

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
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020, and ending 09-30-2021

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

C Name of organization
Baptist Health South Florida Foundation Inc

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6855 RED ROAD STE 600

City or town, state or province, country, and ZIP or foreign postal code
CORAL GABLES, FL 33143

D Employer identification number
59-1923401

E Telephone number
(786) 662-7000

G Gross receipts \$ 214,623,699

F Name and address of principal officer:
ALEXANDRA VILLOCH
6855 RED ROAD STE 600
CORAL GABLES, FL 33143

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.BAPTISTHEALTH.NET

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1979

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE FORM 990, PART III, LINE 1

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 | 115 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 113 |
| 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 61 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 0 |

| | Revenue | |
|---|---------------------------|--------------|
| | Prior Year | Current Year |
| 8 Contributions and grants (Part VIII, line 1h) | 36,260,821 | 35,727,938 |
| 9 Program service revenue (Part VIII, line 2g) | | 0 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,432,947 | 13,831,306 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,033,439 | 2,457,017 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 41,727,207 | 52,016,261 |
| Expenses | | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 19,623,337 | 13,701,571 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 7,382,671 | 6,589,512 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 511,657 | 270,607 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 978,804 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 5,458,479 | 4,420,914 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 32,976,144 | 24,982,604 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 8,751,063 | 27,033,657 |
| Net Assets or Fund Balances | | |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 225,281,750 | 366,608,015 |
| 21 Total liabilities (Part X, line 26) | 63,678,267 | 88,486,240 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 161,603,483 | 278,121,775 |

Part II Signature Block

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

Sign Here

Signature of officer
Date 2022-08-12

JANETTE SANCHEZ CORPORATE VP OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P00540589

Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772

Firm's address ▶ 695 TOWN CENTER DRIVE SUITE 1000
COSTA MESA, CA 92626 Phone no. (714) 436-7100

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:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 20,044,552 including grants of \$ 13,701,571) (Revenue \$ 0)
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 ▶ 20,044,552

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| b | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (115), 1b (113), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (No), 15b (No), 16a (No), 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|--|---|---|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 176,704 | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 35,551,234 | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | 51,895 | | | | |
| | h Total. Add lines 1a-1f | | | 35,727,938 | | | |
| Program Service Revenue | 2a | Business Code | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | 0 | 0 | 0 | |
| | g Total. Add lines 2a-2f. | | | 0 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 2,314,339 | | 2,314,339 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | b Less: rental expenses | 6b | | | | |
| | | c Rental income or (loss) | 6c | 0 | 0 | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 173,763,179 | | | |
| | | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 7b | 162,246,212 | | | |
| | | c Gain or (loss) | 7c | 11,516,967 | 0 | | |
| | d Net gain or (loss) | | | 11,516,967 | | 11,516,967 | |
| | 8a Gross income from fundraising events (not including \$ 176,704 of contributions reported on line 1c). See Part IV, line 18 | 8a | | 2,462,205 | | | |
| | | | 8b Less: direct expenses | 8b | 361,226 | | |
| c Net income or (loss) from fundraising events | | | | 2,100,979 | | 2,100,979 | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | 9b Less: direct expenses | 9b | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | b Less: cost of goods sold | 10b | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| 11a MISCELLANEOUS REVENUE | | Business Code | 900099 | 356,038 | | 356,038 | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | 0 | 0 | 0 | 0 | |
| e Total. Add lines 11a-11d | | | 356,038 | | | | |
| 12 Total revenue. See instructions | | | 52,016,261 | 0 | 0 | 16,288,323 | |

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) Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 13,701,571 | 13,701,571 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 361,587 | | 361,587 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 5,113,892 | 3,997,100 | 1,116,792 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 131,648 | 96,103 | 35,545 | |
| 9 Other employee benefits | 610,506 | 445,669 | 164,837 | |
| 10 Payroll taxes | 371,879 | 271,472 | 100,407 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 3,474 | | 3,474 | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 270,607 | | | 270,607 |
| f Investment management fees | 867,441 | | 867,441 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 1,558,476 | 0 | 1,036,195 | 522,281 |
| 12 Advertising and promotion | 228,107 | 11,405 | 34,216 | 182,486 |
| 13 Office expenses | 859,543 | 730,612 | 128,931 | |
| 14 Information technology | 681,533 | 579,303 | 102,230 | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 6,074 | 1,058 | 1,586 | 3,430 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,138 | 740 | 398 | |
| 23 Insurance | | | | |
| 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 BAD DEBT EXPENSE | 177,737 | 177,737 | | |
| b MISCELLANEOUS EXPENSE | 37,391 | 31,782 | 5,609 | |
| c | | | | |
| d | | | | |
| e All other expenses | 0 | 0 | 0 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e | 24,982,604 | 20,044,552 | 3,959,248 | 978,804 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash—non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 5,070,092 | 2 | 4,848,091 |
| | 3 Pledges and grants receivable, net | 65,851,699 | 3 | 68,812,038 |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 20,196 | | |
| | b Less: accumulated depreciation | 17,765 | 3,568 | 2,431 |
| | 11 Investments—publicly traded securities | 150,006,455 | 11 | 286,536,710 |
| | 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 | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 4,349,936 | 15 | 6,408,745 |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 225,281,750 | 16 | 366,608,015 | |
| Liabilities | 17 Accounts payable and accrued expenses | 8,480,129 | 17 | 6,807,021 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 55,198,138 | 25 | 81,679,219 |
| | 26 Total liabilities. Add lines 17 through 25 | 63,678,267 | 26 | 88,486,240 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 20,927,232 | 27 | 91,681,964 |
| | 28 Net assets with donor restrictions | 140,676,251 | 28 | 186,439,811 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 161,603,483 | 32 | 278,121,775 | |
| 33 Total liabilities and net assets/fund balances | 225,281,750 | 33 | 366,608,015 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 52,016,261 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 24,982,604 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 27,033,657 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 161,603,483 |
| 5 | Net unrealized gains (losses) on investments | 5 | 16,643,112 |
| 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 | 72,841,523 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 278,121,775 |

Part XII Financial Statements and Reporting

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

- 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?
 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?
 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?
 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?
- 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.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

