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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to [www.irs.gov/Form990](http://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 Medical Center of Nassau Inc

Doing business as  
Baptist Medical Center Nassau

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

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

F Name and address of principal officer:  
MICHAEL A MAYO  
841 Prudential Dr Ste 1601  
Jacksonville, FL 32207

D Employer identification number  
59-3234721

E Telephone number  
(904) 202-2883

G Gross receipts \$ 94,575,080

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

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

H(c) Group exemption number ▶

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

J Website: ▶ [www.baptistjax.com](http://www.baptistjax.com)

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1994

M State of legal domicile: FL

Part I

Summary

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 12

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 10

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) . . . . . 522

6 Total number of volunteers (estimate if necessary) . . . . . 208

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 0

7b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 0

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .

9 Program service revenue (Part VIII, line 2g) . . . . .

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

6,119,308

Current Year

147,751

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12 . . . . .

Prior Year

537,455

380,710

0

0

36,153,634

41,568,730

0

0

32,513,062

36,661,479

69,204,151

78,610,919

13,671,619

15,914,049

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .

Beginning of Current Year

163,233,479

171,793,369

19,812,404

20,886,241

143,421,075

150,907,128

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  
2022-08-11  
Date  
Keith Tickell SVP & CFO  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2020)

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 67,386,378 including grants of \$ 380,710 ) (Revenue \$ 93,859,957 )  
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 ▶ 67,386,378

**Part IV Checklist of Required Schedules**

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

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	66
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 522			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .		<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>		No
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>		No
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.		<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.		<b>16</b>		No

**Part VI**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 12		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 10		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		No

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

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

**Section C. Disclosure**

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

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

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

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

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

Part VII

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Brett S McClung Former President (As of 5/1/21)	0.5 ..... 39.5	X		X				0	1,662,735	118,689
(2) Jon C Lasserre Esq Chair	0.5 ..... 0	X		X				0	0	0
(3) Karen Hackett Vice Chair/Secretary/Treasurer	0.5 ..... 0	X		X				0	0	0
(4) Matthew A Zuino EVP/COO	0.5 ..... 39.5	X		X				0	788,238	136,318
(5) Michael A Mayo DHA President	0.5 ..... 39.5	X		X				0	870,707	43,486
(6) Brandy B Carvalho Director	0.1 ..... 0	X						0	0	0
(7) Daniel C Rowland Director	0.1 ..... 0	X						0	0	0
(8) Janice Ancrum Director	0.1 ..... 0	X						0	0	0
(9) Jodi H Henson Director	0.1 ..... 0	X						0	0	0
(10) Michael Ammiano Director	0.1 ..... 0	X						0	0	0
(11) Michael Howington MD Director	0.1 ..... 0	X						0	0	0
(12) William H Gower Director	0.1 ..... 0	X						0	0	0
(13) Willie J Scott Director	0.1 ..... 0	X						0	0	0
(14) Ed Hubel VP	40.0 ..... 0			X				377,783	0	111,677
(15) Elizabeth R Ransom MD EVP/CPE	0.5 ..... 39.5			X				0	1,000,029	23,609
(16) G Scott Baity ESQ Assistant Secretary	0.3 ..... 39.7			X				0	566,167	138,996
(17) Scott M Wooten EVP/CFO/Asst Treasurer	0.5 ..... 39.5			X				0	949,777	288,594

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) David Toncray Director, Pharmacy	40.0 .....2....					X		147,769	0	16,304
(19) Kellene Sauls MSNRN Asst. Admin., Nursing	40.0 .....2....					X		190,249	0	46,581
(20) Pamela Bolden Director, Surgical Services	40.0 .....2....					X		147,199	0	10,509
(21) Sarah M Hannah Associate Director, Nursing	40.0 .....2....					X		130,133	0	7,693
(22) Stephen Bean Pharmacist	40.0 .....2....					X		156,676	0	48,940
(23) John F Wilbanks Former EVP (AS OF 12/31/19)	0.0 ..... 40.0						X	0	440,925	20,494
<b>1b Sub-Total</b>										
<b>1c Total from continuation sheets to Part VII, Section A</b>										
<b>1d Total (add lines 1b and 1c)</b>								1,149,809	6,278,578	1,011,890

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 8**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
BATSON COOK COMPANY 8860 PHILIPS HWY Jacksonville, FL 32256	CONSTRUCTION COMPANY	3,581,665
OWENS & MINOR INC 8489 Westside Industrial Dr Jacksonville, FL 32219	Medical Supply Distributor	2,687,030
MCKESSON CORPORATION 4345 Southpoint Blvd Jacksonville, FL 32216	Medical Supply Distributor	2,111,047
GE PRECISION HEALTHCARE LLC 3000 N Grandview Blvd Waukesha, WI 53188	Medical Supply Distributor	1,645,442
AMELIA ANESTHESIA PL 1250 S 18th St Fernadina Beach, FL 32034	Anesthesia Provider	1,093,556

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 57**



Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . .	1b				
	c	Fundraising events . . .	1c				
	d	Related organizations	1d	126,975			
	e	Government grants (contributions)	1e	20,776			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a - 1f:\$	1g				
	h	Total. Add lines 1a-1f . . . . . ▶	147,751				
Program Service Revenue	2a	Patient service revenues, Net	Business Code 621990	93,315,917	93,315,917	0	0
	b	Hospital Cafeteria	722514	251,640	251,640	0	0
	c	Rental Revenue	531120	242,940	242,940	0	0
	d	Other Revenue	621990	49,460	49,460	0	0
	e						
	f	All other program service revenue.		0	0	0	0
	g	Total. Add lines 2a-2f. . . . . ▶	93,859,957				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		427,801	0	0	427,801
	4	Income from investment of tax-exempt bond proceeds . . . . . ▶					
	5	Royalties . . . . . ▶					
	6a	Gross rents	(i) Real 6a124,298	(ii) Personal			
	b	Less: rental expenses	6b50,112				
	c	Rental income or (loss)	6c74,186	0			
	d	Net rental income or (loss) . . . . . ▶		74,186	0	0	74,186
	7a	Gross amount from sales of assets other than inventory	(i) Securities 7a	(ii) Other 15,273			
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c0	15,273			
	d	Net gain or (loss) . . . . . ▶		15,273	0	0	15,273
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a				
	b	Less: direct expenses . . . . .	8b				
	c	Net income or (loss) from fundraising events . . . . . ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	9a				
	b	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 . . . . . ▶						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue . . . . .		0	0	0	0	
e	Total. Add lines 11a-11d . . . . . ▶		0				
12	Total revenue. See instructions . . . . . ▶		94,524,968	93,859,957	0	517,260	

