



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

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

|   | Yes            | No |
|---|----------------|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .   | <b>20a</b> Yes |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .   | <b>20b</b> Yes |    |
| <b>21</b> 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> . . . . .  | <b>21</b> Yes  |    |
| <b>22</b> 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> . . . . .  | <b>22</b>      | No |
| <b>23</b> 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> . . . . .   | <b>23</b> Yes  |    |
| <b>24a</b> 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> . . . . .                                  | <b>24a</b> Yes |    |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b>     | No |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b>     | No |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b>     | No |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>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> . . . . .   | <b>25a</b>     | No |
| <b>b</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?<br><i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25b</b>     | No |
| <b>26</b> 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?<br><i>If "Yes," complete Schedule L, Part II</i> . . . . .                                     | <b>26</b>      | No |
| <b>27</b> 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> . . . . .        | <b>27</b>      | No |
| <b>28</b> 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)<br><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . | <b>28a</b>     | No |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b>     | No |
| <b>c</b> 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> . . . . .  | <b>28c</b>     | No |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .   | <b>29</b>      | No |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .   | <b>30</b>      | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .   | <b>31</b>      | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?<br><i>If "Yes," complete Schedule N, Part II</i> . . . . .  | <b>32</b>      | No |
| <b>33</b> 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> . . . . .   | <b>33</b>      | No |
| <b>34</b> 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> . . . . .   | <b>34</b> Yes  |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b>     | No |
| <b>b</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> . . . . .   | <b>35b</b>     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>      | No |
| <b>37</b> 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>  | <b>37</b>      | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | <b>38</b> Yes  |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  | 51  |    |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   | 0   |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |     |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | 565 |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                               | Yes |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | Yes |    |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | Yes |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                       |     | No |
| <b>b</b>   | If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span><br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | No |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | No |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  |     | No |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     | No |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | No |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | No |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | No |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b><br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  |     |    |
| <b>9a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?   |     |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter  |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   |     |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter   |     |    |
| <b>a</b>   | Gross income from members or shareholders  |     |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O   |     |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |     |    |
| <b>c</b>   | Enter the amount of reserves on hand   |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |     | No |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     |    |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

|  |              | Yes | No |
|--|--------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year  | <b>1a</b> 14 |     |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.            |              |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent  | <b>1b</b> 11 |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | <b>2</b>     |     | No |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | <b>3</b>     |     | No |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | <b>4</b>     |     | No |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  | <b>5</b>     |     | No |
| <b>6</b> Did the organization have members or stockholders?  | <b>6</b>     | Yes |    |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | <b>7a</b>    | Yes |    |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | <b>7b</b>    | Yes |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |              |     |    |
| <b>a</b> The governing body?   | <b>8a</b>    | Yes |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | <b>8b</b>    | Yes |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.       | <b>9</b>     |     | No |

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

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

**Section C. Disclosure**

|   |  |
|---|--|
| <b>17</b> List the States with which a copy of this Form 990 is required to be filed▶   |  |
| <b>18</b> Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |  |
| <b>19</b> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.   |  |
| <b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records.<br>▶Scott Finnegan 841 Prudential Dr Ste 1602 Jacksonville, FL 32207 (904) 202-3270   |  |

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

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

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

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

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

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

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

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

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

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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<br>SVP/CFO                        | 0 5<br>.....<br>39 5   |   |                       | X       |              |                              |        | 0  | 680,013   | 203,722   |
| (19) Stephen Bean<br>Pharmacist                     | 40 0<br>.....0....   |   |                       |         |              | X                            |        | 139,360  | 0   | 19,937  |
| (20) Barbara S Gingher<br>Assistant Admin , Nursing | 40 0<br>.....0....   |   |                       |         |              | X                            |        | 136,224  | 0   | 2,776   |
| (21) Patricia Hausauer<br>Director, Finance         | 40 0<br>.....0....   |   |                       |         |              | X                            |        | 119,366  | 0   | 2,642   |
| (22) Kellene Sauls<br>Asst Admin, Nursing           | 40 0<br>.....0....   |   |                       |         |              | X                            |        | 149,266  | 0   | 3,221   |
| (23) David Toncray<br>Director, Pharmacy            | 40 0<br>.....0....   |   |                       |         |              | X                            |        | 120,109  | 0   | 11,350  |
| (24) Stephen Lee<br>Vice President                  | 40 0<br>.....0....   |   |                       |         |              |                              | X      | 318,283  | 0   | 49,782  |
|   |  |   |                       |         |              |                              |        |  |   |   |
|   |  |   |                       |         |              |                              |        |  |   |   |

|   |   |         |           |         |
|---|---|---------|-----------|---------|
| <b>1b Sub-Total</b> . . . . .   | ▶ |         |           |         |
| <b>1c Total from continuation sheets to Part VII, Section A</b> . . . . . | ▶ |         |           |         |
| <b>1d Total (add lines 1b and 1c)</b> . . . . .                           | ▶ | 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

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

**Section B. Independent Contractors**

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

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



**Part VIII** **Statement of Revenue**

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

**Contributions, Gifts, Grants  
and Other Similar Amounts**

|   |           |        |
|---|-----------|--------|
| <b>1a</b> Federated campaigns . . .   | <b>1a</b> |        |
| <b>b</b> Membership dues . . .  | <b>1b</b> |        |
| <b>c</b> Fundraising events . . .   | <b>1c</b> |        |
| <b>d</b> Related organizations  | <b>1d</b> | 4,900  |
| <b>e</b> Government grants (contributions)  | <b>1e</b> | 25,000 |
| <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included<br>above | <b>1f</b> |        |
| <b>g</b> Noncash contributions included<br>in lines 1a-1f \$ _____                            |           |        |
| <b>h Total.</b> Add lines 1a-1f . . . . .   |           | 29,900 |