Additional Data

Software ID: 20011424

Software Version: 2020v4.0

EIN: 59-1923401

Name: Baptist Health South Florida Foundation Inc

Form 990 (2020)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Abby Portuondo Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Adriana Periera-Reyes Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Agustin Arellano JR Director - End 08/2020 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Agustin Veitia Director -End 02/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Aileen Garciga Director, Beg 10/2020 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Alan Dimond Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Albert Tano MD Director | 2.0 0 | X | | | | | | 0 | 4,626 | 0 |
| Alex Gierbolini Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Alex Montague Director - End 11/2020 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Alexandra Kelley Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Audra Hill Wallace Director | 2.0 0 | X | | | | | | 0 | 4,919 | 0 |
| Barbara Wright Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Bea Citron Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Betty Anne Schilling Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Bill R Tillett Director | 2.0 8.0 | X | | | | | | 0 | 140 | 0 |
| Boris Zedan Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Brenda Maria Moreira Director - Beg. 07/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Brian Magrane MD Director | 2.0 0 | X | | | | | | 0 | 3,525 | 0 |
| Carlos Lowell Director, End 9/2021 | 2.0 2.0 | X | | | | | | 0 | 0 | 0 |
| Carly Miller Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Carolina Canida Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Charles L White III DIRECTOR, BEG 4/2021 | 2.0 2.0 | X | | | | | | 0 | 0 | 0 |
| Charles W Bowie DIRECTOR, BEG 4/2021 | 2.0 2.0 | X | | | | | | 0 | 0 | 0 |
| Claudia Stober Director | 2.0 0 | X | | | | | | 0 | 4,791 | 0 |
| Cynthia Leesfield Director - End 12/2020 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Darren Salinger MD Director - Beg. 01/2021 | 2.0 0 | X | | | | | | 0 | 12,200 | 0 |
| David Fiestal Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| David Reuter Director - Beg. 10/2020 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Dawn Edwards DIRECTOR, BEG 4/2021 | 2.0 2.0 | X | | | | | | 0 | 0 | 0 |
| Dennis Carvajal Director - Beg. 04/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Derek Papp MD Director - Beg. 10/2020 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Donald Swatik Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| E Carlton Wilton JR Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Elizabeth Baxter Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Erin Knight Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Ernesto Avino Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Ernesto Valdes MD Director - End 09/2020 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Evan Rees Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Felice Gorordo Director - Beg. 07/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Gail Long Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| George Foyo Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| George Marakas PHD Director - Beg. 09/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| George Neugent Director - Beg. 01/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Guillermo Campos Director - Beg. 04/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Guillermo Pascual Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| James Leonard Director | 2.0 0 | X | | | | | | 0 | 1,785 | 0 |
| Jane Packard Director | 2.0 0 | X | | | | | | 0 | 2,106 | 0 |
| Jason Koler Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Jay A Hershoff ESQ Director | 2.0 6.0 | X | | | | | | 0 | 1,275 | 0 |
| Jeffrey Taylor Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Joel Schenkman MD Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Johanna Paterson Carrier Director, End 9/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| John Cyril Malloy III Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| John Pasqual DMD DIRECTOR, BEG 4/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| John Scott Weston Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Jon Landau Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Jorge Arguelles Director | 2.0 0 | X | | | | | | 0 | 891 | 0 |
| Jorge Perez MD Director | 2.0 0 | X | | | | | | 0 | 16,500 | 0 |
| Jose Antonio Gonzalez Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Joseph A Fernandez MD Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Joseph Buchanan ESQ Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Joseph Weston Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Juan Antonio Michelena Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Judith Zeder Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Karel Foti Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Kevin McGovern Director - Beg. 01/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Kim Elliot Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Kristina Gossman-Ducanes Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Lane Jones Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Lani Kahn Drody Director | 2.0 2.0 | X | | | | | | 0 | 650 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Leticia Santiago Director - End 9/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Liana M De Mena Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Lillian M Peters Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Linda Coggins Director - Beg. 01/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Lindsay Rabito-Leonard Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Lindy Roth Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Lorraine Stolfi Rinella DIRECTOR, BEG 4/2021 | 2.0 2.0 | X | | | | | | 0 | 0 | 0 |
| Lourdes Jofre Collett Director | 2.0 0 | X | | | | | | 0 | 133 | 0 |
| Mahendra Raolji Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Manuel Machado Director - Beg. 01/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Marcos Perez Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Maria Beguiristain Director - Beg. 01/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Mario Miranda Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Mark Hernandez MD Director | 2.0 0 | X | | | | | | 0 | 52,600 | 0 |
| Mark Rich Director - Beg. 04/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Marta Yee Director | 2.0 0 | X | | | | | | 0 | 2,309 | 0 |
| Mary J Blum DIRECTOR, BEG 4/2021 | 2.0 2.0 | X | | | | | | 0 | 0 | 0 |
| Michael Berman Director - Beg. 07/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Michael Fay Director - Beg. 01/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Michael Katz Director | 2.0 2.0 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Michael M Mccarthy DIRECTOR, BEG 4/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Michael Peale Carrier Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Michele Dudley Director - End 09/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Monica Betancourt Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Neil Sosler Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Nina Perry Cahill Director - Beg. 01/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Pablo Estepe Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Pascal J Liguori DIRECTOR, BEG 4/2021 | 2.0 2.0 | X | | | | | | 0 | 0 | 0 |
| Patricia Stanley Director | 2.0 2.0 | X | | | | | | 0 | 0 | 0 |
| Paul Skoric Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Pedro Fernandez MD Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Pedro Garcia Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Province (Boo) Zamek Director - Beg. 10/2020 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Rebecca Karsenti MD Director - Beg. 01/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Richard Anderson Director | 2.0 2.0 | X | | | | | | 0 | 0 | 0 |
| Richard Barbara ESQ Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Robert Berrin Director | 2.0 4.0 | X | | | | | | 0 | 0 | 0 |
| Robert Coward Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Rosario Rico-Toro Korn Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Rudy Kranys Director | 2.0 8.0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Rupa Tak Director - Beg. 04/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Samir Kulkarni MD Director - End 04/2021 | 2.0 0 | X | | | | | | 0 | 985 | 0 |
| Sharon Prolow Director - Beg. 07/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Shawn Crews Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Sofia Holtzman Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Stephen Blumenthal Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Steven Bandel Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Steven Brodie Director | 2.0 0 | X | | | | | | 0 | 1,762 | 0 |
| Steven Demar Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Steven Litinsky MD MBA DIRECTOR, BEG 4/2021 | 2.0 12.0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Stormet C Norem DIRECTOR, BEG 4/2021 | 2.0 14.0 | X | | | | | | 0 | 0 | 0 |
| Susan Matson Lampen Director - Beg. 10/2020 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Suzanne Demaria-Koehne Director - End 09/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Terry Perrin Director - Beg. 01/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Thomas Paulus Director - End 06/2020 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Tobin Cobb Director - Beg. 07/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| Todd Gurne DIRECTOR, BEG 4/2021 | 2.0 2.0 | X | | | | | | 0 | 0 | 0 |
| Todd Litinsky DIRECTOR, BEG 4/2021 | 2.0 2.0 | X | | | | | | 0 | 0 | 0 |
| Tomas Erban Director | 2.0 2.0 | X | | | | | | 0 | 180 | 0 |
| Vanessa Bertran ESQ Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Vivian Williams Director | 2.0 0 | X | | | | | | 0 | 3,393 | 0 |
| Wayne Eldred Director - End 11/2020 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| William Dickinson Director - End 12/2020 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| William Henneberry Director | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| William W Wilson III Director | 2.0 0 | X | | | | | | 0 | 4,455 | 0 |
| Alexandra Villoch CEO | 50.0 0 | | | X | | | | 637,414 | 0 | 69,405 |
| Joe Natoli Chief Admin Officer | 2.0 0 | | | | X | | | 0 | 1,247,637 | 236,095 |
| Anna Martinez AVP Foundation | 45.0 0 | | | | | X | | 214,065 | 0 | 7,869 |
| Jacqueline Omalley AVP Foundation | 45.0 0 | | | | | X | | 217,770 | 0 | 7,856 |
| Jamie Thomas AVP-Development | 45.0 0 | | | | | X | | 306,614 | 0 | 16,839 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Shelly Hiranand AVP Foundation Operations | 45.0 0 | | | | | X | | 184,888 | 0 | 23,835 |
| Wendy Gentes Development Officer | 45.0 0 | | | | | X | | 205,854 | 0 | 24,313 |

SCHEDULE A
(Form 990 or 990-EZ)

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 instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Baptist Health South Florida Foundation Inc

Employer identification number
59-1923401

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|--|------------|------------|------------|------------|------------|-------------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | 14,148,592 | 13,691,625 | 17,106,718 | 33,159,979 | 31,817,623 | 109,924,537 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 14,148,592 | 13,691,625 | 17,106,718 | 33,159,979 | 31,817,623 | 109,924,537 |
| 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). . . | | | | | | 0 |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 109,924,537 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|--|------------|------------|------------|------------|------------|-------------|
| 7 | Amounts from line 4. | 14,148,592 | 13,691,625 | 17,106,718 | 33,159,979 | 31,817,623 | 109,924,537 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,720,503 | 1,219,263 | 2,732,149 | 1,996,857 | 2,314,339 | 9,983,111 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 0 | 0 | 0 | 0 | | 0 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). | 14,722 | 56,991 | 71,398 | 268,275 | 356,038 | 767,424 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 120,675,072 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 19,365,047 |

13 First 5 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 2020 (line 6, column (f) divided by line 11, column (f)) | 14 | 91.09 % |
| 15 | Public support percentage for 2019 Schedule A, Part II, line 14 | 15 | 89.93 % |

- 16a 33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 5 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 2020 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| | 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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| | 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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)? <i>If "Yes," answer line 10b below.</i> | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i> | | |
| | 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 lines 11b and 11c below, the governing body of a supported organization? | | |
| b | A family member of a person described in 11a above? | | |
| c | A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|--|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b | Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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 (<i>explain in detail in Part VI</i>): | | |
| 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 0.015 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 0.035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

| Section D - Distributions | | Current Year |
|---|-----------|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 Amounts paid to acquire exempt-use assets | 4 | |
| 5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>) | 5 | |
| 6 Other distributions (<i>describe in Part VI</i>). See instructions | 6 | |
| 7 Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions | 8 | |
| 9 Distributable amount for 2020 from Section C, line 6 | 9 | |
| 10 Line 8 amount divided by Line 9 amount | 10 | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2020 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2020: | | | |
| a From 2015. | | | |
| b From 2016. | | | |
| c From 2017. | | | |
| d From 2018. | | | |
| e From 2019. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2020 distributable amount | | | |
| i Carryover from 2015 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2020 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2020 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2016. | | | |
| b Excess from 2017. | | | |
| c Excess from 2018. | | | |
| d Excess from 2019. | | | |
| e Excess from 2020. | | | |

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 |
|-------------------------------------|

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Schedule A, Part II, Line 1 UNUSUAL GRANTS | TAX YEAR 2016 DATE OF GRANT 10/19/2016 AMOUNT \$3,000,000 DATE OF GRANT 05/08/2017 AMOUNT \$ 2,000,000 DATE OF GRANT 09/27/2017 AMOUNT \$2,000,000 DATE OF GRANT VARIOUS AMOUNT \$1,776,864 DATE OF GRANT 09/18/2017 AMOUNT \$1,500,000 DATE OF GRANT 03/27/2017 AMOUNT \$1,000,000 DATE OF GRANT 04/25/2017 AMOUNT \$1,000,000 DATE OF GRANT 01/25/2017 AMOUNT \$600,000 TAX YEAR 2017 DATE OF GRANT 06/29/2018 AMOUNT \$7,500,000 DATE OF GRANT 12/08/2017 AMOUNT \$3,000,000 DATE OF GRANT 01/29/2018 AMOUNT \$2,000,000 DATE OF GRANT 09/27/2018 AMOUNT \$1,482,364 DATE OF GRANT 02/13/2018 AMOUNT \$1,000,000 DATE OF GRANT 06/28/2018 AMOUNT \$500,000 TAX YEAR 2018 DATE OF GRANT 12/21/2018 AMOUNT \$5,000,000 DATE OF GRANT 06/27/2019 AMOUNT \$4,012,636 DATE OF GRANT 07/31/2019 AMOUNT \$1,500,000 DATE OF GRANT 05/17/2019 AMOUNT \$1,000,000 DATE OF GRANT 05/06/2019 AMOUNT \$1,000,000 TAX YEAR 2019 DATE OF GRANT 9/30/2020 AMOUNT \$ 750,000 DATE OF GRANT 9/29/2020 AMOUNT \$1,463,000 DATE OF GRANT 5/21/2020 AMOUNT \$ 887,842 TAX YEAR 2020 DATE OF GRANT 12/14/2020 AMOUNT \$910,315 DATE OF GRANT 7/16/2021 AMOUNT \$1,000,000 DATE OF GRANT 7/28/2021 AMOUNT \$1,000,000 DATE OF GRANT 9/1/2021 AMOUNT \$1,000,000 |

