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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

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

C Name of organization
Southern Baptist Hospital of Florida Inc

Doing business as
See Schedule O

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

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

D Employer identification number
59-0747311

E Telephone number
(904) 202-4132

G Gross receipts $ 1,506,500,779

F Name and address of principal officer
Brett S McClung
841 Prudential Dr Ste 1601
Jacksonville, FL 32207

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www baptistjax com

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

L Year of formation 1965

M State of legal domicile FL

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	8,273
6	Total number of volunteers (estimate if necessary)	**6**	514
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	748,623
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,389,193	5,732,878
9	Program service revenue (Part VIII, line 2g)	1,228,506,452	1,393,663,533
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	74,616,325	104,465,352
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,240,904	2,106,257
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,312,752,874	1,505,968,020
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,765,153	1,484,625
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	518,101,127	565,680,096
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	577,751,791	635,674,713
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,098,618,071	1,202,839,434
19	Revenue less expenses Subtract line 18 from line 12	214,134,803	303,128,586

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,869,599,575	3,104,062,293
21	Total liabilities (Part X, line 26)	949,072,185	996,914,545
22	Net assets or fund balances Subtract line 21 from line 20	1,920,527,390	2,107,147,748

Part II Signature Block

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

Sign Here

****** 2020-08-13
Signature of officer Date

Scott Wooten EVP & CFO
Type or print name and title

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,064,278,082 including grants of $ 1,484,625) (Revenue $ 1,393,532,650)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 1,064,278,082

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	523		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	8,273		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) A Hugh Greene President/CEO (Retired 6/30/2019)	0 5 39 5	X		X				0	1,621,851	42,151
(2) Brett S McClung President/CEO (Beginning 7/1/2019)	0 5 39 5	X		X				0	0	0
(3) Michael K Diaz Vice Chairman/Secretary/Treasurer	0 5 0 1	X		X				0	0	0
(4) Pam Chally RNPhD Chairman	0 5 0 2	X		X				0	0	0
(5) Eric Mann Vice Chairman	0 5 0	X		X				0	0	0
(6) M C Harden III Director	0 1 0 5	X						0	0	0
(7) Rev Kyle T Reese Director	0 1 0 1	X						0	0	0
(8) Richard D Glock MD Director	0 1 39 9	X						0	238,956	10,944
(9) Ken Babby Director	0 1 0	X						0	0	0
(10) Rosa Beckett Director	0 1 0	X						0	0	0
(11) Kyle Etzkorn MD Director	0 1 0	X						0	0	0
(12) Barbara G Jaffe Director	0 1 0	X						0	0	0
(13) Asghar A Syed Director	0 1 0	X						0	0	0
(14) G Scott Baity SVP/General Counsel/Asst Secretary/Asst Treasurer	0 5 39 5			X				0	379,344	44,991
(15) John F Wilbanks EVP/COO	0 5 39 5			X				0	1,177,602	57,278
(16) Scott Wooten EVP/CFO	0 5 39 5			X				0	843,932	223,047
(17) Keith L Stein MD SVP/CMO	0 5 39 5			X				0	667,417	122,628

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Michael A Mayo SVP	40.0 0.0			X				807,826	0	23,752
(19) Nicole B Thomas SVP	40.0 0.0			X				458,913	0	93,891
(20) Michael A Aubin SVP	40.0 0.0			X				749,059	0	32,820
(21) Tammy Daniel DNPMARNNEA-BC SVP/CNO	39.5 0.5					X		322,516	0	80,914
(22) Peter J Clagnaz MD Psychiatrist - Inpatient	40.0 0.0					X		388,422	0	22,081
(23) Shariq Refai MD Physician-Psychiatrist	40.0 0.0					X		426,399	0	18,585
(24) Jerry Bridgham MD CMO - WCH	40.0 0.0					X		411,620	0	38,558
(25) Darin Roark VP, Ambulatory Campuses and System Emergency Departments	40.0 0.0					X		337,111	0	66,153
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								3,901,866	4,929,102	877,793

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 ▶ 14

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCKESSON CORPORATION 4345 Southpoint Blvd Jacksonville, FL 32216	Medical Supply Distributor	71,312,252
OWENS & MINOR INC 8489 Westside Industrial Dr Jacksonville, FL 32219	Medical Supply Distributor	36,626,344
DPR CONSTRUCTION A GENERAL 315 E Robinson St Orlando, FL 32801	Construction Projection Management	11,737,015
MEDTRONIC USA INC 6743 Southpoint Dr N Jacksonville, FL 32216	Medical Supply Distributor	10,341,200
AULD & WHITE CONSTRUCTORS INC 4168 Southpoint Pkwy Jacksonville, FL 32216	General Contractor	5,540,780

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 ▶ 602

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a 0				
b Membership dues	1b 0				
c Fundraising events	1c 0				
d Related organizations	1d 5,663,730				
e Government grants (contributions)	1e 9,969				
f All other contributions, gifts, grants, and similar amounts not included above	1f 59,179				
g Noncash contributions included in lines 1a - 1f $ 0					
h **Total.** Add lines 1a-1f		5,732,878			
Program Service Revenue	Business Code				
2a Patient Service Revenues, Net	621990	1,369,016,044	1,369,016,044	0	0
b Hospital Cafeteria	722514	7,442,399	7,442,399	0	0
c EHR Revenue Medicare	621990	87,711	87,711	0	0
d Health & Fitness Center	713940	25,977	25,977		
e Rental Revenue	531120	346,084	346,084	0	0
f All other program service revenue		16,745,318	16,603,310	142,008	0
g **Total.** Add lines 2a–2f		1,393,663,533			
3 Investment income (including dividends, interest, and other similar amounts)		104,161,741			104,161,741
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents	2,205,624				
b Less rental expenses	532,759				
c Rental income or (loss)	1,672,865	0			
d Net rental income or (loss)			1,672,865		184,348	1,488,517
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory		303,611			
b Less cost or other basis and sales expenses		0			
c Gain or (loss)	0	303,611			
d Net gain or (loss)			303,611			303,611
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a Reference lab revenues	621500	422,267		422,267	
b Miscellaneous Revenue	900099	11,125	11,125		
c					
d All other revenue		0	0	0	0
e **Total.** Add lines 11a–11d		433,392			
12 **Total revenue.** See Instructions		1,505,968,020	1,393,532,650	748,623	105,953,869

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,483,375	1,483,375		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,250	1,250		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	2,526,056	1,263,028	1,263,028	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	413,531,860	363,908,037	49,623,823	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	21,831,557	19,211,770	2,619,787	0
9 Other employee benefits	95,644,991	84,167,592	11,477,399	0
10 Payroll taxes	32,145,632	28,288,156	3,857,476	0
11 Fees for services (non-employees)				
a Management	5,219,790	4,102,755	1,117,035	0
b Legal	704,134	352,067	352,067	0
c Accounting	645,094	322,547	322,547	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	82,368,695	64,741,794	17,626,901	0
12 Advertising and promotion	67,711	53,221	14,490	0
13 Office expenses	58,262,641	45,794,434	12,468,207	0
14 Information technology	3,973,393	3,123,087	850,306	0
15 Royalties . .	184,547	145,054	39,493	0
16 Occupancy	25,744,232	20,234,966	5,509,266	0
17 Travel	1,187,011	932,991	254,020	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19 Conferences, conventions, and meetings	824,780	648,277	176,503	0
20 Interest	28,919,241	22,730,523	6,188,718	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization . .	98,020,541	77,044,145	20,976,396	0
23 Insurance . . .	15,663,749	12,311,707	3,352,042	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Hospital/Medical Supplies	290,254,693	290,254,693	0	0
b Patient Transportation	2,808,840	2,808,840	0	0
c Patient Reference Lab	3,728,893	3,728,893	0	0
d AHCA & NICA ASsessments	14,891,829	14,891,829	0	0
e All other expenses	2,204,899	1,733,051	471,848	0
25 **Total functional expenses.** Add lines 1 through 24e	1,202,839,434	1,064,278,082	138,561,352	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	18,195	1	18,565
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	186,024,812	4	232,802,738
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	18,216,247	8	22,076,289
	9	Prepaid expenses and deferred charges	9,421,013	9	10,191,184
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 2,019,296,302			
	b	Less accumulated depreciation — 10b: 1,039,692,024	944,951,106	10c	979,604,278
	11	Investments—publicly traded securities	1,388,379,259	11	1,396,269,069
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets	5,754,175	14	5,754,175
	15	Other assets See Part IV, line 11	316,834,768	15	457,345,995
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,869,599,575	16	3,104,062,293
Liabilities	17	Accounts payable and accrued expenses	226,082,794	17	374,083,484
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	601,152,206	20	439,344,268
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	121,837,185	25	183,486,793
	26	**Total liabilities.** Add lines 17 through 25	949,072,185	26	996,914,545
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,763,596,225	27	1,938,458,684
	28	Temporarily restricted net assets	31,484,804	28	32,717,592
	29	Permanently restricted net assets	125,446,361	29	135,971,472
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33	Total net assets or fund balances	1,920,527,390	33	2,107,147,748
	34	Total liabilities and net assets/fund balances	2,869,599,575	34	3,104,062,293

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,505,968,020
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,202,839,434
3	Revenue less expenses Subtract line 2 from line 1	3	303,128,586
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,920,527,390
5	Net unrealized gains (losses) on investments	5	-53,682,493
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-62,825,735
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,107,147,748

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 59-0747311
Name: Southern Baptist Hospital of Florida Inc

Form 990, Part III, Line 4a:

Southern Baptist Hospital of Florida, Inc (SBHF) is a subsidiary of Baptist Health System, Inc (BHS), a tax-exempt parent holding company located in Jacksonville, Florida SBHF is a tax-exempt organization that operates two acute care hospitals, Baptist Medical Center (BMC/Baptist Jacksonville) and Baptist Medical Center South (BMCS), and three emergency departments Baptist Emergency Center Clay, Baptist Emergency Town Center, and Baptist Emergency Center North The primary program service accomplishments are the operation of the hospitals, and the following are some of the achievements for the organization's hospitals during the year The two hospitals have 691 and 269 licensed beds, respectively BMC is a full-service, magnet-designated tertiary care hospital representing nearly all major specialties This flagship hospital is also home to the Baptist Heart Hospital, offering comprehensive, high-quality cardiovascular care, and Wolfson Children's Hospital (WCH), the only full-service tertiary hospital for children in the region, serving North Florida, South Georgia, and beyond WCH is recognized year after year as one of America's best children's hospitals by U S News & World Report WCH serves as the main teaching facility for the University of Florida College of Medicine's Pediatric Residency Training Program For fiscal year 2019, SBHF had 50,245 admissions accounting for 249,024 patient days, 270,459 emergency room visits, and 91,998 home health visits SBHF's primary focus is addressing unmet health needs, particularly among vulnerable populations who have limited health resources and access to health care SBHF's community health efforts are guided by the community health committee, which is comprised of selected BHS board members from across our health system A cornerstone of SBHF's commitment to the community is caring for the health of vulnerable, uninsured and underserved people among us During fiscal year 2019, SBHF provided the following uncompensated care and community benefit, (1) charity care - $41 million, (2) unreimbursed Medicaid costs - $72 million, (3) unreimbursed Medicare costs - $65 million, and (4) specific community programs - $13 million, for a total of $191 million of uncompensated care and community benefits MD Anderson Cancer Center and Baptist Health have united to create Baptist MD Anderson Cancer Center This partnership brings together MD Anderson's world-renowned cancer expertise and Baptist Health's comprehensive health system to create an unprecedented range of options for adult cancer patients in our region The goal of the partnership is to provide the same high-level, multidisciplinary cancer care to patients in Northeast Florida that is available to MD Anderson patients in Houston This includes all aspects along the continuum of cancer care -- patient care, research, education and prevention The following are some of the awards and honors received by BMC and BMCS (1) recipient from American Heart Association of gold plus quality achievement award for stroke program (Baptist Jacksonville), (2) named one of the 30 most nurse-friendly hospitals in the United States by topnrtobsn com (Baptist Jacksonville), (3) ranked in the top 50 by U S News & World Report in two specialties for 2018-19 America's best children's hospitals for pediatric neurology & neurosurgery and pediatric cancer (Wolfson Children's Hospital), and (4) 2017-21 magnet designation BHS is the first and only health system in North Florida to achieve magnet recognition as a health system by the American nurses credentialing center Currently, only eight percent of the hospitals in the United States enjoy magnet designation, which is considered the gold standard for recognizing quality patient care, nursing excellence and innovations in professional nursing practice, an honor first earned in 2007 Many other awards and honors can be viewed at the organization's website www baptistjax com

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

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

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

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

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

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

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

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

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

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

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

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

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

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

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

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 59-0747311
Name: Southern Baptist Hospital of Florida Inc