**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 ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	377,710	377,710		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	3,000	3,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0	0		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	365,372	182,686	182,686	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b> Other salaries and wages . . . . .	30,785,915	26,475,887	4,310,028	0
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	1,697,056	1,459,468	237,588	0
<b>9</b> Other employee benefits . . . . .	6,516,361	5,604,070	912,291	0
<b>10</b> Payroll taxes . . . . .	2,204,026	1,895,462	308,564	0
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	437,720	337,044	100,676	0
<b>b</b> Legal . . . . .	0	0	0	0
<b>c</b> Accounting . . . . .	36,258	18,129	18,129	0
<b>d</b> Lobbying . . . . .	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17	0			0
<b>f</b> Investment management fees . . . . .	0	0	0	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,990,131	4,612,403	1,377,728	0
<b>12</b> Advertising and promotion . . . . .	138,907	106,958	31,949	0
<b>13</b> Office expenses . . . . .	5,828,278	4,487,774	1,340,504	0
<b>14</b> Information technology . . . . .	448,844	345,610	103,234	0
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	2,675,458	2,060,103	615,355	0
<b>17</b> Travel . . . . .	17,810	13,714	4,096	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	35,847	27,602	8,245	0
<b>20</b> Interest . . . . .	7,694	5,924	1,770	0
<b>21</b> Payments to affiliates . . . . .	0	0	0	0
<b>22</b> Depreciation, depletion, and amortization . . . . .	6,255,744	4,816,923	1,438,821	0
<b>23</b> Insurance . . . . .	319,477	245,997	73,480	0
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Hospital/Medical Supplies	12,663,858	12,663,858	0	0
<b>b</b> AHCA & NICA Assessments	983,717	983,717	0	0
<b>c</b> Patient Transportation	128,706	128,706	0	0
<b>d</b> Dues & Memberships	32,955	25,375	7,580	0
<b>e</b> All other expenses	660,075	508,258	151,817	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	78,610,919	67,386,378	11,224,541	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		625	<b>1</b>	625	
	<b>2</b>	Savings and temporary cash investments . . . . .		0	<b>2</b>	0	
	<b>3</b>	Pledges and grants receivable, net . . . . .		0	<b>3</b>	0	
	<b>4</b>	Accounts receivable, net . . . . .		10,893,103	<b>4</b>	13,338,096	
	<b>5</b>	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	<b>5</b>	0	
	<b>6</b>	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	<b>6</b>	0	
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0	
	<b>8</b>	Inventories for sale or use . . . . .		1,457,707	<b>8</b>	1,495,299	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		611,528	<b>9</b>	2,178,442	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	113,143,275			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	50,126,659	58,366,783	<b>10c</b>	63,016,616
	<b>11</b>	Investments—publicly traded securities . . . . .		13,221,976	<b>11</b>	15,656,719	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>		
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>		
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		78,681,757	<b>15</b>	76,107,572	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		163,233,479	<b>16</b>	171,793,369		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		16,062,321	<b>17</b>	13,907,335	
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0	
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	0	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		0	<b>20</b>	0	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		0	<b>21</b>	0	
	<b>22</b>	Loans and other payables to 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	<b>22</b>	0	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		0	<b>23</b>	0	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		3,750,083	<b>25</b>	6,978,906	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		19,812,404	<b>26</b>	20,886,241	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		139,559,686	<b>27</b>	146,173,661	
	<b>28</b>	Net assets with donor restrictions . . . . .		3,861,389	<b>28</b>	4,733,467	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .		0	<b>29</b>	0	
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		0	<b>30</b>	0	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .		0	<b>31</b>	0	
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		143,421,075	<b>32</b>	150,907,128	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		163,233,479	<b>33</b>	171,793,369		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	94,524,968
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	78,610,919
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	15,914,049
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	143,421,075
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,663,656
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-10,091,652
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	150,907,128

**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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

# Additional Data

**Software ID:** 20011424  
**Software Version:** 2020v4.0  
**EIN:** 59-3234721  
**Name:** Baptist Medical Center of Nassau Inc

Form 990 (2020)

**Form 990, Part III, Line 4a:**

Baptist Medical Center of Nassau, Inc. (BMCN) is a highly advanced, extremely well-equipped community hospital located on Amelia Island, serving Nassau County and its surrounding area. The hospital provides a full spectrum of inpatient and outpatient services and 24-hour emergency care. The medical staff includes highly trained physicians in 26 different specialties along with a 24/7 hospitalist program. BMCN is an accredited chest pain center, acute stroke readiness hospital and has earned ANCC magnet recognition for excellence in patient care and named top general hospital by the LeapFrog Group with safety grade A. Baptist Nassau offers many advanced services and technologies not typically seen in a community hospital including a 30,000 square foot surgery/procedural center, advanced imaging (64-channel CT and MRI), breast health program with digital 3D mammography, 24/7 intensivist coverage ICU through telemedicine, non-invasive cardiology and cardiac rehabilitation center and sleep disorder center. Inpatients are cared for in ultra-modernized building, which offers 48 private patient suites. Other programs include maternity department, delivering 303 babies during the past fiscal year. BMCN was one of the first community hospitals in the nation to convert to an electronic medical record system. Baptist Medical Center of Nassau is fully integrated within a five hospital system of Baptist Health System, Inc. (BHS). Inpatient pediatric care is provided by Wolfson Children's Hospital in Jacksonville. During the fiscal year, there were 398 employees, 62 beds, 3,334 admissions accounting for 13,273 patient days, and 20,396 emergency room visits. As part of BHS, the region's only community-owned, faith-based healthcare system, BMCN is committed to improving the health of everyone in its community, regardless of their ability to pay. BMCN provided the following uncompensated care and community benefit for the fiscal year ended September 30, 2021: (1) charity care, \$2.8 million, (2) unreimbursed Medicaid costs, \$997 thousand, (3) unreimbursed Medicare costs, \$10.2 million, and (4) specific community programs, \$764 thousand, for a total of \$14.8 million of uncompensated care and community benefit. BMCN's primary focus is addressing unmet health needs, particularly among vulnerable populations who have limited resources and access to health care. BMCN has gone beyond the delivery of essential health care to improve the lives of individuals and the overall quality of life in our region. Baptist health's community health committee guides the community health efforts. This committee provides strategic direction related to community health activities and ensures focus on key priorities that align with Baptist health's mission. A cornerstone of our commitment to the community is caring for the health of vulnerable, uninsured and underserved people among us. One of BMCN's guiding principles of community health is to collaborate with other local organizations to leverage our collective expertise and strength for the health benefits of the community. This collaborative approach helps ensure efficiency and avoids duplication of effort, resulting in enhancement of the lives of area residents at every life stage and income level. BMCN community health needs assessment includes: (1) access to care (2) behavioral health (3) poverty (4) obesity and physical activity (5) maternal, fetal and infant health (6) cancer and (7) vulnerable populations.

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
Baptist Medical Center of Nassau Inc

Employer identification number  
59-3234721

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

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

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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). . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .					<b>14</b>	
<b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .					<b>15</b>	
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>b 33 1/3% support test—2019.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>17a 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>b 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>						

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First 5 years.</b> 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 <b>stop here.</b> . . . . . ► <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> 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? If "No," describe in <b>Part VI</b> 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.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( <i>explain in <b>Part VI</b></i> ). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in <b>Part VI</b></i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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 (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). 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-- explain in Part VI). 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, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 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

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
Baptist Medical Center of Nassau Inc

Employer identification number  
59-3234721

Part I

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

	(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 . . . . . ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2020

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .

☐ Yes

☐ No

b

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

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	3,747,769	3,510,084	3,151,445	2,584,655	1,476,134
b Contributions . . . . .	102,042	191,396	320,591	514,000	935,480
c Net investment earnings, gains, and losses	594,239	120,421	103,437	105,374	176,358
d Grants or scholarships . . . . .	0	0	0	0	0
e Other expenditures for facilities and programs . . . . .	87,921	74,132	65,389	52,584	3,317
f Administrative expenses . . . . .	0	0	0	0	0
g End of year balance . . . . .	4,356,129	3,747,769	3,510,084	3,151,445	2,584,655

2

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

a

Board designated or quasi-endowment ▶ 0.76 %

b

Permanent endowment ▶ 78.88 %

c

Term endowment ▶ 20.36 %

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

3a

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

(i) Unrelated organizations . . . . .

3a(i)

Yes

No

(ii) Related organizations . . . . .

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		477,107		477,107
b Buildings . . . . .	0	64,844,077	22,521,352	42,322,725
c Leasehold improvements	0	422,185	194,632	227,553
d Equipment . . . . .	0	37,331,747	26,430,045	10,901,702
e Other . . . . .	0	10,068,159	980,630	9,087,529
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				63,016,616

Schedule D (Form 990) 2020

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) Advances to affiliated organizations	71,262,700
(2) Interest in Net Assets of Baptist Health System Foundation, Inc.	4,743,469
(3) Long Term Portion of Prepaid Assets	101,403
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	76,107,572

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Estimated third-party settlements	840,240
(3) Due to Affiliated Organizations	6,138,666
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	6,978,906

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



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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

**Additional Data**

**Software ID:** 20011424  
**Software Version:** 2020v4.0  
**EIN:** 59-3234721  
**Name:** Baptist Medical Center of Nassau Inc

**Supplemental Information**

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

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	With few exceptions, Baptist Medical Center of Nassau, Inc. is no longer subject to examinations by major tax jurisdictions for years ended September 30, 2017 and prior. Management does not believe there are any material uncertain positions.