990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule A, Part II, Line 10 Other Income | DESCRIPTION - MISCELLANEOUS REVENUE, COLUMN A - 14722.0, COLUMN B - 56991.0, COLUMN C - 71398.0, COLUMN D - 268275.0, COLUMN E - 356038.0, COLUMN F - 767424.0; |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2020
Open to Public Inspection

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

Name of the organization
Baptist Health South Florida Foundation Inc

Employer identification number
59-1923401

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 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 FASB 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 FASB 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 FASB 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 17,011,516 | 16,826,341 | 13,693,591 | 13,655,806 | 13,160,974 |
| b Contributions | 1,579,802 | 185,175 | 3,132,750 | 37,785 | 494,832 |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 18,591,318 | 17,011,516 | 16,826,341 | 13,693,591 | 13,655,806 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 100 %
 - c** Term endowment ▶ 0 %
- 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) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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 | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 20,196 | 17,765 | 2,431 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 2,431 |

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 _____ | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| 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) | | |
| (10) | | |
| 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) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | |

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 | |
| (2) DUE TO AFFILIATES | 81,169,293 |
| (3) RIGHT OF USE SHORT TERM | 153,448 |
| (4) RIGHT OF USE LONG TERM | 356,478 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 81,679,219 |

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 | 618,548,795 |
| 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 | 591,206,018 | |
| e | Add lines 2a through 2d | | 2e | 591,206,018 |
| 3 | Subtract line 2e from line 1 | | 3 | 27,342,777 |
| 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 | 24,673,484 | |
| c | Add lines 4a and 4b | | 4c | 24,673,484 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 52,016,261 |

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 | 771,577,038 |
| 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 | 753,074,927 | |
| e | Add lines 2a through 2d | | 2e | 753,074,927 |
| 3 | Subtract line 2e from line 1 | | 3 | 18,502,111 |
| 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 | 6,480,493 | |
| c | Add lines 4a and 4b | | 4c | 6,480,493 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 24,982,604 |

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 |
|------------------|-------------|
| | |
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Additional Data

Software ID: 20011424

Software Version: 2020v4.0

EIN: 59-1923401

Name: Baptist Health South Florida Foundation Inc

Supplemental Information

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

Supplemental Information

| Return Reference | Explanation |
|--|--|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | <p>Income and Other Taxes - BHSF, the BHSF Hospitals, Bethesda Health, BOS, BHMG, MCIBH, BRRH, BRRH Hospital, BRRH Home Health, BH Foundation, and BHSF Foundation are not for profit corporations and recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code. BHMG affiliated physician practices are single-member LLCs, which are treated as disregarded entities for federal income tax purposes. BHE, BocaCare, BHC, and the Insurance Companies are for-profit entities. BHSF provides for income taxes in accordance with the provisions of FASB ASC 740, Income Taxes ("ASC 740"). As required under ASC 740, deferred tax assets and liabilities are recognized under the balance sheet approach, which recognizes the future tax effect of temporary differences between the amounts recorded in the financial statements and the tax basis of these amounts. Deferred tax assets and liabilities are measured using the enacted tax rates expected to apply to taxable income in the periods in which the deferred tax assets or liabilities are expected to be realized or settled (see Note 15). Taxes collected from patients, tenants, customers and others, concurrent with specific revenue-producing transactions and subsequently remitted to governmental authorities, are recorded on a net basis and excluded from revenues. As of September 30, 2021 and 2020, BHSF had no material unrecognized tax positions. No material unrecognized tax positions are expected through September 30, 2022. BHSF is periodically audited by federal and state taxing authorities. The outcome of these audits may result in BHSF being assessed taxes in addition to amounts previously paid. Federal returns for fiscal years 2018 through 2020 remain open and subject to examination by the Internal Revenue Service.</p> |

Supplemental Information

| Return Reference | Explanation |
|--|--|
| Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990 | LIFE INSURANCE POLICY - 216148 CHANGE IN FMV - 16643112 REVENUE OF AFFILIATES - 575214201 INVESTMENT MANAGEMENT FEE - -867443 |

Supplemental Information

| Return Reference | Explanation |
|---|---|
| Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements | NET ASSETS RELEASE FROM RESTRICTIONS - -7221078 EVENTS REVENUE - 2100979 TEMPORARY RESTRICTED FUNDS - 29280257 PERMANENT RESTRICTED FUNDS - 336622 CASH CONTRIBUTIONS - 124809 NON-CASH CONTRIBUTIONS - 51895 |

Supplemental Information

| Return Reference | Explanation |
|---|---|
| Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990 | EXPENSE OF AFFILIATES - 759924485 INCOME TAX EXPENSE - -5982116 INVESTMENT IN MANAGEMENT FEE - -867442 |

Supplemental Information

| Return Reference | Explanation |
|--|---------------------------------|
| Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements | CONTRIBUTIONS FOR PPE - 6480493 |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Baptist Health South Florida Foundation Inc

Employer identification number
59-1923401

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| JOSEFINA ROMANO BROWN 702 S ALHAMBRA CIRCLE CORAL GABLES, FL 33143 | FUNDRAISING | | No | 1,959,600 | 226,366 | 1,733,234 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 1,959,600 | 226,366 | 1,733,234 |

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

FL

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|--|---|---|--|----------------------------|---------------------------------|
| | | <u>HEAT. HELP. CURE</u> (event type) | <u>PINEAPPLE PAJAMA GALA</u> (event type) | <u>1</u> (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 1,038,950 | 1,540,972 | 45,437 | 2,625,359 |
| | 2 Less: Contributions | 36,125 | 140,019 | 560 | 176,704 |
| | 3 Gross income (line 1 minus line 2) | 1,002,825 | 1,400,953 | 44,877 | 2,448,655 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | 195 | | 195 |
| | 7 Food and beverages | 949 | 78,746 | | 79,695 |
| | 8 Entertainment | | 9,050 | | 9,050 |
| | 9 Other direct expenses | 132,450 | 128,646 | 3,194 | 264,290 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 353,230 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 2,095,425 | |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

| | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

| Return Reference | Explanation |
|--|--|
| Schedule G, Part IV SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: | (I) NAME OF FUNDRAISER: JOSEFINA ROMANO BROWN (I) ADDRESS OF FUNDRAISER: 702 S ALHAMBRA CIRCLE, CORAL GABLES, FL 33143 |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Baptist Health South Florida Foundation Inc

Employer identification number

59-1923401

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10
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. | BAPTIST HEALTH SOUTH FLORIDA FOUNDATION CONTRIBUTES TO ORGANIZATIONS THAT ARE IN ALIGNMENT WITH ITS MISSION. THE ORGANIZATION STRIVES TO ENSURE THAT CONTRIBUTIONS ARE MADE TO ORGANIZATIONS THAT IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES IT SERVES. TYPICALLY MEMBERS OF MANAGEMENT ARE INVOLVED WITH THESE ORGANIZATIONS AND MONITOR THE BENEFITS THE COMMUNITIES RECEIVE |

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 59-1923401
Name: Baptist Health South Florida Foundation 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| BAPTIST HOSPITAL OF MIAMI INC 8900 NORTH KENDALL DRIVE MIAMI, FL 33176 | 59-0910342 | 501 (C)(3) | 676,252 | | | | OPERATIONS, PROPERTY & EQUIPMENT ACQUISITIONS |
| SOUTH MIAMI HOSPITAL INC 6200 SW 73 STREET MIAMI, FL 33143 | 59-0872594 | 501 (C)(3) | 1,345,532 | | | | OPERATIONS, PROPERTY & EQUIPMENT ACQUISITIONS |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| MARINERS HOSPITAL INC 91500 OVERSEAS HIGHWAY TARVENIER, FL 33070 | 59-1987355 | 501 (C)(3) | 20,092 | | | | OPERATIONS |
| BAPTIST HEALTH SOUTH FLORIDA INC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 | 65-0267668 | 501 (C)(3) | 2,749,840 | | | | OPERATIONS, PROPERTY & EQUIPMENT ACQUISITIONS |