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

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	148,666,240	130,883,252	87,206,094	62,217,315	44,527,713
b Contributions . . .	10,502,965	15,629,958	35,812,484	19,367,003	21,046,573
c Net investment earnings, gains, and losses	4,337,729	6,676,974	10,294,301	6,857,816	-1,141,894
d Grants or scholarships . . .	0	0	0	0	0
e Other expenditures for facilities and programs . . .	4,208,227	4,523,944	2,429,627	1,236,040	2,215,077
f Administrative expenses	0	0	0	0	0
g End of year balance	159,298,707	148,666,240	130,883,252	87,206,094	62,217,315

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

- a Board designated or quasi-endowment ▶ 2 88 %
- b Permanent endowment ▶ 85 36 %
- c Temporarily restricted endowment ▶ 11 76 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	28,851,409		28,851,409
b Buildings	0	1,182,518,615	438,356,286	744,162,329
c Leasehold improvements	0	8,234,248	3,868,656	4,365,592
d Equipment	0	736,567,390	591,914,863	144,652,527
e Other	0	63,124,640	5,552,219	57,572,421
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				979,604,278

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

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

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

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

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

(a) Description	(b) Book value
(1) Other assets	24,269,164
(2) Interest in net assets of Baptist Health System Foundation, Inc	167,907,625
(3) Due From Affiliated Organizations	9,403,750
(4) Advances to Affiliated Organizations	255,765,456
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	457,345,995

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
All other liabilities	2,231,862
BOND SWAP MARKET VALUATION	0
WORKER'S COMP SELF-INSURANCE TRUST	2,191,711
Deferred rent	1,504,868
ESTIMATED THIRD-PARTY SETTLEMENTS	12,223,520
LEASE INCENTIVE OBLIGATION	412,474
PENSION & SERP LIABILITY	122,354,171
HOSPITAL SELF-INSURANCE TRUST	42,568,187
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	183,486,793

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 59-0747311
Name: Southern Baptist Hospital of Florida Inc

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

1 (a) Description of Liability	(b) Book Value
All other liabilities	2,231,862
BOND SWAP MARKET VALUATION	0
WORKER'S COMP SELF-INSURANCE TRUST	2,191,711
Deferred rent	1,504,868
ESTIMATED THIRD-PARTY SETTLEMENTS	12,223,520
LEASE INCENTIVE OBLIGATION	412,474
PENSION & SERP LIABILITY	122,354,171
HOSPITAL SELF-INSURANCE TRUST	42,568,187

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	With few exceptions, Southern Baptist Hospital of Florida, Inc is no longer subject to ex aminations by major tax jurisdictions for years ended September 30, 2015 and prior Manage ment does not believe there are any material uncertain positions

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	0	0	41,186,865	0	41,186,865	3 42 %
b Medicaid (from Worksheet 3, column a)	0	0	202,364,518	130,221,884	72,142,634	6 00 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	0		0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	243,551,383	130,221,884	113,329,499	9 42 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	0	0	2,745,684	0	2,745,684	0 23 %
f Health professions education (from Worksheet 5)	0	0	2,990,996	0	2,990,996	0 25 %
g Subsidized health services (from Worksheet 6)	0	0	27,301,974	23,896,563	3,405,411	0 28 %
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	3,697,186	0	3,697,186	0 31 %
j **Total.** Other Benefits	0	0	36,735,840	23,896,563	12,839,277	1 07 %
k **Total.** Add lines 7d and 7j	0	0	280,287,223	154,118,447	126,168,776	10 49 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	0				0	0 %
2 Economic development	1				0	0 %
3 Community support	3				0	0 %
4 Environmental improvements	0				0	0 %
5 Leadership development and training for community members	0				0	0 %
6 Coalition building	26				0	0 %
7 Community health improvement advocacy	25				0	0 %
8 Workforce development	3				0	0 %
9 Other	3				0	0 %
10 Total	61	0	0	0	0	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 51,921,445		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	333,757,080
6	Enter Medicare allowable costs of care relating to payments on line 5	6	398,367,144
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-64,610,064
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 18			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) https //www baptistjax com/about-us/social-responsibility/assessing-community-health-needs			
b ☑ Other website (list url) http //www hpcnef org/jacksonville-nonprofit-hospital-partnership-community-health-needs-assessment/			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☑ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 18			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url) https //www baptistjax com/about-us/social-responsibility/assessing-community-health-needs			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

A

Name of hospital facility or letter of facility reporting group

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? **9**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II, Line 2 Economic Development	Line 2 Economic Development-New employment opportunities were provided to 50 (51 in FY18, 50 in FY17) teenagers 16 - 18 years old after successful completion of an eight-week job readiness training program Teens are provided exposure to the scope of practice for one of their top three areas of career interest at our flagship hospital system The teens come from low-income neighborhoods and attend school with very low graduation rates The summer employment opportunity provides teens exposure to real-life careers which motivates them to prepare appropriately for life after high school

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II, Line 3 Community Support	Line 3 Community Support- 40 Baptist Health employees (34 in FY18, 31 in FY17) volunteered their time to provide one-to-one mentoring for high school students each week The students who participate in the program are from our most vulnerable communities, low income families and attend local schools with low graduation rates In this career guidance mentoring program, mentors introduce students to various careers in healthcare In addition, they serve as supporters and encouragers for teens as they navigate the challenges of adolescence Summer Youth Volunteer Program - Baptist Health offers opportunities for young people ages 16-17 to volunteer during the summer to assist in the selection of a career and as an opportunity to serve others Baptist employees supervise the volunteers giving them direction and support during their service 109 BMCJ, BMCS, and WCH teens (118 in FY18, 130 in FY17) participated in the summer volunteer program in FY19 on the Baptist Medical Center Jacksonville, Baptist Medical Center South, and Wolfson Children's Hospital campuses High School Medical Academy Rotation - Baptist Health partners with Mandarin High School to provide medical academy students hands-on learning of clinical and administrative aspects of health care During the last semester of their senior year, students are required to complete four rotations (16 hours total) at a hospital where they receive hands-on experience before they are allowed to sit for their CMAA (Certified Medical Administrative Assistant) exam 65 students (65 in FY18, 72 in FY17) completed their hospital rotation at Baptist Medical Center South during FY19

Form and Line Reference	Explanation
Schedule H, Part II, Line 6 Coalition Building	Line 6 Jacksonville Nonprofit Hospital Partnership came together to develop a multi-hospi tal system collaborative community health needs assessment The Partnership is a network o f 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 t hat support a healthier lifestyle During FY 2019, the Partnership continued its collabora tion to reduce stigma and crises related to mental illness through a community implementat ion of Mental Health First Aid, a program recognized by the Substance Abuse and Mental Hea lth Services Administration The Partnership also completed its third collaborative Commun ity Health Needs Assessment and identified senior health as a collaborative priority for t he next three years The New Town Success Zone is a group of community stakeholders who wo rk to provide a place-based continuum of services from prenatal to college, the military o r some form of secondary training for the children and their families living in the neighb orhood Leaders from Baptist Health, UF Health Jacksonville, Mayo, St Vincent's and Flori da Blue serve as a coalition to provide programs and resources in the New Town Children's Success Zone in a coordinated effort to address some of the health care disparities such a s asthma, diabetes, nutrition in addition to Florida KidCare enrollment Baptist partnered with the neighborhood elementary and middle school to provide asthma training for childre n with asthma, faculty and parents Baptist along with the rest of the coalition worked wi th families to get children enrolled in Florida KidCare insurance programs The Partnershi p for Child Health develops and implements programs and services to improve the health and wellbeing of all children and youth in Northeast Florida by collaborating with community partners in major child-serving organizations Wolfson Children's Hospital is an active me mber of The Partnership which is focused on providing a medical home for children with com plex medical conditions, mental, behavioral and addiction health disorders, developmental disabilities, access to dental care, family violence and dysfunction, poverty, child traff icking, and other marginalized children and families Duval County Traffic Safety Team con sists of advocates who are committed to solving traffic safety problems through a comprehe nsive, multi-jurisdictional, multidisciplinary approach Members include city, county, sta te, private industry, citizens and Wolfson Children's Hospital The goal is to reduce the number and severity of traffic crashes within their community Duval County School Health Advisory Council's purpose is to offer recommendations and advice to the Duval County Scho ol Board and Duval County Public Schools Administration on issues that relate to the healt h of children and their families in accordance with the Centers for Disease Control Coord inated School Health Model, including, but not limited to matters pertaining to Health Edu cation, Physical Education, Health Services, Nutrition Services, Counseling and Psychologi cal Services, Healthy School Environment, Health Promotion for Staff, Family/Community Inv olvement, the Safe and Drug Free Schools Program and the Wellness Policy Wolfson Children 's Hospital is an active member of the Council Fetal Infant Mortality Review Committee ai ms to reduce infant mortality by gathering and reviewing detailed information to gain a be tter understanding of fetal and infant deaths in Northeast Florida The project examines c ases with the worst outcomes to identify gaps in maternal and infant services and to promo te future improvements Wolfson Children's Hospital and Baptist Health representatives are active members of the Committee Full Service Schools Oversight Committee directs and gui des the operation of Full Service Schools of Jacksonville led by United Way of Northeast F lorida Through Full Service Schools nearly 3,500 students and families are connected to a critical range of therapeutic, health and social services and address non-academic barrie rs to success in school Each Full Service Schools site strives to meet the specific needs of the neighborhood in which it is based by providing a number of free services Wolfson Children's Hospital is an active member of the Full Service Schools Oversight Committee F lorida Asthma Coalition's goal is to reduce the overall burden of asthma, with a focus on minimizing the disproportionate impact of asthma in racial/ethnic and low-income populatio ns, by promoting asthma awareness and disease prevention at the community level and expand ing and improving the quality of asthma education, management, and services through system and policy changes Wolfson Children's Hospital is an active member of the Asthma Coaliti on Healing Hands Community Advisory Council provides support to Healing Hands efforts to provide access to crisis intervention, case coordi

Form and Line Reference	Explanation
Schedule H, Part II, Line 6 Coalition Building	nation, and medical services for at-risk children in Jacksonville and surrounding areas T he organization brings together physicians, psychologists, nurses and other medical profes sionals who diagnose cases of childhood physical and sexual abuse Wolfson Children's Hosp ital is an active member of the Healing Hands Advisory Council Infant Mortality Task Forc e - Duval County - Baptist Health and Wolfson Children's Hospital are an active members of the Duval County Infant Mortality Task Force With the goal of reducing infant mortality, the task force reviews and addresses maternal and infant health issues specific to Duval county Infant Mortality Task Force and Substance Exposed Newborns Group - Clay County - W olfson Children's Hospital is an active member of the Clay County Infant Mortality Task Fo rce With the goal of reducing infant mortality, the task force reviews and addresses mate rnal and infant health issues specific to Clay county Jacksonville Pediatric Injury Coali tion offers children and their parents important safety topics in effort to reduce the num ber and severity of injuries in children Wolfson Children's Hospital is an active member of the Pediatric Injury Coalition Jacksonville System of Care Initiative is a collaborati on of governmental agencies and community-based organizations to develop a system of menta l health care for Jacksonville's children Baptist Health is an active member of the Initi ative Mayor's Hispanic American Advisory Board promotes Jacksonville City services among the growing Hispanic community and advises the Mayor and his staff on specific needs withi n the community The eleven members of the board are appointed by the mayor to effectively recognize the concerns and desires of the Hispanic community in Jacksonville The purpose of the board is to provide a means by which the city may obtain information, guidance and on-going comprehensive studies relating to its citizens of Hispanic descent Wolfson Chil dren's Hospital is an active member of the Advisory Board Northeast Florida Healthy Start Coalition leads a cooperative community effort to reduce infant mortality and improve the health of children, childbearing women and their families in Northeast Florida Wolfson C hildren's Hospital is an active member of the Healthy Start Coalition Safe Kids Northeast Florida, a local coalition of Safe Kids Worldwide and led by THE PLAYERS Center for Child Health at Wolfson Children's Hospital, was founded in 2003 Funding is provided by Wolfso n Children's Hospital, along with grants from Safe Kids Worldwide, and public and private contributors Safe Kids brings together local organizations to promote pediatric injury pr evention, and offer programs to prevent accidental injuries to children ages 19 and under Uninsured Working Group is a consortium of organizations working together to improve acce ss to care through enrollment in health insurance programs or increased provider availabil ity Wolfson Children's Hospital and Baptist Health are active members of the Uninsured Wo rking Group