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SCHEDULE H  
(Form 990)

Hospitals

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
Attach to Form 990.  
Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Name of the organization  
Baptist Medical Center of Nassau Inc

Employer identification number  
59-3234721

Part IFinancial Assistance and Certain Other Community Benefits at Cost

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

7Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			2,808,847	0	2,808,847	3.57 %
b Medicaid (from Worksheet 3, column a) . . . . .			7,182,714	6,185,453	997,261	1.27 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs . . . . .	0	0	9,991,561	6,185,453	3,806,108	4.84 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			161,912	0	161,912	0.21 %
f Health professions education (from Worksheet 5) . . . . .			0	0	0	0 %
g Subsidized health services (from Worksheet 6) . . . . .			0	0	0	0 %
h Research (from Worksheet 7) . . . . .			0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			602,236	0	602,236	0.77 %
j Total. Other Benefits . . . . .	0	0	764,148	0	764,148	0.97 %
k Total. Add lines 7d and 7j . . . . .	0	0	10,755,709	6,185,453	4,570,256	5.81 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing					0	0 %
<b>2</b> Economic development					0	0 %
<b>3</b> Community support	3				0	0 %
<b>4</b> Environmental improvements					0	0 %
<b>5</b> Leadership development and training for community members					0	0 %
<b>6</b> Coalition building	4				0	0 %
<b>7</b> Community health improvement advocacy	7				0	0 %
<b>8</b> Workforce development	1				0	0 %
<b>9</b> Other	2				0	0 %
<b>10 Total</b>	17	0	0	0	0	0 %

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b>		
	7,431,474		
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	<b>3</b>		
	0		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	30,937,587
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	41,140,433
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	-10,202,846
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year?  
**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
Baptist Medical Center of Nassau Inc**Name of hospital facility or letter of facility reporting group****Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):**1**Community Health Needs Assessment**

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



**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

Baptist Medical Center of Nassau Inc

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>400.0</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>https://www.baptistjax.com/patient-info/financial-assistance</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://www.baptistjax.com/patient-info/financial-assistance</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>https://www.baptistjax.com/patient-info/financial-assistance</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

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

Baptist Medical Center of Nassau Inc

**Name of hospital facility or letter of facility reporting group**

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Baptist Medical Center of Nassau Inc

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State Filing of the Community Benefit Report	Baptist Health System, Inc. (BHS), parent company of the filing organization, is located within the northeast Florida quadrant. There are no requirements for state filing in Florida of the annual community benefit report. However, BHS does publish the report and it is available upon request or at the <a href="http://www.baptistjax.com">www.baptistjax.com</a> website.
Schedule H, Part II, Line 3 Community Support	COVID-19 Efforts: Besides educational videos, social media postings, and advertisements underscoring the importance of following CDC guidelines during COVID-19, Baptist Health provided a number of services to support the community. The COVID Hotline received 16,029 calls to address the community's concerns and questions and made 2,332 outbound calls to remind community members of their second COVID dose. To address mental health concerns and isolation in senior populations, The Friendly Caller Program provided a powerful way for 11 patients to remain connected to others during a time when in-person activities were suspended. Tipping the Scale, a mentoring program for at-risk teens, provided students with opportunities and tools to address their mental health concerns. Panel discussions were also held in the spring to address African-Americans' mental health during the pandemic targeted to youth, adults, and seniors. Tipping the Scale - Youth Mentoring Program: Twelve Baptist Health employees volunteered their time to provide one-to-one mentoring for 12 high school students each week. The students who participate in the program are from our most vulnerable communities and low income families, and they attend local schools with low graduation rates. In this career guidance mentoring program, mentors introduce students to various careers in healthcare. In addition, they serve as supporters and encouragers for teens as they navigate the challenges of adolescence. Tipping the Scale - Summer Employment Experience: New employment opportunities are provided to teenagers 16-18 years old after successful completion of an eight-week job readiness training program. Teens are provided exposure to the scope of practice for one of their top three areas of career interest at our flagship hospital system. This exposure to real-life careers motivates them to prepare appropriately for their life after high school. Session topics included how to be successful on the job, resume writing, the interview and hiring process, money management, accountability and consequences, and interpersonal skills. Eighty-five teenagers participated in the job readiness training, but only 19 were a part of and completed the summer sessions with 3 of the 19 at Baptist Medical Center Nassau.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II, Line 6 Coalition Building	<p>Episcopal Children's Services Health Services Advisory Council for Duval, Clay, Baker and Nassau Counties provides a network of community connections to support Head Start and Early Head Start programs with integrated, comprehensive health services. Wolfson Children's Hospital representatives are active members in these councils and provide services to Head Start and Early Head Start centers such as health education and access to healthcare. Jacksonville Nonprofit Hospital Partnership came together to develop a multi-hospital system collaborative community health needs assessment. The Partnership is a network of five health systems that are a shared voice to improve population health by eliminating the gaps that prevent quality, integrated health care and to improve access to resources that support a healthier lifestyle. During FY 2016, the Partnership initiated, and continues today, a collaboration to reduce stigma and crises related to mental illness through a community implementation of Mental Health First Aid, a best-practices program recognized by the Substance Abuse and Mental Health Services Administration. Nassau Community Health Improvement Coalition - Baptist Nassau is a member of the Nassau Community Health Improvement Coalition (NCHIC). NCHIC is a coalition of local agencies, organizations, community groups and community members with the common goal of improving the overall health of the Nassau County community. The Coalition works to improve the level of health in the area through awareness, education, partnership, prevention, service delivery, and policy development, so that individuals achieve their potential to live healthy, active lifestyles. Nassau Racial Equity Coalition (NREC) seeks to improve opportunities for racial minorities by removing barriers and inequities. NREC is composed of representatives of the key institutions in Nassau County that will develop and implement actions consistent with the mission that will achieve the vision for equality. Current committees are focusing on education, health, law enforcement, marketing and development, and opportunities.</p>
Schedule H, Part II, Line 7 Community Health Improvement Advocacy	<p>CHNA Priority Access to Care: Baptist Medical Center Nassau (BMCN) partners with Barnabas Center located in Nassau County to provide access to primary health care for people who are un- and under-insured. In addition to providing funding for Barnabas Center operations, BMCN employs a physician, serving as medical director, and a nurse practitioner for Barnabas Center and provides lab and other medical services in-kind for the center. In addition, Baptist Nassau partners with the Nassau County Council on Aging to support home health services for seniors and the provision of transportation for elderly and people without transportation in a county that does not have public transportation. A partnership with Starting Point Behavioral Health increased access to mental health treatment for individuals assigned a care coordinator. Last, Baptist Nassau partnered with Walgreens, faith based partners, and assisted living facilities to administer flu shots for seniors. CHNA Priority Behavioral Health: BMCN partners with Starting Point Behavioral Health, the Health Planning Council of Northeast Florida, and the Jacksonville Nonprofit Hospital Partnership to provide Mental Health First Aid training. Mental Health First Aid teaches participants a five-step action plan to assess a situation, select and implement interventions, and secure appropriate care for an individual showing signs of mental illness or substance abuse disorders. Baptist Medical Center Nassau also partners with Starting Point to provide access to treatment for uninsured and underinsured people in Nassau County who are addicted to and abusing substances. BMCN provides funding and referrals for ED patients to receive services with appropriate permission. Baptist Health also planned to hold a Behavioral Health Conference to address health and well-being but had to postpone it due to COVID-19 surges. CHNA Priority Seniors: In addition to providing access to care and essential services through a partnership with Nassau County Council on Aging to provide transportation to the elderly and low income, Baptist Nassau continued the Friendly Caller Program to reduce feelings of loneliness and isolation for community seniors. A falls prevention initiative was also started to increase awareness of fall prevention strategies with seniors and caregivers. Baptist Medical Center Nassau also partners with the Museum of Science and History to educate adult and youth visitors about health systems and how to be healthy.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part II, Line 8 Workforce Development	Baptist Medical Center Nassau provided Clinical Education and Training to undergraduate and graduate student interns procuring degrees in nursing, IT, pharmacy, physical therapy and other health care professional provided by Baptist Health clinicians. In fiscal year 2021, Baptist Medical Center Nassau provided 199 (135 in FY20, 265 in FY19, 182 in FY18) students with 4,730 hours of clinical education supervision.
Schedule H, Part II, Line 9 Other	Mental Health First Aid - Baptist Health provided 8-hour certification training in Mental Health First Aid, Youth and Adult, to 1,107 (1,114 in FY20, 2,517 in FY 19 and 191 in FY 18) community members. The AgeWell Institute and Baptist Health provided education on various topics to approximately 300 people during Fiscal year 2021.