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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| HOMESTEAD HOSPITAL 975 BAPTIST WAY HOMESTEAD, FL 33033 | 65-0232993 | 501 (C)(3) | 223,350 | | | | OPERATIONS |
| DOCTORS HOSPITAL 5000 UNIVERSITY DR CORAL GABLES, FL 33146 | 04-3775926 | 501 (C)(3) | 134,084 | | | | OPERATIONS, PROPERTY & EQUIPMENT ACQUISITIONS |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WEST KENDALL BAPTIST HOSPITAL 9555 SW 162 AVE MIAMI, FL 33196 | 52-2438452 | 501 (C)(3) | 172,852 | | | | OPERATIONS |
| MIAMI CANCER INSTITUTE AT BAPTIST HEALTH INC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 | 47-3090066 | 501 (C)(3) | 2,348,134 | | | | OPERATIONS |

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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BAPTIST HEALTH MEDICAL GROUP INC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 | 46-2597739 | 501 (C)(3) | 139,085 | | | | OPERATIONS, PROPERTY & EQUIPMENT ACQUISITIONS |
| BAPTIST OUTPATIENT SERVICES INC 6855 RED ROAD SUITE 600 CORAL GABLES, FL 33143 | 56-2290370 | 501 (C)(3) | 8,348 | | | | OPERATIONS |