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II, Line 6 Coalition Building	Line 6 Clay County Community Partnership School - The Community Partnership School model is a community school in which four core community partners - a school district, a university/college, a nonprofit and a health care provider - commit to a long-term partnership (25 years) to establish, develop and sustain the Community Partnership School In this model, the school becomes a hub for the community where services are brought directly to the campus Baptist Health has agreed to be the health care partner for the Community Partnership School at Wilkinson Junior High School in Clay County The other partners are Clay County District Schools, Children's Home Society and St Johns River State College After a needs assessment is conducted and a strategic action plan is developed, Baptist will play the lead role in coordinating resources and other health care organizations to provide needed services onto the campus for students and the community Northeast Florida Healthy Start Community Action Group - The Community Action Group works to implement the Fetal and Infant Mortality Review (FIMR) recommendations to reduce infant mortality in Northeast Florida Wolfson Children's Hospital is an active member Florida Occupant Protection Coalition - The Florida Occupant Protection Coalition (FOPC) was formed to identify and prioritize Florida's most pressing occupant protection issues The Coalition reviews proven strategies and discusses promising new practices The FOPC is developing a strategic plan that will serve as the blueprint for legislation, program, and funding strategies to maximize Florida's ability to reduce unrestrained motor vehicle occupant crashes The FOPC is responsible for overseeing the implementation of the Occupant Protection Strategic Plan Child Protection Team - Child Death Review Committee - Reviews infant deaths to develop a community plan to reduce infant deaths Wolfson Children's Hospital is an active member of the committee Duval County Department of Health Community Health Improvement Plan - Wolfson Children's Hospital and Baptist Health staff participate in the County Department of Health-led effort to improve the health of community members Mayor's Council On Fitness And Well-Being - is dedicated to improving the health and well-being of all residents by the promotion of lifelong physical activity and healthy lifestyles through education, promotion, programs, resources, materials and events The Mayor's Council On Fitness and Well-Being seeks to help people understand the benefits of physical activity and provide opportunities for all citizens to participate in safe and effective exercise WaterSmart Florida Drowning Prevention Task Force - WaterSmart Florida is a state-wide coalition led by the Florida Department of Health and key partners Safe Kids Florida and YMCA Members represent local drowning prevention task forces and many regions and counties in our state, all working together to decrease fatal and non-fatal drowning in Florida's children through awareness, education, and swimming lessons DCPS Behavioral Health Subcommittee - This committee collaborates to enhance the behavioral health of students within the Duval County Public School system Process are enhanced and streamlined to better coordinate available resources St Johns School Health and Wellness Advisory Committee - THE PLAYERS Center for Child Health at Wolfson Children's Hospital has supported the SHWAC by offering our curriculum programs at multiple VPK/Elementary School locations within St John's County Through our work with the St Johns SHWAC, one of our community health educators was able to present to the school district nurses during their training about services provided at THE PLAYERS Center for Child Health

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II, Line 7 Community Health Improvement Advocacy	Line 7 CHNA Priority of Access to Care - Baptist Health partners with Sulzbacher Center, Muslim American Social Services, The Way Free Medical Clinic, We Care Jacksonville, Community Health Outreach, and Volunteers in Medicine to provide access to primary and specialty care Baptist Health partners with the Jacksonville Speech and Hearing, DLC Nurse and Learn, Pine Castle, YMCA and JASMYN to ensure targeted health care needs are met for the vulnerable clients within their organizations Baptist Health provides access to vision services for children and adults through United Way Full Service Schools and Vision Is Priceless Wolfson Children's Hospital, through THE PLAYERS Center for Child Health, is working with community partners to identify and help families complete Florida KidCare applications In addition, outreach educators train and educate the community on the importance of coverage In addition, Baptist Health worked with the Duval County School System, Sulzabcher Center, UF Health Jacksonville and the Department of Health-Duval to open school health centers for children in underserved areas CHNA Priority Mental Health - Baptist Health partners with The Women's Center of Jacksonville to provide access to mental health services In addition, Baptist Health has partnered with UNF Brooks College of Health to initiate a mental health nurse practitioner degree program to increase access to mental health services, and Mental Health America Northeast Florida to advocate for access to mental health services in Northeast Florida Baptist Health partners with the Northeast Florida Health Planning Council to train citizens in Mental Health First Aid Baptist Health partners with Delta Research Foundation to provide support services to keep seniors and youth mentally healthy Baptist Health partners with The Community Foundation for Northeast Florida to address access to care, reduce stigma and increase advocacy CHNA Priority Maternal and Child Health - In addition to supporting access to care for adults without insurance, Baptist Health partnered with the Jacksonville Jaguars Foundation to implement PLAY 60, a nutrition and physical activity program targeted to 6th grade students and partners with faith organizations to implement 8 Weeks to Healthy Living, an exercise and healthy eating education program In addition, Baptist Health partners with the Northeast Florida Healthy Start Coalition to research infant mortality and implement solutions such as home visits by nurses CHNA Priority Health Disparities - In addition to supporting access to care for adults without insurance, Baptist Health partners with The Bridge of Northeast Florida, Year Up and United Way to address economic and educational conditions that foster health disparities CHNA Priority Senior Health - Baptist Health partners with Aging True to address the social needs seniors have that prevent them for remaining healthy Baptist Health is working with Ascension Health, Brooks Rehabilitation, Mayo Florida, UF Health Jacksonville and ElderSource to identify solutions to reduce senior isolation and falls CHNA Priority LGBTQ+ Health - Baptist Health partners with JASMYN and other community partners to implement support groups to connect LGBT+ adults with other community members To increase health education and information, Baptist Health partners with the Health Planning Council of Northeast Florida and the Museum of Science and History

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II, Line 8 Workforce Development	Line 8 Workforce Development opportunities were provided to 50 (51 in FY18, 50 in FY17) teenagers 16 - 18 years old after successful completion of an eight-week job readiness training program Teens are provided exposure to the scope of practice for one of their top three areas of career interest at our flagship hospital system The teens come from low-income neighborhoods and attend school with very low graduation rates The summer employment opportunity provides teens exposure to real-life careers which motivates them to prepare appropriately for life after high school Southern Baptist Hospitals also provided Clinical Education and Training to undergraduate and graduate student interns procuring degrees in nursing, IT, pharmacy, physical therapy and other health care professional provided by Baptist Health clinicians In FY19, Southern Baptist Hospitals provided 3,099 (2,888 in FY18) students with 100,894 (84,134 in FY18) hours of clinical education supervision Baptist Health sponsored two interns in our IT department through a partnership with Year Up

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II, Line 9 Other	Line 9 Mental Health First Aid - Baptist Health provided 8-hour certification training in Mental Health First Aid, Youth and Adult, to 2,517 (191 in FY18) community members The AgeWell Institute provided education on various topics to 2,111 (1,110 in FY18, 505 in FY17) people during FY19 Northeast Florida Medical Society - Baptist Health provided funding for college scholarships distributed by the Northeast Florida Medical Society to Duval County high school students

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	Baptist Health System, Inc and Subsidiaries Notes to Consolidated Financial Statements Footnote 2, Significant Accounting Policies, New Accounting Standards Adopted, Page 13

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	Baptist Medical Center Jacksonville The Service Area Is Defined As The Geographic Boundary of Duval County And Includes All Of The County's Associated Zip Codes The Service Area Has A Total Area Of 918 Square Miles, Of Which 762 Square Miles (Or 83%) Is Land And 156 Square Miles (Or 17%) Is Water, Much Of It The Atlantic Ocean And St Johns River The Population Of People Residing In The Service Area is 884,998 The Racial Makeup Of The Service Area Is 56 05% White, 32 20% Black Or African American, 0 42% Native American, 4 84% Asian, 0 09% Pacific Islander, 2 89% From Other Race, And 3 52% From Two Or More Races 10 22% Of The Population Are Hispanic Or Latino of Any Race The Service Area Population Is Spread Out With 23 08% Under The Age Of 18, 8 14% From 18 To 24, 28 20% From 25 To 44, 25 12% From 45 To 64, And 15 45% Who Are 65 Years Of Age Or Older The Median Age Is 38 Years The Median Income For A Household In The Service Area Is $55,090 12 40% Of Families Are Below The Poverty Line, Including 9 55% Of Families with Kids The Hospital's Patients Include 9 9% Uninsured and 9 7% Are Medicaid Recipients There Are 7 Other Hospitals Serving The Area Community, And There Are 5 Of Federally-Designated Medically Underserved Areas Present In The Service Area Baptist Medical Center South The Area Serviced by Baptist Medical Center South Includes Clay, Duval, and St Johns Counties , And The Total Land Area Is 1967 Square Miles The Population Of People Residing In The Service Area is 279,586 The Racial Makeup Of The Service Area Is 78 41% White, 8 72% Black Or African American, 0 28% Native American, 7 27% Asian, 0 07% Pacific Islander, 1 85% From Other Race, And 3 39% From Two Or More Races 10 62% Of The Population Are Hispanic Or Latino of Any Race The Service Area Population Is Spread Out With 23 13% Under The Age Of 18, 8 31% From 18 To 24, 25 62% From 25 To 44, 27 82% From 45 To 64, And 15 11% Who Are 65 Years Of Age Or Older The Median Age Is 40 Years The Median Income For A Household In The Service Area Is $82,444 4 85% Of Families Are Below The Poverty Line, Including 3 28 % Of Those Families with Kids The Hospital's Patients Include 7% Uninsured and 8 1% Are Medicaid Recipients There Are 11 Of Other Hospitals Serving The Area Community, And There Are 6 Federally Designated Medically Underserved Areas Present In The Service Area Wolfson Children's Hospital The Service Area Includes Baker, Clay, Duval, Nassau And St Johns Counties, And Has A Total Area Of 3202 3 Square Miles The Population Of People Residing In The Service Area is 1,579,191 The Racial Makeup Of The Service Area Is 67 67% White, 21 79% Black Or African American, 0 41% Native American, 4 23% Asian, 0 10% Pacific Islander, 2 44% From Other Race, And 3 38% From Two Or More Races 9 72% Of The Population Are Hispanic Or Latino of Any Race The Service Area Population Is Spread Out With 6 16% From 0 to 4, 6 17% From 5 to 9, 6 20% From 10 To 14, 3 75% From 15 To 17, And 3 71% Who Are 18 to 20 The Median Income For A Household In The Service Area Is $63,208 4 85% Of Families Are Below The Poverty Line, Including 3 28% With Kids The Hospital's Patients Include 3 2% Uninsured and 50 9% Are Medicaid Recipients There Are 12 Of Other Hospitals Serving The Area Community, And There Are 7 Federally-Designated Medically Underserved Areas Present In The Service Area

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Baptist Health System, Inc (BHS) continues to maintain an open medical staff A designated Social Responsibility Community Health Board Committee is established to provide direction to the community health work based on the community need within the five county area served by BHS In FY19, BHS provided over $49 4 Million in charity care to people who where under/un-insured, over $9 7 million in community benefit, and over $4 1 Million in direct cash to the community to support nonprofit organizations that provide health services to the underserved and low income community Some of the nonprofit organizations provide primary care for the uninsured and the underinsured Some provide behavioral health services to families who would not otherwise have access while others provide health services and transportation for the frail elderly

990 Schedule H, Supplemental Information

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 59-0747311
Name: Southern Baptist Hospital of Florida Inc

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

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

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs of the community are identified on our CHNA The methodology to determine the significance of the community health needs and prioritization of the health needs are also described in our CHNA

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - Southern Baptist Hospital of Florida, Inc The Community Health Needs Ass essments were conducted to identify priority health needs within each community served by each hospital, and to inform development of implementation strategies to address the ident ified needs selected by each hospital based on their ability to impact the need Additiona lly, the Partnership focuses collaborative efforts to include the five-county service area of Baker, Clay, Duval, Nassau, and St Johns The CHNAs were conducted to respond to fede ral regulatory requirements and seek to identify significant health needs for particular g eographic areas and populations by focusing on the following questions * Who in the commu nity is most vulnerable in terms of health status or access to care? * What are the unique health status and/or access needs for these populations? * Where do these people live in the community? * Why are these problems present? Primary Data The primary data used in thi s assessment consist of (1) key informant interviews conducted by phone by HCI, (2) focus group discussions facilitated by HCI and the Partnership, and (3) a community survey distr ibuted throughout the service area through online and paper submissions Over 1,319 commun ity members contributed their input on the community's health and health-related needs, ba rriers, and opportunities for Wolfson Children's Hospital's five county service area, with special focus on needs of vulnerable and underserved populations Over 930 community memb ers contributed their input on the community's health and health-related needs for Baptist Medical Center Jacksonville's service area And, more than 1,100 community members contri buted their input on the community's health and health-related needs for Baptist Medical C enter South's service area The Partnership especially solicited input from members of or representatives of vulnerable and underserved populations through key informant interviews and focus group discussions Details Baptist Medical Center Jacksonville - Of the 29 key informant interviews conducted, 21 interviews were with community experts who either serv ed or represented underserved communities (such as low-income individuals and groups exper iencing disparities in health outcomes or health access) In addition, 10 of the focus gro ups included community members and advocates who are members of underserved communities B aptist Medical Center South - Of the 36 key informant interviews conducted, 28 interviews were with community experts who either served or represented underserved communities (such as low-income individuals and groups experiencing disparities in health outcomes or healt h access) In addition, 11 of the focus groups included community members and advocates wh o are members of underserved communities Wolfson Children's Hospital - Of the 44 key info rmant interviews conducted, 34 interviews were with community experts who either served or represented underserved commu