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	Baptist Health System, Inc.
Schedule H, Part I, Line 7g Subsidized Health Services	THERE WERE NO PHYSICIAN CLINIC COSTS INCLUDED IN THE SUBSIDIZED HEALTH SERVICES COST.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	0
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	WE OBTAINED OUR COST USING OUR CCA ACCOUNTING SYSTEM TO DEVELOP PAYOR-LEVEL RCC'S WHICH WERE APPLIED TO PAYOR CHARGES TO CALCULATE COST.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	<p>Patient service revenues are reported at estimated net realizable amounts for services rendered. BHS recognizes patient service revenues associated with patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, revenue is recognized on the basis of discounted rates in accordance with BHS' policy. Patient service revenues are reduced by the provision for bad debts and accounts receivable are reduced by an allowance for uncollectible accounts. These amounts are based on management's assessment of historical and expected net collections for each major payor source, considering business and economic conditions, trends in health care coverage and other collection indicators. Management regularly reviews collections data by major payor sources in evaluating the sufficiency of the allowance for uncollectible accounts. On the basis of historical experience, a significant portion of BHS' self-pay patients will be unable or unwilling to pay for the services provided. Thus, BHS records a significant provision for bad debts in the period services are provided related to self-pay patients. For receivables associated with patients who have third-party coverage, BHS analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for bad debts, if necessary. Accounts receivable are written off after collection efforts have been followed in accordance with BHS' policies.</p>
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	<p>The entire provision for bad debts is recorded as a deduction from patient service revenues. None of the provision is included in the expenses of the Form 990 including Schedule H and the calculation of community benefit.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	Baptist Health System, Inc. and Subsidiaries Notes to Consolidated Financial Statements Footnote 2, Significant Accounting Policies, Page 16.
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	Medicare allowable costs of care based on the organization's cost accounting system which is used to determine the amount reported on Line 6. None of the shortfall reported on Line 7 is included in Schedule H, Part I.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	Yes, the organization does have a written debt collection policy. The policy does not specifically address those patients who are known to qualify or have applied for charity care as the organization does not bill these patients. The organization's cost accounting system identifies all patients who have a pending or approved charity application. The organization would only bill the patient if, after multiple attempts to obtain any needed documentation from the patient to complete the charity approval process, the patient was noncompliant.
Schedule H, Part V, Section B, Line 16a FAP website	- Baptist Medical Center of Nassau, Inc.: Line 16a URL: <a href="https://www.baptistjax.com/patient-info/financial-assistance">https://www.baptistjax.com/patient-info/financial-assistance</a> ;

## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	Baptist Health System Inc. (BHS), parent company of the filing organization, is a member of the Jacksonville Community Benefit Partnership that is a collaborative of 5 hospitals who work together to access and address important community health needs. Baptist Health has partnered with 6 faith-based organizations located in vulnerable low-income neighborhoods in Nassau County where a health needs survey is conducted annually. The survey of the members of our faith-based partners is anonymous. In addition, data is gathered from the Northeast Florida Counts website which serves as a source of population data and information about the health status of the community. It gathers information for Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia Counties.
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	At patient access points, "Guidelines for Charity Care Eligibility" cards are provided that contains financial discount and charity care information. This includes a general chart of eligible income levels and encourages patients to speak with one of our patient financial advocates to arrange a financial evaluation. The organization sends statements to patients who have applied for charity care but have not provided all the documentation that is required to make a determination; letters are sent by the organization requesting the information to complete their application.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	Baptist Medical Center Of Nassau: Nassau County Nassau County Has A Total Area Of 725.86 Square Miles, Of Which 651.55 Square Miles (Or 89.76%) Is Land And 74.30 Square Miles (Or 10.24%) Is Water, Much Of It In The Atlantic Ocean. Fernandina Beach Is Located On Amelia Island, The County's One Inhabited Island. There Are 84,603 People Residing In Nassau The County. The Racial Makeup Of The County Is 89.8 % White, 5.95% Black Or African American, 0.53% Native American, 0.95 % Asian, 0.08% Pacific Islander, 1.31% From Other Races, And 2.02% From Two Or More Races. 4.2% Of The Population Are Hispanic Or Latino Of Any Race. In The County The Population Is Spread Out With 20.5% Under The Age Of 18, 7.3% From 18 To 24, 22.7% From 25 To 44, 29.7% From 45 To 64, And 19.9% Who Are 65 Years Of Age Or Older. The Median Age Is 45 Years. The Median Income For A Household In The County Is \$78,013.60. The Per Capita Income For The County Is \$31,141. About 6.29% Of Families And 8.50% Of The Population Is Below The Poverty Line, Including 18.9% Of Those Under Age 18 And 7.2% Of Those Age 65 Or Over.
Schedule H, Part VI, Line 5 Promotion of community health	Baptist Health System, Inc. (BHS) continues to maintain an open medical staff. A designated Social Responsibility Community Health Board Committee is established to provide direction to the community health work based on the community need within the five county area served by BHS. In FY21, BHS provided over \$53 Million in charity care to people who where under/un-insured, over \$16 million in community benefit, and over \$3 Million in direct cash to the community to support nonprofit organizations that provide health services to the underserved and low income community. Some of the nonprofit organizations provide primary care for the uninsured and the underinsured. Some provide behavioral health services to families who would not otherwise have access while others provide health services and transportation for the frail elderly.



## 990 Schedule H, Supplemental Information

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

## Additional Data

**Software ID:** 20011424

**Software Version:** 2020v4.0

**EIN:** 59-3234721

**Name:** Baptist Medical Center of Nassau Inc

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Baptist Medical Center of Nassau Inc 1250 S 18th St Fernandina Beach, FL 32034 www.baptistjax.com 4355	X	X					X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs of the community are identified on our CHNA. The methodology to determine the significance of the community health needs and prioritization of the health needs are also described in our CHNA.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>Facility , 1 - Baptist Medical Center of Nassau, Inc.. The Community Health Needs Assessments were conducted to identify priority health needs within each community served by each hospital, and to inform development of implementation strategies to address the identified needs selected by each hospital based on their ability to impact the need. Additionally, the Partnership focuses collaborative efforts to include the five-county service area of Baker, Clay, Duval, Nassau, and St. Johns. The CHNAs were conducted to respond to federal regulatory requirements and seek to identify significant health needs for particular geographic areas and populations by focusing on the following questions: * Who in the community is most vulnerable in terms of health status or access to care? * What are the unique health status and/or access needs for these populations? * Where do these people live in the community? * Why are these problems present? Primary Data: The primary data used in this assessment consist of (1) key informant interviews conducted by phone by HCI, (2) focus group discussions facilitated by HCI and the Partnership, and (3) a community survey distributed throughout the service area through online and paper submissions. Over 215 community members contributed their input on the community's health and health-related needs, barriers, and opportunities for Nassau County, with special focus on needs of vulnerable and underserved populations. The Partnership especially solicited input from members of or representatives of vulnerable and underserved populations through key informant interviews and focus group discussions. There were 12 key informant interviews, 11 focus groups, 117 focus group participants, 87 survey respondents, and a total of 216 participants. Details: Baptist Medical Center Nassau- Of the 12 key informant interviews conducted, 9 interviews were with community experts who either served or represented underserved communities (such as low-income individuals and groups experiencing disparities in health outcomes or health access). In addition, seven of the focus groups included community members and advocates who are members of underserved communities. Secondary Data: Secondary data used for this assessment were collected and analyzed from HCI's community indicator database. The database, maintained by researchers and analysts at HCI, includes over 150 community indicators from 29 state and national data sources such as Florida Department of Health, Florida Behavioral Risk Factor Surveillance System, and American Community Survey. The indicators cover over 20 topics in the areas of health and quality of life: Health: * Access to Health Services * Cancer * Children's Health * Diabetes * Disabilities * Environmental &amp; Occupational Health * Exercise, Nutrition &amp; Weight * Family Planning * Heart Disease &amp; Stroke * Immunizations &amp; Infectious Diseases * Maternal, Fetal &amp; Infant Health * Men's Health * Mental Health &amp; Mental Disorders * Older Ad</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	ults & Aging * Oral Health * Other Chronic Diseases * Prevention & Safety * Respiratory Di seases * Substance Abuse * Teen & Adolescent Health * Women's Health Quality of Life: * Ec onomy * Education * Environment * Government & Politics * Public Safety * Social Environme nt * Transportation Indicator values for Nassau County were compared to other Florida coun ties and other U.S. counties to identify relative need. Other considerations in weighing r elative areas of need included comparisons to Florida state values, comparisons to nationa l values, trends over time, and Healthy People 2020 targets (as applicable). Based on thes e six different comparisons, indicators were systematically ranked from high to low need.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - Baptist Medical Center of Nassau, Inc.. 12 hospitals: (Baptist Medical Center Jacksonville, Baptist Medical Center South, Wolfson Children's Hospital, Baptist Medical Center of the Beaches, Inc., Baptist Medical Center of Nassau, Inc., Brooks Rehabilitation Hospital, Mayo Clinic Florida, St. Vincent's Medical Center Riverside, St. Vincent's Medical Center South, St. Vincent's Medical Center Clay, UF Health North and UF Health Jacksonville)