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

2020

Open to Public Inspection

Name of the organization
Baptist Health South Florida Foundation Inc

Employer identification number
59-1923401

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|---|--|--|--|--|---|--|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b Yes | | | | | | | | | |
| <p>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 on Line 1a?</p> | 2 Yes | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | No | | | | | | | | |
| | 4b | Yes | | | | | | | | |
| | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | No | | | | | | | | |
| | 5b | No | | | | | | | | |
| <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | No | | | | | | | | |
| | 6b | No | | | | | | | | |
| <p>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.</p> | 7 | Yes | | | | | | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Alexandra Villoch CEO | (i) | 389,993 | 227,151 | 20,271 | 43,923 | 25,481 | 706,819 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 Joe Natoli Chief Admin Officer | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 685,849 | 548,977 | 12,811 | 211,518 | 24,577 | 1,483,732 | 42,714 |
| 3 Wendy Gentes Development Officer | (i) | 162,939 | 40,557 | 2,359 | 4,225 | 20,088 | 230,167 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 Shelly Hiranand AVP Foundation Operations | (i) | 145,037 | 35,271 | 4,580 | 3,846 | 19,989 | 208,723 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 Anna Martinez AVP Foundation | (i) | 156,665 | 36,804 | 20,597 | 4,278 | 3,591 | 221,934 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 Jacqueline Omalley AVP Foundation | (i) | 172,472 | 40,625 | 4,673 | 4,358 | 3,498 | 225,626 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 Jamie Thomas AVP-Development | (i) | 172,631 | 94,909 | 39,074 | 5,500 | 11,339 | 323,453 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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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 1a First-class or charter travel | EXECUTIVE COMPENSATION BAPTIST HEALTH EXECUTIVES ARE PROVIDED WITH A COMMON SET OF PERQUISITES THAT ARE TYPICAL OF OTHER RESPONSIBLE NOT-FOR PROFIT ORGANIZATIONS TO ENABLE THEM TO MORE EFFECTIVELY CONDUCT THEIR BUSINESS. THESE BENEFITS ARE DEEMED BY THE COMPENSATION COMMITTEE TO BE APPROPRIATE AND CONSERVATIVE. PERQUISITES ARE GENERALLY LIMITED TO AUTO AND CELL PHONE ALLOWANCES WHICH ARE FULLY TAXABLE TO THE EXECUTIVE. OTHER PERQUISITES PROVIDED TO EXECUTIVES, SUCH AS PAID TIME OFF OR REIMBURSEMENT FOR RELEVANT EDUCATIONAL EXPENSES, ARE OFFERED TO ALL EMPLOYEES IN ACCORDANCE WITH ENTERPRISE-WIDE POLICIES AND PROCEDURES. BUSINESS TRAVEL FOR EXECUTIVES ON COMMERCIAL AIRLINES IS LIMITED TO COACH FARES (AN UPGRADE TO THE NEXT AVAILABLE CLASS OF SERVICE, E.G., BUSINESS CLASS, MAY BE PERMITTED WHEN THE FLIGHT DURATION IS IN EXCESS OF FIVE HOURS OR AN OVERNIGHT ACCOMMODATION CAN BE AVOIDED). CHARTERED PLANE TRAVEL, SPOUSAL TRAVEL, LUXURY RESIDENCES FOR PERSONAL USE, HEALTH, AND PERSONAL SERVICES (SUCH AS MAID, CHAUFFEUR, CHEF, LANDSCAPER) ARE NOT PROVIDED (OR REIMBURSED) TO BAPTIST HEALTH EXECUTIVES. In FY2021, the following employee traveled first class in accordance with the BHSF travel policy. The first class travel benefit was not treated as taxable income to the employee. - Alexandra Villoch, CEO |
| Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation | THE SOUTH FLORIDA MARKET FOR HIGHLY COMPETENT HEALTHCARE EXECUTIVES REFLECTS A VERY COMPETITIVE ENVIRONMENT FOR QUALIFIED EXECUTIVES. IT IS COMPRISED OF LARGE, NATIONAL, FOR PROFIT CHAINS AND NOT-FOR-PROFIT HOSPITAL SYSTEMS AND STAND-ALONE HOSPITALS. THE BOARD OF TRUSTEES OF BAPTIST HEALTH SOUTH FLORIDA, INC. SEEKS EXECUTIVES OF VISION AND LEADERSHIP TO CARRY OUT THE ORGANIZATION'S FAITH-BASED MISSION OF QUALITY CARE AND COMMUNITY SERVICE. THE BOARD EXPECTS THESE EXECUTIVES TO PROVIDE LEADERSHIP THAT WILL PLACE BAPTIST HEALTH AMONG THE BEST HEALTHCARE SYSTEMS IN THE NATION FOR QUALITY AND EXCELLENCE. THE BOARD EXPECTS EXECUTIVES TO DEMONSTRATE INTEGRITY AND LOYALTY IN THE PERFORMANCE OF THEIR DUTIES AND TO ADHERE TO BAPTIST HEALTH'S CONFLICT OF INTEREST POLICY, EXECUTIVE CODE OF CONDUCT AND ALL COMPLIANCE/ETHICS POLICIES. EXECUTIVE COMPENSATION IS CONSIDERED THE FOUNDATION TO ATTRACT AND RETAIN EXECUTIVES WITH THE TALENT, EXPERIENCE AND CHARACTER TO MEET THESE EXPECTATIONS. THE BYLAWS OF BAPTIST HEALTH SOUTH FLORIDA FOUNDATION DELEGATE THE AUTHORITY TO SET EXECUTIVE COMPENSATION TO BAPTIST HEALTH SOUTH FLORIDA, INC. ("BHSF"). BHSF'S COMPENSATION COMMITTEE IS COMPRISED EXCLUSIVELY OF INDEPENDENT BOARD MEMBERS WHO SERVE VOLUNTARILY WITHOUT ANY REMUNERATION, AND WHO MUST ADHERE TO A STRINGENT CONFLICT OF INTEREST POLICY THAT PRECLUDES THEM OR THEIR FAMILIES FROM DOING BUSINESS WITH BAPTIST HEALTH. THE COMMITTEE IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE AND APPROVING THE COMPENSATION FOR all of the entity's EXECUTIVES. THE TERM "COMPENSATION" INCLUDES SALARIES, BENEFITS/BENEFITS AND INCENTIVES. THE COMPENSATION COMMITTEE ANNUALLY ENGAGES A NATIONALLY RECOGNIZED, INDEPENDENT CONSULTANT TO CONDUCT COMPENSATION SURVEYS AND TO ADVISE THE BOARD ON COMPENSATION POLICIES. THE COMPENSATION COMMITTEE DECISIONS ARE BASED ON THE FOLLOWING: 1. TOTAL COMPENSATION PACKAGE: RECRUITMENT AND RETENTION OF CAPABLE, PRODUCTIVE EXECUTIVES IS ACCOMPLISHED THROUGH DESIGN OF A TOTAL COMPENSATION PACKAGE THAT INCLUDES A BASE SALARY, AT-RISK INCENTIVE PAY, AND BENEFITS. IT IS THE OBJECTIVE OF BAPTIST HEALTH TO ENSURE A CONSISTENT COMPENSATION PHILOSOPHY ACROSS ALL EMPLOYEE AND LEADERSHIP LEVELS THAT REWARDS OUTSTANDING PERFORMANCE USING A CASH PLUS EMPLOYEE BENEFITS PACKAGE TARGETING THE 75TH PERCENTILE. BASE SALARIES OF FULLY PRODUCTIVE EXECUTIVES ARE INDEXED TO THE MEDIAN (50TH PERCENTILE) SALARY PAID BY SIMILAR HEALTHCARE ORGANIZATIONS. INCENTIVE PAY FOR SUPERIOR ACHIEVEMENT PROVIDES THE OPPORTUNITY FOR TOTAL CASH COMPENSATION AT THE 75TH PERCENTILE OF THE EXECUTIVE'S PEER GROUP IF THE EXECUTIVE EXCEEDS HIS/HER PERFORMANCE METRICS. 2. PERFORMANCE-BASED SALARY INCREASES: ONE OF THE KEY ELEMENTS OF BAPTIST HEALTH'S EXECUTIVE COMPENSATION PHILOSOPHY IS "PAY FOR PERFORMANCE." SALARY INCREASES ARE BASED UPON THE DEGREE TO WHICH EACH EXECUTIVE ACHIEVES HIS/HER INDIVIDUAL PERFORMANCE OBJECTIVES FOR THE YEAR, WHICH ARE TIED TO CORPORATE OBJECTIVES. GENERALLY THESE OBJECTIVES RELATE TO CLINICAL QUALITY; PATIENT, PHYSICIAN AND COMMUNITY SATISFACTION; CHARITY CARE AND MISSION GOALS; FINANCIAL PERFORMANCE AND EXPENSE MANAGEMENT. INDIVIDUAL AND GROUP PERFORMANCE AGAINST THESE OBJECTIVES IS REVIEWED BY THE COMPENSATION COMMITTEE AND BOARD OF TRUSTEES ANNUALLY AFTER THE CLOSE OF THE FISCAL YEAR. 3. MARKET-BASED SALARY INCREASES: THE BOARD'S COMPENSATION COMMITTEE REVIEWS THE MARKET VALUE OF EXECUTIVE POSITIONS ANNUALLY TO ASSURE THAT BAPTIST HEALTH'S PAY LEVELS ARE COMPETITIVE. THE INDEPENDENT CONSULTANT, SELECTED BY THE COMPENSATION COMMITTEE, OBTAINS EXECUTIVE SALARY INFORMATION FOR FUNCTIONALLY COMPARABLE POSITIONS AT HEALTHCARE INSTITUTIONS OF COMPARABLE SIZE WITHIN FLORIDA AND THE UNITED STATES. BAPTIST HEALTH'S PEER GROUP IS COMPRISED OF OTHER COMPLEX NOT-FOR-PROFIT HOSPITAL SYSTEMS OF SIMILAR SIZE AND SCOPE, BUT DOES NOT INCLUDE FOR-PROFIT HOSPITALS, WHOSE COMPENSATION PRACTICES ARE FAR MORE GENEROUS. 4. NO GUARANTEED SALARY INCREASES: THERE IS NO GUARANTEE OF ANNUAL EXECUTIVE SALARY INCREASES. SALARY INCREASES DEPEND UPON THE ORGANIZATION'S ABILITY TO PAY, THE EXECUTIVE'S SALARY IN RELATION TO THE MARKET, THE EXECUTIVE'S PERFORMANCE LEVEL, AND INTERNAL PAY RELATIONSHIPS TO PEERS. 5. AT-RISK INCENTIVE PAY: KEY EXECUTIVES WHO CONTROL SIGNIFICANT ASSETS OR WHO HAVE A MAJOR IMPACT ON OPERATIONS MAY EARN INCENTIVE PAY, CAPPED AT A PRE-DETERMINED PERCENTAGE OF THE EXECUTIVE'S BASE SALARY. THE PURPOSE OF INCENTIVE PAY IS TO FOCUS EXECUTIVE ACTION ON KEY "PERFORMANCE THRESHOLDS" AND CORPORATE GOALS THAT ARE APPROVED BY THE BOARD'S COMPENSATION COMMITTEE. THE ACHIEVEMENT OF THESE GOALS REQUIRES EXTRAORDINARY EFFORT, COMMITMENT AND ACHIEVEMENT. THE INCENTIVE COMPONENT OF THE EXECUTIVE'S TOTAL COMPENSATION IS VARIABLE AND TOTALLY AT RISK, DEPENDING UPON THE ACHIEVEMENT OF THE AGREED-UPON GOALS. 6. PERQUISITES: BAPTIST HEALTH EXECUTIVES ARE PROVIDED WITH A COMMON SET OF PERQUISITES THAT ARE TYPICAL OF OTHER RESPONSIBLE NOT-FOR-PROFIT ORGANIZATIONS TO ENABLE THEM TO MORE EFFECTIVELY CONDUCT THEIR BUSINESS. THESE BENEFITS ARE DEEMED BY THE COMPENSATION COMMITTEE TO BE APPROPRIATE AND CONSERVATIVE. PERQUISITES ARE GENERALLY LIMITED TO AUTO AND CELL PHONE ALLOWANCES, WHICH ARE TAXABLE TO THE EXECUTIVE. OTHER PERQUISITES PROVIDED TO EXECUTIVES, SUCH AS PAID TIME OFF OR REIMBURSEMENT FOR RELEVANT EDUCATIONAL EXPENSES, ARE OFFERED TO ALL EMPLOYEES IN ACCORDANCE WITH ENTERPRISE-WIDE POLICIES AND PROCEDURES. BUSINESS TRAVEL FOR EXECUTIVES ON COMMERCIAL AIRLINES IS LIMITED TO COACH FARES (AN UPGRADE TO THE NEXT AVAILABLE CLASS OF SERVICE, E.G., BUSINESS CLASS, MAY BE PERMITTED WHEN THE FLIGHT DURATION IS IN EXCESS OF FIVE HOURS OR AN OVERNIGHT ACCOMMODATION CAN BE AVOIDED). CHARTERED PLANE TRAVEL, SPOUSAL TRAVEL, LUXURY RESIDENCES FOR PERSONAL USE, HEALTH, AND PERSONAL SERVICES (SUCH AS MAID, CHAUFFEUR, CHEF, LANDSCAPER) ARE NOT PROVIDED (OR REIMBURSED) TO BAPTIST HEALTH EXECUTIVES. |
| Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan | AS PART OF THE BAPTIST HEALTH SOUTH FLORIDA EXECUTIVE BENEFIT PLAN, EXECUTIVES ARE ELIGIBLE TO ALLOCATE A PORTION OF THEIR FLEXIBLE SPENDING ALLOWANCE TO A SUPPLEMENTAL SURVIVOR ACCUMULATION BENEFIT (SSAB) ACCOUNT. THE SSAB IS A LIFE INSURANCE PRODUCT THAT PROVIDES A DEFERRED RETIREMENT BENEFIT FOR THE EXECUTIVE OR A DEATH BENEFIT FOR THE EXECUTIVE'S SURVIVORS. CONTRIBUTIONS TO THE SSAB MAY BE MADE ANNUALLY TO THE PARTICIPANT'S ACCOUNT. ALL CONTRIBUTIONS ACCUMULATE, ALONG WITH INVESTMENT EARNINGS, FOR THE PERIOD THE EXECUTIVE PARTICIPATES. THE EXECUTIVE DOES NOT HAVE ACCESS TO THE CONTRIBUTIONS MADE OR THE RELATED INVESTMENT INCOME, ALL OF WHICH IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE. PURSUANT TO THE SSAB PLAN GUIDELINES, THIS BENEFIT IS TERMINATED UPON AN EXECUTIVE REACHING AGE 65. HOWEVER, PAYMENT CAN BE DEFERRED TO A DATE AT LEAST TWO YEARS AFTER REACHING AGE 65 BUT NO LATER THAN 68. AT THAT TIME THE ENTIRE AMOUNT ACCUMULATED IS PAID OUT IN A LUMP SUM. |
| Schedule J, Part I, Line 7 Non-fixed payments | KEY EXECUTIVES WHO CONTROL SIGNIFICANT ASSETS OR WHO HAVE A MAJOR IMPACT ON OPERATIONS MAY EARN INCENTIVE PAY, CAPPED AT A PRE-DETERMINED PERCENTAGE OF THE EXECUTIVE'S BASE SALARY. THE PURPOSE OF INCENTIVE PAY IS TO FOCUS EXECUTIVE ACTION ON KEY "PERFORMANCE THRESHOLDS" AND CORPORATE GOALS THAT ARE APPROVED BY THE BOARD'S COMPENSATION COMMITTEE. THE ACHIEVEMENT OF THESE GOALS REQUIRES EXTRAORDINARY EFFORT, COMMITMENT AND ACHIEVEMENT. THE INCENTIVE COMPONENT OF THE EXECUTIVE'S TOTAL COMPENSATION IS VARIABLE AND TOTALLY AT RISK, DEPENDING UPON THE ACHIEVEMENT OF THE AGREED-UPON GOALS. |
| Schedule J, Part II, Column (B)(ii) Executive Compensation | ALL EXECUTIVE COMPENSATION IS REVIEWED AND APPROVED ANNUALLY BY THE COMPENSATION COMMITTEE, WHICH IS COMPRISED OF INDEPENDENT UNCOMPENSATED MEMBERS OF THE BOARD OF TRUSTEES WHO HAVE CERTIFIED THAT THEY HAVE NO CONFLICT OF INTEREST WITH THE ORGANIZATION. REPORTABLE COMPENSATION INCLUDES BASE SALARY AS WELL AS PAYMENTS UNDER A FORMAL INCENTIVE PLAN, WHICH REWARDS SUCCESSFUL ACHIEVEMENT OF QUALITY, MISSION, CHARITY CARE, AND FINANCIAL CORPORATE OBJECTIVES. |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Baptist Health South Florida Foundation Inc