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	nities (such as low-income individuals and groups experiencing disparities in health outco mes or health access) In addition, 14 of the focus groups included community members and advocates who are members of underserved communities Secondary Data Secondary data used f or this assessment were collected and analyzed from HCI's community indicator database Th e database, maintained by researchers and analysts at HCI, includes over 150 community ind icators from 29 state and national data sources such as Florida Department of Health, Flor ida Behavioral Risk Factor Surveillance System, and American Community Survey The indicat ors cover over 20 topics in the areas of health and quality of life Health * Access to H ealth Services * Cancer * Children's Health * Diabetes * Disabilities * Environmental & Oc cupational Health * Exercise, Nutrition & Weight * Family Planning * Heart Disease & Strok e * Immunizations & Infectious Diseases * Maternal, Fetal & Infant Health * Men's Health * Mental Health & Mental Disorders * Older Adults & Aging * Oral Health * Other Chronic Dis eases * Prevention & Safety * Respiratory Diseases * Substance Abuse * Teen & Adolescent H ealth * Women's Health Quality of Life * Economy * Education * Environment * Government & Politics * Public Safety * Social Environment * Transportation Indicator values for Duval County were compared to other Florida counties and other U S counties to identify relati ve need Other considerations in weighing relative areas of need included comparisons to F lorida state values, comparisons to national values, trends over time, and Healthy People 2020 targets (as applicable) Based on these six different comparisons, indicators were sy stematically ranked from high to low need

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - Southern Baptist Hospital of Florida, Inc 12 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, UF Health North and UF Health Jacksonville)

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility A, 1	Facility A, 1 - Southern Baptist Hospital of Florida, Inc public release was held May 31, 2019 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 - https //www jacksonville com/news/20190531/northeast-florida-community-health-assessment-spotlights-lack-of-access-to-care

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - Southern Baptist Hosptial of Florida, Inc (dba Baptist Medical Center Jacksonville) "Baptist Medical Center Jacksonville" Although Baptist Medical Center Jacksonville is able to play a direct role in addressing many health-related priorities, others will require the development of strategic partnerships with community service partners or involve the expertise of Baptist Medical Center Jacksonville staff in the development of new and effective efforts that will be administered by other local community organizations Regardless of the role Baptist Medical Center Jacksonville will play in meeting needs, Baptist remains committed to leading and supporting efforts that increase access to care and engage patients and community members in improving health and community wellbeing All Community Health Plan efforts implemented by Baptist Medical Center Jacksonville must be measurable, achievable and financially feasible This report reflects the goals and strategic objectives identified to address community priorities within Baptist Medical Center Jacksonville's influence and scope of service Behavioral Health Baptist Health has made behavioral health services a priority, providing comprehensive inpatient and outpatient services to both children and adults Mental Health was a priority health need addressed by Baptist Medical Center Jacksonville in the last three-year CHNA cycle, and the focus on this health need continues into this CHNA cycle as behavioral health needs of Jacksonville residents continue to increase Key Issues Identified in the Assessment * Alcohol use continues to negatively affect the region * Stigma related to mental health and substance abuse often prevents those affected from seeking help * Depression and substance abuse issues among seniors is growing * Deaths due to drugs are a concern, in part due to the opioid crisis

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	Facility A, 2 - Southern Baptist Hosptial of Florida, Inc (dba Baptist Medical Center Jacksonville) Behavioral Health Goal Increase access to behavioral health services Strategies * Continue offering Mental Health First Aid, a proven best practice to reduce stigma of mental illness which increases the likelihood that people will access care, * Provide funding to innovative efforts to reduce stigma, advocate for increased services and increase access to care, * Participate in Project Save Lives to provide access to peer support for ED patients with mental health and substance use disorder for the purpose of getting them into treatment, * Implement support groups for LGBT+ populations to address addictions, mental health, advocacy, community resources, etc , * Host a community-wide conference on mental health to reduce stigma and barriers to care, Provide education and prevention programming in the community Metrics/What we are measuring * 3,000 people trained by 2021 * Evaluate participant satisfaction * Evaluate the impact of each initiative according to its focus * Number of people who met with peer specialist * Number of people who enter treatment * Number of people who are readmitted into ED * Number of people participating in support groups * Evaluation of quality and outcomes of support groups * Number of people attending the conference * Satisfaction surveys * Number of people participating in programs Potential Partnering/External Organizations * Jacksonville Nonprofit Hospital Partnership * National Council for Behavioral Health * Baptist Health Faith Partners * Florida's First Coast YMCA * The Partnership for Mental Health A project of Baptist Health and the Delores Barr Weaver Fund at The Community Foundation for Northeast Florida * City of Jacksonville * Gateway Services * JASMYN * University of North Florida * PFLAG * Jacksonville Coalition for Equality * Faith organizations * University of North Florida * Community mental health providers * Florida's First Coast YMCA * Jewish Community Alliance Results * 528 people were trained October 1, 2018 - January 1, 2019 * 1,989 people were trained January 2, 2019 - September 30, 2019 * 98% of participants rated high satisfaction with training quality * 96% of participants rated high satisfaction with training usefulness * 99% of participants would recommend the training to others * The fund was established with $2 2m As of December 2019, 14 grants have been made for a total of approximately $900,000 * The Project Save Lives MOU was signed on September 26, 2019 * $42,250 was provided to Gateway in September 2019 to pay for the peer support specialist * Peer support services began on November 18, 2019 * Between Nov 18 and Dec 31, 2019, 49 patients were seen, of those, 25 patients consented to the program * Baptist Health hosted a 6 week support group on consecutive Wednesdays, April 10 - May 15, 2019, for 1 hour 19 individuals registered and an average of 8 individuals attende

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	d weekly * 44% of evaluation respondents "strongly agreed" and 44% "somewhat agreed" with the statement "My social support system increased since I started participating in the gr oup " 100% of respondents "strongly agreed" with the statement "I would recommend this gro up to other LGBT+ adults " * Baptist Health hosted a 12-week support group on consecutive Wednesdays from October 2 - December 18, 2019 17 individuals registered and an average of 6 individuals attended weekly * 100% of evaluation respondents "strongly agreed" with th e statements "My social support system increased since I started participating in the grou p" and "I would recommend this group to other LGBT+ adults " * A planning committee of com munity representatives and BH team members was formed and met monthly to determine confere nce content and format * Conference is planned for May 2020 * Provided 49 meditation cla sses with 315 visits at Riverside YHLC * Hosted 24 NAMI Peer Connection Recovery Support Groups at Riverside YHLC * Participated in 19 health fairs in which 399 individuals atten ded Attendees were screened mental health risk and behavioral health resource information was provided If identified as at-risk, participants received a follow-up from an RN

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	Facility A, 3 - Southern Baptist Hosptial of Florida, Inc (dba Baptist Medical Center Jacksonville) Maternal, Fetal and Infant Health Each year, approximately 2,000 babies are delivered Baptist Medical Center Jacksonville The health and wellbeing of the mothers, fathers and their babies is important to the hospital This health need is a new focus for Baptist Medical Center Jacksonville due to the significant number of adverse outcomes in Jacksonville identified in the 2018 Community Health Needs Assessment Key Issues Identified in the Assessment * High rates of adverse outcomes in service area, such as pre-term births, babies with low birth weight, infant mortality * A large proportion of mothers do not receive early prenatal care * Adverse birth outcomes are prevalent as a result of substance abuse among pregnant women

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 4	Facility A, 4 - Southern Baptist Hosptial of Florida, Inc (dba Baptist Medical Center Jac ksonville) Maternal, Fetal, and Infant Health Goals Decrease the number of pre-term bir ths, babies with low birth weight and infant mortality and support parents with perinatal mood disorders Strategies * Partner with the Northeast Florida Healthy Start Coalition t o study the cause of every infant death in Northeast Florida in a 12-month period * Partn er with Northeast Florida Health Start Coalition to develop a community plan to reduce the number of infant deaths * Continue partnering with Duval County Public Schools to provid e safe sex education through health curriculum * Provide a continuum of care including ps ychology and psychiatry support on an inpatient and outpatient basis * Provide education on perinatal mood disorder to clinicians * Provide support groups to new mothers experien cing perinatal mood disorder Metrics/What we are measuring * Identify causes for infant deaths in Northeast Florida * Decrease in the number of infant deaths * Number of students participating in classes * Number of participants * Number of people trained * Number of people participating in support groups Potential Partnering/External Organizations * Nort heast Florida Healthy Start Coalition * Florida Blue * UF Health Jacksonville * Jacksonvil le University * The Community Foundation for Northeast Florida * University of North Flori da * Duval County Public Schools * Private OBGYN Practices * Postpartum Support Internatio nal * Florida's First Coast YMCA Results * Actively participate on FIMR meetings * Develo ped WELLcome Home visiting program, which focuses on newborn and maternal education for fa milies who deliver at Baptist Medical Center Jacksonville and reside in Duval County WELL come Home is designed to provide mothers and families with educational resources, such as lactation support, postpartum emotional encouragement, home and car safety, and safe sleep practices * Wolfson Children's Hospital Wolfson team members assisted with condom demons tration for 7 schools educating 1,122 students * Provided Play60 nutrition curriculum to 8 02 students in 6 schools and 4 counties * THE PLAYERS Center for Child Health educators pr ovided nutrition and hygiene education to 4,253 students in 191 classes * Provided funding to the Jaguars Foundation to implement Play 60 physical activity programs in middle schoo ls in 5 counties in Northeast Florida * Outpatient Baptist Behavioral Health received 16 6 maternal mental health referrals, of those referrals 81 patients were served * Inpatien t Baptist Behavioral Health received 86 maternal mental health referrals, of those referr als, 64 patients were served * "BHU - Pregnancy Emotional Health Perinatal Mood and Anxi ety Disorders" (7 clinicians trained 7/23/19) * "BHU - System MNB Intensive Care of the P ostpartum Patient" (10 clinicians trained 4/15/19, 11 clinicians trained 9/9/19) * Moms Ma tter Group - 6 classes at Rive

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 4	rside YHLC, 17 visits

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 5	Facility A, 5 - Southern Baptist Hosptial of Florida, Inc (dba Baptist Medical Center Jacksonville) Vulnerable Population - LGBT+ The Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and Intersex (LGBT+) community has made important advancements in their attainment of civil liberties However, LGBT+ individuals continue to face barriers that prevent them from accessing culturally competent healthcare and achieving the highest possible level of health Due to these barriers, LGBT+ individuals experience multiple health disparities Compared to their heterosexual counterparts, LGBT+ populations have higher rates of HIV and sexually transmitted infections, obesity, certain forms of cancer, suicide, and tobacco, alcohol, and other drug use LGBT+ adults are also more likely to delay or avoid seeking medical care due to decreased access to healthcare and fear of discrimination LGBT+ people experience disparities in health outcomes resulting from a variety of sources differential risks and risk taking between the community and the general population, unequal access to health and societal resources, stigma in the community and healthcare institutions, disparities in insurance coverage, and a history of culturally incompetent care Baptist Health participated in the Jacksonville-Area Community Assessment, which was initiated to learn about the composition, experiences, and needs of Northeast Florida's large and diverse lesbian, gay, bisexual, transgender and intersex (LGBT+) community Between August and November 2017, 671 LGBT+ adults who lived, worked, worshipped or received services in Jacksonville in the prior year completed anonymous, English-language surveys Health needs identified in the survey include * more than one-third (34 2%) of respondents reported a lifetime diagnosis of depression, * almost sixty percent (58 4%) of gender minorities reported a lifetime diagnosis of depression * rates of attempted suicide were higher among gender minority respondents (11 1%) compared to cisgender respondents (2 6%) * rates of attempted suicide were higher among younger respondents (5 6%) compared to older respondents (0 0%) * 16 5% of all LGBTQI respondents reported being a current smoker * Binge drinking in the past 30 days was reported by nearly four out of ten respondents

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 6	Facility A, 6 - Southern Baptist Hosptial of Florida, Inc (dba Baptist Medical Center Jacksonville) Vulnerable Population - LGBT+ Goal Increase access to support services Strategies * Implement support groups for LGBT+ populations to address addictions, mental health, advocacy, community resources, etc * Partner with JASMYN to provide support to parents and family members of LGBT+ people * Partner with AHEC to provide health education specific to LGBT+ populations Metrics/What we are measuring * Number of people participating in support groups * Evaluation of quality and outcomes of support groups Potential Partnering/External Organizations * JASMYN * University of North Florida * PFLAG * Jacksonville Coalition for Equality * Faith Partners * Pride Team Member Community * AHEC Results * Baptist Health hosted a 6 week support group on consecutive Wednesdays, April 10 - May 15, 2019, for one hour 19 individuals registered and an average of 8 individuals attended weekly 44% of evaluation respondents "strongly agreed" and 44% "somewhat agreed" with the statement "My social support system increased since I started participating in the group " 100% of respondents "strongly agreed" with the statement "I would recommend this group to other LGBT+ adults " * Baptist Health hosted a 12 week support group on consecutive Wednesdays from October 2 - December 18, 2019 17 individuals registered and an average of 6 individuals attended weekly 100% of evaluation respondents "strongly agreed" with the statements "My social support system increased since I started participating in the group" and "I would recommend this group to other LGBT+ adults " * Worked with JASMYN to coordinate the Family Acceptance Project Discussion with faith partners will be held in spring 2020 * Baptist Health hosted a 6 week support group on consecutive Wednesdays, April 10 - May 15, 2019, for one hour 19 individuals registered and an average of 8 individuals attended weekly Depression, anxiety and substance misuse were health topics identified and addressed in the two LGBTQ support groups implemented by Baptist Health in 2019