**Program Service Revenue**

|  |               |            |            |   |   |
|--|---------------|------------|------------|---|---|
|  | Business Code |            |            |   |   |
| <b>2a</b> Patient service revenues, Net    | 621990        | 72,338,371 | 72,338,371 |   |   |
| <b>b</b> EHR revenue medicare              | 621990        | 37,625     | 37,625     |   |   |
| <b>c</b> Hospital Cafeteria                | 722514        | 303,430    | 303,430    |   |   |
| <b>d</b> Other Program Revenue             | 621990        | 61,555     | 61,555     |   |   |
| <b>e</b> _____                             |               |            |            |   |   |
| <b>f</b> All other program service revenue |               | 0          | 0          | 0 | 0 |
| <b>g Total.</b> Add lines 2a-2f . . . . .  |               | 72,740,981 |            |   |   |

**Other Revenue**

|  |                |               |            |       |         |
|--|----------------|---------------|------------|-------|---------|
| <b>3</b> Investment income (including dividends, interest, and other<br>similar amounts) . . . . .   |                | 780,179       |            |       | 780,179 |
| <b>4</b> Income from investment of tax-exempt bond proceeds  |                |               |            |       |         |
| <b>5</b> Royalties . . . . .   |                |               |            |       |         |
| <b>6a</b> Gross rents  | (i) Real       | (ii) Personal |            |       |         |
|  | 361,827        |               |            |       |         |
| <b>b</b> Less rental expenses  | 212,392        |               |            |       |         |
| <b>c</b> Rental income or<br>(loss)  | 149,435        | 0             |            |       |         |
| <b>d</b> Net rental income or (loss) . . . . .   |                | 149,435       |            |       | 149,435 |
| <b>7a</b> Gross amount<br>from sales of<br>assets other<br>than inventory  | (i) Securities | (ii) Other    |            |       |         |
|  |                | 0             |            |       |         |
| <b>b</b> Less cost or<br>other basis and<br>sales expenses   |                | 2,413         |            |       |         |
| <b>c</b> Gain or (loss)  | 0              | -2,413        |            |       |         |
| <b>d</b> Net gain or (loss) . . . . .  |                | -2,413        |            |       | -2,413  |
| <b>8a</b> Gross income from fundraising events<br>(not including \$ _____ of<br>contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | <b>a</b>       |               |            |       |         |
| <b>b</b> Less direct expenses . . . . .  | <b>b</b>       |               |            |       |         |
| <b>c</b> Net income or (loss) from fundraising events . . . . .  |                |               |            |       |         |
| <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . .  | <b>a</b>       |               |            |       |         |
| <b>b</b> Less direct expenses . . . . .  | <b>b</b>       |               |            |       |         |
| <b>c</b> Net income or (loss) from gaming activities . . . . .   |                |               |            |       |         |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .  | <b>a</b>       |               |            |       |         |
| <b>b</b> Less cost of goods sold . . . . .   | <b>b</b>       |               |            |       |         |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .  |                |               |            |       |         |
| Miscellaneous Revenue  | Business Code  |               |            |       |         |
| <b>11a</b> Reference Lab Revenue   | 621500         | 9,210         | 63         | 9,147 |         |
| <b>b</b> _____   |                |               |            |       |         |
| <b>c</b> _____   |                |               |            |       |         |
| <b>d</b> All other revenue . . . . .   |                | 0             | 0          | 0     | 0       |
| <b>e Total.</b> Add lines 11a-11d . . . . .  |                | 9,210         |            |       |         |
| <b>12 Total revenue.</b> 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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   |                       |                                 |  |                             |
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.  | 353,428               | 353,428                         |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members.   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees.  | 142,732               | 71,366                          | 71,366                                 |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages.  | 23,122,214            | 22,069,835                      | 1,052,379                              |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).   | 1,595,442             | 1,546,647                       | 48,795                                 |                             |
| <b>9</b> Other employee benefits.   | 5,838,806             | 5,573,488                       | 265,318                                |                             |
| <b>10</b> Payroll taxes.  | 1,636,200             | 1,587,321                       | 48,879                                 |                             |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management.  | 279,356               | 221,429                         | 57,927                                 |                             |
| <b>b</b> Legal.   | 24,451                | 19,111                          | 5,340                                  |                             |
| <b>c</b> Accounting.  | 36,184                | 28,281                          | 7,903                                  |                             |
| <b>d</b> Lobbying.  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17.   |                       |                                 |  |                             |
| <b>f</b> Investment management fees.  |                       |                                 |  |                             |
| <b>g</b> 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                           |
| <b>12</b> Advertising and promotion.  |                       |                                 |  |                             |
| <b>13</b> Office expenses.  | 6,061,066             | 5,932,270                       | 128,796                                |                             |
| <b>14</b> Information technology.   | 70,117                | 68,623                          | 1,494                                  |                             |
| <b>15</b> Royalties.  |                       |                                 |  |                             |
| <b>16</b> Occupancy.  | 2,111,490             | 1,991,346                       | 120,144                                |                             |
| <b>17</b> Travel.   | 102,732               | 51,366                          | 51,366                                 |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings.   | 334                   | 167                             | 167                                    |                             |
| <b>20</b> Interest.   | 105,888               | 105,888                         |  |                             |
| <b>21</b> Payments to affiliates.   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization.  | 3,817,326             | 3,626,460                       | 190,866                                |                             |
| <b>23</b> Insurance.  | 79,651                | 75,668                          | 3,983                                  |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                       |                       |                                 |  |                             |
| <b>a</b> Hospital/Medical Supplies.   | 11,135,961            | 11,135,961                      | 0                                      | 0                           |
| <b>b</b> AHCA & NICA Assessments.   | 990,066               | 990,066                         | 0                                      | 0                           |
| <b>c</b> Patient Transportation.  | 146,288               | 146,288                         | 0                                      | 0                           |