Employer identification number
59-1923401

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | X | 1 | 51,895 | Market value |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

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

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization

Baptist Health South Florida Foundation Inc

Employer identification number

59-1923401

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part III, Line 4a PROGRAM ACCOMPLISHMENTS | <p>CONSISTENT WITH Baptist Health's SPIRITUAL FOUNDATION, BAPTIST HEALTH South Florida Foundation, Inc. IS DEDICATED TO PROVIDING HIGH-QUALITY, COST-EFFECTIVE, COMPASSIONATE HEALTHCARE SERVICES TO ALL, INCLUDING, AS PERMITTED BY OUR RESOURCES, CHARITY CARE TO THOSE IN NEED. DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2021, BAPTIST HEALTH PROVIDED PATIENT SERVICES TO THE SOUTH FLORIDA AREA WITH 99,464 ADULT ADMISSIONS, 572,443 PATIENT DAYS, AND 441,082 EMERGENCY ROOM VISITS. DURING THAT SAME TIME PERIOD, URGENT CARE VISITS TOTALED 455,598, OUTPATIENT SURGERY CASES totaled 106,991, AND TOTAL OUTPATIENT VISITS WERE 1,954,194 SYST EM-WIDE. AS OF SEPTEMBER 30, 2021, THE SYSTEM HAD 2,793 LICENSED INPATIENT BEDS COMPRISED OF 2,608 ACUTE CARE BEDS. IN TOTAL, BAPTIST HEALTH PROVIDED MORE THAN \$403,000,000 IN COMMUNITY BENEFIT DURING FY2021. WE PROVIDED CHARITY CARE VALUED AT \$102,486,347 AS WELL AS \$210,913,175 IN UNCOMPENSATED SERVICES. THE ESTIMATED COST OF PROVIDING CHARITY SERVICES AND UNCOMPENSATED SERVICES IS BASED ON RECENT HISTORICAL COST-TO-CHARGE RATIOS FOR CHARITY PATIENTS AND MEDICAID PATIENTS FROM BAPTIST HEALTH'S COST ACCOUNTING SYSTEM, APPLIED TO THE CURRENT PERIOD GROSS UNCOMPENSATED CHARGES ASSOCIATED WITH PROVIDING CARE TO CHARITY AND MEDICAID PATIENTS. BAPTIST HEALTH ALSO CONTRIBUTED \$42,737,290 TO THE INDIGENT CARE FUND AND EXPENDED \$6,306,604 FOR EDUCATIONAL PROGRAMS, SCREENINGS, CORPORATE SPONSORSHIPS AND DONATIONS. FREE COMMUNITY HEALTH AND WELLNESS PROGRAMS COVERED TOPICS RANGING FROM INSOMNIA AND FOOD SAFETY TO DIABETES AND WEIGHT CONTROL. IN ADDITION, BAPTIST HEALTH PROVIDED FREE SCREENINGS FOR CHOLESTEROL, BLOOD PRESSURE, BODY COMPOSITION AND OSTEOPOROSIS. BAPTIST HEALTH ALSO HELPED THOSE IN NEED OF PRIMARY CARE SERVICES BY DONATING APPROXIMATELY \$2,136,000 TO NEIGHBORHOOD NOT-FOR-PROFIT CLINICS, including: THE GOOD NEWS CARE CENTER IN FLORIDA CITY, OPEN DOOR HEALTH CENTER IN HOMESTEAD, THE GOOD HEALTH CLINIC IN TAVERNIER, THE CARIDAD CENTER IN BOYNTON BEACH, THE SOUTH MIAMI CHILDREN'S CLINIC IN SOUTH MIAMI, AND CARING FOR Miami Mobile Dental Clinical. BAPTIST HEALTH SPENT \$28,663,102 PAYING PHYSICIANS WHO PROVIDE CARE TO OUR COMMUNITY MEMBERS IN NEED. ADDITIONALLY, WE PROVIDED \$6,306,604 IN CONTINUING MEDICAL EDUCATION, \$4,048,753 IN PALLIATIVE CARE AND CHAPLAINCY CARE, AND \$733,067 IN COVID VACCINATION EFFORTS DURING FY2021. BAPTIST HEALTH FULFILLS ITS MISSION TO PROVIDE COMPASSIONATE CARE NOT ONLY BY PROVIDING ASSISTANCE TO THOSE IN FINANCIAL NEED, BUT ALSO BY SUPPORTING SERVICES THAT INCUR OPERATING LOSSES THAT ARE ESSENTIAL TO THE COMMUNITY. MIAMI CANCER INSTITUTE OFFICIALLY OPENED ITS DOORS IN JANUARY 2017. THE \$430 MILLION, 445,000- SQUARE-FOOT FACILITY IS PART OF BAPTIST HEALTH. MIAMI CANCER INSTITUTE HAS BECOME THE THIRD FULL MEMBER, AND THE ONLY MEMBER IN FLORIDA, OF THE MEMORIAL SLOAN KETTERING (MSK) CANCER ALLIANCE, AN INITIATIVE DESIGNED TO COLLABORATIVELY GUIDE COMMUNITY PROVIDERS TOWARD STATE-OF-THE-ART CANCER CARE. MIA</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part III, Line 4a PROGRAM ACCOMPLISHMENTS | <p>MIAMI CANCER INSTITUTE FEATURES A UNIQUE, HYBRID ACADEMIC-COMMUNITY CANCER CENTER MODEL BACKED BY 30 YEARS OF BAPTIST HEALTH'S EXPERTISE IN CANCER CARE. THE FACILITY, LOCATED ON THE BAPTIST HOSPITAL CAMPUS, CONSOLIDATES MANY OUTPATIENT CLINICAL SERVICES, CLINICAL RESEARCH, AND TECHNOLOGY PLATFORMS UNDER ONE ROOF. THE INSTITUTE IS HOME TO ONE OF THE MOST COMPREHENSIVE AND ADVANCED RADIATION ONCOLOGY PROGRAMS IN THE WORLD, INCLUDING SOUTH FLORIDA'S FIRST PROTON THERAPY CENTER, ONE OF UNDER TWO DOZEN PROTON THERAPY CENTERS IN THE NATION, WHICH OPENED IN FALL 2017. THE PRECISION OF PROTON THERAPY ALLOWS DOCTORS TO TARGET CANCER CELLS WITHOUT DAMAGING HEALTHY TISSUE AND VITAL ORGANS. MIAMI CANCER INSTITUTE DRAWS A SIGNIFICANT NUMBER OF PATIENTS FROM OUTSIDE THE UNITED STATES, AS WELL AS LEADING MEDICAL AND BUSINESS PROFESSIONALS TO SOUTH FLORIDA FOR CONFERENCES, SYMPOSIA AND OTHER EVENTS. THE HILTON MIAMI-DADELAND - A 184-ROOM, FULL-SERVICE HOTEL AND CONFERENCE CENTER - OPENED IN EARLY 2019 AND HAS BEEN AN ESSENTIAL COMPONENT TO SERVING OUT-OF-TOWN PATIENTS AND GUESTS VISITING THE CANCER INSTITUTE. IN ADDITION TO THE HEALTH-RELATED BENEFITS LISTED ABOVE, BAPTIST HEALTH ALSO HAS A SIGNIFICANT AND POSITIVE FINANCIAL IMPACT ON OUR COMMUNITY. AS OF FY2021, BAPTIST HEALTH EMPLOYED MORE THAN 23,000 INDIVIDUALS. AS SOUTH FLORIDA'S LARGEST PRIVATE EMPLOYER, BAPTIST HEALTH IS TAKING A LEADERSHIP ROLE BY COMMITTING TO THE ENVIRONMENTALLY RESPONSIBLE, ENERGY-EFFICIENT DESIGN AND FUNCTION OF OUR FACILITIES. THIS COMMITMENT APPLIES TO OUR DAY-TO-DAY OPERATIONS FROM THE SUPPLIES WE PURCHASE TO THE VEHICLES WE USE. IN ACCORDANCE WITH OUR FAITH-BASED MISSION, BAPTIST HEALTH IS COMMITTED TO MAKING A SIGNIFICANT, POSITIVE IMPACT ON THE COMMUNITY IT SERVES.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part V, Line 1a US INFORMATIONAL RETURNS | BAPTIST HEALTH HAS A SYSTEM-WIDE TREASURY POLICY, WHICH RECOGNIZES ITS RESPONSIBILITY TO OVERSEE, MANAGE, AND COORDINATE ALL AFFILIATE OPERATIONS, INCLUDING THE TREASURY FUNCTIONS. BAPTIST HEALTH SOUTH FLORIDA, INC. ("BHSF") SERVES AS THE CENTRALIZED CASH RECEIPT AND DISBURSING AGENT FOR ALL BAPTIST HEALTH ENTITIES. AS SUCH ONLY BHSF ISSUES US INFORMATIONAL RETURNS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part V, Line 2a EMPLOYEES REPORTED ON FORM W-3 | EMPLOYEES REPORTED ON FORM W-3 BHSF IS THE APPOINTED PAY AGENT FOR ALL OF ITS AFFILIATES. AS SUCH ONLY BHSF ISSUES FORM W-3. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 15 PERFORMANCE-BASED EXECUTIVE COMPENSATION | <p>THE SOUTH FLORIDA MARKET FOR HIGHLY COMPETENT HEALTHCARE EXECUTIVES REFLECTS A VERY COMPETITIVE ENVIRONMENT FOR QUALIFIED EXECUTIVES. IT IS COMPRISED OF LARGE, NATIONAL, FOR PROFIT CHAINS AND NOT-FOR-PROFIT HOSPITAL SYSTEMS AND STAND-ALONE HOSPITALS. THE BOARD OF TRUSTEES OF BAPTIST HEALTH SOUTH FLORIDA, INC. SEEKS EXECUTIVES OF VISION AND LEADERSHIP TO CARRY OUT THE ORGANIZATION'S FAITH-BASED MISSION OF QUALITY CARE AND COMMUNITY SERVICE. THE BOARD EXPECTS THESE EXECUTIVES TO PROVIDE LEADERSHIP THAT WILL PLACE BAPTIST HEALTH AMONG THE BEST HEALTHCARE SYSTEMS IN THE NATION FOR QUALITY AND EXCELLENCE. THE BOARD EXPECTS EXECUTIVES TO DEMONSTRATE INTEGRITY AND LOYALTY IN THE PERFORMANCE OF THEIR DUTIES AND TO ADHERE TO BAPTIST HEALTH'S CONFLICT OF INTEREST POLICY, EXECUTIVE CODE OF CONDUCT AND ALL COMPLIANCE/ETHICS POLICIES. EXECUTIVE COMPENSATION IS CONSIDERED THE FOUNDATION TO ATTRACT AND RETAIN EXECUTIVES WITH THE TALENT, EXPERIENCE AND CHARACTER TO MEET THESE EXPECTATIONS. THE BYLAWS OF BAPTIST HEALTH SOUTH FLORIDA FOUNDATION DELEGATE THE AUTHORITY TO SET EXECUTIVE COMPENSATION TO BAPTIST HEALTH SOUTH FLORIDA, INC. ("BHSF"). BHSF'S COMPENSATION COMMITTEE IS COMPRISED EXCLUSIVELY OF INDEPENDENT BOARD MEMBERS WHO SERVE VOLUNTARILY WITHOUT ANY REMUNERATION, AND WHO MUST ADHERE TO A STRINGENT CONFLICT OF INTEREST POLICY THAT PRECLUDES THEM OR THEIR FAMILIES FROM DOING BUSINESS WITH BAPTIST HEALTH. THE COMMITTEE IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE AND APPROVING THE COMPENSATION FOR all of the entity's EXECUTIVES. THE TERM "COMPENSATION" INCLUDES SALARIES, BENEFITS AND INCENTIVES. THE COMPENSATION COMMITTEE ANNUALLY ENGAGES A NATIONALLY RECOGNIZED, INDEPENDENT CONSULTANT TO CONDUCT COMPENSATION SURVEYS AND TO ADVISE THE BOARD ON COMPENSATION POLICIES. For further detail regarding the compensation structure, please refer to Schedule J, Part I, Line 3.