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 7	Facility A, 7 - Southern Baptist Hosptial of Florida, Inc (dba Baptist Medical Center Jacksonville) Vulnerable Population - Seniors Seniors, the fastest-growing population in Northeast Florida, is identified as a population in need of services through the 2016 needs assessment Baptist Health partnered with United Way in 2003 to better serve our senior population resulting in a Robert Wood Johnson grant to provide additional social supports to frail seniors upon discharge from our downtown hospital These early efforts informed the development of AgeWell, which opened as the region's first and only comprehensive geriatric program in 2012 AgeWell provides an enriched level of specialized, geriatric primary care uniquely designed to meet the needs of our community's medically complex, frail seniors The Institute provides comprehensive geriatric assessments and utilizes evidenced-based protocols through an integrated, interdisciplinary care team model The team includes Geriatricians, Gero-Psychiatrist, Psychologist, RN Care Manager, Licensed Social Workers, Clinical Pharmacists, Nutritionist, a rehab team, and Social Service coordinators The team of geriatric specialists extend traditional medical boundaries to address the social and emotional needs of patients and their caregivers, promoting better health and maximizing their functional capacity and ability to live at home in their communities Most of the non-medical services are unreimbursed by Medicare or other insurance carriers and not charged to patients The type of comprehensive geriatric care is typically only available at academic medical centers where unreimbursed costs can be covered/reduced through residents and fellowships and research funding Key Issues Identified in the Assessment * According to the data, the Medicare population has high rates of chronic diseases and injuries, specifically, atrial fibrillation, cancer, hyperlipidemia, rheumatoid arthritis, and stroke * In Nassau County, the Age-Adjusted Death Rate due to Falls is higher than the state average * The percentages of older adults over age 65 with arthritis and cancer are higher than the state averages

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 8	Facility A, 8 - Southern Baptist Hosptial of Florida, Inc (dba Baptist Medical Center Jacksonville) Vulnerable Population - Seniors Goals * Reduce isolation of frail seniors and proactively identify health needs * Provide educational, therapeutic, and exercise opportunities for seniors and caregivers to improve the health of seniors * Provide educational, therapeutic, and exercise opportunities for seniors and caregivers to improve the health of seniors Strategies * Partner with Meals on Wings to provide nutritional meals to seniors on the state waiting list for services * Created proposal to Nonprofit Hospital Partnership to fund a full time employee at ElderSource to oversee a Friendly Visiting Program for area seniors * Implement ENRICH Outreach cognitive enhancement program for seniors experiencing moderate to moderately severe cognitive impairment and their care partners * Partner with health education organizations to offer senior programming to address health needs * Implement Congregational Health Network to provide care and support to seniors through key, trained volunteers within collaborating churches * Address the social needs of patients with chronic conditions that are not being optimally managed by performing skilled and non-skilled services in the home Metrics/What we are measuring * Number of seniors receiving meals * Number of seniors reached through the program * Changes in perceived loneliness through use of the UCLA loneliness scale * Number of seniors and care partners who participate * Evaluation of program satisfaction and health outcomes by seniors and care partners * Number of patients in program, Number of hospital admissions, Admits per patient, Total patient days, Days per admission, Days per patient (total), Total charges, Average charge /admit, Average charge /patient, Number of ED visits, Number of ED admits * Reduction in avoidable hospital admissions, readmissions, and ED visits * Patient satisfaction Potential Partnering/External Organizations * UNF * Morrison's Cafeteria (provide food) * Nonprofit Hospital Partnership * ElderSource * Area church congregations * Certified trainers for volunteers ("Liaisons"), Life Limbs * City of Jacksonville * Aging True Results * Donated food to UNF dietary department for the Meals on Wings program * More than 2,900 meals provided to seniors through the Meals on Wings program since 2018 * Proposal presented to partnership on December 18, 2019, efforts continue in the development of this program * Since 2017, AgeWell has held 10 sessions Three sessions occurred throughout 2019 with a total of 15 couples (30 participants) total Session 1 4 couples (8 participants) Session 2 5 couples (10 participants) Session 3 6 couples (12 participants) Results and Impact * Tabulated results from a post-program survey, in-program observation and testimonials establish that the program successfully achieved the goal to provide needed education and support to our patien

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 8	ts and their care partners * Of the 27 care partners who were involved in the pilot progr am, 25 completed the post-program surveys All completing the survey agreed that the ENRIC H Cognitive Program was highly worthwhile, supportive and informative, enriching, and fun Comments also indicated that it was a safe environment for sharing ideas and receiving em otional support, was an avenue for resources to help better understand and care for loved ones, and was enjoyed by patients who looked forward to attending Care partners were high ly satisfied with content and opportunities for respite and self-care * Benefits to the P atient/Care Partner The intent of the program was to provide added support and understand ing, social interaction, healthy brain activities, memory enhancement activities, and an i mproved self-esteem The program provided patients with a purposeful and intentional amoun t of time with their care partner and they appeared enlivened by the social interaction an d engagement in activities * In addition, care partners felt that AgeWell cared about the m as well Through a creation of a support system, and access to education and resources, care partners are hopefully able to reduce levels of stress, improving their personal heal th, thus allowing them to better care for their loved one Providing them with unique holi stic care, care partners begin to feel supported and relieved Providing them with disease -specific education allows them to gain a better understanding of the disease and its prog ression Knowing what to expect calms fears * Baptist AgeWell offered senior health educa tion on 10 formal topics and an additional option to customize chronic disease education b y specific illness 1 "5 Keys to Healthy Aging" 2 "Understanding the 3 D's" 3 "Fall pre vention" 4 "Bladder Health" 5 "Is this depression?" (Topic can also be altered to reflec t virtually any issue related to mental health Particularly as the condition may impact s eniors) 6 "Coping with grief" 7 "Caring for the Caregiver Mind, Body, and Spirit" 8 "Ac cessing community resources for yourself or your loved one" 9 "Pills, Pills, Pills" 10 " Living a Brain Healthy Lifestyle" 11 (Health condition) education (Specific health condit ion can be requested such as "Diabetes, Heart Disease, High Blood Pressure) * 865 people a ttended 75 health and aging educational programs in the community * 4 area churches signe d agreements to participate * 16 Liaisons began training to serve their church members * N o avoidable hospital admissions, readmissions or ED visits have occurred among the patient population (n=8) since services have started (10/2019) * All patients who completed the s atisfaction survey (n=6) rated the program 100/100 and replied "yes" when asked if they ar e likely to recommend * Although not an anticipated metric, this program has helped trans ition patients off the ElderSource waitlist for home and community services to long-term M edicaid Without these service

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 8	s, these patients would most likely be living in a nursing home or ALF These services all ow the individual to remain at home, this reducing their overall cost of care

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 9	Facility A, 9 - Southern Baptist Hospital of Florida, Inc (dba Baptist Medical Center Jacksonville) Needs Baptist Medical Center Jacksonville Will Not Address No entity can address all of the health needs present in its community Baptist Medical Center Jacksonville 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 plan does not include specific strategies to address the following health priorities that were identified in the 2018 Community Health Needs Assessment, however, each of these health needs will continue to be addressed through partnerships and ongoing initiatives Access - Baptist Medical Center Jacksonville through Baptist Health will continue to support Jacksonville's health care safety net organizations Sulzbacher Center, Volunteers in Medicine, Muslim American Social Services, Community Health Outreach, We Care Jacksonville and Agape Community Health Center These organizations provide access to care for Jacksonville residents who are un- or under-insured Given this long-term investment, the hospital will focus on other significant community health needs Poverty - This need is being addressed by other entities in Duval County, including United Way of Northeast Florida, which is supported by Baptist Health In addition, Baptist Health's Vice President of Community Investment and Impact actively participates in a community effort that includes businesses, city government and funders to end poverty in Jacksonville Baptist Medical Center Jacksonville does not anticipate implementing additional initiatives to address poverty The hospital does not have sufficient resources to effectuate a significant change in this area, and believes resources devoted to its health plan should focus on other significant community health needs Obesity and Physical Activity - Baptist Medical Center Jacksonville through Baptist Health operates 8 Weeks to Healthy Living, a nutrition and physical activity program, in partnership with faith organizations and the YMCA Baptist Health also operates Healthy Living Centers in YMCA locations and Health Connexions in the Jewish Community Alliance, located in the Baptist Medical Center Jacksonville service area Community members, regardless of membership with the YMCA or JCA, receive screenings and health coaching through the centers Baptist Medical Center Jacksonville does not anticipate implementing additional initiatives to address obesity and physical activity Given this long-term investment, the hospital will focus on other significant community health needs Cancer - Baptist MD Anderson Cancer Center is part of the Baptist Medical Center Jacksonville services and campus Baptist MD Anderson participates in outreach and education activities throughout Jacksonville Given this significant investment in cancer care and education in the Baptis

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 9	t Medical Center Jacksonville service area, the hospital will focus on other significant c ommunity health needs

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 10	Facility A, 10 - Southern Baptist Hospital of Florida, Inc (dba Baptist Medical Center South) Although Baptist Medical Center South is able to play a direct role in addressing many health-related priorities, others will require the development of strategic partnerships with community service partners or involve the expertise of Baptist Medical Center South staff in the development of new and effective efforts that will be administered by other local community organizations Regardless of the role Baptist Medical Center South will play in meeting needs, our organization remains committed to leading and supporting efforts that increase access to care and engage our patients in improving health and community wellbeing All Community Health Plan efforts implemented by Baptist Medical Center South must be measurable, achievable and financially feasible This report reflects the goals and strategic objectives identified to address community priorities within Baptist Medical Center South's influence and scope of service Access to Care Baptist Medical Center South has partnered with Muslim American Social Services, The Way Free Clinic and Vision is Priceless to provide access to care for people living in Baptist Medical Center South's service area who do not have insurance Key Issues Identified in the Assessment * There is a lack of adults with a usual source of health care in the service area * There is a deficit of mental health services in the service area, with access being nearly impossible for those who are underinsured or uninsured * There are language barriers and barriers due to transportation issues that affect access

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 11	Facility A, 11 - Southern Baptist Hospital of Florida, Inc (dba Baptist Medical Center So uth) Access to Care Goals Increase access to health services for un- and under-insured people in the BMCS service area and Every Child in Northeast Florida has Health Care Strat egies * Continue partnering with organizations who provide access to care for Duval and C lay residents who do not have health insurance * Support Duval free medical clinics and F ederally Qualified Health Centers in collaborative efforts to increase access to care * C ontinue partnering with organizations to provide referrals for and increase access to smok ing cessation classes and assistive medication * Continue providing screenings and health coaching through Y Healthy Living Centers and JCA Health Connexions * Partner with Child ren's Home Society, Clay Public Schools and Azalea Health to assess the feasibility of off ering health services in the Clay County Community Schools and developing a plan if determ ined to be feasible Metrics/What are we measuring * Number of people served * Evaluate h ealth and wellness of participants * Number of people referred to programs * Number of peo ple participating in classes * Number of people completing classes * Number of people rece iving screening * Number of people receiving coaching * Feasibility of offering health ser vices in Wilkinson Junior High and Keystone Heights Junior/Senior High Potential Partnerin g/External Organizations * MASS * The Way Free Clinic * Volunteers In Medicine * Agape He alth * Community Health Outreach * Mission House * Sulzbacher Center * We Care Jacksonvill e * Volunteers In Medicine * Mission House * Agency Health Education Center * American Lun g Association * Florida's First Coast YMCA * Jewish Community Alliance * Children's Home S ociety Buckner Division * Clay County Public Schools * Azalea Health Results * Community Health Outreach served 797 patients with a total number of 1,029 appointments * Community Health Outreach served 79 patients with diabetes improving 38% and 76% reached normal leve ls * Community Health Outreach served 167 patients with hypertension with 65% reaching nor mal levels * MASS Clinic served 1,681 unduplicated patients with a total of 3,771 encounte rs * Mass improved 20% of adults with diabetes who visited at least twice and stabilized t heir HbA1c levels(<8) * Mass improved 57% of adults with hypertension who visited at least twice and stabilized their blood pressure levels * Mission House served 104 patients * Mi ssion house served 47 patients with diabetes, improving 45% and 79% reached normal levels * Mission House served 140 patients with hypertension, improving 61% and 90% reached norma l levels * Mission House served 82 patients with a previous or new diagnosis of mental ill ness * Sulzbacher served 694 people * Sulzbacher served 208 patients with diabetes, 25% im proved and 20 patients reached normal levels * Sulzbacher served 428 patients with hyperte nsion, 85% improved and 36% re