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - Baptist Medical Center of Nassau, Inc.. public release was held May 31, 2019 with all health system CEOs presenting the assessment methodology, the needs identified in the assessment and the needs prioritized by each hospital. The public release was attended by approximately 75 people including media representatives. Newspaper articles and radio and television stories reported on the assessment and informed community members where they could find each hospital's assessment and implementation plans. Link to story in the Florida Times-Union - <a href="https://www.jacksonville.com/news/20190531/northeast-florida-community-health-assessment-spotlights-lack-of-access-to-care">https://www.jacksonville.com/news/20190531/northeast-florida-community-health-assessment-spotlights-lack-of-access-to-care</a>

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Baptist Medical Center of Nassau, Inc.. Access to Care As Nassau County's main source of health care, Baptist Medical Center Nassau has partnered with Barnabas Center for many years. Barnabas provides medical care, dental care, emergency financial assistance and food to Nassau County residents who do not have adequate insurance. Baptist Medical Center Nassau has also partnered with Nassau County Council on Aging to provide transportation to medical appointments for seniors in need of that service. Key Issues Identified in the Assessment: * Community input found that access to health services is the most important social determinant of health in Nassau County * The dentist rate and primary care provider rate for Nassau County are both significantly lower than the Florida and U.S. rates * There are very few mental health and substance abuse services in the county * Transportation issues and the large, dispersed geography of the county exacerbate the access problem * Food insecurity is a concern in Nassau County * Key informants cited that families often have to make difficult choices when it comes to spending their income, and that they will often have to choose between putting food on the table and getting their health care needs met * High rent cost prevents the affordability of safe, acceptable housing * Other expenses such as health care needs are sacrificed.



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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	<p>Facility , 2 - Baptist Medical Center of Nassau, Inc.. Access to Care: Goals: Increase access to health services for un- and under-insured people in the BMCN service area. Strategies: * Continue partnership with organizations to increase access to care. * Continue partnership with Starting Point to increase access to behavioral health treatment Metrics/What we are measuring: * Number of people served * Evaluate health and wellness of participants * Number of people engaging in treatment * Evaluation of health and wellbeing of patients Potential Partnering/External Organizations: * Barnabas Center * Nassau County Council on Aging * Walgreens/Faith Based Partners &amp; Assisted Living * Starting Point Results: * Year 1 (October 1, 2018 - September 30, 2019) - Barnabas Center provided medical services to 849 patients and dental services to 689 patients Barnabas served 117 patients with diabetes , of which 91 were seen at least twice during the 12-month period and 65.9% reported reaching normal levels (HbA1c&lt;8%) Barnabas served 292 patients with hypertension, of which 216 were seen at least twice during the 12-month period and 63.9% measured &lt;140/90 * Year 2 (October 1, 2019 - September 30, 2020) - Barnabas Center provided medical services to 726 patients and dental services to 635 patients Barnabas served 124 patients with diabetes, of which 109 were seen at least twice during the 12-month period and 39.4% reported reaching within normal levels (HbA1c&lt;8%) Barnabas served 287 patients with hypertension, of which 224 were seen at least twice during the 12-month period and 62.5% measured &lt;140/90 Barnabas served 166 patients with mental health needs, of which 108 scored 10 or greater on PHQ9 and were referred for treatment and 35% participated in at least one counseling session during the 12-month period * Nassau County Council on Aging provided 748 seniors and low income individuals with transportation to medical appointments * Nassau County Council on Aging served 479 seniors with home health services and opened 49 new home health cases * Partnered with Walgreens/Faith Based Partners and Assisted Living Facilities to implement flu shots for seniors. 243 flu shots were given in Nassau County * Year 3 (October 1, 2020 - September 30, 2021) - Barnabas Center provided medical services to 851 patients and dental services to 490 patients Barnabas served 121 patients with diabetes, of which 117 were seen at least twice during the 12-month period and 52.99% reported reaching within normal levels (HbA1c&lt;8%) Barnabas served 260 patients with hypertension, of which 210 were seen at least twice during the 12-month period and 65.7% measured &lt;140/90 490 patients were engaged in dental care through 1,473 visits, 55% received oral hygiene * Nassau County Council on Aging provided 193 seniors and low income individuals with transportation to medical appointments * Year 1 (July 1, 2018 - June 30, 2019) - 1,679 patients identified by the Baptist ED, 479 were screened or referred</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	<p>ferred to our Integrated Care Team, resulting in a 30% referral rate - 100% of referrals had an identified care coordinator assigned to them and 54% of those identified engaged in care coordination services</p> <p>* Year 2 (July 1, 2019 - June 30, 2020) - 1,812 patients identified by the Baptist ED, 210 were screened or referred to our Integrated Care Team, resulting in a 12% referral rate - 100% of referrals had an identified care coordinator assigned to them and 69% of those identified engaged in care coordination services</p> <p>* Year 3 (July 1, 2020 - June 30, 2021) - 1,946 patients identified by the Baptist ED, 267 were screened or referred to our Integrated Care Team, resulting in a 14% referral rate - 100% of referrals had an identified care coordinator assigned to them and 34% of those identified engaged in care coordination services</p>

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 3	Facility , 3 - Baptist Medical Center of Nassau, Inc.. Behavioral Health : Baptist Health has made behavioral health services a priority, providing comprehensive inpatient and outpatient services. Mental Health was a priority health need addressed by Baptist Medical Center Nassau in the last three-year CHNA cycle, and the focus on this health need continues into this CHNA cycle as behavioral health needs of Jacksonville residents continue to increase. Two years ago, Baptist Nassau began partnering with Starting Point to provide peers can care coordinators to talk with ER patients with a diagnosis of drug or alcohol addiction. The result has been many patients accessing behavioral health treatment and decreases in ER visits and hospital admissions. Key Issues Identified in the Assessment: * Alcohol-related health issues are prevalent in Nassau County * Death rate due to suicide is much higher than the state and national values and far exceeds the Healthy People 2020 target * Suicide rate doubles every other county in our service area. * Suicide, depression among seniors is an emerging issue * Few providers of mental health or substance abuse services in the community and in schools

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 4	<p>Facility , 4 - Baptist Medical Center of Nassau, Inc.. Behavioral Health Goal: Increase access to behavioral health services. Strategies: * Continue offering Mental Health First Aid, a proven best practice to reduce stigma of mental illness which increases the likelihood that people will access care. * Provide funding to innovative efforts to reduce stigma, advocate for increased services and increase access to care * Continue partnership with Starting Point to increase access to behavioral health treatment * Host a community-wide conference on mental health to reduce stigma and barriers to care. Metrics/What we are measuring: * 3,000 people trained by 2021 * Evaluate participant satisfaction * Evaluate the impact of each initiative according to its focus * Number of people engaging in treatment * Evaluation of health and wellbeing of patients * Number of people attending the conference * Satisfaction surveys Potential Partnering/External Organizations: * Jacksonville Nonprofit Hospital Partnership * National Council for Behavioral Health * Baptist Health Faith Partners * Florida's First Coast YMCA * The Partnership for Mental Health: A project of Baptist Health and the Delores Barr Weaver Fund at The Community Foundation for Northeast Florida * Starting Point * Faith organizations * University of North Florida * Community mental health providers Results: * 4,472 people were trained October 1, 2018 - September 30, 2021 across Northeast Florida * Year 1 (October 1, 2018 - September 30, 2019) - 2,517 people were trained 98% of participants rated high satisfaction with training quality 96% of participants rated high satisfaction with training usefulness 99% of participants would recommend the training to others * Year 2 (October 1, 2019 - September 30, 2020) - 1,050 people were trained 98% of participants rated high satisfaction with training quality 99% of participants rated high satisfaction with training usefulness 95% of participants would recommend the training to others * Year 3 (October 1, 2020 - September 30, 2021) - 905 people were trained 97% of participants rated high satisfaction with training quality 94% of participants rated high satisfaction with training usefulness 99% of participants would recommend the training to others * 178 Narcan kits and training were distributed to participants * 145 10th graders at Fernandina Beach High School trained in Youth MHFA - 4.2% increase in identification of a mental health challenge - 3.6% increase in contact with someone experiencing a mental health challenge * The fund was established with \$2.2 million. As of December 2021, 60 grants were made to 49 organizations for a total of approximately \$2,407,874 * With funding from Baptist, Barnabas served: - In 2020, 108 un- and under-insured patients who needed mental health services of which 35.2% participated in at least one treatment session - In 2021, 84 un- and under-insured patients who needed mental health services of which 61.9% participated in</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 4	<p>at least one treatment session * With funding from Baptist to community behavioral health organizations, 527 youth received mental health services and Ending the Silence presentations were made to 7,638 middle and high school students * With funding from Baptist to community behavioral health organizations, 407 calls to NAMI's crisis line were answered * Wolfson launched the On Our Sleeves campaign to educate about youth mental health. 1,056 people subscribed to the monthly educational newsletter * Year 1 (July 1, 2018 - June 30, 2019) - 1,679 patients identified by the Baptist ED, 479 were screened or referred to our Integrated care Team, resulting in a 30% referral rate - 100% of referrals had an identified care coordinator assigned to them and 54% of those identified engaged in care coordination services * Year 2 (July 1, 2019 - June 30, 2020) - 1,812 patients identified by the Baptist ED, 210 were screened or referred to our Integrated care Team, resulting in a 12% referral rate - 100% of referrals had an identified care coordinator assigned to them and 69% of those identified engaged in care coordination services * Year 3 (July 1, 2020 - June 30, 2021) - 1,946 patients identified by the Baptist ED, 267 were screened or referred to our Integrated care Team, resulting in a 14% referral rate - 100% of referrals had an identified care coordinator assigned to them and 34% of those identified engaged in care coordination services * Year 1 (October 1, 2018 - September 30, 2019) - A planning committee of community representatives and Baptist Health team members met monthly to determine conference content and format * Year 2 (October 1, 2019 - September 30, 2020) - The 2020 Behavioral Health Conference - Health and Wellbeing in a Pandemic, was hosted virtually on Nov. 17, 18 and 19 with 159, 151 and 131 individuals attending each day, respectively Recordings and other session content were posted on the Baptist Health website, receiving about 56 views a day the week of the conference. - 96% of survey respondents rated the conference quality as excellent or good. * Year 3 (October 1, 2020 - September 30, 2021) - COVID-19 surges in 2021 postponed the September conference to April 2022</p>

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 5	<p>Facility , 5 - Baptist Medical Center of Nassau, Inc.. Vulnerable Population - Seniors: Seniors, the fastest-growing population in Northeast Florida, is identified as a population in need of services through the 2016 needs assessment. Baptist Health partnered with United Way in 2003 to better serve our senior population resulting in a Robert Wood Johnson grant to provide additional social supports to frail seniors upon discharge from our downtown hospital. These early efforts informed the development of AgeWell, which opened as the region's first and only comprehensive geriatric program in 2012. AgeWell provides an enriched level of specialized, geriatric primary care uniquely designed to meet the needs of our community's medically complex, frail seniors. The Institute provides comprehensive geriatric assessments and utilizes evidenced-based protocols through an integrated, interdisciplinary care team model. The team includes Geriatricians, Gero-Psychiatrist, Psychologist, RN Care Manager, Licensed Social Workers, Clinical Pharmacists, Nutritionist, a rehab team, and Social Service coordinators. The team of geriatric specialists extend traditional medical boundaries to address the social and emotional needs of patients and their caregivers; promoting better health and maximizing their functional capacity and ability to live at home in their communities. Most of the non-medical services are unreimbursed by Medicare or other insurance carriers and not charged to patients. The type of comprehensive geriatric care is typically only available at academic medical centers where unreimbursed costs can be covered/reduced through residents and fellowships and research funding. Key Issues Identified in the Assessment: * According to the data, the Medicare population has high rates of chronic diseases and injuries; specifically, atrial fibrillation, cancer, hyperlipidemia, rheumatoid arthritis, and stroke. * In Nassau County, the Age-Adjusted Death Rate due to Falls is higher than the state average. * The percentages of older adults over age 65 with arthritis and cancer are higher than the state averages.</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 6	<p>Facility , 6 - Baptist Medical Center of Nassau, Inc.. Vulnerable Population - Seniors: Go als: Decrease the number of Nassau County seniors who experience falls, ensure Nassau Coun ty seniors have access to care and decrease isolation of seniors. Strategies: * Develop an d implement a falls prevention initiative for Nassau seniors. * Continue partnership with Nassau County Council on Aging to provide transportation to doctor's appointments and erra nds. * Engage Baptist Health's team of volunteers and Auxiliary Members in a Friendly Call ing program to reduce feelings of loneliness and isolation in community seniors with socia l phone calls to offer friendship, encouragement, and support Metrics/What we are measurin g: * Number of Fire and Rescue personnel trained to conduct assessments * Number of senior s participating in education sessions * Number of falls * Number of trips provided * Numbe r of volunteers in program * Number of community members (patients) in program * Number of phone calls * Total time invested in calls * Quality of phone calls (reported by voluntee rs) Potential Partnering/External Organizations: * Fernandina Beach Fire and Rescue * Nass au County Fire and Rescue * Nassau County Council on Aging * Ames Productions * Jacksonvil le Non Profit Hospital Partnership * Walgreens/Faith Based Partners &amp; Assisted Living * Ba ptist Health Auxiliary Results: * Year 2 (October 1, 2019 - September 30, 2020) - Falls Pr evention initiative planned with Fernandina Beach Fire and Rescue &amp; Nassau County Council on Aging for implementation in November 2019 * Year 3 (October 1, 2020 - September 30, 202 1) - Jacksonville Nonprofit Hospital Partnership is working with Ames Production to increa se awareness of fall prevention strategies with seniors and caregivers using the Saving Cl aire Documentary as a platform for discussion A screening and discussion with the Caregive r coalition occurred on September 14, 2021. 85 Zoom participants attended Due to COVID aff ecting the program implementation, fall data has not been recorded * Nassau County Council on Aging provided 748 seniors and low income individuals with transportation to medical a ppointments * Partnered with Walgreens/Faith Based Partners and Assisted Living Facilities to implement flu shots for seniors. 243 flu shots were given in Nassau County * In 2021, Nassau Transit provided 193 seniors transportation to 11 different locations in the commun ity, including various medical entities and pharmacists * Year 2 (June 1, 2020 - September 2020) Across the System - 72 Volunteers - 100 community members - 400 phone calls - 200 h ours - Quality of calls (as rated by volunteers across the system) Excellent: 64.02% Prett y Good: 30.16% OK: 2.91% Weak: 1.85% Poor: 1.06% * Year 3 (October 1, 2020 - September 202 1) Across the System - 67 Volunteers - 69 community members - 1605 phone calls - 654 hours - Quality of calls (as rated by volunteers across the system) Excellent: 77.43% Pretty Go od: 17.62% OK: 2.01% Weak: 1.8</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 6	5% Poor: 1.09%



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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 7	<p>Facility , 7 - Baptist Medical Center of Nassau, Inc.. No entity can address all of the health needs present in its community. Baptist Medical Center Nassau is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a wide range of community benefits. This plan does not include specific strategies to address the following health priorities that were identified in the 2018 Community Health Needs Assessment; however, each of these health needs will continue to be addressed through partnerships and ongoing initiatives: Poverty - This need is being addressed by other entities in Northeast Florida, including United Way of Northeast Florida, which is supported by Baptist Health. In addition, Baptist Health's Vice President of Community Investment and Impact actively participates in a community effort that includes businesses, city government and funders to end poverty in Jacksonville. Baptist Medical Center Beaches does not anticipate implementing additional initiatives to address poverty. The hospital does not have sufficient resources to effectuate a significant change in this area, and believes resources devoted to its health plan should focus on other significant community health needs. Obesity and Physical Activity - Baptist Medical Center Beaches through Baptist Health operates 8 Weeks to Healthy Living, a nutrition and physical activity program, in partnership with faith organizations and the YMCA. Baptist Health also operates Healthy Living Centers in YMCA locations in the Baptist Medical Center Nassau service area. Community members, regardless of membership with the YMCA, receive screenings and health coaching through the centers. Baptist Medical Center Nassau does not anticipate implementing additional initiatives to address obesity and physical activity. Given this long-term investment, the hospital will focus on other significant community health needs. Cancer - Baptist MD Anderson Cancer Center is part of the Baptist Medical Center Nassau services. Baptist MD Anderson participates in outreach and education activities throughout Northeast Florida. Given this significant investment in cancer care and education in the Baptist Medical Center Nassau service area, the hospital will focus on other significant community health needs. Maternal, Fetal and Infant Health - Wolfson Children's Hospital in the Baptist Health system has prioritized Maternal, Fetal and Infant Health. As the Northeast Florida region's children's hospital, the strategies implemented by Wolfson Children's Hospital will impact the Baptist Medical Center Nassau service area.</p>

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20 Facility , 1	Facility , 1 - Baptist Medical Center of Nassau, Inc.. Charity or Discounted Care posters are located in the Emergency Rooms and Patient Admission areas to inform patients of financial assistance and who to contact regarding financial assistance. AT PATIENT ACCESS POINTS, "GUIDELINES FOR CHARITY CARE ELIGIBILITY" CARDS ARE PROVIDED THAT CONTAIN FINANCIAL DISCOUNT AND CHARITY CARE INFORMATION. THIS INCLUDES A GENERAL CHART OF ELIGIBLE INCOME LEVELS AND ENCOURAGES PATIENTS TO SPEAK WITH OUR PATIENT FINANCIAL ADVOCATES TO ARRANGE A FINANCIAL EVALUATION. All billing statements conspicuously display the phone number, address, and website which directs patients to our financial assistance advocates and contains all financial assistance information. ALL APPLICANTS FOR FINANCIAL ASSISTANCE ARE MAINTAINED WHETHER OR NOT THE PATIENT QUALIFIES. All attempts to contact the patient are exhausted before sending to collections. All patients are sent through a system that analyses the financial position of the individual. All patients who are scored a certain number in accordance with our policy and who have not already applied for financial assistance are automatically deemed eligible for financial assistance.

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](http://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 Medical Center of Nassau Inc

Employer identification number

59-3234721

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 8

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.	Annual budgets for community donations are prepared by the hospital organization and approved by Baptist Health System, Inc., parent affiliate of the organization.

Additional Data

Software ID: 20011424  
Software Version: 2020v4.0  
EIN: 59-3234721  
Name: Baptist Medical Center of Nassau Inc

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARNABAS CENTER INC 1303 Jasmine St Fernandina Beach, FL 32034	59-2920275	501(c)(3)	81,000				TO AFFORD RESIDENTS OF NASSAU COUNTY, FLORIDA TEMPORARY AID DURING CRISIS SITUATIONS THAT ARISE DUE TO UNFORESEEN CIRCUMSTANCES.
BOYS AND GIRLS CLUB OF NASSAU COUNTY FOUNDATION PO BOX 16003 Fernandina Beach, FL 32035	59-3672345	501(c)(3)	25,908				To support the after-school and summer programs which benefit the community's youth.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASSAU COUNTY COUNCIL ON AGING INC 1901 Island Walk Way Fernandina Beach, FL 32034	23-7375273	501(c)(3)	52,000				To enhance the lives of older adults through services and compassionate care designed to improve health, independence, and economic security of Nassau seniors and their families.
STARTING POINT BEHAVIORAL HEALTHCARE 463142 State Rd 200 YULEE, FL 32097	59-3029469	501(c)(3)	66,500				To promote emotional wellness through psychiatric, mental health and substance use disorder treatment services and community education and awareness.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISION IS PRICELESS COUNCIL INC 4615 Phillips Hwy Jacksonville, FL 32207	59-3386495	501(c)(3)	20,000				To assess, sustain, and improve the visual health of children and adults in Northeast Florida through education, vision screenings, treatment and referrals.
BRING YOUR BROKENNESS INC 96064 Ocean Breeze Dr Fernandina Beach, FL 32034	83-2201591	501(c)(3)	5,400				To provide a safe and loving environment for women with eating disorders to find hope and healing for life transformation through God's Word.

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
AMERICAN HEART ASSOCIATION Inc 7272 Greenville Ave Dallas, TX 75231	13-5613797	501(c)(3)	92,015				To focus on activities related to the causes, diagnosis, prevention, and treatment of cardiovascular disease, stroke and other related diseases
WE CARE JACKSONVILLE INC 4080 Woodcock Dr Jacksonville, FL 32207	59-3431724	501(c)(3)	34,000				To seek equitable access to quality healthcare by advancing and coordinating community-wide compassionate specialty care for the uninsured.



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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
Baptist Medical Center of Nassau Inc

Employer identification number  
59-3234721

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax 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)		
<b>b</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		<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<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		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
<b>a</b> Receive a severance payment or change-of-control payment?		<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
<b>a</b> The organization?		<b>5a</b>	No
<b>b</b> Any related organization?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
<b>a</b> The organization?		<b>6a</b>	No
<b>b</b> Any related organization?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> 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.		<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	

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.

[illegible]

**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	IN ACCORDANCE WITH THE EXECUTIVE COMPENSATION POLICY OF BAPTIST HEALTH SYSTEM, INC. (BHS), THE ORGANIZATION'S SOLE MEMBER, THE LEADERSHIP & COMPENSATION COMMITTEE (THE COMMITTEE) OF BHS (MADE UP OF INDEPENDENT DIRECTORS OF BHS) ANNUALLY ENGAGES A THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT WHO PROVIDES COMPARABLES FOR EXECUTIVE COMPENSATION BASED ON CURRENT DATA REGARDING COMPENSATION PAID TO SIMILAR EXECUTIVES AT SIMILARLY-SITUATED TAX EXEMPT HEALTH SYSTEMS IN THE U.S. SUCH CONSULTANT USES THESE COMPARABLE HEALTH SYSTEMS , WHICH ARE GENERALLY THE SAME SIZE AS BHS (CONSIDERING REVENUE AND OTHER APPROPRIATE INDICATORS), TO ESTABLISH AN APPROPRIATE MARKET. WHEN THE COMMITTEE MEETS WITH SUCH CONSULTANT, THE CONSULTANT PROVIDES TO COMMITTEE MEMBERS EXECUTIVE COMPENSATION TARGET LEVELS THAT ARE COMPETITIVE WITH THE MARKET. GENERALLY, THE MEDIAN OF THE MARKET IS TARGETED. THE ACTUAL AMOUNT THAT BHS EXECUTIVES RECEIVE AS COMPENSATION MAY BE HIGHER OR LOWER THAN THE MEDIAN, DEPENDING ON BHS'S AND THE INDIVIDUAL'S PERFORMANCE. ONE OBJECTIVE OF THE COMMITTEE IS TO HAVE A STRONG LINK BETWEEN BHS AND INDIVIDUAL PERFORMANCE AND EXECUTIVE COMPENSATION SUCH THAT IF BHS AND THE INDIVIDUAL PERFORM AT AN OPTIMAL LEVEL, HIS OR HER COMPENSATION IS IN THE HIGHER RANGE OF THE MARKET. CONVERSELY, IF EITHER BHS OR INDIVIDUAL PERFORMANCE IS BELOW EXPECTATION, COMPENSATION MAY BE IN THE LOWER RANGE OF THE MARKET. OTHER FACTORS THAT INFLUENCE EXECUTIVE COMPENSATION RELATIVE TO THE MARKET INCLUDE THE EXECUTIVE'S EXPERIENCE AND BHS'S NEED TO ATTRACT AND RETAIN TOP EXECUTIVE TALENT. MINUTES OF THIS ANNUAL COMPENSATION REVIEW BY THE COMMITTEE ARE RECORDED BY SUCH CONSULTANT AND ARE APPROVED PROMPTLY BY THE CHAIR OF THE COMMITTEE.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Baptist Health System, Inc. (BHS) parent affiliate of Baptist Medical Center of Nassau, Inc., has three supplemental nonqualified retirement plans (SERPs). One is a SERP for certain executives, another is a defined benefit SERP for vice presidents, and the third is a defined contribution SERP for senior management. These SERPs are plans described in IRS Section 457(f). The benefits under these plans accrue during each executive's term of employment. These benefits are unvested and subject to forfeiture until the covered employee reaches retirement age. The following individuals accrued unvested benefits under these plans during calendar year 2020: Scott Wooten \$266,254, G. Scott Baity \$80,650, Matthew Zuino \$106,719, Brett McClung \$87,891, Elizabeth Ransom \$4,327 and Ed Hubel \$49,807. These accrued benefits are unvested and subject to forfeiture unless the named employee remains employed with Baptist Medical Center of Nassau, Inc. until the covered employee reaches retirement age. This amount is included on Schedule J, part II, column (c).