| <b>d</b> Dues & Memberships.  | 71,234                | 35,617                          | 35,617                                 |                             |
| <b>e</b> All other expenses.  | 24,245                | 12,122                          | 12,123                                 | 0                           |
| <b>25</b> Total functional expenses. Add lines 1 through 24e.   | 61,944,899            | 58,918,505                      | 3,026,394                              | 0                           |
| <b>26</b> 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)<br>Beginning of year |             | (B)<br>End of year |
|------------------------------------|--|--|-------------|--------------------------|-------------|--------------------|
| <b>Assets</b>                      | <b>1</b>   | Cash—non-interest-bearing . . . . .  |             | 600                      | <b>1</b>    | 600                |
|                                    | <b>2</b>   | Savings and temporary cash investments . . . . .   |             | 0                        | <b>2</b>    | 0                  |
|                                    | <b>3</b>   | Pledges and grants receivable, net . . . . .   |             | 0                        | <b>3</b>    | 0                  |
|                                    | <b>4</b>   | Accounts receivable, net . . . . .   |             | 11,437,846               | <b>4</b>    | 8,593,885          |
|                                    | <b>5</b>   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.   |             | 0                        | <b>5</b>    | 0                  |
|                                    | <b>6</b>   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. |             | 0                        | <b>6</b>    |                    |
|                                    | <b>7</b>   | Notes and loans receivable, net . . . . .  |             | 0                        | <b>7</b>    | 0                  |
|                                    | <b>8</b>   | Inventories for sale or use . . . . .  |             | 1,378,478                | <b>8</b>    | 1,207,743          |
|                                    | <b>9</b>   | Prepaid expenses and deferred charges . . . . .  |             | 758,703                  | <b>9</b>    | 376,990            |
|                                    | <b>10a</b>   | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.  | <b>10a</b>  | 88,018,621               |             |                    |
|                                    | <b>b</b>   | Less: accumulated depreciation   | <b>10b</b>  | 44,270,003               |             |                    |
|                                    |  |  |             | 35,948,941               | <b>10c</b>  | 43,748,618         |
|                                    | <b>11</b>  | Investments—publicly traded securities . . . . .   |             | 10,615,449               | <b>11</b>   | 11,759,900         |
|                                    | <b>12</b>  | Investments—other securities. See Part IV, line 11 . . . . .   |             | 0                        | <b>12</b>   |                    |
|                                    | <b>13</b>  | Investments—program-related. See Part IV, line 11 . . . . .  |             | 0                        | <b>13</b>   |                    |
|                                    | <b>14</b>  | Intangible assets . . . . .  |             | 0                        | <b>14</b>   | 0                  |
| <b>15</b>                          | Other assets. See Part IV, line 11 . . . . .   |  | 60,856,919  | <b>15</b>                | 64,562,676  |                    |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .   |  | 120,996,936 | <b>16</b>                | 130,250,412 |                    |
| <b>Liabilities</b>                 | <b>17</b>  | Accounts payable and accrued expenses . . . . .  |             | 3,196,524                | <b>17</b>   | 6,418,119          |
|                                    | <b>18</b>  | Grants payable . . . . .   |             | 0                        | <b>18</b>   | 0                  |
|                                    | <b>19</b>  | Deferred revenue . . . . .   |             | 0                        | <b>19</b>   | 0                  |
|                                    | <b>20</b>  | Tax-exempt bond liabilities . . . . .  |             | 3,784,096                | <b>20</b>   | 3,279,405          |
|                                    | <b>21</b>  | Escrow or custodial account liability. Complete Part IV of Schedule D.   |             | 0                        | <b>21</b>   | 0                  |
|                                    | <b>22</b>  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .   |             | 0                        | <b>22</b>   |                    |
|                                    | <b>23</b>  | Secured mortgages and notes payable to unrelated third parties . . . . .   |             | 0                        | <b>23</b>   | 0                  |
|                                    | <b>24</b>  | Unsecured notes and loans payable to unrelated third parties . . . . .   |             | 0                        | <b>24</b>   |                    |
|                                    | <b>25</b>  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.   |             | 3,818,969                | <b>25</b>   | 4,575,621          |
|                                    | <b>26</b>  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  |             | 10,799,589               | <b>26</b>   | 14,273,145         |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> |  |             |                          |             |                    |
|                                    | <b>27</b>  | Unrestricted net assets  |             | 108,439,724              | <b>27</b>   | 113,212,167        |
|                                    | <b>28</b>  | Temporarily restricted net assets . . . . .  |             | 399,663                  | <b>28</b>   | 471,660            |
|                                    | <b>29</b>  | Permanently restricted net assets  |             | 1,357,960                | <b>29</b>   | 2,293,440          |
|                                    | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>                          |  |             |                          |             |                    |
|                                    | <b>30</b>  | Capital stock or trust principal, or current funds . . . . .   |             | 0                        | <b>30</b>   | 0                  |
|                                    | <b>31</b>  | Paid-in or capital surplus, or land, building or equipment fund . . . . .  |             | 0                        | <b>31</b>   | 0                  |
|                                    | <b>32</b>  | Retained earnings, endowment, accumulated income, or other funds   |             | 0                        | <b>32</b>   | 0                  |
|                                    | <b>33</b>  | <b>Total net assets or fund balances</b> . . . . .   |             | 110,197,347              | <b>33</b>   | 115,977,267        |
| <b>34</b>                          | <b>Total liabilities and net assets/fund balances</b> . . . . .  |  | 120,996,936 | <b>34</b>                | 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 ☒

|           |   |           |             |
|-----------|---|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 73,707,292  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 61,944,899  |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 11,762,393  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 110,197,347 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | 519,527     |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  | 0           |
| <b>7</b>  | Investment expenses   | <b>7</b>  | 0           |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  | 0           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | -6,502,000  |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 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 |
|--|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O   |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O   | Yes |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | No |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |     |    |

# Additional Data

**Software ID:** 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 COUTNY 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 SPECIALITIES 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 IN PATIENTS 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 INTERGRATED 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

|   |  |   |
|---|--|---|
| <b>SCHEDULE A</b><br>(Form 990 or 990-EZ) | <b>Public Charity Status and Public Support</b><br>Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.<br>▶ Attach to Form 990 or Form 990-EZ.<br>▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> . | OMB No 1545-0047<br><b>2016</b><br><b>Open to Public Inspection</b> |
|   | Department of the Treasury<br>Internal Revenue Service<br><b>Name of the organization</b><br>Baptist Medical Center of Nassau Inc  | <b>Employer identification number</b><br>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 **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 |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

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

**Section B. Total Support**

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

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

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

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15                      | <b>16</b> |  |

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

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17                        | <b>18</b> |  |

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

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|   | Yes        | No |
|---|------------|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  | <b>1</b>   |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   | <b>2</b>   |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>  | <b>3a</b>  |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>   | <b>3b</b>  |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>  | <b>3c</b>  |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  | <b>4a</b>  |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  | <b>4b</b>  |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   | <b>4c</b>  |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | <b>5a</b>  |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | <b>5b</b>  |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  | <b>5c</b>  |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  | <b>6</b>   |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  | <b>7</b>   |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   | <b>8</b>   |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  | <b>9a</b>  |    |
| <b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  | <b>9b</b>  |    |
| <b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>   | <b>9c</b>  |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>   | <b>10a</b> |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>  | <b>10b</b> |    |

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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> |     |    |
| <b>1</b>   |     |    |

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

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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>   |     |    |
| <b>3</b> 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>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

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

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)   |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |  |  |
| <b>2</b> Activities Test <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> 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>b</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>  |  |  |
| <b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> 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>b</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>  |  |  |
| <b>2a</b>   |  |  |
| <b>2b</b>   |  |  |
| <b>3a</b>   |  |  |
| <b>3b</b>   |  |  |

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

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

**Section A - Adjusted Net Income**

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

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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

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

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|                                     |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| efile GRAPHIC print - DO NOT PROCESS   |  | As Filed Data -  |  | DLN: 93493221007178                          |  |
| <div>SCHEDULE D<br/>(Form 990)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div>  |  | <div>Supplemental Financial Statements</div> <div>► 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.<br/>► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div> |  |  | <div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div> |
| Name of the organization<br>Baptist Medical Center of Nassau Inc   |  |  |  | Employer identification number<br>59-3234721 |  |
| Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 6.              |  |  |  |  |  |
|  |  | (a) Donor advised funds  |  | (b) Funds and other accounts                 |  |
| 1  | Total number at end of year  |  |  |  |  |
| 2  | Aggregate value of contributions to (during year)  |  |  |  |  |
| 3  | Aggregate value of grants from (during year)   |  |  |  |  |
| 4  | Aggregate value at end of year   |  |  |  |  |
| 5  | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?   |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| 6  | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  |  |  |  |  |  |
| 1  | Purpose(s) of conservation easements held by the organization (check all that apply)<br><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area<br><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure<br><input type="checkbox"/> Preservation of open space |  |  |  |  |
| 2  | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year   |  |  |  |  |
| a  | Total number of conservation easements   | Held at the End of the Year  |  |  |  |
| b  | Total acreage restricted by conservation easements   | 2a   |  |  |  |
| c  | Number of conservation easements on a certified historic structure included in (a)   | 2b   |  |  |  |
| d  | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register   | 2c   |  |  |  |
|  |  | 2d   |  |  |  |
| 3  | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►  |  |  |  |  |
| 4  | Number of states where property subject to conservation easement is located ►  |  |  |  |  |
| 5  | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?   |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| 6  | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►  |  |  |  |  |
| 7  | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$   |  |  |  |  |
| 8  | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| 9  | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements  |  |  |  |  |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 8. |  |  |  |  |  |
| 1a   | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items   |  |  |  |  |
| b  | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  |  |  |  |  |
| (i) Revenue included on Form 990, Part VIII, line 1  |  | ► \$   |  |  |  |
| (ii) Assets included in Form 990, Part X   |  | ► \$   |  |  |  |
| 2  | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  |  |  |  |  |
| a  | Revenue included on Form 990, Part VIII, line 1  | ► \$   |  |  |  |
| b  | Assets included in Form 990, Part X  | ► \$   |  |  |  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990.   |  |  |  |  |  |
|  |  | Cat No 52283D  |  | Schedule D (Form 990) 2016                   |  |

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, 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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      | 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     |

Schedule D (Form 990) 2016

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<br>(including name of security) | (b) Book<br>value | (c) Method of valuation<br>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<br>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.

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

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

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

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

**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<br>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. |

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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► 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](http://www.irs.gov/form990).