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 11	ached normal levels * Community Health Outreach served 797 patients with a total number of 1,029 appointments * Community Health Outreach served 79 patients with diabetes improving 38% and 76% reached normal levels * Community Health Outreach served 167 patients with hy pertension with 65% reaching normal levels * MASS Clinic served 1,681 unduplicated patient s with a total of 3,771 encounters * Mass improved 20% of adults with diabetes who visited at least twice and stabilized their HbA1c levels(<8) * Mass improved 57% of adults with h ypertension who visited at least twice and stabilized their blood pressure levels * Missio n House served 104 patients * Mission house served 47 patients with diabetes, improving 45 % and 79% reached normal levels * Mission House served 140 patients with hypertension, imp roving 61% and 90% reached normal levels * Mission House served 82 patients with a previou s or new diagnosis of mental illness * Sulzbacher served 694 people * Sulzbacher served 20 8 patients with diabetes, 25% improved and 20 patients reached normal levels * Sulzbacher served 428 patients with hypertension, 85% improved and 36% reached normal levels * Sulzba cher served 334 patients with mental health illnesses * We Care served 242 patients throug h the Health & Wellness program, * We Care served 83 patients with diabetes, 40% improved to normal level * We Care served 111 patients with hypertension, 70% improved to normal le vel * Volunteers in Medicine served 1,619 patients * Volunteers in Medicine served 33 pati ents with diabetes, 88% reached normal levels * Volunteers in Medicine served 63 patients with hypertension, 63% experienced improved diastolic and systolic measure and 75% reached normal levels * Volunteers in Medicine served 60 behavioral health patients with over 13 3 appointments * The Way served 979 individual patients with 2,985 appointments * The Way served 81 patients with diabetes, improving 43% and 47% reached normal levels * The Way se rved 388 patients with hypertension, improving 84% and 76% reached normal levels * Baptist Health funded a facilitator to help the free clinics and FQHCs develop a model to create a system of care led by We Care Jacksonville * 38 signed referrals for Smoking Cessation P rogram * 15 participants enrolled in a class * Better Breathers class held onsite at BMCS with 14 participants * Mandarin Y Healthy Living Center provided 59 patients with biometri c screenings * Mandarin Y Healthy Living Center provided 118 1 1 health coaching sessions * Mandarin Y Healthy Living Center had 916 total visits/interactions * JCA provided 224 pa tients with biometric screenings * JCA provided 664 1 1 coaching sessions * JCA had a tota l of 1,118 total visits/interactions * Actively participate in the Wilkinson Junior High S chool Community Partnership School Committee * Application assistance event at Wilkinson J unior High School planned for February

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 12	Facility A, 12 - Southern Baptist Hospital of Florida, Inc (dba Baptist Medical Center South) Behavioral Health Baptist Health has made behavioral health services a priority, providing comprehensive inpatient and outpatient services to both children and adults Mental Health was a priority health need addressed by Baptist Medical Center South in the last three-year CHNA cycle, and the focus on this health need continues into this CHNA cycle as behavioral health needs of residents of Duval Clay and St Johns counties continue to increase Key Issues Identified in the Assessment * Many clinics are not equipped to deal with serious mental health illnesses * Great need for psychiatrists for the underinsured/uninsured as services are expensive but mental health issues often affect those without coverage * Smoking and drug use are prevalent in Duval County * Alcohol use and health issues and outcomes related to it affect the entire service area

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 13	Facility A, 13 - Southern Baptist Hospital of Florida, Inc (dba Baptist Medical Center South) Behavioral Health Goals Increase access to behavioral health services Strategies * Continue offering Mental Health First Aid, a proven best practice to reduce stigma of mental illness which increases the likelihood that people will access care * Provide funding to innovative efforts to reduce stigma, advocate for increased services and increase access to care * Host a community-wide conference on mental health to reduce stigma and barriers to care * Provide education and prevention programming in the community Metrics/What we are measuring * 3,000 people trained by 2021 * Evaluate participant satisfaction * Evaluate the impact of each initiative according to its focus * Number of people attending the conference * Satisfaction surveys * Number of people participating in programs Potential Partnering/External Organizations * Jacksonville Nonprofit Hospital Partnership * National Council for Behavioral Health * Baptist Health Faith Partners * Florida's First Coast YMCA * The Partnership For Mental Health, A project of Baptist Health and the Delores Barr Weaver Fund at The Community Foundation for Northeast Florida * Faith organizations * University of North Florida * Community mental health providers * Jewish Community Alliance Results * 528 people were trained October 1, 2018 - January 1, 2019 * 1,989 people were trained January 2, 2019 - September 30, 2019 * 98% of participants rated high satisfaction with training quality * 96% of participants rated high satisfaction with training usefulness * 99% of participants would recommend the training to others * The fund was established with $2 2m As of December 2019, 14 grants have been made for a total of approximately $900,000 * A planning committee of community representatives and BH team members was formed and met monthly to determine conference content and format * Conference is planned for May 2020 * Provided 275 people with mental health education and prevention programming material at the Clay County Government Health & Benefits Fair and the Springs Church Community Outreach event * Provided 37 meditation classes with 190 visits at JCA Wellness Connexion

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 14	Facility A, 14 - Southern Baptist Hospital of Florida, Inc (dba Baptist Medical Center South) Maternal, Fetal, and Infant Health Each year, approximately 2,500 babies are delivered Baptist Medical Center South The health and wellbeing of the mothers, fathers and their babies is important to the hospital This health need is a new focus for Baptist Medical Center South due to the significant number of adverse outcomes in Jacksonville Key Issues Identified in the Assessment * Duval County in particular struggles in this area * Adverse birth outcomes are prevalent as a result of substance abuse and smoking among pregnant women * The environment that many people live in, particularly those who are low-income or underserved, is not conducive to good fetal and infant health

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 15	Facility A, 15 - Southern Baptist Hospital of Florida, Inc (dba Baptist Medical Center So uth) Maternal, Fetal, and Infant Health Goals Decrease the number of pre-term births, b abies with low birth weight and infant mortality and Support parents with perinatal mood d isorders Strategies * Partner with the Northeast Florida Healthy Start Coalition to stud y the cause of every infant death in Northeast Florida in a 12-month period * Partner wit h Northeast Florida Health Start Coalition to develop a community plan to reduce the numbe r of infant deaths * Continue partnering with Duval County Public Schools to provide safe sex education through health curriculum * Provide a continuum of care including psycholo gy and psychiatry support on an inpatient and outpatient basis * Provide education on per inatal mood disorder to clinicians * Provide support groups to new mothers experiencing p erinatal mood disorder Metrics/What we are measuring * Identify causes for infant deaths in Northeast Florida * Decrease in the number of infant deaths * Number of students parti cipating in classes * Number of participants * Number of people trained * Number of people participating in support groups Potential Partnering/External Organizations * Northeast Florida Healthy Start Coalition * Florida Blue * UF Health Jacksonville * Jacksonville Uni versity * The Community Foundation for Northeast Florida * University of North Florida * D uval County Public Schools Results * Actively participate on Fetal Infant Mortality Revie w * Developed WELLcome Home visiting program, which focuses on newborn and maternal educat ion for families who deliver at Baptist Medical Center Jacksonville and reside in Duval Co unty WELLcome Home is designed to provide mothers and families with educational resources , such as lactation support, postpartum emotional encouragement, home and car safety, and safe sleep practices WELLcome Home is being piloted at Baptist Jacksonville for expansion to Baptist South if successful * Wolfson Children's Hospital team members assisted with c ondom demonstration for 7 schools educating 1,122 students * Provided Play60 nutrition cur riculum to 802 students in 6 schools and 4 counties * THE PLAYERS Center for Child Health educators provided nutrition and hygiene education to 4,253 students in 191 classes * Prov ided funding to the Jaguars Foundation to implement Play 60 physical activity programs in middle schools in 5 counties in Northeast Florida * Outpatient Baptist Behavioral Health received 166 maternal mental health referrals, of those referrals 81 patients were served * Inpatient (maternity) Baptist Behavioral Health received 86 maternal mental health refe rrals, of those referrals, 64 patients were served * "BHU - Pregnancy Emotional Health Pe rinatal Mood and Anxiety Disorders" (7 clinicians trained 7/23/19) * "BHU - System MNB Int ensive Care of the Postpartum Patient" (10 clinicians trained 4/15/19 and 11 clinicians t rained 9/9/19) * Moms Matter

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 15	Group - 6 classes at Riverside YHLC, 17 visits * No Moms Matter groups offered at JCA or M andarin YHLC

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 16	Facility A, 16 - Southern Baptist Hospital of Florida, Inc (dba Baptist Medical Center South) Needs Baptist Medical Center South Will Not Address No entity can address all of the health needs present in its community Baptist Medical Center South 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 plan does not include specific strategies to address the following health priorities that were identified in the 2018 Community Health Needs Assessment, however, each of these health needs will continue to be addressed through partnerships and ongoing initiatives Poverty - This need is being addressed by other entities in Clay, Duval and St Johns counties, including United Way of Northeast Florida, which is supported by Baptist Health In addition, Baptist Health's Vice President of Community Investment and Impact actively participates in a community effort that includes businesses, city government and funders to end poverty in Jacksonville Baptist Medical Center South does not anticipate implementing additional initiatives to address poverty The hospital does not have sufficient resources to effectuate a significant change in this area, and believes resources devoted to its health plan should focus on other significant community health needs Obesity and Physical Activity - Baptist Medical Center South through Baptist Health operates 8 Weeks to Healthy Living, a nutrition and physical activity program, in partnership with faith organizations and the YMCA Baptist Health also operates Healthy Living Centers in YMCA locations and Heath Connexions in the Jewish Community Alliance, located in the Baptist Medical Center South service area Community members, regardless of membership with the YMCA or JCA, receive screenings and health coaching through the centers Baptist Medical Center South does not anticipate implementing additional initiatives to address obesity and physical activity Given this long-term investment, the hospital will focus on other significant community health needs Cancer - Baptist MD Anderson Cancer Center is part of the Baptist Medical Center South services Baptist MD Anderson participates in outreach and education activities throughout Northeast Florida Given this significant investment in cancer care and education in the Baptist Medical Center South service area, the hospital will focus on other significant community health needs Vulnerable Populations - Baptist Medical Center South is addressing the vulnerable populations of children and African Americans through strategies to address its prioritized health needs of Access to Care, Behavioral Health and Maternal, Fetal and Infant Health As such, Baptist Medical Center South will not develop additional strategies to address vulnerable populations

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 17	Facility A, 17 - Southern Baptist Hospital of Florida, Inc (dba Wolfson Children's Hospit al) Wolfson Cildren's Hospital Although Wolfson Children's Hospital is able to play a di rect role in addressing many health-related priorities, others will require the developmen t of strategic partnerships with community service partners or involve the expertise of Wo lfson Children's Hospital staff in the development of new and effective efforts that will be administered by other local community organizations Regardless of the role Wolfson Chi ldren's Hospital will play in meeting needs, our organization remains committed to leading and supporting efforts that increase access to care and engage our patients in improving health and community wellbeing All Community Health Plan efforts implemented by Wolfson C hildren's Hospital must be measurable, achievable and financially feasible This report re flects the goals and strategic objectives identified to address community priorities withi n Wolfson Children's Hospital's influence and scope of service Access to Care In 2015, B aptist Health and Wolfson Children's Hospital established a goal to transform the health o f children in our community By improving access and increasing utilization of primary car e services, we can improve health outcomes and reduce preventable ED visits and hospitaliz ations Wolfson Children's Hospital aims to partner with community organizations in order to ensure that every child in Northeast Florida has healthcare Research indicates that sc hool-based health centers are an effective mechanism for providing health care to children and youth due to convenient access In a December 2013 survey of Duval County Public Scho ols (DCPS) administrators, 86% of respondents had some need or a great need for health ser vices in their school Services identified as needed included vision, dental and overall h ealth services In consultation with DCPS, Ribault High School and Ribault Middle School w ere identified as the first sites to initiate health centers based on need, proximity to e ach other, and the existing presence of mental health services in the schools Health serv ices in Ribault High School and Ribault Middle School began in January of 2018 A communit y health center was also opened to increase access to all children under age 21 in the com munity The health centers are operated by Sulzbacher Center, a Federally Qualified Health Center, with a pediatrician from UF Health Jacksonville Full Service Schools will contin ue to provide mental health services and Wolfson will work in partnership with Full Servic e Schools and others to initiate additional programs and services aimed to impact the soci al determinants of health Funding for these services is provided by Baptist Health, grant s, donors and Medicaid revenue Key Issues Identified in the Assessment * For families ac ross Wolfson Children's Hospital service area, access due to transportation and waiting ti mes can be a major barrier to

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 17	family health * Child food insecurity is high within Wolfson Children's Hospital service area