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 2 Family/business relationships amongst interested persons | JOHN SCOTT WESTON & ALYSA R. HERNAN - Family relationship, JOHN SCOTT WESTON & ROBERT NAMOFF - Business relationship, JOSEPH WESTON & JOHN SCOTT WESTON - Family relationship, JOHANNA PATERSON CARRIER & MICHAEL PEALE CARRIER - Family relationship, JAMES LEONARD & LINDSAY RABITO-LEONARD - Family relationship, NEIL SOSLER & JUDITH KATZEN - Family relationship, JORGE PEREZ & ALBERT TANO - Business relationship |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 7a Members or stockholders electing members of governing body | THIS ORGANIZATION IS PART OF BAPTIST HEALTH, AN INTEGRATED HEALTH CARE DELIVERY SYSTEM. THE BOARD OF TRUSTEES OF BAPTIST HEALTH SOUTH FLORIDA HAS THE RIGHT TO APPOINT SOME BOARD MEMBERS TO THE HOSPITAL'S BOARD OF DIRECTORS. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders | THIS ORGANIZATION IS PART OF BAPTIST HEALTH SOUTH FLORIDA, AN INTEGRATED HEALTH CARE DELIVERY SYSTEM. THE BOARD OF TRUSTEES OF BAPTIST HEALTH SOUTH FLORIDA, INC. HAS THE RIGHT TO APPROVE OR RATIFY CERTAIN CORPORATE DECISIONS OF THE ORGANIZATION. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | BAPTIST HEALTH MANAGEMENT IS RESPONSIBLE FOR THE ACCURACY AND COMPLETENESS OF THE TAX RETURNS OF BHSF AND ALL OF ITS NONPROFIT, CHARITABLE AFFILIATES. THIS FORM 990 HAS BEEN PREPARED IN CONFORMITY WITH THE INTERNAL REVENUE CODE AND TREASURY REGULATIONS. INDEPENDENT TAX CONSULTANTS AND MEMBERS OF MANAGEMENT HAVE REVIEWED IN DETAIL THE COMPLETED FORM 990. PRIOR TO FILING, THE FORM 990 PREPARATION PROCESS AND THE DOCUMENTS ARE DISCUSSED AT A MEETING OF THE FINANCE & RISK MANAGEMENT COMMITTEE OF THE BOARD OF TRUSTEES AND MADE AVAILABLE ELECTRONICALLY TO ALL MEMBERS OF THE BOARD OF TRUSTEES FOR REVIEW AND COMMENTARY. ADDITIONALLY, THE EXECUTIVE AND COMPENSATION COMMITTEES OF THE BHSF BOARD OF TRUSTEES, COMPOSED OF INDEPENDENT UNCOMPENSATED MEMBERS, REVIEW OTHER PERTINENT AREAS OF THE RETURN AS NEEDED. THE PRESIDENT AND CEO, AS WELL AS THE EXECUTIVE VICE PRESIDENT AND CFO, HEREBY CERTIFY AS TO THE ACCURACY AND COMPLETENESS OF THIS FORM 990. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 12c Conflict of interest policy | <p>AN ACTUAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST OCCURS IN THOSE CIRCUMSTANCES WHERE AN EMPLOYEE'S JUDGEMENT COULD BE AFFECTED BECAUSE THE EMPLOYEE HAS A PERSONAL INTEREST, OTHER THAN THE RECEIPT OF COMPENSATION FROM BAPTIST HEALTH, IN THE OUTCOME OF A DECISION OVER WHICH THE EMPLOYEE HAS CONTROL OR INFLUENCE. FOR THE PURPOSES OF THIS POLICY, IT IS PRESUMED THAT MANAGERS HAVE CONTROL OR INFLUENCE OVER ANY DECISION AFFECTING A MATTER FOR WHICH A MANAGER HAS RESPONSIBILITY. A PERSONAL INTEREST EXISTS WHEN AN EMPLOYEE OR A MEMBER OF HIS OR HER FAMILY STANDS TO DIRECTLY OR INDIRECTLY OBTAIN FINANCIAL GAIN AS A RESULT OF A DECISION. THIS POLICY IS INTENDED FOR ALL EMPLOYEES TO UNDERSTAND, IDENTIFY, MANAGE, AND APPROPRIATELY DISCLOSE THOSE TRANSACTIONS, WHICH COULD RESULT IN AN ACTUAL, POTENTIAL, OR PERCEIVED CONFLICT OF INTEREST. IN ACCORDANCE WITH OUR CODE OF ETHICS, HIGH ETHICAL STANDARDS MUST BE OBSERVED IN THE NEGOTIATION AND EXECUTION OF ALL BUSINESS ACTIVITIES CONDUCTED AT, BY OR WITH BAPTIST HEALTH. ANY DECISIONS MADE BY BAPTIST HEALTH EMPLOYEES MUST BE MADE IN COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS, WITH THE BEST ORGANIZATIONAL INTERESTS OF BAPTIST HEALTH AS THE HIGHEST PRIORITY AND WITHOUT REGARD TO THE PERSONAL GAIN OR INTEREST OF ANY OTHER PERSON OR ENTITY. LIKEWISE, THE APPEARANCE OF ANY SUCH IMPROPER INFLUENCE ON ANY DECISIONS SHOULD BE CONSCIOUSLY AVOIDED. EMPLOYEES SHOULD ALSO ADHERE TO POLICY 828 WHICH PROHIBITS VENDOR SPONSORED TRAVEL, AND POLICY 829 LIMITING ACCEPTANCE OF PERSONAL HONORARIUMS, AND POLICY 831 WHICH PROVIDES LIMITATIONS AND GUIDELINES ON PHILANTHROPIC SOLICITATION OF VENDORS. A POTENTIAL OR PERCEIVED CONFLICT OR INTEREST MAY EXIST IRRESPECTIVE OF THE INTENT OF THE EMPLOYEE. BOARD CONFLICT OF INTEREST Baptist Health has a strong and robust Conflict of Interest policy. The policy is meant to ensure that each member of the Board of Trustees governs the affairs of Baptist Health and its affiliates with honesty and integrity and makes decisions for the benefit of Baptist Health. Board of Trustee members may not be employed by Baptist Health, not engaged to provide services to Baptist Health or any of its affiliates in exchange for cash compensation. Conflict free decision making extends beyond the Board members to include transactions that might benefit (I) the private interest of a member or his or her family (II) an organization controlled by a member of his or her family (III) an organization in which a member or his or her family has a material interest. Since the appearance of a conflict of interest may be as damaging to Baptist Health's reputation as actually permitting a conflict to exist, each voting Board member of Baptist Health and its affiliates has a continuing obligation to disclose any potential conflicts. This continuing obligation is supplemented by an annual certification that the Board member is free from actual or potential conflicts of interest. The annual certification is reviewed by</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Conflict of interest policy | <p>the Vice President of Audit and Compliance and the Chief Compliance Officer who reports directly to the Board. Potential conflicts are further reviewed by the Board's Ethics Committee. If a conflict does exist, the conflicted Board member may be required (I) resign from the Board (II) eliminate the relationship, which gives rise to the conflict or (III) recuse himself or herself from all discussions, votes or actions with regard to the matter creating the actual or potential conflict of interest. CONFLICT OF INTEREST POLICY COMPLIANCE ONE OF BAPTIST HEALTH'S GREATEST ASSETS IS THE INTEGRITY OF ITS VOLUNTEER BOARD MEMBERS. ONE WAY TO ASSURE INTEGRITY IS THE ORGANIZATION'S COMMITMENT TO A STRINGENT CONFLICT OF INTEREST POLICY FOR THEIR GOVERNING BOARDS AND MANAGEMENT. AS A PART OF A ROBUST CONFLICT OF INTEREST POLICY, BOARD MEMBERS MUST ANNUALLY COMPLETE A CONFLICT OF INTEREST DECLARATION FORM. THE AUDIT AND COMPLIANCE DEPARTMENT MONITOR TO ENSURE ALL VOTING MEMBERS SUBMIT THE DECLARATION FORM AND PERFORM NECESSARY RESEARCH TO UNDERSTAND IF A POTENTIAL CONFLICT EXISTS. ALL DISCLOSURES AND THE RELATED RESEARCH ARE SUMMARIZED FOR THE ETHICS COMMITTEE OF THE BAPTIST HEALTH SOUTH FLORIDA, INC. BOARD OF TRUSTEES. ANY DISCLOSURES THAT MAY RESULT IN THE APPEARANCE OF A CONFLICT ARE ADDRESSED BY THE COMMITTEE FOR ITS CONSIDERATION AND RESOLUTION.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 19 Required documents available to the public | DOCUMENTS THAT ARE REQUIRED TO BE OPEN FOR PUBLIC INSPECTION ARE MADE AVAILABLE UPON REQUEST. IN ADDITION, BOTH THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING ON THIRD PARTY WEBSITES. THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON WWW.BAPTISTHEALTH.NET . |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - -145235; CONTRIBUTIONS TO AFFILIATES FOR PP&E - 6480493; CONTRIBUTIONS TO AFFILIATES FOR OPERATIONS - 30932192; NET ASSETS RELEASED FROM RESTRICTION - -13701571; UNCOLLECTIBLE TEMPORARILY RESTRICTED PLEDGES - -5360309; RESTRICTED INVESTMENT INCOME - 1918686; CHANGE IN VALUE OF LIFE INSURANCE POLICY - 216148; CHANGE IN POST RETIREMENT HEALTH OBLIGATION - 45280041; TEMPORARY RETRISTECTED FUNDS - 7221078; |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Baptist Health South Florida Foundation Inc