Name of the organization

Employer identification number

Baptist Medical Center of Nassau Inc

59-3234721

Part IFinancial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

☐ 100%

☐ 150%

☒ 200%

☐ Other

%

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☒ 400%

☐ Other

%

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

5c

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

6b

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

7Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs                                   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1)   | 0   | 0                             | 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 %                          |
| 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 %                          |
| g Subsidized health services (from Worksheet 6)   | 0   | 0                             | 0                                   | 0                             | 0                                 | 0 %                          |
| h Research (from Worksheet 7)   | 0   | 0                             | 0                                   | 0                             | 0                                 | 0 %                          |
| i Cash and in-kind contributions for community benefit (from Worksheet 8)                   | 0   | 0                             | 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 %                       |

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

Cat No 50192T

Schedule H (Form 990) 2016

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

|  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| <b>1</b> Physical improvements and housing                         |   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>2</b> Economic development                                      | 1   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>3</b> Community support   | 2   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>4</b> Environmental improvements                                |   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>5</b> Leadership development and training for community members |   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>6</b> Coalition building  | 5   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>7</b> Community health improvement advocacy                     | 8   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>8</b> Workforce development                                     | 2   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>9</b> Other   | 2   |                               |                                      |                               | 0                                  | 0 %                          |
| <b>10 Total</b>  | 20  | 0                             | 0                                    | 0                             | 0                                  | 0 %                          |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

|  |           | Yes | No |
|--|-----------|-----|----|
| <b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?   | <b>1</b>  |     | No |
| <b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.   | <b>2</b>  |     |    |
|  | 3,867,807 |     |    |
| <b>3</b> 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. | <b>3</b>  |     |    |
|  | 0         |     |    |
| <b>4</b> 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**

|   |          |            |
|---|----------|------------|
| <b>5</b> Enter total revenue received from Medicare (including DSH and IME).  | <b>5</b> | 23,476,726 |
| <b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.   | <b>6</b> | 31,363,199 |
| <b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).   | <b>7</b> | -7,886,473 |
| <b>8</b> 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**

|   |           |     |
|---|-----------|-----|
| <b>9a</b> Did the organization have a written debt collection policy during the tax year?   | <b>9a</b> | Yes |
| <b>b</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. | <b>9b</b> | 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 % |
|--------------------|---|--|--|---|
| <b>1</b>           |   |  |  |   |
| <b>2</b>           |   |  |  |   |
| <b>3</b>           |   |  |  |   |
| <b>4</b>           |   |  |  |   |
| <b>5</b>           |   |  |  |   |
| <b>6</b>           |   |  |  |   |
| <b>7</b>           |   |  |  |   |
| <b>8</b>           |   |  |  |   |
| <b>9</b>           |   |  |  |   |
| <b>10</b>          |   |  |  |   |
| <b>11</b>          |   |  |  |   |
| <b>12</b>          |   |  |  |   |
| <b>13</b>          |   |  |  |   |

**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)

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

**Community Health Needs Assessment**

|   | Yes        | No  |
|---|------------|-----|
| <b>1</b> 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? . . . . .   | <b>1</b>   | No  |
| <b>2</b> 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 . . . . .  | <b>2</b>   | No  |
| <b>3</b> 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 . . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply)   | <b>3</b>   | Yes |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |            |     |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community  |            |     |
| <b>c</b> <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  |            |     |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained  |            |     |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community  |            |     |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |            |     |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |            |     |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |            |     |
| <b>i</b> <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)   |            |     |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)   |            |     |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>   |            |     |
| <b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . . | <b>5</b>   | Yes |
| <b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .   | <b>6a</b>  | Yes |
| <b>b</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 . . . . .  | <b>6b</b>  | No  |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)  | <b>7</b>   | Yes |
| <b>a</b> <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>b</b> <input checked="" type="checkbox"/> Other website (list url) <u>http://hpcnef.org</u>  |            |     |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |            |     |
| <b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)  |            |     |
| <b>8</b> 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 . . . . .  | <b>8</b>   | Yes |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>   |            |     |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br><u>https://www.baptistjax.com/about-us/social-responsibility/assessing-community-health-needs</u>  | <b>10</b>  | Yes |
| <b>a</b> If "Yes" (list url) <u>health-needs</u>  |            |     |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   | <b>10b</b> |     |
| <b>11</b> 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   |            |     |
| <b>12a</b> 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)? . . . . .  | <b>12a</b> | No  |
| <b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   | <b>12b</b> |     |
| <b>c</b> 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   |           |     |    |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP   | <b>13</b> | Yes |    |
| <b>a</b> <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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)  |           |     |    |
| <b>c</b> <input checked="" type="checkbox"/> Asset level   |           |     |    |
| <b>d</b> <input checked="" type="checkbox"/> Medical indigency   |           |     |    |
| <b>e</b> <input checked="" type="checkbox"/> Insurance status  |           |     |    |
| <b>f</b> <input checked="" type="checkbox"/> Underinsurance discount   |           |     |    |
| <b>g</b> <input checked="" type="checkbox"/> Residency   |           |     |    |
| <b>h</b> <input type="checkbox"/> Other (describe in Section C)  |           |     |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .   | <b>14</b> | Yes |    |
| <b>15</b> Explained the method for applying for financial assistance? . . . . .<br>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)  | <b>15</b> | Yes |    |
| <b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |           |     |    |
| <b>b</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  |           |     |    |
| <b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |           |     |    |
| <b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications  |           |     |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)  |           |     |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)   | <b>16</b> | Yes |    |
| <b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url)<br><u>https://www.baptistjax.com/patient-info/financial-assistance</u>   |           |     |    |
| <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url)<br><u>https://www.baptistjax.com/patient-info/financial-assistance</u>  |           |     |    |
| <b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)<br><u>https://www.baptistjax.com/patient-info/financial-assistance</u>   |           |     |    |
| <b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |           |     |    |
| <b>e</b> <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)   |           |     |    |
| <b>f</b> <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)  |           |     |    |
| <b>g</b> <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 |           |     |    |
| <b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |           |     |    |
| <b>i</b> <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   |           |     |    |
| <b>j</b> <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 |
|--|---------------|----|
| <b>17</b> 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? . . . . .   | <b>17</b> Yes |    |
| <b>18</b> 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  |               |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <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<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted  |               |    |
| <b>19</b> 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? . . . . .  | <b>19</b>     | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged  |               |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <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<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)  |               |    |
| <b>20</b> 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)   |               |    |
| <b>a</b> <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<br><b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process<br><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications<br><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations<br><b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)<br><b>f</b> <input type="checkbox"/> None of these efforts were made |               |    |

**Policy Relating to Emergency Medical Care**

|  |               |  |
|--|---------------|--|
| <b>21</b> 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? . . . . .  | <b>21</b> Yes |  |
| If "No," indicate why  |               |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions<br><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing<br><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)<br><b>d</b> <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 |
|-----------|-----|----|
| <b>22</b> |     |    |
| <b>23</b> |     | No |
| <b>24</b> |     | No |

**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.

[illegible]

**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) |
|------------------|-----------------------------|
| <b>1</b>         |                             |
| <b>2</b>         |                             |
| <b>3</b>         |                             |
| <b>4</b>         |                             |
| <b>5</b>         |                             |
| <b>6</b>         |                             |
| <b>7</b>         |                             |
| <b>8</b>         |                             |
| <b>9</b>         |                             |
| <b>10</b>        |                             |

**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 <a href="http://www.baptistjax.com">www.baptistjax.com</a> 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<br>Community Support | <p>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.</p>  |
| Schedule H, Part II, Line 6 Coalition Building   | <p>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.</p> |

**990 Schedule H, Supplemental Information**

| Form and Line Reference   | Explanation  |
|---|--|
| Schedule H, Part II, Line 7<br>Community Health Improvement<br>Advocacy | <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> |
| Schedule H, Part II, Line 8 Workforce<br>Development                    | <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<br>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<br>Subsidized Health Services  | There were no physician clinic costs included in the subsidized health services cost |
| Schedule H, Part I, Line 7 Bad Debt<br>Expense excluded from financial<br>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   | <p>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.</p> |

**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 | <p>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.</p> |

## 990 Schedule H, Supplemental Information

| Form and Line Reference  | Explanation  |
|--|--|
| Schedule H, Part III, Line 8<br>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<br>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 <a href="https://www.baptistjax.com/patient-info/financial-assistance">https //www baptistjax com/patient-info/financial-assistance,</a> |
| Schedule H, Part V, Section B, Line 16b FAP Application website | - Baptist Medical Center of Nassau, Inc Line 16b URL <a href="https://www.baptistjax.com/patient-info/financial-assistance">https //www baptistjax com/patient-info/financial-assistance,</a> |

**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 <a href="https://www.baptistjax.com/patient-info/financial-assistance">https //www baptistjax com/patient-info/financial-assistance,</a>  |
| 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<br>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

| <b>Section A. Hospital Facilities</b><br><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br><b>1</b> |  | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|--|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1  | Baptist Medical Center of Nassau Inc<br>1250 S 18th St<br>Fernandina Beach, FL 32034<br>www.baptistjax.com<br>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<br>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<br>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<br>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 - <a href="http://jacksonville.com/news/metro/2016-04-28/story/what-are-jacksonvilles-biggest-health-needs-these-hospitals-have-some">http //jacksonville com/news/metro/2016-04-28/story/what-are-jacksonvilles-biggest-health-needs-these-hospitals-have-some</a> |

**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<br>Facility , 1 | 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 patie nts 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 |

**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<br>Facility , 1 | ry (75% of food provided meets this criteria), and our medical providers write a "prescrip tion" 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, distr ibuted 22 pairs of free reading glasses in Nassau County and 481 through the Outreach Prog ram, Provided an eye exam clinic in Nassau County, distributed 22 pair of free reading gla sses, Provide access to low-cost prescription glasses to 34 (35% increase) adults living i n Nassau County Cancer to address this need, Baptist Medical Center Nassau will undertak e the following program initiatives Provide education and screenings in low income, Afric an American and Hispanic communities and follow-up on abnormal results with action items i ncluding 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 Flori da AHEC for smoking cessation by educating Baptist Primary Care physicians about the refer ral process Train Baptist Health Social Responsibility PRN registered nurses in motivatio nal interviewing to identify and refer people who are interested in quitting smoking to AH EC for classes, Work with NACDAC to educate teens on the importance of HPV vaccine in prev enting 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 ot her community events about the health risks associated with smoking and resources for smok ing 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 Col laborations In implementing the above initiatives, Baptist Medical Center Nassau anticipa tes collaborating with community organizations, including Council on Aging of Nassau Coun ty, 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 tobac |

**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<br>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<br>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<br>Facility , 2 | 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 reeenings 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 edu cate 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 rel ated 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 commun ity 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 |

**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<br>Facility , 2 | <p>Il 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 Sta rting 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<br>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<br>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)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2016

Open to Public Inspection

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? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
|--|---------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 5

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| (1)                             |                          |                          |                                   |   |  |
| (2)                             |                          |                          |                                   |   |  |
| (3)                             |                          |                          |                                   |   |  |
| (4)                             |                          |                          |                                   |   |  |
| (5)                             |                          |                          |                                   |   |  |
| (6)                             |                          |                          |                                   |   |  |
| (7)                             |                          |                          |                                   |   |  |

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

| Return Reference   | Explanation  |
|--|--|
| Schedule I, Part I, Line 2<br>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<br>1303 Jasmine St Ste 101<br>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<br>PO Box 16003<br>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<br>1367 S 18th St<br>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<br>463142 SR 200<br>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<br>76346 William Burgess Blvd<br>B101<br>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

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

|  |  |
|--|--|
| Name of the organization<br>Baptist Medical Center of Nassau Inc | Employer identification number<br>59-3234721 |
|--|--|

Part I

Questions Regarding Compensation

|  | Yes       | No  |
|--|-----------|-----|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |           |     |
| <b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  | <b>1b</b> |     |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?  | <b>2</b>  |     |
| <b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.<br><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>  |           |     |
| <b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:<br><b>a</b> Receive a severance payment or change-of-control payment?   | <b>4a</b> | No  |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | <b>4b</b> | Yes |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   | <b>4c</b> | No  |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>  |           |     |
| <b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:<br><b>a</b> The organization?  | <b>5a</b> | No  |
| <b>b</b> Any related organization?<br>If "Yes," on line 5a or 5b, describe in Part III.  | <b>5b</b> | No  |
| <b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:<br><b>a</b> The organization?  | <b>6a</b> | No  |
| <b>b</b> Any related organization?<br>If "Yes," on line 6a or 6b, describe in Part III.  | <b>6b</b> | No  |
| <b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.   | <b>7</b>  | No  |
| <b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  | <b>8</b>  | No  |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  | <b>9</b>  |     |

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

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

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

| (A) Name and Title                            |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|   |      | Base (i) compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| 1 A Hugh Greene<br>President                  | (i)  | 0<br>-----   | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 0<br>-----              | 0<br>-----                      | 0<br>-----   |
|   | (ii) | 1,003,753  | 195,000                             | 30,000                              | 42,670   | 11,036                  | 1,282,459                       | 495,478  |
| 2 Stephen Lee<br>Vice President               | (i)  | 219,935<br>-----                                   | 55,925<br>-----                     | 42,423<br>-----                     | 40,197<br>-----                                | 9,585<br>-----          | 368,065<br>-----                | 0<br>-----   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 3 Harvey Granger<br>Assistant Secretary       | (i)  | 0<br>-----   | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 0<br>-----              | 0<br>-----                      | 0<br>-----   |
|   | (ii) | 405,007  | 45,050                              | 4,689,590                           | 180,160  | 18,407                  | 5,338,214                       | 0  |
| 4 John F Wilbanks<br>Executive Vice President | (i)  | 0<br>-----   | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 0<br>-----              | 0<br>-----                      | 0<br>-----   |
|   | (ii) | 549,884  | 73,030                              | 15,000                              | 250,577  | 10,813                  | 899,304                         | 0  |
| 5 Scott Wooten<br>SVP/CFO                     | (i)  | 0<br>-----   | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 0<br>-----              | 0<br>-----                      | 0<br>-----   |
|   | (ii) | 585,153  | 79,860                              | 15,000                              | 194,244  | 9,478                   | 883,735                         | 0  |
| 6 Stephen Bean<br>Pharmacist                  | (i)  | 139,360<br>-----                                   | 0<br>-----                          | 0<br>-----                          | 2,585<br>-----                                 | 17,352<br>-----         | 159,297<br>-----                | 0<br>-----   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
| 7 Kellene Sauls<br>Asst Admin, Nursing        | (i)  | 140,186<br>-----                                   | 9,080<br>-----                      | 0<br>-----                          | 2,602<br>-----                                 | 619<br>-----            | 152,487<br>-----                | 0<br>-----   |
|   | (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<br>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<br>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)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Baptist Medical Center of Nassau Inc

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Part III

Private Business Use

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

**Part III Private Business Use** (Continued)

|   | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|   | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  | X          |           | X          |           |            |           |            |           |
| <b>b</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          |           |            |           |            |           |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .   |            | X         |            | X         |            |           |            |           |
| <b>d</b> 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?   |            |           |            |           |            |           |            |           |
| <b>4</b> 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 %     |           |            |           |            |           |
| <b>5</b> 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 %        |           |            |           |            |           |
| <b>6</b> Total of lines 4 and 5 . . . . .   | 0 01 %     |           | 0 01 %     |           |            |           |            |           |
| <b>7</b> Does the bond issue meet the private security or payment test? . . .   | X          |           | X          |           |            |           |            |           |
| <b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .  |            |           |            |           |            |           |            |           |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .  |            |           |            |           |            |           |            |           |
| <b>9</b> 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**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

|  | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|--|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|  | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| 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)<br>Series 2007 CDE | CUSIP #'s 2007C N/A 2007D 469404UP0 2007E 469404UM7 |



**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

Baptist Medical Center of Nassau Inc

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2016****Open to Public  
Inspection****Employer identification number**

59-3234721

**990 Schedule O, Supplemental Information**

| Return Reference   | Explanation  |
|--|--|
| Form 990,<br>Part VI, Line<br>6 Classes of<br>members or<br>stockholders | The organization has a sole corporate member, Baptist Health System, Inc |

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

| Return<br>Reference   | Explanation   |
|---|---|
| Form 990,<br>Part VI, Line<br>11b Review<br>of form 990<br>by governing<br>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<br>Reference   | Explanation  |
|---|--|
| Form 990,<br>Part VI, Line<br>12c Conflict<br>of interest<br>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**

| <b>Return<br/>Reference</b>   | <b>Explanation</b>   |
|---|--|
| Form 990,<br>Part VI, Line<br>15a Process<br>to establish<br>compensation<br>of top<br>management<br>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 <a href="http://www.guidestar.com">www.guidestar.com</a> . |



**990 Schedule O, Supplemental Information**

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

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.      ► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

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)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---|---|--|----------------------------|---|----------------------------------|---|----|
|   |   |  |                            |   |                                  | Yes   | No |
| (1)SOUTHERN BAPTIST HOSPITAL OF FLORIDA INC<br>800 PRUDENTIAL DR<br><br>JACKSONVILLE, FL 32207<br>59-0747311        | HOSPITAL  | FL   | 501(c)(3)                  | 3   | BAPTIST HEALTH SYSTEM INC        |   | No |
| (2)BAPTIST HEALTH SYSTEM INC<br>841 PRUDENTIAL DR STE 1602<br><br>JACKSONVILLE, FL 32207<br>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<br>1350 13TH AVE S<br><br>JACKSONVILLE BEACH, FL 32250<br>59-2980620   | HOSPITAL  | FL   | 501(c)(3)                  | 3   | BAPTIST HEALTH SYSTEM INC        |   | No |
| (4)BAPTIST HEALTH SYSTEM FOUNDATION INC<br>841 PRUDENTIAL DR 13TH FLOOR<br><br>JACKSONVILLE, FL 32207<br>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<br>1660 Prudential Dr Ste 101<br><br>JACKSONVILLE, FL 32207<br>59-2487133          | Owns/manages real estate properties for healthcare system                   | FL   | 501(c)(3)                  | Type I  | BAPTIST HEALTH SYSTEM INC        |   | No |
| (6)BAPTIST HEALTH AMBULATORY SERVICES INC<br>1660 Prudential Dr Ste 203<br><br>JACKSONVILLE, FL 32207<br>59-3410739 | Medical Research and Education  | FL   | 501(c)(3)                  | Type I  | BAPTIST HEALTH SYSTEM INC        |   | No |
| (7)Coastal Community Health Inc<br>841 Prudential Dr<br>Ste 1450<br>Jacksonville, FL 32207<br>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)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity   | (c)<br>Legal<br>domicile<br>(state<br>or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity            | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-<br>year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|---|---|---|--|------------------------------------|--|---|----|--|---|----|--------------------------------|
|   |   |   |   |  |                                    |  | Yes                                     | No |  | Yes                                       | No |                                |
| <b>(1)</b> PAVILION ASSOCIATES LTD<br>1660 Prudential Drive Ste 101<br>JACKSONVILLE, FL 32207<br>59-2505491 | NON-RESIDENTIAL<br>PROPERTY MGT   | FL  | SOUTHERN<br>BAPTIST<br>HOSPITAL OF<br>FLORIDA INC | Excluded   | 0                                  | 0  |   |    | 0  |   | No | 0 %                            |
| <b>(2)</b> Corporate Health LLC<br>841 Prudential Dr Ste 1802<br>Jacksonville, FL 32207                     | Development/operation of<br>a medically-based<br>wellness program for the<br>northeast Florida<br>community | FL  | Baptist Health<br>Ambulatory<br>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)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity  | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|--|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
|   |  |   |                                     |  |                                 |   |                                | Yes  | No |
| <b>(1)</b> PAVILION HEALTH SERVICES INC<br>3563 PHILIPS HWY BLD F STE 608<br>JACKSONVILLE, FL 32207<br>59-2059710 | PHYSICIAN<br>PRACTICES/RETAIL<br>PHARMACIES  | FL  | BAPTIST HEALTH<br>SYSTEM INC        | C Corporation  | 0                               | 0   | 0 %                            |  | No |
| <b>(2)</b> IT4CIN Inc<br>841 Prudential Dr<br>Ste 1802<br>Jacksonville, FL 32207<br>47-3954500                    | Contracts for health<br>information technology<br>products and services for its<br>members | FL  | na                                  | C Corporation  | 0                               | 0   | 0 %                            |  | No |
|   |  |   |                                     |  |                                 |   |                                |  |    |
|   |  |   |                                     |  |                                 |   |                                |  |    |
|   |  |   |                                     |  |                                 |   |                                |  |    |
|   |  |   |                                     |  |                                 |   |                                |  |    |
|   |  |   |                                     |  |                                 |   |                                |  |    |

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

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

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

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

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

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

[illegible]

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

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

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)<br>Name, address, and EIN of related organization                            | (b)<br>Primary activity   | (c)<br>Legal domicile<br>(state<br>or foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|---|--|-------------------------------|---|-------------------------------------|--|----|
|  |   |  |                               |   |                                     | Yes  | No |
| (1)<br><br>800 PRUDENTIAL DR<br>JACKSONVILLE, FL 32207<br>59-0747311             | HOSPITAL  | FL   | 501(c)(3)                     | 3   | BAPTIST HEALTH<br>SYSTEM INC        |  | No |
| (1)<br><br>841 PRUDENTIAL DR STE 1602<br>JACKSONVILLE, FL 32207<br>59-2487136    | Financial/management<br>assistance for healthcare<br>system                       | FL   | 501(c)(3)                     | Type II   | Coastal Community<br>Health Inc     |  | No |
| (2)<br><br>1350 13TH AVE S<br>JACKSONVILLE BEACH, FL 32250<br>59-2980620         | HOSPITAL  | FL   | 501(c)(3)                     | 3   | BAPTIST HEALTH<br>SYSTEM INC        |  | No |
| (3)<br><br>841 PRUDENTIAL DR 13TH FLOOR<br>JACKSONVILLE, FL 32207<br>59-2487135  | Fundraising activities to<br>support tax-exempts entities of<br>healthcare system | FL   | 501(c)(3)                     | 7   | BAPTIST HEALTH<br>SYSTEM INC        |  | No |
| (4)<br><br>1660 Prudential Dr Ste 101<br>JACKSONVILLE, FL 32207<br>59-2487133    | Owns/manages real estate<br>properties for healthcare<br>system                   | FL   | 501(c)(3)                     | Type I  | BAPTIST HEALTH<br>SYSTEM INC        |  | No |
| (5)<br><br>1660 Prudential Dr Ste 203<br>JACKSONVILLE, FL 32207<br>59-3410739    | Medical Research and<br>Education   | FL   | 501(c)(3)                     | Type I  | BAPTIST HEALTH<br>SYSTEM INC        |  | No |
| (6)<br><br>841 Prudential Dr<br>Ste 1450<br>Jacksonville, FL 32207<br>47-1322041 | Regional affiliation of BHS with<br>2 other 501(c)(3) healthcare<br>systems       | FL   | 501(c)(3)                     | Type I  | na                                  |  | No |