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 18	Facility A, 18 - Southern Baptist Hospital of Florida, Inc (dba Wolfson Children's Hospital) Access to Care Goal Every Child in Northeast Florida has Health Care Strategies * Continue operating health centers in schools in the Ribault and Raines feeder pattern in Duval County * Provide enrollment assistance to children eligible for Florida KidCare * Provide asthma education to children diagnosed with the chronic disease * Partner with Children's Home Society, Clay Public Schools and Azalea Health to assess the feasibility of offering health services in the Clay County Community Schools and developing a plan if determined to be feasible Metrics/What we are measuring * Number of visits * Student health as measured through surveys * Number of children enrolled in Florida KidCare * Pre and post-test for knowledge gains * Number of children/adults educated * Feasibility of offering health services in Wilkinson Junior High and Keystone Heights Junior/Senior High Potential Partnering/External Organizations * Sulzbacher Center * Department of Health - Duval * Duval County Public Schools * UF Health Jacksonville * Full Service Schools * Duval County Public Schools * St Vincent's Mobile Health outreach * Lutheran Services Florida Head Start * Clay County Public Schools * St Johns County Head Start * Children's Home Society Buckner Division * Azalea Health Results * Opened Wolfson Children's School Health Centers on the Ribault High and Ribault Middle School campuses 583 appointments provided between October 1st, 2018 and September 2019 * R A W (Ribault Access & Wellness) the student advisory committee for the Wolfson Children's School Based Health at Ribault High School was established during this time Its mission is to promote the health center, healthy living and well-being * Ribault Middle Health & Wellness Club (Healthtastic) is a middle school group that was established during this time to promote healthy living This club was established to give students an opportunity to improve their overall health & wellness * Provided application assistance to 852 individuals from October 1st, 2018 to September 30th, 2019 * Baptist Health has a MOU with DCPS for school based health clinics, and is seeing students at Ribault Middle and Ribault High * Participated in 67 health fairs and provided education to 6,631 individuals * Hosted the Spurlock family in Washington DC for Speak Now for Kids Day, focused on improving access to medically complex children * CAP-W provided education to 1,122 children and 780 adults CAP-W care coordinated 64 newly identified high risk patients * Worked with JSMP to provide 62 student athletes with free back to school physicals * Actively participate in the Wilkinson Junior High School Community Partnership School Committee * Application assistance event at Wilkinson Junior High School planned for February

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 19	Facility A, 19 - Southern Baptist Hospital of Florida, Inc (dba Wolfson Children's Hospital) Behavioral Health Baptist Health has made behavioral health services a priority providing comprehensive inpatient and outpatient services Mental Health was a priority health need addressed by Wolfson Children's Hospital in the last three-year CHNA cycle, and the focus on this health need continues into this CHNA cycle as behavioral health needs of children and youth in the Wolfson Children's Hospital service area continue to increase Key Issues Identified in the Assessment * Access to mental health providers for children and families in the region served by Wolfson Children's Hospital is a barrier * The opioid epidemic impacts the health of children in both the social environment and family life as well as their ability to access health care Duval Middle School - Suicide Youth Risk Behavior Survey * Ever seriously thought about killing themselves 25 9% * Ever made a plan about how they would kill themselves 21 7% * Ever tried to kill themselves 16 8% Duval High School - Suicide Youth Risk Behavior Survey * Seriously considered attempting suicide 20 8% * Made a serious plan to attempt suicide 18 5% * Attempted Suicide 18 8% * Felt hopeless or sad almost every day for two weeks in a row 35 1%

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 20	Facility A, 20 - Southern Baptist Hospital of Florida, Inc (dba Wolfson Children's Hospit al) Behavioral Health Goal Increase access to behavioral health services Strategies * Continue offering Mental Health First Aid, a proven best practice to reduce stigma of men tal illness which increases the likelihood that people will access care * Continue offeri ng Youth Mental Health First Aid, a proven best practice to reduce stigma of mental illnes s which increases the likelihood that people will access care * Support implementation of Calm Classroom in Northeast Florida * Provide funding to innovative efforts to reduce st igma, advocate for increased services and increase access to care * Provide screenings of The Ripple Effect to reduce stigma, the screenings will include a local resource guide M etrics/What we are measuring * 3,000 people trained by 2021 * Evaluate participant satisf action * Number of people trained * Number of schools and organization participating in Ca lm Classroom * Evaluation of implementation and results * Evaluate the impact of each init iative according to its focus * Number of participants at screenings Potential Partnering/ External Organizations * Jacksonville Nonprofit Hospital Partnership * National Council f or Behavioral Health * Baptist Health Faith Partners * Florida's First Coast YMCA * Duval County Public Schools * UNF nursing students * Jacksonville Sports Medicine Program - Athl etic Directors * Calm Classroom * BASCA * Early Learning Coalition of Duval * University o f North Florida * North Florida School for Special Education * The Partnership for Mental Health A project of Baptist Health and the Delores Barr Weaver Fund at The Community Foun dation for Northeast Florida Results * 528 people were trained October 1, 2018 - January 1, 2019 * 1,989 people were trained January 2, 2019 - September 30, 2019 * 98% of particip ants rated high satisfaction with training quality * 96% of participants rated high satisf action with training usefulness * 99% of participants would recommend the training to othe rs * Wolfson Children's Hospital offered 8 Youth Mental Health First Aid classes The clas ses educated 85 community participants * Calm Classroom was implemented in 33 schools in D uval County * 91% of teaches rated the Calm Classroom program as successful * 80% of teach ers said their students were calmer and more peaceful after participating in Calm Classroo m was implemented in 33 schools in Duval County * 91% of teaches rated the Calm Classroom program as successful * 80% of teachers said their students were calmer and more peaceful after participating in Calm Classroom * 60% of teachers reported leading the Calm Classroo m program 2 or more times per school day * 73% of teachers reported students are more focu sed and learning ready due to Calm Classroom techniques * 61% of teachers have reported se eing improvement in their classroom culture and climate * The fund was established with $2 2m As of December 2019, 14 g

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 20	rants have been made for a total of approximately $900,000 * Wolfson Children's Hospital c onducted two screenings of The Ripple Effect The main purpose of the screenings was to en hance suicide prevention efforts in the communities where it was shown

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 21	Facility A, 21 - Southern Baptist Hospital of Florida, Inc (dba Wolfson Chilren's Hospital) Maternal, Fetal and Infant Health Each year, approximately 17,500 babies are born in Northeast Florida The health and wellbeing of the mothers, fathers and their babies is important to Baptist Health and Wolfson Children's Hospital This health need continues to be a focus for Wolfson Children's Hospital due to the significant number of adverse outcomes in the hospital's service area Key Issues Identified in the Assessment * High rates of adverse outcomes in service area, such as preterm births, babies with low birth weight, infant mortality * Large proportion of mothers do not receive early prenatal care * Adverse birth outcomes are prevalent as a result of substance abuse among pregnant women * Based on secondary data indicators, Baker and Duval counties have the poorest health outcomes and health behaviors related to Maternal, Fetal and Infant health compared to the area served by Wolfson Children's Hospital

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Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 22	Facility A, 22 - Southern Baptist Hospital of Florida, Inc (dba Wolfson Children's Hospital) Maternal, Fetal, and Infant Health Goal Decrease the number of preterm births, babies with low birth weight and infant mortality Strategies * Partner with the Northeast Florida Healthy Start Coalition to study the cause of every infant death in Northeast Florida in a 12-month period * Partner with Northeast Florida Healthy Start Coalition to develop a community plan to reduce the number of infant deaths * Offer Ready, Set, Sleep class focused on increasing awareness of safe sleep practices and CPR to expectants mothers * Continue partnering with Duval County Public Schools to provide safe sex education through health curriculum Metrics/What we are measuring * Causes for infant deaths in Northeast Florida * Decrease in number of infant deaths * Measure pre and post-test knowledge gains * Number of participants to class * Number of students participating in classes Potential Partnering/External Organizations * Northeast Florida Healthy Start Coalition * Florida Blue * UF Health Jacksonville * Jacksonville University * The Community Foundation for Northeast Florida * Florida Department of Health * Duval Healthy Start * UF Health Healthy Start * University of North Florida * Duval County Public Schools Results * Actively participate in Fetal Infant Mortality Review meetings * Developed WELLcome Home visiting program, which focuses on newborn and maternal education for families who deliver at Baptist Medical Center Jacksonville and reside in Duval County WELLcome Home is designed to provide mothers and families with educational resources, such as lactation support, postpartum emotional encouragement, home and car safety, and safe sleep practices * THE PLAYERS Center for Child Health educators provided safe sleep education to 956 people at 21 community events * Safe Sleep messaging had a program reach of 220,026 media impressions * 136 sleep sacks and 116 pack and plays were distributed * 486 people participated in parenting classes offered in Healthy Living Centers in YMCAs throughout Duval County * Wolfson Children's Hospital Wolfson team members assisted with condom demonstration for 7 schools educating 1,122 students * Provided Play60 nutrition curriculum to 802 students in 6 schools and 4 counties * THE PLAYERS Center for Child Health educators provided nutrition and hygiene education to 4,253 students in 191 classes * Provided funding to the Jaguars Foundation to implement Play 60 physical activity programs in middle schools in 5 counties in Northeast Florida

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 23	Facility A, 23 - Southern Baptist Hospital of Florida, Inc (dba Wolfson Chilren's Hospital) Needs Wolfson Children's Hospital Will Not Address No entity can address all of the health needs present in its community Wolfson Children's Hospital 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 plan does not include specific strategies to address the following health priorities that were identified in the 2018 Community Health Needs Assessment, however, each of these health needs will continue to be addressed through partnerships and ongoing initiatives Poverty - This need is being addressed by other entities in Northeast Florida, including United Way of Northeast Florida, which is supported by Baptist Health In addition, Baptist Health's Vice President of Community Investment and Impact actively participates in a community effort that includes businesses, city government and funders to end poverty in Jacksonville Wolfson Children's Hospital does not anticipate implementing additional initiatives to address poverty The hospital does not have sufficient resources to effectuate a significant change in this area, and believes resources devoted to its health plan should focus on other significant community health needs Obesity and Physical Activity -Wolfson Children's Hospital through THE PLAYERS Center for Child Health provides developmentally and age appropriate nutrition education to children in classroom and community based settings In addition, Wolfson Children's Hospital provides support for the local Play 60 program, the NFL initiative that encourages 6th grade students to get 60 minutes of physical activity a day Wolfson Children's Hospital does not anticipate implementing additional initiatives to address obesity and physical activity Given this long-term investment, the hospital will focus on other significant community health needs Cancer - Wolfson Children's Hospital partners with Nemours Children's Specialty Care to provide top-rated cancer care to children in Wolfson Children's Hospital's service area Given this significant partnership and limited resources, Wolfson Children's Hospital has determined it is best to use its resources to address the prioritized health needs of Access to Care, Behavioral Health and Maternal, Fetal and Infant Health Vulnerable Populations - Wolfson Children's Hospital is addressing the vulnerable populations of children and African Americans through strategies to address its prioritized health needs of Access to Care, Behavioral Health and Maternal, Fetal and Infant Health As such, Wolfson Children's Hospital will not develop additional strategies to address vulnerable populations

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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20 Facility A, 1	Facility A, 1 - Facility A 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 advocates and contains all financial assistance information ALL APPLICANTS FOR FINANCIAL ASSISTANCE ARE MAINTAINED WHETHER OR NOT THE PATIENT QUALIFIES All attempts to contact the patient are exhausted before sending to collections All patients are sent through a system that analyses the financial position of the individual All patients who are scored a certain number in accordance with our policy and who have not already applied for financial assistance are automatically deemed eligible for financial assistance

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 59-0747311
Name: Southern Baptist Hospital of Florida Inc

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ART WITH A HEART IN HEALTHCARE 841 Prudential Dr Jacksonville, FL 32207	26-1313805	501(c)3	125,000				TO PROVIDE PERSONALIZED FINE ART EXPERIENCES THAT ENHANCE THE HEALING PROCESS FOR PATIENTS AND THEIR FAMILIES
RONALD MCDONALD HOUSE 824 Childrens Way Jacksonville, FL 32207	59-2625008	501(c)3	50,000				To support THE HEALTH AND WELL-BEING OF CHILDREN BY PROVIDING LODGING, MEALS, TRANSPORTATION AND A COMMUNITY OF CARE TO CRITICALLY ILL CHILDREN AND THEIR FAMILIES WHO NEED TO BE NEAR A HOSPITAL FOR TREATMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Jacksonville Sports Medicine Program Inc 3563 Philips Hwy Jacksonville, FL 32207	59-2997510	501(c)3	60,000				To support the youth safety program dedicated to youth sports injury prevention