Additional Data

Software ID: 20011424  
Software Version: 2020v4.0  
EIN: 59-3234721  
Name: Baptist Medical Center of Nassau Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Brett S McClung Former President (As of 5/1/21)	(i)	0	0	0	0	0	0	0
	(ii)	1,115,539	546,850	346	97,474	21,215	1,781,424	0
1Matthew A Zuino EVP/COO	(i)	0	0	0	0	0	0	0
	(ii)	623,552	164,686	0	118,119	18,199	924,556	0
2Michael A Mayo DHA President	(i)	0	0	0	0	0	0	0
	(ii)	571,422	285,900	13,385	16,388	27,098	914,193	0
3John F Wilbanks Former EVP (AS OF 12/31/19)	(i)	0	0	0	0	0	0	0
	(ii)	29,799	263,813	147,313	19,238	1,256	461,419	0
4Scott M Wooten EVP/CFO/Asst Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	745,199	189,001	15,577	279,792	8,802	1,238,371	0
5Elizabeth R Ransom MD EVP/CPE	(i)	0	0	0	0	0	0	0
	(ii)	776,482	212,955	10,592	5,467	18,142	1,023,638	0
6G Scott Baity ESQ Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	476,950	89,217	0	127,282	11,714	705,163	0
7Ed Hubel VP	(i)	329,918	47,865	0	99,077	12,600	489,460	0
	(ii)	0	0	0	0	0	0	0
8Kellene Sauls MSNRN Asst. Admin., Nursing	(i)	170,485	16,839	2,925	34,044	12,537	236,830	0
	(ii)	0	0	0	0	0	0	0
9Stephen Bean Pharmacist	(i)	156,676	0	0	28,409	20,531	205,616	0
	(ii)	0	0	0	0	0	0	0
10David Toncray Director, Pharmacy	(i)	142,452	5,317	0	7,197	9,107	164,073	0
	(ii)	0	0	0	0	0	0	0
11Pamela Bolden Director, Surgical Services	(i)	141,926	5,273	0	2,626	7,883	157,708	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Internal Revenue Service

Name of the organization  
Baptist Medical Center of Nassau Inc

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

**Employer identification number**

59-3234721

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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



**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>IN ACCORDANCE WITH THE EXECUTIVE COMPENSATION POLICY OF BAPTIST HEALTH SYSTEM, INC. (BHS), THE ORGANIZATION'S SOLE MEMBER, THE LEADERSHIP &amp; COMPENSATION COMMITTEE (THE COMMITTEE) OF BHS (MADE UP OF INDEPENDENT DIRECTORS OF BHS) ANNUALLY ENGAGES A THIRD PARTY EXECUTIVE COMPENSATION CONSULTANT WHO PROVIDES COMPARABLES FOR EXECUTIVE COMPENSATION BASED ON CURRENT DATA REGARDING COMPENSATION PAID TO SIMILAR EXECUTIVES AT SIMILARLY-SITUATED TAX EXEMPT HEALTH SYSTEMS IN THE U.S. SUCH CONSULTANT USES THESE COMPARABLE HEALTH SYSTEMS , WHICH ARE GENERALLY THE SAME SIZE AS BHS (CONSIDERING REVENUE AND OTHER APPROPRIATE INDICATORS), TO ESTABLISH AN APPROPRIATE MARKET. WHEN THE COMMITTEE MEETS WITH SUCH CONSULTANT, THE CONSULTANT PROVIDES TO COMMITTEE MEMBERS EXECUTIVE COMPENSATION TARGET LEVELS THAT ARE COMPETITIVE WITH THE MARKET. GENERALLY, THE MEDIAN OF THE MARKET IS TARGETED. THE ACTUAL AMOUNT THAT BHS EXECUTIVES RECEIVE AS COMPENSATION MAY BE HIGHER OR LOWER THAN THE MEDIAN, DEPENDING ON BHS'S AND THE INDIVIDUAL'S PERFORMANCE. ONE OBJECTIVE OF THE COMMITTEE IS TO HAVE A STRONG LINK BETWEEN BHS AND INDIVIDUAL PERFORMANCE AND EXECUTIVE COMPENSATION SUCH THAT IF BHS AND THE INDIVIDUAL PERFORM AT AN OPTIMAL LEVEL, HIS OR HER COMPENSATION IS IN THE HIGHER RANGE OF THE MARKET. CONVERSELY, IF EITHER BHS OR INDIVIDUAL PERFORMANCE IS BELOW EXPECTATION, COMPENSATION MAY BE IN THE LOWER RANGE OF THE MARKET. OTHER FACTORS THAT INFLUENCE EXECUTIVE COMPENSATION RELATIVE TO THE MARKET INCLUDE THE EXECUTIVE'S EXPERIENCE AND BHS'S NEED TO ATTRACT AND RETAIN TOP EXECUTIVE TALENT. MINUTES OF THIS ANNUAL COMPENSATION REVIEW BY THE COMMITTEE ARE RECORDED BY SUCH CONSULTANT AND ARE APPROVED PROMPTLY BY THE CHAIR OF THE COMMITTEE.</p>

## 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfer to Affiliated Organization - -10091652;

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
Baptist Medical Center of Nassau Inc

Employer identification number  
59-3234721

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> PAVILION ASSOCIATES LTD 841 Prudential Dr Ste 1602 JACKSONVILLE, FL 32207 59-2505491	NON-RESIDENTIAL PROPERTY MANAGEMENT	FL	SOUTHERN BAPTIST HOSPITAL OF FLORIDA INC	N/A								
<b>(2)</b> Corporate Health LLC 841 Prudential Dr Ste 1602 Jacksonville, FL 32207 82-0790996	Development/ operation of a medically-based wellness program for the northeast Florida community	FL	Baptist Health Ambulatory Services Inc	N/A								
<b>(3)</b> BAYBAP LLC 3563 PHILIPS HIGHWAY STE 202 JACKSONVILLE, FL 32207 85-3852455	HOME HEALTH	FL	PAVILION HEALTH SERVICES INC	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> PAVILION HEALTH SERVICES INC 1660 Prudential Dr Ste 203 JACKSONVILLE, FL 32207 59-2059710	PHYSICIAN PRACTICES	FL	BAPTIST HEALTH SYSTEM INC	C Corporation					No
<b>(2)</b> Baptist Specialty Physicians Inc 1660 Prudential Dr Ste 203 Jacksonville, FL 32207 86-1126946	Physician Practices	FL	Southern Baptist Hospital of Florida Inc	C Corporation					No

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

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

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

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

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

**r** Other transfer of cash or property to related organization(s) . . . . .

**s** Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

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

Schedule R (Form 990) 2020



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

[illegible]

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

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

Return Reference	Explanation