adap t educational offerings to the Spanish Speaking families Over 750 Spanish speaking indivi duals received important educational information on prevention, access, and wellness in 20 16, and 487 in 2017, Provide education and health screenings in low-income, Black (African American) and Hispanic (Latino) communities THE PLAYERS Center for Child Health participa ted in a Spanish speaking Health Fair on April 23, 2016 and educated 225 individuals THE PLAYERS Center for Child Health participated in a Spanish Speaking Health fair on Septembe r 16th and educated 180 individuals, Continue to build on the efforts of CAPW and use its resources to target specifically populations in need of education and support, as asthma h as been found to be a "highly problematic" health issue for low-income, Black and Hispanic residents CAP- W educators participated in a health fair on August 5th at Potter's House and educated 80 individuals, work in conjunction with local school boards and/or other co mmunity partners in order to establish new avenues that will increase access to primary ca re services for children Baptist Health has an MOU and is currently seeing patients at Ri bault Middle and High School, Participate in local community health fairs to provide scree nings, education, information on insurance coverage and other health-related services to c hildren and their families THE PLAYERS Center team participated in 216 health fairs and p rovided education to 30,649 individuals in FY 2016, and 247 health fairs and 21,775 in FY 2017, Offer school- and community-based educational programming aimed at improving child h ealth Current programming includes nutrition, hygiene, body systems, safe driving, and ov er-the-counter medication safety THE PLAYERS Center for Child Health educators provided e ducation to 4,674 students in 213 classes in FY 2016, and 5,162 students in 171 classes in FY 2017, Provide education to school nurses on diabetes prevention and maintenance On Fe bruary 17, 2016, diabetes educators provided a 2 hour training to 24 Duval County school n urses Educators provided training to 88 teachers in Duval and Nassau counties in 2017, Ed ucate the community and patients on the health risks associated with smoking and exposure to second-hand smoke and provi

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 9	de referrals to smoking cessation resources in the community, such as AHEC Asthma educato rs refer appropriate patient families to AHEC, Implement Youth Mental Health First Aid tra ining, an eight-hour course that teaches participants how to help someone who is developin g a mental health problem or experiencing a mental health crisis The training helps parti cipants identify, understand, and respond to signs of mental illness and substance use dis orders Wolfson Children's Hospital offered 13 Youth Mental Health First Aid classes and w ere able to educate 152 individuals to identify and respond to mental illness and substanc e use disorders in 2016 In FY 2017, there were 190 participants in 16 classes, Educate th e community regarding breastfeeding and safe sleep practices through social media and trad itional news media campaigns, community events and classes Educators provided safe sleep and breastfeeding to 7,348 individuals at 44 events in 2017, Work with community partners to increase access to pediatric care for all children, including children enrolled in KidC are or who do not have insurance St Vincent's Mobile Health outreach, Duval County Publi c schools and Full Service schools refer families without coverage to THE PLAYERS Center f or Child Health team members, Continue to provide financial support to local organizations that are dedicating to reducing health disparities in the community Planned Collaboratio ns In implementing the above initiatives, Wolfson Children's Hospital anticipates collabo rating with the following organizations KidCare referring partners, Healthy Start Coaliti on of Northeast Florida, AHEC, YMCA, Center for Language and Culture, Local school distric ts in the five-county area, Summer camps, Early education and after-school programs Antic ipated Impacts Increased access to health insurance through KidCare enrollment, Increased access to primary care because between 2015 and 2020 the pediatric population is expected to grow 2 5 percent, Increased awareness and decreased stigma surrounding mental health, Reduced preventable hospitalizations for conditions such as asthma from the baseline of 60 percent being preventable, Increased awareness about diabetes maintenance, increased awar eness and education on factors that impact overall child health and wellness Baselines B etween 2015 and 2020, the pediatric population, aged 0-17 years, is expected to grow by 2 5 percent, In 2014, there were 1,208 ambulatory care-sensitive inpatient hospitalizations for asthma for residents of the five-county area aged 0-17 years Sixty percent of prevent able hospitalizations were for asthma Evaluation Plan Wolfson Children's Hospital will a ssess the impact of the above initiatives as part of the Community Health Needs Assessment it will conduct in 2018 Track the number of children and families assisted and enrolled in KidCare FY 16 539, FY 17 523, Measure the number of participants educated at community events 16 30,649, 17 21,77

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 9	5, track the number of referrals to AHEC, the number of people who enroll and complete a s moking cessation class, and the number of people who quit smoking, track the number of nur ses educated on diabetes 24 in FY16, 88 in FY17, Measure the number of children educated through community programs FY 16 4,674 FY 17 5,162, Track the number of families educate d at health fairs FY16 30,649, FY 17 21,775, Track the number of people trained in Youth Mental Health First Aid FY16 152, FY17 190 Strategic Investments Funded a conference on increasing access to care for LGBTQ youth with 175 people attending, Provided funding t o United Way for vision screenings and glasses for children identified as needing those se rvices through the Full Service School 158 children received vision screening and glasses if needed, Funded DLC Nurse and Learn to provide nursing care, physical and occupational therapies, treatment for diabetes and asthma for children who are physically and emotional ly disabled, Provided funding to Sulzbacher Center to open a pediatric practice in a low-i ncome health dessert in Jacksonville for children without insurance or on Medicaid The pr actice is scheduled to open in spring 2018, Funded PACE Center for Girls to provide a Stra ight Talk Clinic 130 girls were served, three of whom received care for diabetes, Provide d funding to Children's Home Society to provide counseling for students who do not have in surance or have Medicaid and attend high poverty schools in Jacksonville 86 children rece ived counseling or crisis intervention services and 190 teachers received training on trau ma informed classrooms, Funded The Bridge to provide health screenings and access to medic al, dental and vision services 336 physicals were arranged and received, 90 children rece ived dental care 28 children were educated on asthma, 29 youth received mental health ser vices and 25 were educated on the dangers of smoking

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 10	Facility A, 10 - Southern Baptist Hospital of Florida, Inc (Dba Wolfson Children's Hospit al) Maternal and Child Health to address this need, Wolfson Children's Hospital will und ertake the following program initiatives Continue to offer school- and community-based ed ucational programming aimed at improving child health Current programming includes nutrit ion, hygiene, body systems and safe driving, and over-the-counter medication safety Wolfs on Children's Hospital will continue to evaluate other educational needs in the community and implement new programming as needs arise and resources become available THE PLAYERS C enter for Child Health educators provided education to 4,674 students in 213 classes in FY 2016, and 5,162 students in 171 classes in FY 2017, Increase educational activities aimed at reducing the number of overweight youth in the community, not only through existing ed ucational initiatives, but through partnerships in the community, such as Play 60 with the Jacksonville Jaguars and the Healthy Jacksonville Childhood Obesity Prevention Coalition Over 7,000 sixth graders from 29 different schools participated in Play 60 during the 201 5/2016 school year, and over 8,000 from 52 schools in 2016/2017, Increase awareness of saf e sleep practices to reduce the risk of sleep-related deaths during infancy Provide safe sleep, breastfeeding, infant and child CPR, and choking education to at-risk expectant fam ilies referred by community partners Distribute safe sleep equipment and supplies to fami lies in need, and work with Wolfson Children's Hospital to develop a strategy for wider di stribution of selected safe sleep apparatus to at-risk families in need Utilize paid, unp aid, social and in-house media to promote awareness of safe sleep practices during infancy to the community at large In 2016, THE PLAYERS Center for Child Health educators provide d safe sleep education to 6,978 people at 42 community events Safe Sleep messaging had a program reach of 3,319,792 media impressions 165 pack and plays were distributed In 2017 , 7,348 people at 44 events received safe sleep education, and 125 pack and plays were dis tributed, Provide education and resources through free classes and community events, inclu ding health fairs and safe sleep classes In 2016, THE PLAYERS Center for Child Health edu cators provided safe sleep education to 6,978 people at 42 community events In 2017, 7,34 8 people at 44 events received safe sleep education In FY 2017, 1,125 people participated in parenting classes offered in Healthy Living Centers in YMCAs throughout Duval County, Work with partners and affiliates to develop and implement a child abuse prevention strate gy, Provide education on the risks associated with smoking and second-hand smoke and provi de smoking cessation referrals for pregnant moms, Train community members in CPR at commun ity events, Create and provide an obesity toolkit for local pediatricians and the communit y that is accessible online I

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 10	n collaboration with the Healthy Jacksonville Childhood Obesity Prevention Coalition and N emours Children's Specialty Clinic, Wolfson Children's Hospital hosted a continuing educat ion session on the role of a primary care pediatrician in addressing childhood obesity Of fice toolkits were distributed, work with community partners to increase access to pediatr ic care for all children, including children enrolled in KidCare or who do not have insura nce Baptist Health has an MOU and is currently seeing patients at Ribault Middle and High School, Continue to provide financial support to community organizations that are committ ed to improving child health Planned Collaborations In implementing the above initiative s, Wolfson Children's Hospital anticipates collaborating with the following organizations Healthy Jacksonville Childhood Obesity Prevention Coalition, Jacksonville Jaguars, Health y Start Coalition of Northeast Florida, Local health departments in the five-county area, Local school districts in the five-county area, YMCA, AHEC, and Florida Department of Chil dren and Families Anticipated Impacts Increased awareness and education on health and we llness, including health impacts caused by obesity from the baseline of having 11 1 percen t middle school students and 14 3 percent high school students overweight in Florida, Incr eased awareness and education on infant mortality from sleep-related deaths, Increased awa reness about child abuse prevention programs from the baseline of having a rate of 12 1 ch ildren abused in Florida Baselines Middle School Students overweight 11 1 percent, high school students overweight 14 3 percent, Children 5-11 experiencing child abuse 12 1, In Duval County, Births < 2500 grams is 9 3 percent, compared to Florida at 8 6 percent, Bir th to mothers who report smoking during pregnancy In Duval county 7 3 percent and in Flor ida 6 6 Evaluation Plan Wolfson Children's Hospital will assess the impact of the above initiatives as part of the Community Health Needs Assessment it will conduct in 2018 Trac k number of children and families who participate in classes and community events FY 16 4 ,674 students in 213 classes, FY 17 5,162 students in 171 classes, Track number of famili es educated on infant mortality FY 16 6,978, FY 17 7,348, Track number of lives touched through Play 60 FY 16 7,000, FY 17 8,000 Strategic Investments Provided funding to the Jaguars Foundation to implement Play 60 physical activity programs in middle schools in 5 counties in Northeast Florida, Provided funding for the YMCA Kid Fit Challenge 17 childr en participated and reduced their mile run time by 9 minutes, Provided funding to the Muse um of Science and History to develop and maintain an exhibit on healthy lifestyles 1,309 students and adults toured the exhibit and/or participated in health education programming

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 11	Facility A, 11 - Southern Baptist Hospital of FLorida, Inc (dba WOlfson Children's Hospit al) Mental Health To address this need, Wolfson Children's Hospital will undertake the f ollowing program initiatives Implement Youth Mental Health First Aid training for communi ty members in low-income areas on the warning signs of mental illness in adults and childr en and how to intervene when necessary Wolfson Children's Hospital offered 13 Youth Menta l Health First Aid Classes, and had 152 people participate in the training in FY 2016 In FY 2017, 16 classes were offered and 190 people participated, provide mindfulness training and coaching through affiliations with the YMCA and the Jewish Community Alliance Wolfson Children's Hospital provided mindfulness training to 60 students at the DuPont YMCA The students participated in three sessions with different mindfulness activities each week, W ork with community providers to develop an integrated care clinic to provide additional ac cess to mental health services In partnership with the University of Florida College of M edicine - Jacksonville, Wolfson Children's Center for Behavioral Health, the Partnership f or Child Health and additional community resources, we are able to provide a compassionate and comprehensive system of care to support children and youth with medical, mental and b ehavioral health needs This integrated approach to the care of children and youth reflect s our commitment to fulfill the rights of all children to achieve and maintain mind-body w ellness, Partner with the United Way of Northeast Florida to develop and implement a commu nity-wide effort to reduce the stigma associated with mental illness and increase access t o care, Increase community awareness by hosting the annual Faith and Mental Health Confere nce, Support the National Alliance on Mental Illness (NAMI) in implementing youth educatio n and awareness programs THE PLAYERS Center for Child Health team assisted NAMI in comple ting a SHAC application, providing access to present in Duval County Public Schools, Conti nue to provide financial investments to community organizations that are committed to incr easing access to mental health services and/or decreasing the stigma associated with menta l health issues Planned Collaborations In implementing the above initiatives, Wolfson Ch ildren's Hospital anticipates collaborating with the following organizations Local school districts in the five-county area, United Way of Northeast Florida, NAMI, YMCA, JCA, Nemo urs Children's Specialty Care, Jacksonville, and UF Health Jacksonville Anticipated Impac ts Increased access to mental health services from the baseline that the suicide rate has increased 13 2 percent, Decreased stigma in the community surrounding mental health, Base line - The Duval County suicide rate in 2012 increased 13 2 percent since 2008 Evaluation Plan Wolfson Children's Hospital will assess the impact of the above initiatives as part of the Community Health Needs

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 11	Assessment it will conduct in 2018 An evaluation of mental health awareness, attitudes a nd access will be included in the United Way effort, The number of participants in the You th Mental Health First Aid eight-hour training will be tracked and knowledge gains measure d through surveys - 152 people trained in 2016, 190 in 2017, The number of participants in training on youth mental illness and suicide will be tracked and knowledge gains will be measured via survey of participants, Monitor suicide rates in the community, and monitor m ental health admissions through the Emergency Department Strategic Investments Funded an Autism Symposium for providers, clinicians and parents 375 people attended, Provided fun ding to Children's Home Society to provide counseling for students who do not have insuran ce or have Medicaid and attend high poverty schools in Jacksonville 86 children received counseling or crisis intervention services and 190 teachers received training on trauma in formed classrooms, Funded Delta Sigma Theta's local chapter to provide a camp for children and siblings impacted by HIV/AIDS 28 children were enrolled in the camp and received men tal health counseling and activities in groups and/or one to one, Funded Hope Haven Childr en's Clinic to provide onsite mental health assessments and treatment services 17 childre n were evaluated and 7 were diagnosed and treated, Funded DLC Nurse and Learn to provide m ental health counseling for caregivers of children with a mental or physical disability an d 34 people received counseling at DLC Nurse and Learn, Provided funding to Mental Health America of Northeast Florida to increase awareness of and advocacy for additional mental h ealth services in our community resulting in increased funding and legislation that expand s the capacity of mental health services in northeast Florida Unintentional Injury to ad dress this need, Wolfson Children's Hospital will undertake the following program initiati ves Continue its partnership with Safe Kids Worldwide in order to reduce the amount of un intentional childhood injuries Through this partnership, Wolfson Children's Hospital educ ates the community on child water safety, home safety, child passenger safety, bicycle saf ety, pedestrian safety, infant mortality and safe sleep practices, heat illness, exertiona l heat stroke, lightning and sports-related concussions and head injuries, THE PLAYERS Cen ter for Child Health is the coalition lead for Safe Kids Northeast Florida, whose mission is to bring together local organizations to promote pediatric injury prevention, Continue its affiliation with the Jacksonville Sports Medicine Program, a not-for-profit, volunteer -based organization that is dedicated to youth sports injury advocacy and prevention, Util ize paid, unpaid, social, in-house media and special events to promote awareness of injury prevention for children 19 and under and to the community at-large In 2016 THE PLAYERS C enter for Child Health secured

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 11	over 7,000,000 media impressions through traditional print, radio, television and social media, that number reached over 11,365,327 in 2017 Planned Collaborations In implementin g the above initiatives, Wolfson Children's Hospital anticipates collaborating with the fo llowing organizations Safe Kids Worldwide, Jacksonville Sports Medicine Program, Florida Department of Children and Families, The City of Jacksonville, Healthy Start Coalition of Northeast Florida, Department of Transportation, Century Ambulance, Health departments in the five-county area, Florida Swimming Pool Association, and the Jacksonville Sheriff's Of fice Anticipated Impacts Increased awareness about the causes of unintentional injuries and actions that can be taken to decrease the risk of injury Baselines In the 2015 Commu nity Health Status Indicators, Clay, Duval, and Nassau counties ranked in the bottom quart ile of peer counties for motor vehicle deaths Duval and Nassau counties also benchmarked poorly for unintentional injury, In the Youth Risk Behavior Surveillance System (2013), 15 of 20 indicators for unintentional injuries and violence in Duval County are well above F lorida averages, including high rates for behaviors associated with unsafe driving Evalua tion Plan Wolfson Children's Hospital will assess the impact of the above initiatives as part of the Community Health Needs Assessment it will conduct in 2018 Track the number of child passenger seats distributed 385 and inspected 1,233 in FY 2016, distributed 377 and inspected 997 in FY 2017, Track the number of safe sleep spaces distributed 165 in FY 201 6, 125 in FY 2017, Track the number of bike helmets distributed and the number of fittings performed 432 in FY 2016, 151 in 2017, Track the number of people educated at health fair s and through educational programs 30,765 in 2016, and to 17,908 in 2017, Track the number of people reached through media relations and social media campaigns Over 7,000,000 media impressions in 2016, and 11,365,327 in 2017

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 12	Facility A, 12 - Southern Baptist Hospital of Florida, Inc (dba Wolfson Chilren's Hospita l) Unprotected Sex/Teen Pregnancy to address this need, Wolfson Children's Hospital will undertake the following program initiatives Partner with local school districts and comm unity organizations to enhance STI education and awareness, 6/17/16 Baptist Health, Tippi ng the Scale Year Round Mentoring Program Summer Employment "Wellness Fridays" STI by Pl anned Parenthood 46 Total Attendance 41 Total Surveys 90% Learned something new from pre sentation 62% Plan to make a lifestyle or other health related changes, wolfson Children' s Hospital team members assisted with condom demonstrations for 7 schools and 1020 student s in 2017, Partner with local colleges, universities and military bases to enhance safe se x and STI education programs, Provide Teen Talk programming to community partners, Partner with local agencies to increase awareness of existing HIV and STI testing and treatment s ites, and also help grow additional HIV and STI testing sites in the community, Work with Nassau Alcohol Crime and Drug Abatement Coalition (NACDAC) to educate teens in Nassau on t he importance of the HPV vaccine in preventing cervical cancer, Offer STI prevention and s afe sex education at community events and health fairs, 6/3/16 BrdsNBz text messaging serv ice shared with Leadership Jacksonville Collegiate class of 2017 - 36 youth attended, Cont inue to provide financial support to community organizations that are committed to reducin g the rates of unprotected sex and teen pregnancy in the community Provided BrdsNBz fundi ng to Healthy Start Planned Collaborations In implementing the above initiatives, Wolfso n Children's Hospital anticipates collaborating with the following organizations Healthy Start Coalition of Northeast Florida, School districts in the five-county area, Health dep artments in the five-county area, Local colleges and universities, as well as military bas es, Nassau Alcohol Crime and Drug Abatement Coalition Anticipated Impacts Increased educ ational programs on STI prevention from the baseline of having 19 6 percent never taught i n school about AIDS or HIV infection in Duval County, compared to Florida's percentage of 16 9, Increased awareness of screening and treatment options locally which will lead to a reduction in number of STI rates Baselines In Duval County had 19 6 percent that were ne ver taught in school about AIDS or HIV infection, compared to Florida's percentage of 16 9 , In 2015, Baker and Duval ranked in the bottom half of Florida counties for teen births Baker ranked 55th and Duval ranked 34th out of 67 counties, in Duval County, the amount pe ople that reported they did not use any method to prevent pregnancy were 15 2 percent comp ared to Florida which were 12 6 percent Evaluation Plan Wolfson Children's Hospital will assess the impact of the above initiatives as part of the Community Health Needs Assessme nt it will conduct in 2018 Tr

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 12	ack the number of people educated at events, Knowledge gained of the participants from edu cational sessions will be measured through a survey, Track the number of individuals scree ned through planned collaborations Strategic Investments Provided funding to JASMYN Sexu al Health Clinic to offer testing and treatment for sexually transmitted diseases 457 you ng people participated in the clinic in 2016, Provided funding to the BrdznBz program prov iding 500 youth and young adults sexual health information, Funded PACE Center for Girls t o provide a Straight Talk Clinic 130 girls were served with basic health services 98% di d not become pregnant and 98% remained STI free during the year, Provided funding to The B ridge of Northeast Florida to provide sexual health education to 156 students No entity c an address all of the health needs present in its community Wolfson Children's Hospital i s committed to serving the community by adhering to its mission, using its skills and capa bilities, and remaining a strong organization so that it can continue to provide a wide ra nge of community benefits This implementation strategy does not include specific plans to address the following health priorities that were identified in the 2015 Community Health Needs Assessment Dental Care Wolfson Children's Hospital does not anticipate implementi ng additional initiatives to address identified dental care needs Other organizations in the community such as the Children's Economy Dentistry and the Florida Dental Association are addressing this need The hospital does not have sufficient resources to effectuate a significant change in this area, and believes resources devoted to its implementation stra tegy should focus on other significant community health needs Nutrition, Physical Activit y, and Obesity Wolfson Children's Hospital partners with the Jacksonville Jaguars Foundat ion to provide Play 60 activities through northeast Florida middle schools Due to resourc e constraints and the availability of other resources in the community, the hospital belie ves its implementation strategy should focus on other significant community health needs Poverty Wolfson Children's Hospital does not anticipate implementing additional initiativ es to address identified poverty This need is being addressed by other entities in Baker, Clay, Duval, Nassau, and St Johns counties, including the United Way of Northeast Florid a, which Baptist Health supports The hospital does not have sufficient resources to effec tuate a significant change in this area, and believes resources devoted to its implementat ion strategy should focus on other significant community health needs Smoking Wolfson Ch ildren's Hospital does not anticipate implementing additional initiatives to address the i dentified need to reduce smoking This need is being addressed by other entities in Baker, Clay, Duval, Nassau, and St Johns counties Specifically, Baptist Medical Center Jackson ville, which shares a campus w

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 12	ith Wolfson Children's Hospital, will be using its affiliation with MD Anderson Cancer Cen ter to implement new initiatives and address this need in the community The hospital does not have sufficient resources to effectuate a significant change in this area, and believ es resources devoted to its implementation strategy should focus on other significant comm unity health needs Transportation Wolfson Children's Hospital does not anticipate implem enting additional initiatives to address identified transportation needs This need is bei ng addressed by other entities in Baker, Clay, Duval, Nassau, and St Johns counties The hospital does not have expertise in this area nor sufficient resources to effectuate a sig nificant change Accordingly, the hospital believes resources devoted to its implementatio n strategy should focus on other significant community health needs

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20 Facility A, 1	Facility A, 1 - Southern Baptist Hospital of Florida, Inc Charity or Discounted Care posters are located in the Emergency Rooms and Patient Admission areas to inform patients of financial assistance and who to contact regarding financial assistance AT PATIENT ACCESS POINTS, "GUIDELINES FOR CHARITY CARE ELIGIBILITY" CARDS ARE PROVIDED THAT CONTAIN FINANCIAL DISCOUNT AND CHARITY CARE INFORMATION THIS INCLUDES A GENERAL CHART OF ELIGIBLE INCOME LEVELS AND ENCOURAGES PATIENTS TO SPEAK WITH OUR PATIENT FINANCIAL ADVOCATES TO ARRANGE A FINANCIAL EVALUATION All billing statements conspicuously display the phone number, address, and website which directs patients to our financial assistance advocate and all financial assistance information ALL APPLICANTS FOR FINANCIAL ASSISTANCE ARE MAINTAINED WHETHER OR NOT THE PATIENT QUALIFIES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" 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

(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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 29

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	OUR COMMUNITY HEALTH EFFORTS ARE GUIDED BY THE ORGANIZATION'S COMMUNITY HEALTH COMMITTEE, COMPRISED OF SELECTED BAPTIST HEALTH SYSTEM, INC (BHS) BOARD MEMBERS (BHS IS THE PARENT AFFILIATE OF THE ORGANIZATION) THE COMMITTEE PROVIDES STRATEGIC DIRECTION RELATED TO OUR COMMUNITY HEALTH ACTIVITIES AND ENSURES WE FOCUS ON KEY PRIORITIES THAT ALIGN WITH OUR MISSION

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 59-0747311
Name: Southern Baptist Hospital of Florida Inc

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
I M SULZBACHER CENTER 611 E Adams St Jacksonville, FL 32202	59-3229898	501(c)(3)	362,500				To support Jacksonville's homeless with shelter, meals, medical, and dental care
United Way of NE FLorida 40 E Adams Street 200 Jacksonville, FL 32202	59-0637825	501(c)(3)	160,000				To support the community's toughest challenges by connecting people, resources, and Ideas

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE ARC JACKSONVILLE INC 1050 N Davis St Jacksonville, FL 32209	59-6209603	501(c)(3)	100,754				To support the Jacksonville Community people with intellectual and developmental disabilities to achieve their full potential and to participate in community life
Camp Boggy Creek 30500 Brantly Branch Rd Eustis, FL 32736	59-3012889	501(c)(3)	81,000				To support a place where children facing the challenges of living with chronic or life-threatening illnesses can be surrounded by other children

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Jacksonville Jaguars Foundation One Everbank Field Drive Jacksonville, FL 32202	59-3249687	501(c)(3)	75,000				to support the greater Jacksonville area through strategic, financial, networking, and volunteer support for disadvantaged youth
VOLUNTEERS IN MEDICINE 41 E Duval St Jacksonville, FL 32202	75-3002172	501(c)(3)	75,000				To help support the health of the northeast Florida community by providing free primary and limited specialty care to the working poor, who cannot afford health insurance or healthcare for themselves and their families

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE BRIDGE OF NE FLORIDA 1824 N Pearl St Jacksonville, FL 32206	59-1406016	501(c)(3)	73,000				to help support low-income families and youth with medical, health, education, and social services
Agape Community Health Center 120 King St Jacksonville, FL 32204	16-1660966	501(c)(3)	70,000				to support quality, affordable, comprehensive health care services to the insured, under-insured, and uninsured population of Jacksonville

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MUSLIM AMERICAN SOCIAL SERVICE 2251 St Johns Bluff Rd Jacksonville, FL 32246	46-5096772	501(c)(3)	55,000				to support the underserved and uninsured population of duval county residents through medical services and health education
DLC Nurse and learn 4101-1 College St Jacksonville, FL 32205	59-3618761	501(c)(3)	52,592				to support year round, high-quality education, nursing care and therapies in an environment for children of all abilities

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Museum of Science and History 1025 Museum Circle Jacksonville, FL 32207	59-0651090	501(c)(3)	50,000				to help support lifelong learning
Pine Castle 4911 Spring Park Rd Jacksonville, FL 32207	59-0704733	501(c)(3)	50,000				to support the promotion of the general welfare of developmentally disabled individuals and provide a center for training for persons with intellectual disabilities

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Women's Center of Jacksonville 5644 Colcord Ave Jacksonville, FL 32211	23-7437216	501(c)(3)	36,000				to support the improvement of the lives of women through advocacy, support, and education
JASMYN 929 Peninsular Place Jacksonville, FL 32204	59-3284175	501(c)(3)	33,000				to support the LGBTQ young people by creating safe space, providing health and wholeness services, and offering youth development activities, while promoting equality and human rights

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mission House 800 Shetter Ave Jacksonville, FL 32250	59-3376704	501(c)(3)	33,000				to support the empowerment of individuals affected by homelessness by providing food, clothing, medical care, and support services with an avenue to self-sufficiency
National Council for Behavioral Health 1400 K St NW 400 Washington, DC 20005	23-7092671	501(c)(3)	31,500				to support the efforts to ensure persons with mental illness/addiction disorders have the opportunity to live full lives

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S HOME SOCIETY OF Florida 482 S Keller Rd 3rd Fl Orlando, FL 32810	59-0192430	501(c)(3)	30,000				to support the efforts to turn lives around by providing shelter, group and foster homes, transitional and independent living services, counseling, adoption, case management, and prevention programs for children at risk of abuse and neglect, and families in need of support
YMCA of florida's first coast 40 E Adams St 210 Jacksonville, FL 32202	59-0638514	501(c)(3)	26,842				to support the Christian principles through programs that build health spirit, mind, and body for all

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Community Health Outreach 5126 Timuquana Rd Jacksonville, FL 32210	59-3038067	501(c)(3)	25,000				to support an outreach program designed to provide a variety of services and tangible items for consumption to people who are living in temporary or permanent poverty situations
Pace center for girls One West Adams St Ste 301 Jacksonville, FL 32202	59-2414492	501(c)(3)	25,000				to support the education and rehabilitation of adolescent females

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Project for Healing 6015 E Morrow St Jacksonville, FL 32217	56-1690895	501(c)(3)	25,000				to support the therapy for refugees and survivors of torture and trafficking
UNF - Brooks College of Health 1 UNF Dr Bld 39 Rm 2031 Jacksonville, FL 32224	59-2976169	501(c)(3)	25,000				to support health education

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Vision is priceless council 3 Shircliff Way Ste 546 Jacksonville, FL 32204	59-3386495	501(c)(3)	20,000				to support vision screenings in children and adults
Mental Health America of Northeast Florida 8020 Princeton Sq Blvd W Ste 8 Jacksonville, FL 32256	59-0721416	501(c)(3)	15,000				support the efforts to raise awareness of mental health and the advocacy for people with mental illness

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Planned Parenthood of South East and North Florida 2300 North Florida Mango Rd West Palm beach, FL 33409	59-1391115	501(c)(3)	15,000				to support the comprehensive sexual health care through direct services and education
Youth Crisis Center 3015 Parental Home Road Jacksonville, FL 32216	59-2176287	501(c)(3)	15,000				to support the providing of shelter and counseling services for youths and families

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Health Planning Council of Northeast Florida 4201 Baymeadows Rd Jacksonville, FL 32217	59-2247189	501(c)(3)	10,625				to support the planning and community projects throughout northeast florida
The Community Foundation for Northeast Florida 245 Riverside Ave Ste 310 Jacksonville, FL 32202	59-6150746	501(c)(3)	10,000				to support the building of a better community

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hope Haven Association 4600 Beach Blvd Jacksonville, FL 32207	59-0668485	501(c)(3)	8,000				to support the educational, psychological, and related therapeutic services for children, families, and young adults with special needs

