

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
Baptist Medical Center of Nassau Inc

Doing business as
BMC Nassau

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
59-3234721

E Telephone number
(904) 202-4132

G Gross receipts \$ 73,922,097

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 1994

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)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	11
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	565
6 Total number of volunteers (estimate if necessary)	197
7a Total unrelated business revenue from Part VIII, column (C), line 12	9,147
7b Net unrelated business taxable income from Form 990-T, line 34	-6,573

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	9,900	29,900
9 Program service revenue (Part VIII, line 2g)	74,835,100	72,740,981
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	806,408	777,766
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	231,874	158,645
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	75,883,282	73,707,292
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	82,364	353,428
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)	27,708,067	32,335,394
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)	32,799,641	29,256,077
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	60,590,072	61,944,899
19 Revenue less expenses Subtract line 18 from line 12	15,293,210	11,762,393
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	120,996,936	130,250,412
21 Total liabilities (Part X, line 26)	10,799,589	14,273,145
22 Net assets or fund balances Subtract line 21 from line 20	110,197,347	115,977,267

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 \$ 58,918,505 including grants of \$ 353,428) (Revenue \$ 72,741,044)
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 ▶ 58,918,505

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		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? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

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

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

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

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

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) A Hugh Greene President	0 5 39 5	X		X				0	1,228,753	53,706
(2) Michael M Bell Vice Chairman	0 5 0	X		X				0	0	0
(3) Christina H Bryan Chairman	0 5 0	X		X				0	0	0
(4) Jon C Lasserre Secretary/Treasurer	0 5 0	X		X				0	0	0
(5) Janice Ancrum Director	0 1 0	X						0	0	0
(6) Gerald R Burford MD Director	0 1 0	X						0	0	0
(7) Brandy B Carvalho Director	0 1 0	X						0	0	0
(8) Robert Ferreira Director	0 1 0	X						0	0	0
(9) William H Gower Director	0 1 0	X						0	0	0
(10) Ed Hubel Vice President	0 1 0	X						0	0	0
(11) Richard W Keffer Director	0 1 0	X						0	0	0
(12) James McManemon Director	0 1 0	X						0	0	0
(13) Willie J Scott Director	0 1 0	X						0	0	0
(14) Gregory N Smith MD Director	0 1 0	X						0	0	0
(15) Donna L VanPuymbrouck Director	0 1 0	X						0	0	0
(16) Harvey Granger Assistant Secretary	0 3 39 7			X				0	5,139,647	198,567
(17) John F Wilbanks Executive Vice President	0 5 39 5			X				0	637,914	261,390

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				
(18) Scott Wooten SVP/CFO	0 5 39 5			X				0	680,013	203,722	
(19) Stephen Bean Pharmacist	40 00					X		139,360	0	19,937	
(20) Barbara S Gingher Assistant Admin , Nursing	40 00					X		136,224	0	2,776	
(21) Patricia Hausauer Director, Finance	40 00					X		119,366	0	2,642	
(22) Kellene Sauls Asst Admin, Nursing	40 00					X		149,266	0	3,221	
(23) David Toncray Director, Pharmacy	40 00					X		120,109	0	11,350	
(24) Stephen Lee Vice President	40 00						X	318,283	0	49,782	
1b Sub-Total											
1c Total from continuation sheets to Part VII, Section A											
1d Total (add lines 1b and 1c)								982,608	7,686,327	807,093	

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 ▶ 7			
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	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5 Yes	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Brasfield & Gorrie LLC 4601 Touchton Rd Bldg 300 Ste 3190 Jacksonville, FL 32246	Construction	3,500,931
Owens & Minor Inc 8489 Westside Industrial Dr Jacksonville, FL 32219	Medical Supply Distributor	2,402,858
Amersourcebergen Corp 1300 Morris Drive Chesterbrook, PA 19087	American Drug Wholesale Company	1,439,282
Zimmer Biomet 1520 Tradeport Dr Jacksonville, FL 32218	Medical Supplies Distributor	1,046,318
ACHA - OPC 2727 Mahan Drive Tallahassee, FL 32308	Hospital Plans & Construction	727,135

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 ▶ 48	
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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	4,900				
	e Government grants (contributions)	1e	25,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		29,900				
Program Service Revenue		Business Code					
	2a Patient service revenues, Net	621990	72,338,371	72,338,371			
	b EHR revenue medicare	621990	37,625	37,625			
	c Hospital Cafeteria	722514	303,430	303,430			
	d Other Program Revenue	621990	61,555	61,555			
	e _____		0	0	0	0	
	f All other program service revenue						
g Total. Add lines 2a-2f		72,740,981					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		780,179			780,179	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		361,827					
		b Less rental expenses	212,392				
		c Rental income or (loss)	149,435	0			
	d Net rental income or (loss)		149,435			149,435	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		0			
		b Less cost or other basis and sales expenses			2,413		
		c Gain or (loss)	0	-2,413			
	d Net gain or (loss)		-2,413			-2,413	
	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 Revenue	621500	9,210	63	9,147			
b _____							
c _____							
d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d		9,210					
12 Total revenue. See Instructions		73,707,292	72,741,044	9,147	927,201		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	353,428	353,428		
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.	142,732	71,366	71,366	
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.	23,122,214	22,069,835	1,052,379	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,595,442	1,546,647	48,795	
9 Other employee benefits.	5,838,806	5,573,488	265,318	
10 Payroll taxes.	1,636,200	1,587,321	48,879	
11 Fees for services (non-employees)				
a Management.	279,356	221,429	57,927	
b Legal.	24,451	19,111	5,340	
c Accounting.	36,184	28,281	7,903	
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).	4,199,688	3,275,757	923,931	0
12 Advertising and promotion.				
13 Office expenses.	6,061,066	5,932,270	128,796	
14 Information technology.	70,117	68,623	1,494	
15 Royalties.				
16 Occupancy.	2,111,490	1,991,346	120,144	
17 Travel.	102,732	51,366	51,366	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	334	167	167	
20 Interest.	105,888	105,888		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	3,817,326	3,626,460	190,866	
23 Insurance.	79,651	75,668	3,983	
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.	11,135,961	11,135,961	0	0
b AHCA & NICA Assessments.	990,066	990,066	0	0
c Patient Transportation.	146,288	146,288	0	0
d Dues & Memberships.	71,234	35,617	35,617	
e All other expenses.	24,245	12,122	12,123	0
25 Total functional expenses. Add lines 1 through 24e.	61,944,899	58,918,505	3,026,394	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	600	1	600
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	11,437,846	4	8,593,885
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,378,478	8	1,207,743
	9 Prepaid expenses and deferred charges	758,703	9	376,990
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	88,018,621		
	b Less accumulated depreciation	44,270,003		
	11 Investments—publicly traded securities	10,615,449	11	11,759,900
	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	0	14	0
	15 Other assets See Part IV, line 11	60,856,919	15	64,562,676
16 Total assets. Add lines 1 through 15 (must equal line 34)	120,996,936	16	130,250,412	
Liabilities	17 Accounts payable and accrued expenses	3,196,524	17	6,418,119
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	3,784,096	20	3,279,405
	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	
	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	3,818,969	25	4,575,621
	26 Total liabilities. Add lines 17 through 25	10,799,589	26	14,273,145
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	108,439,724	27	113,212,167
	28 Temporarily restricted net assets	399,663	28	471,660
	29 Permanently restricted net assets	1,357,960	29	2,293,440
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	110,197,347	33	115,977,267
	34 Total liabilities and net assets/fund balances	120,996,936	34	130,250,412