Employer identification number

59-1923401

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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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.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
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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.

See Additional Data Table

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

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 59-1923401
Name: Baptist Health South Florida Foundation Inc

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| 8900 N KENDALL DRIVE MIAMI, FL 33176 59-0910342 | HOSPITAL | FL | 501(c)(3) | 3 | BHSF | | No |
| 6200 SW 73 ST MIAMI, FL 33143 59-0872594 | HOSPITAL | FL | 501(c)(3) | 3 | BHSF | | No |
| 975 BAPTIST WAY HOMESTEAD, FL 33033 65-0232993 | HOSPITAL | FL | 501(c)(3) | 3 | BHSF | | No |
| 91500 OVERSEAS HIGHWAY TAVERNIER, FL 33070 59-1987355 | HOSPITAL | FL | 501(c)(3) | 3 | BHSF | | No |
| 9555 SW 162 AVE MIAMI, FL 33196 52-2438452 | HOSPITAL | FL | 501(c)(3) | 3 | BHSF | | No |
| 5000 UNIVERSITY DRIVE CORAL GABLES, FL 33146 04-3775926 | HOSPITAL | FL | 501(c)(3) | 3 | BHSF | | No |
| 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 56-2290370 | MED. DIAG. | FL | 501(c)(3) | 3 | BHSF | | No |
| 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0611015 | SUPPORT | FL | 501(c)(3) | Type I | BHSF | | No |
| 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 46-2597739 | HEALTHCARE | FL | 501(c)(3) | 10 | BHSF | | No |
| 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 47-3090066 | HEALTHCARE | FL | 501(c)(3) | Type III-FI | BHSF | | No |
| 3301 OVERSEAS HWY MARATHON, FL 33050 82-1682066 | HOSPITAL | FL | 501(c)(3) | 3 | BHSF | | No |
| 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2447553 | SUPPORT ORGANIZATION | FL | 501(c)(3) | Type III-FI | BHSF | | No |
| 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2771779 | O/P MEDICAL SERVICES | FL | 501(c)(3) | 10 | BHI | | No |
| 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 65-0561263 | O/P MEDICAL SERVICES | FL | 501(c)(3) | 10 | BHI | | No |
| 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2447554 | HOSPITAL | FL | 501(c)(3) | 3 | BHI | | No |
| 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-6137805 | FUNDRAISING | FL | 501(c)(3) | 7 | BHI | | No |
| 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 65-0523164 | PAYROLL SUPPORT | FL | 501(c)(3) | Type I | BHI | | No |
| 800 MEADOWS ROAD BOCA RATON, FL 33486 59-1006663 | HOSPITAL | FL | 501(c)(3) | 3 | BRRH | | No |
| 800 MEADOWS ROAD BOCA RATON, FL 33486 59-2406033 | SUPPORT | FL | 501(c)(3) | Type III-FI | BHSF | | No |
| 800 MEADOWS ROAD BOCA RATON, FL 33486 65-0044715 | O/P MEDICAL SERVICES | FL | 501(c)(3) | Type III-FI | BRRH | | No |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|--|---------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| BAPTIST HEALTH ENTERPRISES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 59-2572862 | REAL ESTATE MANAGEMENT | FL | NA | C Corporation | | | | | No |
| SAMARITAN RISK RETENTION GROUP 146 Fairchild Street Suite 135 Charleston, SC 29492 20-3433505 | INSURANCE | SC | NA | C Corporation | | | | | No |
| PINEAPPLE INSURANCE COMPANY 98-0465790 | INSURANCE | CJ | NA | C Corporation | | | | | No |
| BMAB EAST TOWER INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-4047110 | LEASE OFFICE SPACE | FL | NA | C Corporation | | | | | No |
| BAPTIST MEDICAL SERVICES CORP 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0506620 | HOLDING COMPANY | FL | NA | C Corporation | | | | | No |
| KENDALL CREDIT & BUSINESS SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0434778 | COLLECTION AGENCY | FL | NA | C Corporation | | | | | No |
| WEST KENDALL PROFESSIONAL SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 65-0475570 | COLLECTION AGENCY | FL | NA | C Corporation | | | | | No |
| SOUTH MIAMI HEALTH ENTERPRISES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 59-2623930 | MEDICAL CENTER | FL | NA | C Corporation | | | | | No |
| BAPTIST AMBULATORY SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 42-1573814 | HOLDING COMPANY | FL | NA | C Corporation | | | | | No |
| BHE REALTY INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 90-0152617 | REAL ESTATE BROKER | FL | NA | C Corporation | | | | | No |
| BAPTIST ANCILLARY SERVICES INC 6855 RED ROAD STE 600 CORAL GABLES, FL 33143 55-0800138 | HOLDING COMPANY | FL | NA | C Corporation | | | | | No |
| BETHESDA HEALTH PHYSICIAN GROUP INC 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 65-0561267 | PHYSICIAN OFFICES | FL | NA | C Corporation | | | | | No |
| BETHESDA HOLDING COMPANY INC 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2663767 | HOLDING COMPANY | FL | NA | C Corporation | | | | | No |
| PALM BEACH CREDIT ADJUSTORS INC 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435 59-2507658 | INVESTMENT | FL | NA | C Corporation | | | | | No |
| BOCACARE INC 800 MEADOWS ROAD BOCA RATON, FL 33486 26-4190328 | PHYSICIAN OFFICES | FL | NA | C Corporation | | | | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| BAPTIST HEALTH INTERNATIONAL CAYMAN ISLAND LTD | MEDICAL SERVICES | CJ | NA | C Corporation | | | | | No |