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	In accordance with the Executive Compensation policy of Baptist Health System, Inc (BHS), the organization's sole member, BHS's Compensation Committee (made up of independent Directors of BHS) engages annually a third party compensation consultant who provides a database composed of current data regarding compensation paid for each executive position by similarly situated tax exempt health systems in the country These health systems are generally the same size as BHS, considering revenue and other appropriate indicators The group of comparator companies that is derived based on the above stated parameters comprise the "Market" When the Committee meets with such consultant, the consultant provides to Committee members compensation target levels that are competitive with the Market Generally, the median of the Market is targeted The actual amount that health system executives receive as compensation may be higher or lower than the median, depending on the health system and the individual's performance The objective is to have a strong link between health system and individual performance and executive compensation such that if the health system and the individual perform at an optimal level, his or her compensation is in the higher range of the Market Conversely, if either the health system or individual performance is below expectation, compensation may be in the lower range of the Market The minutes of the annual Compensation Committee are recorded by the Committee's compensation consultant and are approved promptly by the Chair of such Committee
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Baptist Health System, Inc (BHS) parent affiliate of Southern Baptist Hospital of Florida, Inc , has two active supplemental nonqualified retirement plans (SERPS) One is for certain executives (supplemental executive retirement plan) and the other is for certain vice presidents (vice-president supplemental executive retirement plan) These SERPs are plans described in IRS Section 457(f) The benefits under these plans accrue during each executive's term of employment These benefits are unvested and subject to forfeiture until the covered employee reaches retirement age The following individuals accrued unvested benefits under these plans during calendar year 2016 John F Wilbanks, $245,939, Harvey Granger, $175,522, and Scott Wooten, $183,644 These amounts are included on Schedule J, part II, column (c) for each of the listed individuals

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 59-0747311
Name: Southern Baptist Hospital of Florida Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1A Hugh Greene President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,003,753	195,000	30,000	42,670	- 11,036	- 1,282,459	495,478
1Richard D Glock MD Director	(i)	0	0	0	0	0	0	0
	(ii)	155,007	0	108,673	0	- 9,344	- 273,024	0
2Michael Aubin SVP	(i)	432,291	38,700	10,000	96,693	18,129	595,813	0
	(ii)	0	0	0	0	- 0	- 0	0
3Harvey Granger SVP/General Counsel/Asst Secretary/Asst Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	405,007	45,050	4,689,590	180,160	- 18,407	- 5,338,214	0
4Michael A Mayo Senior Vice President	(i)	1,121,278	32,250	10,000	100,201	17,178	1,280,907	0
	(ii)	0	0	0	0	- 0	- 0	0
5Ronald G Robinson Vice President	(i)	227,293	0	81,002	69,848	5,502	383,645	0
	(ii)	0	0	0	0	- 0	- 0	0
6Keith L Stein MD SVP/Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	493,473	52,650	12,000	113,674	- 18,139	- 689,936	0
7John F Wilbanks Executive VP/COO	(i)	0	0	0	0	0	0	0
	(ii)	549,884	73,030	15,000	250,577	- 10,813	- 899,304	0
8Scott Wooten SVP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	585,153	79,860	15,000	194,244	- 9,478	- 883,735	0
9Jerry Bridgham Chief Medical Officer	(i)	317,614	19,190	18,100	63,689	9,759	428,352	0
	(ii)	0	0	0	0	- 0	- 0	0
10Peter Clangnaz Medical Director	(i)	195,010	0	130,128	3,029	10,128	338,295	0
	(ii)	0	0	0	0	- 0	- 0	0
11Shariq Refai Physician-Psychiatrist	(i)	345,371	0	92,550	10,600	4,805	453,326	0
	(ii)	0	0	0	0	- 0	- 0	0
12Darin Roark VP, Onc Svc Line & Clay medical	(i)	220,597	39,400	0	49,949	15,143	325,089	0
	(ii)	0	0	0	0	- 0	- 0	0
13Serge Vilvar MD Physician - Psychiatrist	(i)	356,918	0	48,550	12,588	11,068	429,124	0
	(ii)	0	0	0	0	- 0	- 0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	JACKSONVILLE HEALTH FACILITIES AUTHORITY SERIES 2003A	59-2263061	000000000	12-01-2011	70,000,000	Hospital Revenue Bonds to refund prior issue 06/18/2003		X		X		X
B	JACKSONVILLE HEALTH FACILITIES AUTHORITY SERIES 2003B	59-2263061	469404UH8	12-01-2011	35,000,000	Hospital revenue bonds to refund prior issue 06/18/2003		X		X		X
C	JACKSONVILLE HEALTH FACILITIES AUTHORITY SERIES 2003C	59-2263061	469404TU1	12-01-2011	20,000,000	Hospital revenue bonds to refund prior issue 06/18/2003		X		X		X
D	JACKSONVILLE HEALTH FACILITIES AUTHORITY SERIES 2004	59-2263061	000000000	12-01-2011	50,000,000	Hospital Revenue bonds to refund prior issue 11/04/2004		X		X		X

Part II Proceeds

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 01 %		0 01 %		0 01 %		0 01 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 01 %		0 01 %		0 01 %		0 01 %
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	JACKSONVILLE HEALTH FACILITIES AUTHORITY SERIES 2007B	59-2263061	469404UL9	12-01-2011	27,750,000	Hospital Revenue Bond to refund prior issue 02/22/2007		X		X		X
B	JACKSONVILLE HEALTH FACILITIES AUTHORITY SERIES 2007CDE	59-2263061		12-01-2011	92,969,370	Revenue refunding bonds to refund prior issue 05/17/2007		X		X		X
C	JACKSONVILLE HEALTH FACILITIES AUTHORITY SERIES 2010A	59-2263061	000000000	12-01-2011	24,400,000	Hospital revenue bonds to refund prior issue 06/24/2010		X		X		X
D	JACKSONVILLE HEALTH FACILITIES AUTHORITY SERIES 2010B	59-2263061	000000000	12-01-2011	24,400,000	Hospital Revenue bonds to refund prior issue 06/24/2010		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	13,250,000	32,777,370	4,140,000	4,140,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	27,750,000	92,969,370	24,400,000	24,400,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	25,000,000	0
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2007	2007	2010	2010

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 01 %		0 01 %		0 01 %		0 01 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 01 %		0 01 %		0 01 %		0 01 %	
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	JACKSONVILLE HEALTH FACILITIES AUTHORITY SERIES 2010C	59-2263061	000000000	12-01-2011	24,400,000	Hospital Revenue bonds to refund prior issue 06/24/2010		X		X		X
B	JACKSONVILLE HEALTH FACILITIES AUTHORITY SERIES 2012A	59-2263061	000000000	03-28-2011	25,000,000	HOSPITAL CAPITAL Improvements		X		X		X
C	JACKSONVILLE HEALTH FACILITIES AUTHORITY SERIES 2012B	59-2263061	000000000	03-28-2011	20,000,000	HOSPITAL CAPITAL Improvements		X		X		X
D	JACKSONVILLE HEALTH FACILITIES AUTHORITY SERIES 2012C	59-2263061	000000000	03-28-2011	15,000,000	HOSPITAL Equipment		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,140,000	4,900,000	3,800,000	11,643,526
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	24,400,000	25,000,000	20,000,000	15,000,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	20,000,000	15,000,000
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2010	2012	2012	2012

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 01 %		0 01 %		0 01 %		0 01 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 01 %		0 01 %		0 01 %		0 01 %
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
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OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	JACKSONVILLE HEALTH FACILITIES AUTHORITY SERIES 2012D	59-2263061	000000000	03-28-2011	40,000,000	Hospital Capital Improvements		X		X		X
B	Jacksonville Health Facilities Authority Series 2001	59-2263061	469404tr8	12-01-2011	19,689,872	Hospital Revenue Bonds to refund a prior issue 09/06/2001		X		X		X
C	City of Jacksonville Florida Series 2017	59-2980620	469400CM5	08-15-2017	65,000,752	Revenue Refunding bonds to refund prior issue 02/22/2007		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	10,000,000	10,959,994	0	
2	Amount of bonds legally defeased	0	0	0	
3	Total proceeds of issue	40,000,000	19,689,871	65,000,752	
4	Gross proceeds in reserve funds	0	0	752	
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	0	0	
7	Issuance costs from proceeds	0	0	0	
8	Credit enhancement from proceeds	0	0	0	
9	Working capital expenditures from proceeds	0	0	0	
10	Capital expenditures from proceeds	40,000,000	0	0	
11	Other spent proceeds	0	0	0	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2012			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 01 %		0 01 %		0 01 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 01 %		0 01 %		0 01 %			
7	Does the bond issue meet the private security or payment test?	X		X		X			
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV **Business Transactions Involving Interested Persons.**

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

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

Part V **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 59-0747311
Name: Southern Baptist Hospital of Florida Inc

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
HARDEN & ASSOCIATES INC	DIRECTOR of filing organization	1,099,617	EMPLOYEE BENEFITS INSURANCE COMMISSIONS		No
HARDEN & ASSOCIATES INC	DIRECTOR of filing organization	299,619	INSURANCE CONSULTING FEES		No

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Sherman Blair	Family member of director of filing organization	22,134	Employed by filing organization		No
Laurence Edens	Family member of a current officer of the filing organization	13,617	Employed by filing organization		No

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	The organization has a sole corporate member, Baptist Health System, Inc , whose Board of Directors elects the members of the organization's governing body

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The Board of Directors of Baptist Health System, Inc , the sole corporate member of the or ganization, has the right to elect and remove Directors of the Organization and must appro ve any amendments to the governing documents of the Organization

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE BOARD OF DIRECTORS OF THE ORGANIZATION'S SOLE MEMBER, BAPTIST HEALTH SYSTEM, INC , HAS APPOINTED A CONFLICTS OF INTEREST COMMITTEE WHICH REGULARLY REVIEWS THE REQUIRED DISCLOSU RES OF POTENTIAL CONFLICTS OF INTEREST BY THE DIRECTORS AND OFFICERS OF THE ORGANIZATION A ND ITS AFFILIATES AND RECOMMENDS ANY ACTION TO BE TAKEN WITH REGARD TO SUCH DISCLOSURES I N ACCORDANCE WITH THE CONFLICTS OF INTEREST POLICY, DURING MEETINGS OF THE ORGANIZATION'S GOVERNING BODY, A DIRECTOR WHO MAY HAVE A CONFLICT OF INTEREST IS EXCUSED FROM DISCUSSION BY THE GOVERNING BODY ABOUT ANY TRANSACTION OR MATTER THAT MAY HAVE GIVEN RISE TO THE DIRE CTOR'S ACTUAL OR POTENTIAL CONFLICT OF INTEREST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	IN ACCORDANCE WITH THE EXECUTIVE COMPENSATION POLICY OF BAPTIST HEALTH SYSTEM, INC (BHS), THE ORGANIZATION'S SOLE MEMBER, BHS'S COMPENSATION COMMITTEE (MADE UP OF INDEPENDENT DIRE CTORS OF BHS) ENGAGES ANNUALLY A THIRD PARTY COMPENSATION CONSULTANT WHO PROVIDES A DATABA SE COMPOSED OF CURRENT DATA REGARDING COMPENSATION PAID FOR EACH EXECUTIVE POSITION BY SIM ILARLY SITUATED TAX EXEMPT HEALTH SYSTEMS IN THE COUNTRY THESE HEALTH SYSTEMS ARE GENERAL LY THE SAME SIZE AS BHS, CONSIDERING REVENUE AND OTHER APPROPRIATE INDICATORS THE GROUP O F COMPARATOR COMPANIES THAT IS DERIVED BASED ON THE ABOVE STATED PARAMETERS COMPRISE THE " MARKET" WHEN THE COMMITTEE MEETS WITH SUCH CONSULTANT, THE CONSULTANT PROVIDES TO COMMITT EE MEMBERS COMPENSATION TARGET LEVELS THAT ARE COMPETITIVE WITH THE MARKET GENERALLY, THE MEDIAN OF THE MARKET IS TARGETED THE ACTUAL AMOUNT THAT HEALTH SYSTEM EXECUTIVES RECEIVE AS COMPENSATION MAY BE HIGHER OR LOWER THAN THE MEDIAN, DEPENDING ON THE HEALTH SYSTEM'S AND THE INDIVIDUAL'S PERFORMANCE THE OBJECTIVE IS TO HAVE A STRONG LINK BETWEEN HEALTH SY STEM AND INDIVIDUAL PERFORMANCE AND EXECUTIVE COMPENSATION SUCH THAT IF THE HEALTH SYSTEM AND THE INDIVIDUAL PERFORM AT AN OPTIMAL LEVEL, HIS OR HER COMPENSATION IS IS IN THE HIGHE R RANGE OF THE MARKET CONVERSELY, IF EITHER THE HEALTH SYSTEM OR INDIVIDUAL PERFORMANCE I S BELOW EXPECTATION, COMPENSATION MAY BE IN THE LOWER RANGE OF THE MARKET THE MINUTES OF THE ANUNUAL COMPENSATION COMMITTEE ARE RECORDED BY THE COMMITTEE'S COMPENSATION CONSULTANT AND ARE APPROVED PROMPTLY BY THE CHAIR OF SUCH COMMITTEE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Seminar Revenue - Total Revenue 36824, Related or Exempt Function Revenue 36824, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Rental Income - Total Revenue 10254, Related or Exempt Function Revenue 10254, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfers FROM affiliated organizations - 77959790,

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Baptist Behavioral Health LLC 841 Prudential Dr Ste 1601 Jacksonville, FL 32207 46-4629700	Provide medical and healthcare services	FL	-1,756,282	1,786,151	Southern Baptist Hospital of Florida Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) Section 512 (b)(13) controlled entity? No
(1)BAPTIST MEDICAL CENTER OF THE BEACHES INC 1350 13TH AVE S JACKSONVILLE BEACH, FL 32250 59-2980620	HOSPITAL	FL	501(c)(3)	3	BAPTIST HEALTH SYSTEM INC		No
(2)BAPTIST MEDICAL CENTER OF NASSAU INC 1250 S 18TH ST FERNANDINA BEACH, FL 32034 59-3234721	HOSPITAL	FL	501(c)(3)	3	BAPTIST HEALTH SYSTEM INC		No
(3)BAPTIST HEALTH SYSTEM INC 841 PRUDENTIAL DR STE 1602 JACKSONVILLE, GA 32207 59-2487136	Financial/management assistance for health system	FL	501(c)(3)	Type II	Coastal Community Health Inc		No
(4)BAPTIST HEALTH SYSTEM FOUNDATION INC 841 PRUDENTIAL DR 13TH FLR JACKSONVILLE, FL 32207 59-2487135	FUNDRAISING FOR tax-exempt entities controlled by BHS	FL	501(c)(3)	7	BAPTIST HEALTH SYSTEM INC		No
(5)BAPTIST HEALTH PROPERTIES INC 1660 Prudential Dr Ste 101 JACKSONVILLE, FL 32207 59-2487133	Owns/manages real estate properties for health system	FL	501(c)(3)	Type I	BAPTIST HEALTH SYSTEM INC		No
(6)BAPTIST HEALTH AMBULATORY SERVICES INC 1660 Prudential Dr Ste 203 JACKSONVILLE, FL 32207 59-3410739	Medical Research and Education	FL	501(c)(3)	Type I	BAPTIST HEALTH SYSTEM INC		No
(7)Coastal Community Health Inc 841 Prudential Dr Ste 1450 Jacksonville, FL 32207 47-1322041	Regional affiliation of BHS with 2 other 501(c)(3) healthcare systems	FL	501(c)(3)	Type I	na		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) PAVILION ASSOCIATES LTD 3563 PHILIPS HWY BLD F STE 608 JACKSONVILLE, FL 32207 59-2505491	NONRESIDENTIAL PROPERTY MANAGEMENT	FL	SOUTHERRN BAPTIST HOSPITAL OF FLORIDA INC	Excluded				No		Yes		98 5 %
(2) Corporate Health LLC 841 Prudential Dr Ste 1802 Jacksonville, FL 32207	Operation of a medically-based wellness program	FL	Baptist Health Ambulatory Services Inc	Related				No			No	0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1)PAVILION HEALTH SERVICES 3563 PHILIPS HWY BLD F STE 608 JACKSONVILLE, FL 32207 59-2059710	PHYSICIAN PRACTICES/RETAIL PHARMACIES	FL	BAPTIST HEALTH SYSTEM INC	C Corporation			0 %		No
(2)IT4CIN Inc 841 Prudential Dr Ste 1802 Jacksonville, FL 32207 47-3954500	Purchase health information technology products and services for its members	FL	na	C Corporation			0 %		No

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

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

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

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

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

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

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

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

Part VII **Supplemental Information**

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 59-0747311
Name: Southern Baptist Hospital of Florida Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 1350 13TH AVE S JACKSONVILLE BEACH, FL 32250 59-2980620	HOSPITAL	FL	501(c)(3)	3	BAPTIST HEALTH SYSTEM INC		No
(1) 1250 S 18TH ST FERNANDINA BEACH, FL 32034 59-3234721	HOSPITAL	FL	501(c)(3)	3	BAPTIST HEALTH SYSTEM INC		No
(2) 841 PRUDENTIAL DR STE 1602 JACKSONVILLE, GA 32207 59-2487136	Financial/management assistance for health system	FL	501(c)(3)	Type II	Coastal Community Health Inc		No
(3) 841 PRUDENTIAL DR 13TH FLR JACKSONVILLE, FL 32207 59-2487135	FUNDRAISING FOR tax-exempt entities controlled by BHS	FL	501(c)(3)	7	BAPTIST HEALTH SYSTEM INC		No
(4) 1660 Prudential Dr Ste 101 JACKSONVILLE, FL 32207 59-2487133	Owns/manages real estate properties for health system	FL	501(c)(3)	Type I	BAPTIST HEALTH SYSTEM INC		No
(5) 1660 Prudential Dr Ste 203 JACKSONVILLE, FL 32207 59-3410739	Medical Research and Education	FL	501(c)(3)	Type I	BAPTIST HEALTH SYSTEM INC		No
(6) 841 Prudential Dr Ste 1450 Jacksonville, FL 32207 47-1322041	Regional affiliation of BHS with 2 other 501(c)(3) healthcare systems	FL	501(c)(3)	Type I	na		No