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	73,707,292
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,944,899
3	Revenue less expenses Subtract line 2 from line 1	3	11,762,393
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	110,197,347
5	Net unrealized gains (losses) on investments	5	519,527
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	-6,502,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	115,977,267

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 59-3234721

Name: Baptist Medical Center of Nassau Inc

Form 990 (2016)

Form 990, Part III, Line 4a:

BAPTIST MEDICAL CENTER OF NASSAU, INC (BMCN) IS A HIGHLY ADVANCED, EXTREMELY WELL-EQUIPPED COMMUNITY HOSPITAL LOCATED ON AMELIA ISLAND, SERVING NASSAU COUNTY AND ITS SURROUNDING AREA. THE HOSPITAL PROVIDES A FULL SPECTRUM OF INPATIENT AND OUTPATIENT SERVICES AND 24-HOUR EMERGENCY CARE. THE MEDICAL STAFF INCLUDES HIGHLY TRAINED PHYSICIANS IN 26 DIFFERENT SPECIALTIES ALONG WITH A 24/7 HOSPITALIST PROGRAM. BMCN IS AN ACCREDITED CHEST PAIN CENTER, HAS EARNED MAGNET RECOGNITION FOR EXCELLENCE IN PATIENT CARE, AND OFFERS MANY ADVANCED SERVICES AND TECHNOLOGIES NOT TYPICALLY SEEN IN A COMMUNITY HOSPITAL INCLUDING A 30,000 SQUARE FOOT SURGERY/PROCEDURAL CENTER, 64-SLICE CT, DIGITAL MAMMOGRAPHY, CARDIAC REHAB CENTER AND SLEEP CENTER. INPATIENTS ARE CARED FOR IN ULTRA-MODERNIZED BUILDING, WHICH OFFERS 48 PRIVATE PATIENT SUITES INCLUDING INTENSIVE CARE. OTHER PROGRAMS INCLUDE MATERNITY DEPARTMENT, DELIVERING 532 BABIES DURING THE PAST FISCAL YEAR. BMCN WAS ONE OF THE FIRST COMMUNITY HOSPITALS IN THE NATION TO CONVERT TO AN ELECTRONIC MEDICAL RECORD SYSTEM. BAPTIST NASSAU IS FULLY INTEGRATED WITHIN A FIVE HOSPITAL SYSTEM, BAPTIST HEALTH. INPATIENT PEDIATRIC CARE IS PROVIDED BY WOLFSON CHILDREN'S HOSPITAL IN JACKSONVILLE. DURING THE FISCAL YEAR, THERE WERE 426 EMPLOYEES, 62 BEDS, 3,819 ADMISSIONS ACCOUNTING FOR 12,510 PATIENT DAYS, AND 24,174 EMERGENCY ROOM VISITS. AS PART OF BHS, THE REGION'S ONLY COMMUNITY-OWNED, FAITH-BASED HEALTHCARE SYSTEM, BMCN IS COMMITTED TO IMPROVING THE HEALTH OF EVERYONE IN ITS COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY. BMCN'S PRIMARY FOCUS IS ADDRESSING UNMET HEALTH NEEDS, PARTICULARLY AMONG VULNERABLE POPULATIONS WHO HAVE LIMITED RESOURCES AND ACCESS TO HEALTH CARE. BMCN HAS GONE BEYOND THE DELIVERY OF ESSENTIAL HEALTH CARE TO IMPROVE THE LIVES OF INDIVIDUALS AND THE OVERALL QUALITY OF LIFE IN OUR REGION. BAPTIST HEALTH'S COMMUNITY HEALTH COMMITTEE GUIDES THE COMMUNITY HEALTH EFFORTS. THIS COMMITTEE PROVIDES STRATEGIC DIRECTION RELATED TO COMMUNITY HEALTH ACTIVITIES AND ENSURES FOCUS ON KEY PRIORITIES THAT ALIGN WITH BAPTIST HEALTH'S MISSION. A CORNERSTONE OF OUR COMMITMENT TO THE COMMUNITY IS CARING FOR THE HEALTH OF VULNERABLE, UNINSURED AND UNDERSERVED PEOPLE AMONG US. ONE OF BMCN'S GUIDING PRINCIPLES OF COMMUNITY HEALTH IS TO COLLABORATE WITH OTHER LOCAL ORGANIZATIONS TO LEVERAGE OUR COLLECTIVE EXPERTISE AND STRENGTH FOR THE HEALTH BENEFITS OF THE COMMUNITY. THIS COLLABORATIVE APPROACH HELPS ENSURE EFFICIENCY AND AVOIDS DUPLICATION OF EFFORT, RESULTING IN ENHANCEMENT OF THE LIVES OF AREA RESIDENTS AT EVERY LIFE STAGE AND INCOME LEVEL. BMCN COMMUNITY HEALTH PRIORITIES CURRENTLY INCLUDE (1) INCREASING ACCESS TO CARE FOR MEDICALLY UNDERSERVED PEOPLE, (2) PREVENTING AND MANAGING CHRONIC DISEASES, (3) ASSISTING VICTIMS OF DOMESTIC VIOLENCE, AND (4) HELPING OUR CHILDREN AND YOUTH. BMCN, INDIVIDUALLY AND THROUGH ITS RELATED AFFILIATE, Baptist Health System, Inc

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Baptist Medical Center of Nassau Inc

Employer identification number

59-3234721

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 **section 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, 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 ▶ <input type="checkbox"/>						

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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)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 ► <input type="checkbox"/>						

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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (Baptist Medical Center of Nassau Inc) and Employer identification number (59-3234721)

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 and 5-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, and Held at the End of the Year (2a-2d). Includes questions 1-9 regarding 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.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-1b and 2 regarding art and historical treasures.

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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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	1,476,134	1,253,224	636,768	212,505	192,857
b Contributions	935,480	136,103	666,301	401,162	710
c Net investment earnings, gains, and losses	176,358	88,832	-33,972	23,860	20,938
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	3,317	2,025	15,873	759	2,000
f Administrative expenses	0	0	0	0	0
g End of year balance	2,584,655	1,476,134	1,253,224	636,768	212,505

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 1 44 %
 - b** Permanent endowment ▶ 89 86 %
 - c** Temporarily restricted endowment ▶ 8 7 %
- 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 | | No |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 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		477,107		477,107
b Buildings		43,553,566	17,365,854	26,187,712
c Leasehold improvements		422,185	77,298	344,887
d Equipment		31,701,055	25,663,795	6,037,260
e Other		11,864,708	1,163,056	10,701,652
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				43,748,618

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) Advances to affiliated organizations	61,787,474
(2) Interest in Net Assets of Baptist Health System Foundation, Inc	2,775,202
(3) Prepaid bonds cost of issuance	0
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	64,562,676

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
Estimated third-party settlements	1,178,765
1997A bond swap market value	205,065
2001 bond swap market value	44,775
Unclaimed Checks	526
Due to Affiliated Organizations	3,146,490
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,575,621

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: 59-3234721

Name: Baptist Medical Center of Nassau Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Baptist Medical Center of Nassau Inc (BMCN) has temporary restricted quasi-endowment funds and permanently restricted endowment funds that are held and administered by its related fundraising affiliated organization, Baptist Health System Foundation, Inc. Annually, 5% of the combined endowment corpus and accumulated investment earnings are available for capital projects of BMCN.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Notes to Consolidated Financial Statements (Dollars in Thousands) With few exceptions, Baptist Medical Center of Nassau, Inc is no longer subject to examinations by major tax jurisdictions for years ended September 30, 2013 and prior Management does not believe there are any material uncertain positions

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 Baptist Medical Center of Nassau Inc

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.**

Employer identification number
 59-3234721

OMB No 1545-0047
2016
Open to Public Inspection

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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)	0	0	3,457,720	0	3,457,720	5.58 %
b Medicaid (from Worksheet 3, column a)	0	0	6,941,557	5,661,860	1,279,697	2.07 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	0	0	0	0.00 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	10,399,277	5,661,860	4,737,417	7.65 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	0	0	151,273	0	151,273	0.24 %
f Health professions education (from Worksheet 5)	0	0	0	0	0	0.00 %
g Subsidized health services (from Worksheet 6)	0	0	0	0	0	0.00 %
h Research (from Worksheet 7)	0	0	0	0	0	0.00 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	0	0	409,203	0	409,203	0.66 %
j Total Other Benefits	0	0	560,476	0	560,476	0.90 %
k Total. Add lines 7d and 7j	0	0	10,959,753	5,661,860	5,297,893	8.55 %

Part III 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	1				0	0 %
3 Community support	2				0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building	5				0	0 %
7 Community health improvement advocacy	8				0	0 %
8 Workforce development	2				0	0 %
9 Other	2				0	0 %
10 Total	20	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 Healthcare Financial Management Association Statement No. 15?		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.		
			3,867,807
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.		
			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	23,476,726
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	31,363,199
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-7,886,473
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.		
	<input checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> 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?

1

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)

See Additional Data Table	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

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)
 Baptist Medical Center of Nassau Inc

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): 1

		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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
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 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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https //www baptistjax com/about-us/social-responsibility/assessing-community-health-needs</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>http //hpcnef org</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> 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 <u>20 15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>https //www baptistjax com/about-us/social-responsibility/assessing-community-health-needs</u>	10	Yes
a	If "Yes" (list url) <u>health-needs</u>		
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)**

Baptist Medical Center of Nassau Inc

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? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.baptistjax.com/patient-info/financial-assistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.baptistjax.com/patient-info/financial-assistance</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.baptistjax.com/patient-info/financial-assistance</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

Baptist Medical Center of Nassau Inc

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?	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 <input type="checkbox"/> Reporting to credit agency(ies)		
	b <input type="checkbox"/> Selling an individual's debt to another party		
	c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
	e <input type="checkbox"/> Other similar actions (describe in Section C)		
	f <input checked="" type="checkbox"/> 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?		No
	If "Yes," check all actions in which the hospital facility or a third party engaged		
	a <input type="checkbox"/> Reporting to credit agency(ies)		
	b <input type="checkbox"/> Selling an individual's debt to another party		
	c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
	e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
	c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
	d <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
	e <input checked="" type="checkbox"/> Other (describe in Section C)		
	f <input type="checkbox"/> 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?	Yes	
	If "No," indicate why		
	a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
	b <input type="checkbox"/> The hospital facility's policy was not in writing		
	c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
	d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Baptist Medical Center of Nassau Inc

Name of hospital facility or letter of facility reporting group _____

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?

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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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? 0

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
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.baptistjax.com website
Schedule H, Part II, Line 2 Economic Development	Line 2 Economic Development-New employment opportunities were provided to 4 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- 13 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 and low income families. They also attend local schools with low graduation rates. In this career guidance mentoring program, mentors introduce students to various careers in healthcare. In addition, they serve as supporters and encouragers for teens as they navigate the challenges of adolescence. Summer Youth Volunteer Program - Baptist Medical Center of Nassau, Inc offers opportunities for approximately 17 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.
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 2016, the Partnership initiated a collaboration to reduce stigma and crises related to mental illness through a community implementation of Mental Health First Aid, a program recognized by the Substance Abuse and Mental Health Services Administration. Nassau Community Health Improvement Coalition - BAPTIST NASSAU IS A MEMBER OF THE NASSAU COMMUNITY HEALTH IMPROVEMENT COALITION (NCHIC). NCHIC is a coalition of LOCAL AGENCIES, ORGANIZATIONS, COMMUNITY GROUPS, AND COMMUNITY MEMBERS WITH THE COMMON GOAL OF IMPROVING THE OVERALL HEALTH OF THE NASSAU COUNTY COMMUNITY. THE COALITION WORKS TO IMPROVE THE LEVEL OF HEALTH IN NASSAU COUNTY THROUGH AWARENESS, EDUCATION, PARTNERSHIP, PREVENTION, SERVICE DELIVERY, AND POLICY DEVELOPMENT SO THAT INDIVIDUALS ACHIEVE THEIR POTENTIAL TO LIVE HEALTHY, ACTIVE LIFESTYLES. Nassau County School Health Advisory Council - Wolfson Children's Hospital participates in The Nassau County School District's advisory council that meets to implement a coordinated school health program. The advisory council advises and supports the schools' efforts to assess their needs and to design programs to help children develop the knowledge, skills, and attitudes they need to become healthy, productive citizens. Uninsured Working Group is a consortium of organizations working together to improve access to care through enrollment in health insurance programs or increased provider availability. Wolfson Children's Hospital and Baptist Health are active members of the Uninsured Working Group. Nassau Interfaith Health Ministry (IHM) brings healthcare professionals and the faith community together to strengthen each church's efforts to minister to the health needs of their members and the greater community. Address health and health care in a holistic way, attending to body, mind, and spirit. Create a bridge between Medicine and Religion on a community-wide basis.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part II, Line 7 Community Health Improvement Advocacy</p>	<p>Line 7 Community Health Improvement Advocacy- CHNA Priorities Access to Care and Health Disparities - Baptist Medical Center Nassau partners WITH BARNABAS CENTER located in Nassau County TO PROVIDE ACCESS TO PRIMARY HEALTH CARE FOR people who are UNINSURED AND UNDERINSURED In addition to providing funding for Barnabas Center operations, Baptist Medical Center Nassau employs the physician serving as medical director for Barnabas Center and provides lab and other medical services in-kind for Barnabas Center In addition, Baptist Nassau PARTNERS WITH THE NASSAU COUNTY COUNCIL ON AGING TO SUPPORT THE PROVISION OF TRANSPORTATION PROGRAM FOR THE ELDERLY IN A COMMUNITY WHERE NO PUBLIC TRANSPORTATION IS AVAILABLE Baptist Nassau also partners with the Boys and Girls Club of Nassau County to provide positive youth development activities the goals of which are to help students be successful in school and life including on-time graduation from high school addressing economic and educational determinants that result in health disparities CHNA Priority Mental Health - BAPTIST MEDICAL CENTER Nassau partners with Starting Point Behavioral Health, National Council for Behavioral Health and the Northeast Florida Health Planning Council to provide MENTAL HEALTH FIRST AID training Mental Health First Aid TEACHES PARTICIPANTS A FIVE-STEP ACTION PLAN TO ASSESS A SITUATION, SELECT AND IMPLEMENT INTERVENTIONS AND SECURE APPROPRIATE CARE FOR THE INDIVIDUAL BMCN also partners with Starting Point to provide access to treatment for uninsured and underinsured people in Nassau County who are addicted to and abusing substances BMCN provides funding and referrals for ED patients to receive services with appropriate permission CHNA Priority Cancer - In addition to providing access to care through a partnership with Barnabas Center, BAPTIST Medical Center NASSAU PARTNERS WITH AHEC to offer smoking cessation classes in the hospital and community Baptist Medical Center Nassau also partners with the Museum of Science and History to educate adult and youth visitors about health systems and how to be healthy</p>
<p>Schedule H, Part II, Line 8 Workforce Development</p>	<p>Line 8 Workforce Development Workforce Development opportunities were provided to 4 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 Baptist Medical Center Nassau provided Clinical Education and Training to undergraduate and graduate student interns procuring degrees in nursing, IT, pharmacy, physical therapy and other health care professions provided by Baptist Health clinicians In FY 17, Baptist Medical Center Nassau provided 139 students with 13,292 hours of clinical education supervision</p>

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
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
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
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.
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
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	- Baptist Medical Center of Nassau, Inc Line 16a URL https://www.baptistjax.com/patient-info/financial-assistance,
Schedule H, Part V, Section B, Line 16b FAP Application website	- Baptist Medical Center of Nassau, Inc 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	- Baptist Medical Center of Nassau, Inc Line 16c URL https://www.baptistjax.com/patient-info/financial-assistance,
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 Baptist Health has partnered with 6 faith-based organizations located in vulnerable low-income neighborhoods in Nassau County 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 patient access points, "Guidelines for Charity Care Eligibility" cards are provided that contains financial discount and charity care information This includes a general chart of eligible income levels and encourages patients to speak with one of our patient financial advocates to arrange a financial evaluation The organization sends statements to patients who have applied for charity care but have not provided all the documentation that is required to make a determination, letters are sent by the organization requesting the information to complete their application
Schedule H, Part VI, Line 4 Community information	Baptist Medical Center of Nassau Nassau County Nassau County has a total area of 725 86 square miles, of which 651 55 square miles (or 89 76%) is land and 74 30 square miles (or 10 24%) is water, much of it in the Atlantic Ocean Fernandina Beach is located on Amelia Island, the county's one inhabited island There are 75,710 people residing in Nassau the county The racial makeup of the county is 90 02% White, 7 74% Black or African American, 0 43% Native American, 0 46% Asian, 0 03% Pacific Islander, 0 32% from other races, and 1 00% from two or more races 1 51% of the population are Hispanic or Latino of any race In the county the population is spread out with 25 00% under the age of 18, 7 20% from 18 to 24, 28 80% from 25 to 44, 26 30% from 45 to 64, and 12 60% who are 65 years of age or older The median age is 38 years The median income for a household in the county is \$46,022, and the median income for a family was \$52,477 Males had a median income of \$37,027 versus \$25,443 for females The per capita income for the county is \$22,836 About 6 40% of families and 9 10% of the population is below the poverty line, including 10 90% of those under age 18 and 8 90% of those age 65 or over

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 \$1.9 million 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.
Schedule H, Part VI, Line 6 Affiliated health care system	Baptist Health System, Inc (BHS) is the parent affiliate of Baptist Medical Center of Nassau, Inc (BMCN). The Social Responsibility and Community Health team at BHS coordinates the funding of nonprofit partners for BMCN and works with our employees in facilitating volunteer opportunities across our community. Members of the BMCN Board of Directors also serve on the Social Responsibility and Community Health committee. BMCN works closely with a number of nonprofit partners to meet the community health needs of Nassau County, Florida.

Additional Data**Software ID:** 16000421**Software Version:** 2016v3.0**EIN:** 59-3234721**Name:** Baptist Medical Center of Nassau Inc**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1											
Name, address, primary website address, and state license number											
1	Baptist Medical Center of Nassau Inc 1250 S 18th St Fernandina Beach, FL 32034 www.baptistjax.com 4355	X	X					X			

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 , 1	Facility , 1 - Baptist Medical Center of Nassau, 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 , 1	Facility , 1 - Baptist Medical Center of Nassau, 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 , 1	Facility , 1 - Baptist Medical Center of Nassau, 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-health-needs-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 , 1	<p>Facility , 1 - Baptist medical center of Nassau, Inc Access To address this need, Bapti st Medical Center Nassau will undertake the following program initiatives Assure that the hospital's financial assistance programs comply fully with state and federal requirements , Partner with Barnabas to provide access to care for diabetes and mental illness for peop le with low incomes, Partner with Nassau County Council on Aging to provide transportation for low-income and indigent individuals to reach medical appointments, Provide health scr eenings in low income, African American and Hispanic communities and follow-up on abnormal results with action items including connection to a medical home Planned Collaborations In implementing the above initiatives, Baptist Medical Center Nassau anticipates collabor ating with the following organizations Barnabas Center, Inc , Nassau County Council on Ag ing, Faith-based and community organizations, and Others Anticipated Impacts Improved aw areness of and access to health care to the under/uninsured population, Reduced transporta tion barriers to medical appointments Baseline On a per-capita basis, Nassau County has a comparatively low supply of primary care physicians, dentists, and mental health provide rs Evaluation Plan Baptist Medical Center Nassau will assess the impact of the above ini tiatives as part of the community health needs assessment it will conduct in 2018 Track t he number of patients served through funding provided to Barnabas and patients' health out comes, Track the number of individuals transported to medical appointments by the Council on Aging of Nassau County, Track the number of individuals screened at community events an d the number requiring follow up, and the number of patients requiring follow up who are c onnected to care through Barnabas Center Programs Results BMCN staff participates in Nas sau NCHIC meetings and Inter-Faith Health Ministry Strategic Investments Barnabas had 53 unduplicated adults accessed mental health and/or substance abuse counseling services thro ugh 228 visits, 48% of adults with diabetes improved and stabilized their HgA1c levels ove r the year, 60% of adults with hypertension improved and stabilized their blood pressure l evels over the year, 19% of patients who smoked tobacco stopped smoking, 768 unduplicated adults received dental care through 2,484 visits and of those, 78% received dental hygiene , 279 patients were provided specialty care at no cost to them by volunteer practitioners through the Barnabas initiative "Nassau Cares" modeled after the We Care program in Duval County (this included 14 patients who were diagnosed with cancer and were treated), 122 ad ults were provided free eye screenings and were referred for eye exams, 367 female patient s were provided a well-woman exam and/or free screening mammograms, Barnabas increased acc ess to healthier food for chronic disease patients by offering more fresh and frozen foods through its on-site food pant</p>

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 , 1	<p>ry (75% of food provided meets this criteria), and our medical providers write a "prescription" for appropriate foods for chronic disease patients that can be "filled" by our food pantry Vision is Priceless distributed free reading glasses to at least 70 (35% increase) adults living in Nassau County who failed the reading portion of their vision screening We will reach 1,000 in Northeast Florida which is a 24% increase from previous year, distributed 22 pairs of free reading glasses in Nassau County and 481 through the Outreach Program, Provided an eye exam clinic in Nassau County, distributed 22 pair of free reading glasses, Provide access to low-cost prescription glasses to 34 (35% increase) adults living in Nassau County Cancer to address this need, Baptist Medical Center Nassau will undertake the following program initiatives Provide education and screenings in low income, African American and Hispanic communities and follow-up on abnormal results with action items including connection to a medical home, Offer prostate specific antigen (PSA) screenings at community events Follow up phone calls will be made to patients with abnormal results to encourage patients to visit their primary care physician or connect them to a free or low cost clinic, Increase the amount of inpatient and outpatient referrals to Northeast Florida AHEC for smoking cessation by educating Baptist Primary Care physicians about the referral process Train Baptist Health Social Responsibility PRN registered nurses in motivational interviewing to identify and refer people who are interested in quitting smoking to AHEC for classes, Work with NACDAC to educate teens on the importance of HPV vaccine in preventing cervical cancer, Facilitate classes on the dangers of tobacco products and smoking cessation resources in middle and high schools, Provide information at health fairs and other community events about the health risks associated with smoking and resources for smoking cessation, Register eligible women at community events for mammograms from the Florida Breast and Cervical Cancer Early Detection Program offered through the Florida Department of Health, and Offer community education sessions on various forms of cancer Planned Collaborations In implementing the above initiatives, Baptist Medical Center Nassau anticipates collaborating with community organizations, including Council on Aging of Nassau County, NACDAC, Northeast Florida AHEC, Florida Department of Health in Nassau County, Baptist MD Anderson Cancer Center, Baptist Primary Care, Faith based and community organizations, and Others Anticipated Impacts Increased number of cancer screenings in the community, Increased awareness regarding lifestyle and other risks associated with developing cancer, Increased participation in smoking cessation programs, More young adults will be educated on the HPV vaccine, More middle and high school students will be educated on the dangers of smoking and smokeless tobacco</p>

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 , 1	<p>co Baseline Cancer is the leading cause of death in Nassau County at a rate of 187 compared to Florida which is at a rate of 159.6 Evaluation Plan Baptist Medical Center Nassau 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 men that have PSA screenings and the number of abnormal tests requiring follow up, Track the number of youth who participate in tobacco prevention classes, Track the number of women referred to the Florida Breast and Cervical Cancer Early Detection Program and the number who receive mammography screenings at Baptist Medical Center Nassau, Analyze survey results from participants at health education sessions to measure knowledge gains and planned lifestyle changes, Utilize AHEC's state-wide database to track by referral source the number of referrals received, the number of people who attend classes, the number of people who complete classes and the number of people who quit smoking Program Results Active representation at NCHIC and Interfaith Health Ministry meetings, Breast cancer education session provided by Dr. Patel 22 participants present Smoking Cessation classes provided by American Health Education Centers in partnership with Baptist Nassau 5 smoking cessation classes held with 29 community members participated Strategic Investments Provided funding to Barnabas Center 367 women received well-woman exams and/or free mammograms, 24 screened and treated for other cancers 14 newly diagnosed, and 564 screened for tobacco use and 95 were treated</p>

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 , 2	<p>Facility , 2 - Baptist medical center of nassau, inc Health Disparities To address this need, Baptist Medical Center Nassau will undertake the following program initiatives Pro vide education and screenings in low income, African American and Hispanic communities and follow-up on abnormal results with action items including connection to a medical home, P artner with Barnabas to provide access to care for diabetes and mental illness for people with low incomes, Offer 8 Weeks to Healthy Living program through faith-based and communit y organizations, Train Baptist Health Social Responsibility PRN team members in motivation al interviewing to identify and refer people who are interested in quitting smoking to AHE C for classes and support, Partner with Northeast Florida AHEC to provide smoking cessatio n classes in the community in low-income neighborhoods, Facilitate classes on the dangers of tobacco products and smoking cessation resources in middle and high schools, Partner wi th Barnabas to provide mammograms for women without insurance, Register eligible women at community events for mammograms from the Florida Breast and Cervical Cancer Early Detectio n Program offered through the Florida Department of Health, Implement training for communit y members in low-income areas on the warning signs of mental illness in adults and childr en and how to intervene when necessary Planned Collaborations In implementing the above initiatives, Baptist Medical Center Nassau anticipates collaborating with community organi zations, including Council on Aging of Nassau County, Barnabas Center, Inc , Boys and Gir ls Clubs of Nassau County, NACDAC Teens for Change and other youth organizations, Starting Point Behavioral Healthcare, Mental Health America, Florida Department, of Health - Nassa u County, Faith-based and community organizations, and others Anticipated Impacts Improv ed awareness of and access to healthcare professionals to the under/uninsured population, Improved awareness and increased number of people participating in tobacco cessation progr ams in the community, Increased number of mammography screenings in the community, Increas ed awareness of mental illness and decrease stigma associated with it Baseline Health is sues are highly problematic for low-income residents About 18 percent of Black residents in the County live in poverty, 12 percent for the community as a whole Evaluation Plan B aptist Medical Center Nassau will assess the impact of the above initiatives as part of th e community health needs assessment it will conduct in 2018 Track the number of individua ls screened at community events and the number requiring follow up, Track the number of pa tients served through financial support of local healthcare clinics for low-income individ uals, track the participants in the 8 Weeks to Healthy Living Program and record outcomes and improvements in health screening categories, Utilize AHEC's state-wide database to tra ck by referral source the numb</p>

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 , 2	<p>er of referrals received, the number of people who attend classes, the number of people wh o complete classes and the number of people who quit smoking, Measure knowledge gains in h ealth education sessions, Track the number of mammography screenings and the number of peo ple requiring follow up at Barnabas, Track the number of women referred to the Florida Bre ast and Cervical Cancer Early Detection Program and the number that receive mammography sc reenings at Baptist Medical Center Nassau, Measure participants' knowledge gains after att ending Adult and Youth Mental Health First Aid trainings Strategic Investments Provided funding to Barnabas Center for medical services to un- and under-insured residents of Nass au County 1,242 patients received primary care for a total of 4,070 visits, Provided fund ing to Nassau County Council on Aging to provide transportation to indigent residents 1,1 00 people were provided transportation, Provided funding to the Boys and Girls Club to educate young people about health promotion through Tipping the Scale program Mental Health to address this need, Baptist Medical Center Nassau will undertake the following program initiatives Partner with United Way of Northeast Florida to develop and implement a commu nity-wide effort to reduce stigma associated with mental illness and increase access to ca re, Baptist Medical Center Nassau hosted the Inside Out art exhibit to decrease stigma related to mental illness The goal of the exhibit is to bring awareness to mental health iss ues and that it is okay to "come out" about mental illness Artist names and quotes are pr oudly displayed next to their artwork The exhibit was on display during July and August 2 016, Baptist Health has trained facilitators who will implement training for community mem bers on the warning signs of mental illness and what to do to help young people, including the Youth Mental Health First Aid training, Baptist Health trained facilitators will impl ement training for community members on the warning signs or mental illness and what to do to help adults, including the Adult Mental Health First Aid training, Partner with faith- based organizations to offer Faith and Mental Health education, Train adults in the commu nity on recognizing the warning signs of mental illness and suicide among youth, Collaborat e with other community providers to develop integrated pediatric care clinic that will pro vide additional mental health resources in the community Planned Collaborations In imple menting the above initiatives, Baptist Medical Center Nassau anticipates collaborating wit h community organizations, including Starting Point Behavioral Healthcare, Mental Health America, United Way of Northeast Florida, and Others Anticipated Impacts Increased acces s to mental health services, Reduction in stigma associated with mental illness Goal is t o train 10,000 people in the community Mental Health First Aid Evaluation Plan Baptist H ealth Medical Center Nassau wi</p>

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 , 2	<p> ll assess the impact of the above initiatives as part of the community health needs assess ment it will conduct in 2018 An evaluation of mental health awareness, attitudes and acce ss will be included in the United Way effort, The number of participants in the Youth Ment al Health First Aid eight-hour training will be tracked and knowledge gains measured throu gh surveys, Track the number of participants at the Faith and Mental Health Conference, Tr ack the number of uninsured/underinsured children receiving services at the integrated car e clinic Survey participants in training on youth mental illness and suicide and measure knowledge gains Goal is to train 10,000 people in the community Mental Health First Aid, Monitor admissions in emergency department related to mental health, Monitor rates of suic ide in the community Program Results Provided staff support to develop and implement Starting Point's Care Coordinator program in Baptist Medical Center Nassau's Emergency Room Strategic Investments Provided funding to Barnabas Center for medical services to non- an d under-insured residents of Nassau County 564 adults accessed mental health and/or subst ance abuse counseling services through 316 treated, Provided funding to the National Council on Behavioral Health to train 26 people as instructors in Adult Mental Health First Aid , Provided funding to Starting Point Behavioral Health to train residents in Nassau and Du val County in Mental Health First Aid 1,240 people received training and were certified a s Mental Health First Aiders, Funded Starting Point Care Coordinator at B-Nassau Emergency Department 239 screened/receiving services/38 Active pts </p>

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 11 Facility , 3	<p>Facility , 3 - Baptist medical center of nassau, inc No entity can address all of the health needs present in its community Baptist Medical Center Nassau 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 wide range 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 Alcohol/Substance Abuse Baptist Medical Center Nassau does not anticipate implementing additional initiatives to address identified alcohol and substance abuse needs The hospital does not have sufficient resources to effectuate a significant change in this area and will focus on other significant community health needs Dental Care Baptist Medical Center Nassau supports Barnabas Center which provides dental care Due to resource constraints and the availability of other resources in the community, the hospital will focus on other significant community health needs Maternal and Child Health Baptist Medical Center Nassau does not anticipate implementing additional initiatives to address identified maternal and child health needs Baptist Health is comprised of THE PLAYERS Center for Child Health which addresses maternal and child health across the five-county region Baptist Nassau will continue offering many free classes for expecting mothers 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 community health needs Nutrition, Physical Activity, and Obesity Baptist Medical Center Nassau supports the Nassau County Council on Aging to provide transportation to seniors for healthy meals and activities provided through the senior center The hospital does not have sufficient resources to effectuate a significant change in this area and will focus on other significant community health needs Transportation Baptist Medical Center Nassau supports the Nassau County Council on Aging to provide transportation for seniors to attend doctor appointments and other errands The hospital does not have expertise in this area nor sufficient resources to effectuate a significant change Accordingly, the hospital will focus on other significant community health needs</p>

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 , 1	Facility , 1 - Baptist Medical Center of Nassau, 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

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization Baptist Medical Center of Nassau Inc

Employer identification number 59-3234721

Part I General Information on Grants and Assistance

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

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

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(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	Annual budgets for community donations are prepared by the hospital organization and approved by Baptist Health System, Inc , parent affiliate of the organization

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 59-3234721
Name: Baptist Medical Center of Nassau 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
Barnabas Center 1303 Jasmine St Ste 101 Fernandina Beach, FL 32034	59-2920275	501(c)(3)	162,000				TO Support Comprehensive service center addressing hunger, affordable healthcare, and prevention of homelessness in Nassau county
Boys and Girls Club of Nassau County Foundation Inc PO Box 16003 Fernandina Beach, FL 32035	59-3672345	501(c)(3)	17,000				TO Support youth in Nassau county to improve their lives through various programs

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
Nassau County Council on Aging Inc 1367 S 18th St Fernandina Beach, FL 32034	23-7375273	501(c)(3)	66,680				To Support programs with the mission to improve the lives of older adults with a special focus on the vulnerable and disadvantaged in Nassau county
Starting Point Behavioral Healthcare 463142 SR 200 Yulee, FL 32097	59-3029469	501(c)(3)	50,250				to Support programs that offer aid to those in need of mental health treatment and substance abuse recovery alternatives for people of all ages

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
Nassau County Economic Development Board Inc 76346 William Burgess Blvd B101 Yulee, FL 32097	59-3293246	501(c)(3)	15,000				to Support community economic development in Nassau County

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

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

Name of the organization Baptist Medical Center of Nassau Inc	Employer identification number 59-3234721
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
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									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No								
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 A Hugh Greene President	(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
2 Stephen Lee Vice President	(i)	219,935 -----	55,925 -----	42,423 -----	40,197 -----	9,585 -----	368,065 -----	0 -----
	(ii)	0	0	0	0	0	0	0
3 Harvey Granger Assistant Secretary	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	405,007	45,050	4,689,590	180,160	18,407	5,338,214	0
4 John F Wilbanks Executive Vice President	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	549,884	73,030	15,000	250,577	10,813	899,304	0
5 Scott 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
6 Stephen Bean Pharmacist	(i)	139,360 -----	0 -----	0 -----	2,585 -----	17,352 -----	159,297 -----	0 -----
	(ii)	0	0	0	0	0	0	0
7 Kellene Sauls Asst Admin, Nursing	(i)	140,186 -----	9,080 -----	0 -----	2,602 -----	619 -----	152,487 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	In accordance with the Executive Compensation policy of Baptist Health System, Inc (BHS), the organization's sole member, BHS's Compensation Committee (made up of independent Directors of BHS) engages annually a third party compensation consultant who provides a database composed of current data regarding compensation paid for each executive position by similarly situated tax exempt health systems in the country. These health systems are generally the same size as BHS, considering revenue and other appropriate indicators. The group of comparator companies that is derived based on the above stated parameters comprise the "Market." When the Committee meets with such consultant, the consultant provides to Committee members compensation target levels that are competitive with the Market. Generally, the median of the Market is targeted. The actual amount that health system executives receive as compensation may be higher or lower than the median, depending on the health system and the individual's performance. The objective is to have a strong link between health system and individual performance and executive compensation such that if the health system and the individual perform at an optimal level, his or her compensation is in the higher range of the Market. Conversely, if either the health system or individual performance is below expectation, compensation may be in the lower range of the Market. The minutes of the annual Compensation Committee are recorded by the Committee's compensation consultant and are approved promptly by the Chair of such Committee.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Baptist Health System, Inc (BHS) parent affiliate of Baptist Medical Center of Nassau, 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.

Schedule K (Form 990)

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

Department of the Treasury
 Internal Revenue Service

Name of the organization
 Baptist Medical Center of Nassau Inc

Employer identification number
 59-3234721

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 2007CDE	59-2263061		12-01-2011	2,737,800	Revenue Refunding Bonds to Refund prior issue 05/17/2007		X		X		X
B Jacksonville Health Facilities Authority Series 2001	59-2263061	469404TR8	12-01-2011	2,776,664	Hospital Revenue Bonds to refund a prior issue 09/06/2001		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		685,800		1,545,578				
2 Amount of bonds legally defeased		0		0				
3 Total proceeds of issue		2,737,800		2,776,664				
4 Gross proceeds in reserve funds		0		0				
5 Capitalized interest from proceeds		0		0				
6 Proceeds in refunding escrows		0		0				
7 Issuance costs from proceeds		0		0				
8 Credit enhancement from proceeds		0		0				
9 Working capital expenditures from proceeds		0		0				
10 Capital expenditures from proceeds		0		0				
11 Other spent proceeds		0		0				
12 Other unspent proceeds		0		0				
13 Year of substantial completion	2007							
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
b Name of provider	UBS and Wells Fargo		UBS & Wells Fargo					
c Term of hedge	1610 %		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				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Baptist Medical Center of Nassau Inc

Employer identification number

59-3234721

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The Board of Directors of Baptist Health System, Inc , the sole corporate member of the organization, elects the members of the governing body of the organization

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The Board of Directors of the organization's sole member, Baptist Health System, Inc , has appointed a Conflicts of Interest Committee which regularly reviews the required disclosures of potential conflicts of interest by the Directors and Officers of the organization and its affiliates and recommends any action to be taken with regard to such disclosures. In accordance with the Conflicts of Interest Policy, during meetings of the organization's governing body, a Director who may have a conflict of interest is excused from discussion by the governing body about any transaction or matter that may have given rise to the Director's actual or potential conflict of interest.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>In accordance with the Executive Compensation policy of Baptist Health System, Inc (BHS), the organization's sole member, BHS's Compensation Committee (made up of independent Directors of BHS) engages annually a third party compensation consultant who provides a database composed of current data regarding compensation paid for each executive position by similarly situated tax exempt health systems in the country. These health systems are generally the same size as BHS, considering revenue and other appropriate indicators. The group of comparator companies that is derived based on the above stated parameters comprise the "Market". When the Committee meets with such consultant, the consultant provides to Committee members compensation target levels that are competitive with the Market. Generally, the median of the Market is targeted. The actual amount that health system executives receive as compensation may be higher or lower than the median, depending on the health system's and the individual's performance. The objective is to have a strong link between health system and individual performance and executive compensation such that if the health system and the individual perform at an optimal level, his or her compensation is in the higher range of the Market. Conversely, if either the health system or individual performance is below expectation, compensation may be in the lower range of the Market. The minutes of the annual Compensation Committee are recorded by the Committee's compensation consultant and are approved promptly by the Chair of such Committee.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfer to Affiliated Organization - -6502000,

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Baptist Medical Center of Nassau Inc

Employer identification number

59-3234721

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SOUTHERN BAPTIST HOSPITAL OF FLORIDA INC 800 PRUDENTIAL DR JACKSONVILLE, FL 32207 59-0747311	HOSPITAL	FL	501(c)(3)	3	BAPTIST HEALTH SYSTEM INC		No
(2) BAPTIST HEALTH SYSTEM INC 841 PRUDENTIAL DR STE 1602 JACKSONVILLE, FL 32207 59-2487136	Financial/management assistance for healthcare system	FL	501(c)(3)	Type II	Coastal Community Health Inc		No
(3) 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
(4) BAPTIST HEALTH SYSTEM FOUNDATION INC 841 PRUDENTIAL DR 13TH FLOOR JACKSONVILLE, FL 32207 59-2487135	Fundraising activities to support tax-exempts entities of healthcare system	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	Owens/manages real estate properties for healthcare 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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PAVILION ASSOCIATES LTD 1660 Prudential Drive Ste 101 JACKSONVILLE, FL 32207 59-2505491	NON-RESIDENTIAL PROPERTY MGT	FL	SOUTHERN BAPTIST HOSPITAL OF FLORIDA INC	Excluded	0	0			0		No	0 %
(2) Corporate Health LLC 841 Prudential Dr Ste 1802 Jacksonville, FL 32207	Development/operation of a medically-based wellness program for the northeast Florida community	FL	Baptist Health Ambulatory Services Inc	Related	0	0			0		No	0 %

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	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 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: 59-3234721
Name: Baptist Medical Center of Nassau 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) 800 PRUDENTIAL DR JACKSONVILLE, FL 32207 59-0747311	HOSPITAL	FL	501(c)(3)	3	BAPTIST HEALTH SYSTEM INC		No
(1) 841 PRUDENTIAL DR STE 1602 JACKSONVILLE, FL 32207 59-2487136	Financial/management assistance for healthcare system	FL	501(c)(3)	Type II	Coastal Community Health Inc		No
(2) 1350 13TH AVE S JACKSONVILLE BEACH, FL 32250 59-2980620	HOSPITAL	FL	501(c)(3)	3	BAPTIST HEALTH SYSTEM INC		No
(3) 841 PRUDENTIAL DR 13TH FLOOR JACKSONVILLE, FL 32207 59-2487135	Fundraising activities to support tax-exempts entities of healthcare system	FL	501(c)(3)	7	BAPTIST HEALTH SYSTEM INC		No
(4) 1660 Prudential Dr Ste 101 JACKSONVILLE, FL 32207 59-2487133	Owens/manages real estate properties for healthcare 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