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	IN ACCORDANCE WITH THE EXECUTIVE COMPENSATION POLICY OF BAPTIST HEALTH SYSTEM, INC (BHS), THE ORGANIZATION'S SOLE MEMBER, THE LEADERSHIP & COMPENSATION COMMITTEE (THE COMMITTEE) OF BHS (MADE UP OF INDEPENDENT DIRECTORS OF BHS) ANNUALLY ENGAGES A THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT WHO PROVIDES COMPARABLES FOR EXECUTIVE COMPENSATION BASED ON CURRENT DATA REGARDING COMPENSATION PAID TO SIMILAR EXECUTIVES AT SIMILARLY-SITUATED TAX EXEMPT HEALTH SYSTEMS IN THE U S SUCH CONSULTANT USES THESE COMPARABLE HEALTH SYSTEMS , WHICH ARE GENERALLY THE SAME SIZE AS BHS (CONSIDERING REVENUE AND OTHER APPROPRIATE INDICATORS), TO ESTABLISH AN APPROPRIATE MARKET WHEN THE COMMITTEE MEETS WITH SUCH CONSULTANT, THE CONSULTANT PROVIDES TO COMMITTEE MEMBERS EXECUTIVE COMPENSATION TARGET LEVELS THAT ARE COMPETITIVE WITH THE MARKET GENERALLY, THE MEDIAN OF THE MARKET IS TARGETED THE ACTUAL AMOUNT THAT BHS EXECUTIVES RECEIVE AS COMPENSATION MAY BE HIGHER OR LOWER THAN THE MEDIAN, DEPENDING ON BHS'S AND THE INDIVIDUAL'S PERFORMANCE ONE OBJECTIVE OF THE COMMITTEE IS TO HAVE A STRONG LINK BETWEEN BHS AND INDIVIDUAL PERFORMANCE AND EXECUTIVE COMPENSATION SUCH THAT IF BHS AND THE INDIVIDUAL PERFORM AT AN OPTIMAL LEVEL, HIS OR HER COMPENSATION IS IN THE HIGHER RANGE OF THE MARKET CONVERSELY, IF EITHER BHS OR INDIVIDUAL PERFORMANCE IS BELOW EXPECTATION, COMPENSATION MAY BE IN THE LOWER RANGE OF THE MARKET OTHER FACTORS THAT INFLUENCE EXECUTIVE COMPENSATION RELATIVE TO THE MARKET INCLUDE THE EXECUTIVE'S EXPERIENCE AND BHS'S NEED TO ATTRACT AND RETAIN TOP EXECUTIVE TALENT MINUTES OF THIS ANNUAL COMPENSATION REVIEW BY THE COMMITTEE ARE RECORDED BY SUCH CONSULTANT AND ARE APPROVED PROMPTLY BY THE CHAIR OF THE COMMITTEE

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Baptist Health System, Inc (BHS) parent affiliate of Southern Baptist Hospital of Florida, Inc , has three supplemental nonqualified retirement plans (SERPs) One is for certain executives, another is for certain vice presidents, and the third is for senior management During tax year 2018, the vice president defined benefit SERP was phased out and the remaining individuals were transitioned into the senior management defined contribution SERP 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 2018 Scott Wooten $203,850, Keith Stein $57,722, Nicole Thomas $69,213, Tammy Daniel $46,243, Jerry Bridgeham $12,395, and Darin Roark $37,791 These accrued benefits are unvested and subject to forfeiture unless the named employee remains employed with Southern Baptist Hospital of Florida, Inc until the covered employee reaches retirement age This amount is included on Schedule J, part II, column (c)

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 59-0747311
Name: Southern Baptist Hospital of Florida Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
A Hugh Greene	(I)	0	0	0	0	0	0	0
President/CEO (Retired 6/30/2019)	(II)	1,100,541	491,310	30,000	30,571	11,580	1,664,002	0
Richard D Glock MD	(I)	0	0	0	0	0	0	0
Director	(II)	151,980	0	86,976	1,729	9,215	249,900	0
G Scott Baity	(I)	0	0	0	0	0	0	0
SVP/General Counsel/Asst Secretary/Asst Treasurer	(II)	308,464	70,880	0	34,214	10,777	424,335	0
John F Wilbanks	(I)	0	0	0	0	0	0	0
EVP/COO	(II)	611,647	550,955	15,000	45,560	11,718	1,234,880	0
Scott Wooten	(I)	0	0	0	0	0	0	0
EVP/CFO	(II)	623,312	205,620	15,000	216,913	6,134	1,066,979	0
Keith L Stein MD	(I)	0	0	0	0	0	0	0
SVP/CMO	(II)	523,117	132,300	12,000	103,978	18,650	790,045	0
Michael A Mayo	(I)	475,200	322,626	10,000	4,813	18,939	831,578	0
SVP	(II)	0	0	0	0	0	0	0
Nicole B Thomas	(I)	368,913	80,000	10,000	82,276	11,615	552,804	0
SVP	(II)	0	0	0	0	0	0	0
Michael A Aubin	(I)	461,776	277,283	10,000	13,063	19,757	781,879	0
SVP	(II)	0	0	0	0	0	0	0
Tammy Daniel DNPMARNNEA-BC	(I)	272,146	50,370	0	62,056	18,858	403,430	0
SVP/CNO	(II)	0	0	0	0	0	0	0
Peter J Clagnaz MD	(I)	216,047	0	172,375	11,000	11,081	410,503	0
Psychiatrist - Inpatient	(II)	0	0	0	0	0	0	0
Shariq Refai MD	(I)	403,399	0	23,000	13,063	5,522	444,984	0
Physician-Psychiatrist	(II)	0	0	0	0	0	0	0
Jerry Bridgham MD	(I)	326,870	68,750	16,000	28,208	10,350	450,178	0
CMO - WCH	(II)	0	0	0	0	0	0	0
Darin Roark	(I)	282,111	55,000	0	50,854	15,299	403,264	0
VP, Ambulatory Campuses and System Emergency Departments	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Bond Issues

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

Part II Proceeds

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part I, Column (c) Series 2007 CDE	CUSIP #'s 2007C 000000000 2007D 469404UPO 2007E 469404UM7

Return Reference	Explanation
Schedule K, Part I, Column (c) Series 2019 BCDE	CUSIP #'s 2019B 469400DX0 2019C 469400DY8 2019D 469400DZ5 2019E 469400EA9

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	18,400,000	45,339,370	4,930,000	4,930,000
2	Amount of bonds legally defeased	0	0	19,470,000	19,470,000
3	Total proceeds of issue	27,750,000	92,969,370	24,400,000	24,400,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	0	0	0
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2007	2007	2010	2010

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,930,000	5,900,000	4,600,000	15,000,000
2	Amount of bonds legally defeased	19,470,000	19,100,000	15,400,000	0
3	Total proceeds of issue	24,400,000	25,000,000	20,000,000	15,000,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	25,000,000	20,000,000	15,000,000
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2010	2012	2012	2012
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a current refunding issue?	X /	/ X	/ X	/ X
15	Were the bonds issued as part of an advance refunding issue?	/ X	X /	/ X	/ X
16	Has the final allocation of proceeds been made?	X /	X /	X /	X /
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X /	X /	X /	X /

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

2018

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	JACKSONVILLE HEALTH FACILITIES AUTHORITY SERIES 2012D	59-2263061	000000000	03-28-2011	40,000,000	Hospital Capital Improvements		X		X		X
B	Jacksonville Health Facilities Authority Series 2001	59-2263061	469404tr8	12-01-2011	19,689,872	Hospital Revenue Bonds to refund a prior issue 09/06/2001		X		X		X
C	City of Jacksonville Florida Series 2017	59-6000344	469400CM5	08-15-2017	65,000,752	Revenue Refunding bonds to refund prior issue 02/22/2007		X		X		X
D	City of Jacksonville Florida Series 2019A	59-6000344	469400DW2	04-25-2019	70,005,185	Revenue Refunding Bonds to refund a prior issue 06/18/2003		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	12,000,000	15,169,459	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	40,000,000	19,689,872	65,000,752	70,005,185
4	Gross proceeds in reserve funds	0	0	752	5,185
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	40,000,000	0	0	0
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2012	2001	2007	2003

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

2018

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	City of Jacksonville Florida Series 2019BCDE	59-6000344	STATEMENT	04-25-2019	197,910,000	Revenue Refunding Bonds to refund prior issue 12/01/2011 & 03/28/2011		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,375,000			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	197,910,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2012			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HARDEN & ASSOCIATES INC	DIRECTOR of filing organization	1,099,840	EMPLOYEE BENEFITS INSURANCE COMMISSIONS		No
(2) HARDEN & ASSOCIATES INC	DIRECTOR of filing organization	299,916	INSURANCE CONSULTING FEES		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	IN ACCORDANCE WITH THE EXECUTIVE COMPENSATION POLICY OF BAPTIST HEALTH SYSTEM, INC (BHS), THE ORGANIZATION'S SOLE MEMBER, THE LEADERSHIP & COMPENSATION COMMITTEE (THE COMMITTEE) O F BHS (MADE UP OF INDEPENDENT DIRECTORS OF BHS) ANNUALLY ENGAGES A THIRD PARTY EXECUTIVE C OMPENSATION CONSULTANT WHO PROVIDES COMPARABLES FOR EXECUTIVE COMPENSATION BASED ON CURREN T DATA REGARDING COMPENSATION PAID TO SIMILAR EXECUTIVES AT SIMILARLY-SITUATED TAX EXEMPT HEALTH SYSTEMS IN THE U S SUCH CONSULTANT USES THESE COMPARABLE HEALTH SYSTEMS , WHICH AR E GENERALLY THE SAME SIZE AS BHS (CONSIDERING REVENUE AND OTHER APPROPRIATE INDICATORS), T O ESTABLISH AN APPROPRIATE MARKET WHEN THE COMMITTEE MEETS WITH SUCH CONSULTANT, THE CONS ULTANT PROVIDES TO COMMITTEE MEMBERS EXECUTIVE COMPENSATION TARGET LEVELS THAT ARE COMPETI TIVE WITH THE MARKET GENERALLY, THE MEDIAN OF THE MARKET IS TARGETED THE ACTUAL AMOUNT T HAT BHS EXECUTIVES RECEIVE AS COMPENSATION MAY BE HIGHER OR LOWER THAN THE MEDIAN, DEPENDI NG ON BHS'S AND THE INDIVIDUAL'S PERFORMANCE ONE OBJECTIVE OF THE COMMITTEE IS TO HAVE A STRONG LINK BETWEEN BHS AND INDIVIDUAL PERFORMANCE AND EXECUTIVE COMPENSATION SUCH THAT IF BHS AND THE INDIVIDUAL PERFORM AT AN OPTIMAL LEVEL, HIS OR HER COMPENSATION IS IN THE HIG HER RANGE OF THE MARKET CONVERSELY, IF EITHER BHS OR INDIVIDUAL PERFORMANCE IS BELOW EXPE CTATION, COMPENSATION MAY BE IN THE LOWER RANGE OF THE MARKET OTHER FACTORS THAT INFLUENC E EXECUTIVE COMPENSATION RELATIVE TO THE MARKET INCLUDE THE EXECUTIVE'S EXPERIENCE AND BHS 'S NEED TO ATTRACT AND RETAIN TOP EXECUTIVE TALENT MINUTES OF THIS ANNUAL COMPENSATION RE VIEW BY THE COMMITTEE ARE RECORDED BY SUCH CONSULTANT AND ARE APPROVED PROMPTLY BY THE CHA IR OF THE COMMITTEE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization makes its governing documents, conflict of interest policy, financial sta tements, and three most recent forms 990 available to the public upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f All Other Program Service Revenue	Seminar Revenue - 611430 $34,823 Premier Healthcare Alliance - 900099 $3,065,111 (Related or Exempt Function Revenue), $142,008 (Unrelated Business Revenue) Hospital Program Revenue - 621990 $13,503,376

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Seminar Revenue - Total Revenue 34823, Related or Exempt Function Revenue 34823, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 0, Premier Healthcare Alliance - Total Revenue 3207119, Related or Exempt Function Revenue 3065111, Unrelated Business Revenue 142008, Revenue Excluded from Tax Under Sections 512, 513, or 514 0, Hospital Program Revenue - Total Revenue 13503376, Related or Exempt Function Revenue 13503376, Unrelated Business Revenue 0, Revenue Excluded from Tax Under Sections 512, 513, or 514 0,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfers FROM affiliated organizations - -62825735,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Page 1, Line C Doing Business as Name	Baptist Medical Center South, Baptist Medical Center Downtown, Baptist Medical Center Clay , Baptist Medical Center Jacksonville, Baptist MD Anderson Cancer Center, Baptist Emergenc y at Town Center, Baptist Emergency Center North, Wolfson Children's Hospital

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Southern Baptist Hospital of Florida Inc

Employer identification number
59-0747311

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Baptist Behavioral Health LLC 841 Prudential Dr Ste 1601 Jacksonville, FL 32207 46-4629700	Provide medical and healthcare services	FL	-4,308,012	1,831,346	Southern Baptist Hospital of Florida Inc

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) PAVILION ASSOCIATES LTD 3563 PHILIPS HWY BLD F STE 608 JACKSONVILLE, FL 32207 59-2505491	NONRESIDENTIAL PROPERTY MANAGEMENT	FL	SOUTHERN BAPTIST HOSPITAL OF FLORIDA INC	Excluded	1,109,923	3,885,086		No	0	Yes		98 5 %
(2) Corporate Health LLC 841 Prudential Dr Ste 1802 Jacksonville, FL 32207	Operation of a medically-based wellness program	FL	Baptist Health Ambulatory Services Inc	Related	0	0		No	0		No	0 %

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

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

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

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation