

Return of Organization Exempt From Income Tax

2000

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, OR tax year period beginning 10/01, 2000, and ending 09/30/2001

- B** Check if applicable:
- Change of address
 - Change of name
 - Initial return
 - Final return
 - Amend return

C Name of organization
BAPTIST HEALTH CARE FOUNDATION, INC.

D Employer identification number
59-0192265

Number and street (or P O box if mail is not delivered to street address) Room/suite
POST OFFICE BOX 17500

E Telephone number
(850) 469-7023

City or town, state or country, and ZIP code
PENSACOLA, FL 32522

F Check if application pending

G Organization type (check only one) 501(c)(3) (3) (insert no) 527 OR 4947 (a)(1)

H Note (H and I are not applicable to section 527 orgs)

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

H(b) If "Yes" enter number of affiliates **N/A**

H(c) Are all affiliates included? (If "No" attach a list. See inst.) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit group exemption no. (GEN) **N/A**

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

J Accounting method Cash Accrual Other (specify) **▶**

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	1,035,521.	
	b	Indirect public support	1b	102,089.	
	c	Government contributions (grants)	1c	48,705.	
	d	Total (add lines 1a through 1c) (cash \$ <u>1,178,778.</u> noncash \$ <u>7,537.</u>)	1d	1,186,315.	
	2	Program service revenue including government fees and contracts (from Part VII line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	71,032.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe ▶ <u>SEE STATEMENT 4</u>)	7	30,450.		
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		SEE STATEMENT 4A
		80,777.	8a		
		(B) Other	8b		
		85,859.	8b		
b	Less cost or other basis and sales expenses	8c	-5,082.		
c	Gain or (loss) (attach schedule)				
d	Net gain or (loss) (combine line 8c columns (A) and (B))	8d	-5,082.		
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	STMT 5	9a	72,287.	9c
		9b	9b	40,025.	
		9c	9c	32,262.	
b	Less direct expenses other than fundraising expenses				
c	Net income or (loss) from special events (subtract line 9b from line 9a)				
10a	Gross sales of inventory (less returns and allowances) STMT 6	10a	298,301.		
b	Less cost of goods sold SEE STATEMENT 7	10b	176,329.		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	121,972.		
	Other revenue (from Part VII line 103)	11			
	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,436,949.		
Expenses	13	Program services (from line 44, column (B))	13	816,538.	
	14	Management and general (from line 44 column (C))	14	4,387.	
	15	Fundraising (from line 44, column (D))	15	473,313.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44 column (A))	17	1,294,238.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	142,711.	
	19	Net assets or fund balances at beginning of year (from line 73 column (A))	19	4,624,829.	
	20	Other changes in net assets or fund balances (attach explanation) STMT 8 STMT 9	20	-267,492.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	4,500,048.	

For Paperwork Reduction Act Notice, see page 1 of the separate instructions

Part II Statement of

Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>634,830</u> noncash \$ _____)	22	634,830.	634,830.	STMT 10	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26	133,936.	56,416.		77,520.
27 Pension plan contributions	27				
28 Other employee benefits	28	12,870.			12,870.
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	-15,329.	-15,329.		
32 Legal fees	32	4,387.		4,387.	
33 Supplies	33	15,484.	15,484.		
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37	1,084.	1,084.		
38 Printing and publications	38	42,455.			42,455.
39 Travel	39	4,959.			4,959.
40 Conferences, conventions and meetings	40				
41 Interest	41				
42 Depreciation depletion etc (attach schedule)	42	7,188.	7,188.	SEE STATEMENT 10A	
43 Other expenses (itemize) a STMT 11	43a	452,374.	116,865.		335,509.
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,294,238.	816,538.	4,387.	473,313.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____
 (iii) the amount allocated to Management and general \$ _____ and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)

What is the organization's primary exempt purpose? ►	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
SEE STATEMENT 12	
a BAPTIST HEALTH CARE FOUNDATION, INC. IS ORGANIZED AND OPERATED TO SUPPORT HEALTH CARE RELATED SERVICES BY PROVIDING FINANCIAL AND FUNDRAISING ASSISTANCE. (Grants and allocations \$ <u>634,830.</u>)	816,538.
b SEE COMMUNITY BENEFIT REPORT STATEMENT 12A (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	816,538.

Part IV Balance Sheets (See Specific Instructions on page 23)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)
				Beginning of year		End of year
Assets	45	Cash - non-interest-bearing		109,832.	45	153,812.
	46	Savings and temporary cash investments		1,778,677.	46	457,156.
	47a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	
	48a	Pledges receivable	48a	1,928,206.		
	b	Less allowance for doubtful accounts	48b		48c	1,928,206.
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use		315,710.	52	40,362.
	53	Prepaid expenses and deferred charges			53	
	54	Investments - securities (attach schedule) STMT. 13 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		813,562.	54	1,766,293.
	55a	Investments - land, buildings, and equipment basis	55a			
b	Less accumulated depreciation (attach schedule)	55b		55c		
56	Investments - other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a	82,560.			
b	Less accumulated depreciation (attach schedule) SEE STATEMENT 10A	57b	43,922.	57c	38,638.	
58	Other assets (describe ► SEE STATEMENT 14)		227,487.	58	249,000.	
59 Total assets (add lines 45 through 58) (must equal line 74)				4,757,157.	59	4,633,467.
Liabilities	60	Accounts payable and accrued expenses		16,634.	60	1,578.
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)			64b	
65	Other liabilities (describe ► SEE STATEMENT 15)		115,694.	65	131,841.	
66 Total liabilities (add lines 60 through 65)				132,328.	66	133,419.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		2,156,545.	67	2,786,020.
	68	Temporarily restricted		2,468,284.	68	602,494.
	69	Permanently restricted			69	1,111,534.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)				4,624,829.	73	4,500,048.
74 Total liabilities and net assets/fund balances (add lines 66 and 73)				4,757,157.	74	4,633,467.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See Specific Instructions on page 26)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return? . . .	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination or substantial contraction during the year? If "Yes" attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers etc to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization <u>STMT 21</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	NONE
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes" you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2 000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c Dues, assessments and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>NONE</u> , section 4912 <u>NONE</u> , section 4955 <u>NONE</u>		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes" attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912 4955 and 4958		NONE
d Enter Amount of tax on line 89c above, reimbursed by the organization		NONE
90 a List the states with which a copy of this return is filed <u>NONE</u>		
b Number of employees employed in the pay period that includes March 12, 2000 (See inst)	90b	NONE
91 The books are in care of <u>CHRISTINE GILMORE</u> Telephone no <u>850-469-7419</u> Located at <u>ACCT'G DEPT, BAPTIST HOSP., PENSACOLA FL</u> ZIP code <u>32522</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . .					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments . . .			14	71,032.	
96 Dividends and interest from securities . . .					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property . . .					
99 Other investment income			14	30,450.	
100 Gain or (loss) from sales of assets other than inventory			18	-5,082.	
101 Net income or (loss) from special events			01	32,262.	
102 Gross profit or (loss) from sales of inventory			03	121,972.	
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				250,634.	
105 Total (add line 104, columns (B), (D), and (E))					250,634.

Note Line 105 plus line 1d, Part I should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign

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. (Important: See General Instruction W on page 14.)

Date: 8-13-02
 Type or print name and title: Joseph Felkner, CFO

Preparer's SSN or PTIN: CPA
 Date: 8/19/02
 Check if self-employed:

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions)

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

BAPTIST HEALTH CARE FOUNDATION, INC.

Employer identification number

59-0192265

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50 000 ▶	NONE			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50 000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50 000 for professional services ▶	NONE	

Part III Statements About Activities

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4a regarding lobbying activities, grants, and annuity plans.

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches
6 A school
7 A hospital or a cooperative hospital service organization
8 A Federal, state or local government or governmental unit
9 A medical research organization operated in conjunction with a hospital
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit
11a X An organization that normally receives a substantial part of its support from a governmental unit or from the general public
11b A community trust
12 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 charitable etc., functions
13 An organization that is not controlled by any disqualified persons

Provide the following information about the supported organizations. (See page 5 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11 or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with columns for Calendar year (or fiscal year beginning in), (a) 1999, (b) 1998, (c) 1997, (d) 1996, and (e) Total. Rows include: 15 Gifts, grants and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described in lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 5 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			

34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

NOT APPLICABLE

- Check here a if the organization belongs to an affiliated group
 Check here b if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500 000 20% of the amount on line 40 Over \$500 000 but not over \$1 000 000 \$100 000 plus 15% of the excess over \$500 000 Over \$1 000 000 but not over \$1 500 000 \$175 000 plus 10% of the excess over \$1 000,000 Over \$1 500 000 but not over \$17 000 000 \$225 000 plus 5% of the excess over \$1 500 000 Over \$17 000 000 \$1 000 000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 9 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b Paid staff or management (Include compensation in expenses reported on lines c through h)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Media advertisements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Total lobbying expenditures (add lines c through h)			NONE

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization

BAPTIST HEALTH CARE FOUNDATION, INC

Employer identification number

59-0192265

Organization type (check only one) - Section. 501(c)(3) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations -

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below)

Enter here the total gifts received during the year for a religious, charitable, etc. purpose ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution. Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed on Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General Rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who, during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(v) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example: A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General Rule discussed above.

Name of organization

Employer identification number

BAPTIST HEALTH CARE FOUNDATION, INC

59-0192265

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		50,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>2</u>		50,055.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>3</u>		43,317.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>4</u>		72,277.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>5</u>		58,772.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>6</u>		50,020.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

BAPTIST HEALTH CARE FOUNDATION, INC

59-0192265

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
7		150,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
8		250,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
9		100,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
10		52,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
11		50,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
12		50,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

BAPTIST HEALTH CARE FOUNDATION, INC
EIN 59-0192265
FOR THE TAX YEAR ENDING 9/30/2001

FORM 990, SCHEDULE A, PART IV-A, LINE 26b.

List of persons whose total gifts for 1996-1999 exceeded the amount shown on line 26a

TOTAL > LIMIT	LINE 26a	TOTAL	1999	1998	1997	1996
10,485	97,443	107,928	25,002	27,346	28,516	27,064
120,912	97,443	218,355	50,000	50,933	53,988	63,434
152,557	97,443	250,000				250,000
52,575	97,443	150,018	50,000		100,018	
<u>206,235</u>	<u>97,443</u>	<u>303,678</u>		<u>303,678</u>		

TOTAL **542,764**

FORM 990, PART I - OTHER INVESTMENT INCOME

=====

DESCRIPTION	AMOUNT
-----	-----
INTEREST INCOME - CONTRIBUTED ANNUITY	17,822.
INTEREST INCOME - POOLED INVESTMENTS	12,628.

TOTAL	30,450.
	=====

BAPTIST HEALTH CARE FOUNDATION, INC
EIN 59-0192265
FOR THE YEAR ENDED 9/30/2001

FORM 990, PART I, LINE 8. Gain or (loss) on sale of assets

<u>Description</u>	<u>Date Received</u>	<u>Proceeds</u>	<u>Cost</u>	<u>Gain / (Loss)</u>
33 Shares EIF	12/20/2000	4,800	4,911	(111)
Stock	12/27/2000	3,856	3,959	(103)
333 Shares Mcleod USA	12/27/2000	4,874	5,037	(163)
103 Shares EMC Corp	12/29/2000	7,210	10,603	(3,393)
22 Shares Viacom	12/29/2000	987	1,042	(55)
137 Shares Compass	12/29/2000	3,086	3,254	(168)
125 Shares Allstate	12/29/2000	4,994	5,469	(475)
992 Bank of Amerca	2/7/2001	50,970	51,584	(614)
		<u>80,777</u>	<u>85,859</u>	<u>(5,082)</u>

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FASHION SHOW	16,550.	5,501.	11,049.
GOLD SALES	46,870.	32,113.	14,757.
FIRST PHOTO SALES	1,759.		1,759.
ART SALE	4,248.	2,411.	1,837.
MISCELLANEOUS OTHER	2,860.		2,860.
TOTALS	72,287.	40,025.	32,262.

FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES
=====

DESCRIPTION -----	AMOUNT -----
GIFT SHOP SALES	298,301.
TOTAL	----- 298,301. =====

FORM 990, PART I - COST OF GOODS SOLD

=====

INVENTORY AT BEGINNING OF YEAR	315,710.
PURCHASES	-311,103.
SALARIES AND WAGES	11,430.
OTHER COSTS	21,106.

SUBTOTAL	37,143.
MINUS ENDING INVENTORY	40,362.

COST OF GOODS SOLD	176,329.
	=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

LOSS ON SALE OF STOCK

5,082.

TOTAL

5,082.

=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

NET UNREALIZED LOSS ON OTHER THAN
TRADING SECURITIES

272,574.

TOTAL

272,574.

=====

BAPTIST HEALTH CARE FOUNDATION, INC

EIN 59-0192265

FOR THE YEAR ENDED 9/30/2001

FORM 990, PART II, LINE 22 Grants and allocations

RECIPIENT	ADDRESS	RELATIONSHIP	AMOUNT	PURPOSE
Florida Healthy Kids	30 E Texar Dr / Pensacola, FL 32503	NONE	5,000	Charitable Contribution
Washington High School - The Growl	6000 College Pkwy / Pensacola, FL 32504	NONE	80	Two 1/2 page ads
Washington High School	6001 College Pkwy / Pensacola, FL 32504	NONE	350	Project Graduation
Northwest Florida Ballet	9708 N Palatof St / Pensacola, FL 32534	NONE	175	Quarter-Page Ad
Pensacola Children's Chorus	46 E Chase St / Pensacola, FL 32501	NONE	350	Two Quarter-Page Ads
Jr. Achievement of NW FL	1108-C Airport Blvd / Pensacola, FL 32504	NONE	600	Contribution
NW Florida Blood Center	2201 N 9th Ave / Pensacola, FL 32503	NONE	5,000	Community Partner
Chal Award Banquet (1st Bapt)	555 Fairpoint Dr / Pensacola, FL 32561	NONE	500	Tickets to Banquet
Grace 2001	P O Box 12357 / Pensacola, FL 32582	NONE	3,000	Gold Sponsor
P'cola Symphony Orchestra	205 E Zarragossa St / Pensacola, FL 32501	NONE	1,000	Program Ad
P'cola Chamber of Commerce	117 W Garden St / Pensacola, FL 32501	NONE	7,500	Foundation for Future
Cystic Fibrosis Foundation	Stuart, FL Phone (561)-221-7178	NONE	100	Great Strides Walk @ PJC
Fnd for Excel in Education	30 E Texar Dr / Pensacola, FL 32503	NONE	500	Golf Sponsorship
Amer Cancer Soc - Relay for Life	701 E Cervantes St / Pensacola, FL 32501	NONE	2,000	Hospitality Sponsor
Special Olympics Florida	1105 Citrus Tower Blvd / Clemont, FL 34711	NONE	220	Athlete Sponsorship
Children's Home Society	5375 N 9th Ave / Pensacola, FL 32504	NONE	500	Ports of Call Fundraiser-Patron
Es County Medical Society	529 Fontaine St / Pensacola, FL 32503	NONE	500	Contribution
CampFire Boys & Girls	1814 Creighton Rd / Pensacola, FL 32504	NONE	1,000	Foundation Calendars-Sponsor
P'cola Area Chamber of Commerce	117 W Garden St / Pensacola, FL 32501	NONE	1,000	Golf Classic Sponsorship
Scouting USA Gulf Coast Council	9440 Univ Pkwy / Pensacola, FL 32514	NONE	1,000	Contribution
Share Our Strength - % Jacksons	282 N Palatof St / Pensacola, FL 32501	NONE	1,500	Taste of the Nation Sponsor
Pensacola Heritage Foundation	410 S FL Blanc St / Pensacola, FL 32562	NONE	750	Evenings in Olde Seville Sponsor
Pensacola Symphony Orchestra	205 E Zarragossa St / Pensacola, FL 32501	NONE	2,000	Guest Artist Sponsorship
Pensacola Symphony Orchestra Ball	205 E Zarragossa St / Pensacola, FL 32501	NONE	1,000	2001 PSO Ball
Gulf Coast Chorale	P O Box 382 / Gulf Breeze, FL 32562	NONE	1,000	Sponsorship
American Red Cross	1741 N Palatof / Pensacola, FL 32501	NONE	1,000	Annual Fund Raiser Sponsorship
Emerald Coast Classic Foundation	25 W Cedar St / Pensacola, FL 32501	NONE	25,000	Sponsorship
Fiesta of Five Flags	P O Box 1943 / Pensacola, FL 32589	NONE	600	Benefactor Sponsor
Pace Area Recreation for Kids	4280 Woodbine Rd / Pace, FL 32571	NONE	950	Contribution to Benny Russell Park
Agape Temple Church	3810 W Fairfield Dr / Pensacola, FL 32505	NONE	300	Bronze Sponsor
Escambia County Council on Aging	6025 Industrial Blvd / Century, FL 32535	NONE	500	Silver Sponsor
Children's Services Center	1800 N Palatof / Pensacola, FL 32501	NONE	450	Platinum Sponsor - Tee Up for Kids
100 Black Men of Pensacola	514 N Devillers St / Pensacola, FL 32523	NONE	1,000	Silver Sponsor
African American Heritage Society	200 Church St / Pensacola, FL 32501	NONE	500	Contribution
American Heart Association	4400 Bayou Blvd / Pensacola, FL 32503	NONE	1,500	Copper Sponsor - Hearts of Gold

American Lung Association	4300 Bayou Blvd / Pensacola, FL 32503	NONE	1,500	Golf Tournament - Gold Sponsor
First Baptist Church of Navarre	9336 Navarre Pkwy / Navarre, FL 32566	NONE	496	Dental Clinic Sponsorship
Mental Health Assoc (West FL)	1995 N "H" Street / Pensacola, FL 32501	NONE	500	Benefit - Community Chest Sponsor
United Way of Escambia County	1301 W Government St / Pensacola, FL 32501	NONE	750	Platinum Sponsor
Liberty Serfoma	P O Box 13042 / Pensacola, FL 32591-3042	NONE	250	Sponsorship
YMCA Partners with Youth	410 N Palafox St / Pensacola, FL 32501	NONE	1,000	Youth Benefactor Sponsor
100 Black Women, Inc	P O Box 17331 / Pensacola, FL 32522-7331	NONE	1,000	Scholarship Benefactor
University of West Florida	11000 Univ Parkway / Pensacola, FL 32514	NONE	1,500	Sponsor - Homecoming 2001
Gulf Coast Kid's House	512 South Palafox St, #10 / Pensacola, FL 32501	NONE	2,500	Platinum Sponsorship
Pensacola Cultural Center	400 S Jefferson St / Pensacola, FL 32501	NONE	1,000	Walk of Stars Donation
Escambia County Council on Aging	P O Box 17066 / Pensacola, FL 32522-7066	NONE	500	Gold Patron - Silver Golf Classic
The Baby Rattlers	322 W Cervantes St / Pensacola, FL 32501	NONE	1,000	Platinum Award Sponsor
Fellowship Christian Athletes	4900 Bayou Blvd / Pensacola, FL 32503-2533	NONE	250	Contribution
The Choral Society of Pensacola	1000 College Blvd #803 / Pensacola, FL 32504	NONE	1,000	Soloist Sponsor
Pensacola Little Theater	400 South Jefferson St / Pensacola, FL 32501	NONE	1,000	Walk Of Stars
Zion Hope Baptist Church	P O Box 17246 / Pensacola, FL 32522	NONE	200	Golf Tournament
Baptist Hospital, Inc	P O Box 17500, Pensacola, FL 32522	RELATED	504,449	Exempt purpose
Baptist Manor, Inc	P O Box 17500, Pensacola, FL 32522	RELATED	5,000	Exempt purpose
Azalea Trace	P O Box 17500, Pensacola, FL 32522	RELATED	18,000	Exempt purpose
Escambia Co AL Community Hospitals,	P O Box 17500, Pensacola, FL 32522	RELATED	4,000	Exempt purpose
Jay Hospital, Inc		RELATED	20,510	Exempt purpose
TOTAL GRANTS/CONTRIBUTIONS			634,830	

BAPTIST HEALTH CARE FOUNDATION, INC
 EIN 59-0192265
 FOR THE YEAR ENDED 9/30/2001

FORM 990, PART II, LINE 42. Depreciation Expense, and Part IV, LINE 57 Land, buildings, and equipment

COST BASIS	ACCUMULATED DEPRECIATION							
	COST AT BEGINNING OF YEAR	CURRENT YEAR ADDITIONS	COST BASIS AT END OF YEAR	BEGINNING A/D	CURRENT YEAR ADDITIONS	ENDING A/D	BEGINNING NET BOOK VALUE	ENDING NET BOOK VALUE
DESCRIPTION OF ASSET								
LAND	14,200		14,200			0	14,200	14,200
LAND IMPROVEMENTS			0			0	0	0
BUILDINGS			0			0	0	0
LEASEHOLD IMPROVEMENTS			0			0	0	0
FIXED EQUIPMENT			0			0	0	0
MAJOR MOVEABLE EQUIPMEN	66,963	1,397	68,360	36,734	7,188	43,922	30,229	24,438
FURNITURE & FIXTURES			0			0	0	0
TOTAL PROPERTY, PLANT & EQUIPMENT	81,163	1,397	82,560	36,734	7,188	43,922	44,429	38,638

FORM 990, PART II - OTHER EXPENSES
 =====

DESCRIPTION	TOTAL	PROGRAM SERVICES	FUNDRAISING
PURCHASED SERVICES	2,362.	2,362.	
DUES AND SUBSCRIPTIONS	3,499.		3,499.
CATERING	6,205.		6,205.
SUPPLIES-OTHER DEPARTMENTS	1,786.	1,786.	
SOFTWARE LICENSE AND FEES	58.		58.
ADVERTISING ALLOCATION	11,786.		11,786.
CASH OVER AND UNDER	1,204.		1,204.
INVENTORY ADJUSTMENT	311,103.		311,103.
MINOR EQUIPMENT	125.		125.
PURCHASED MAINTENANCE	746.		746.
REQUISITIONS	560.		560.
MILEAGE	223.		223.
SALES TAX EXPENSE	3,385.	3,385.	
OTHER DEPARTMENT EXPENSE	19,253.	19,253.	
CONSULTING EXPENSE	62,400.	62,400.	
MEDIA CONTRACTS	20,867.	20,867.	
CAFETERIA CHARGES	57.	57.	
CHANGE IN VALUE-SPLIT INTEREST	6,755.	6,755.	
TOTALS	452,374.	116,865.	335,509.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

CHARITABLE HEALTH CARE - TO MEET THE NEEDS OF THE REGION BY PROVIDING
PRIVATE PHILANTHROPIC SUPPORT THROUGH BAPTIST HEALTH CARE FOUNDATION
TO ITS VARIOUS AFFILIATES, PROGRAMS, AND SERVICES.

ANNUAL COMMUNITY BENEFITS REPORT

Published in 2002

Statistical data from 2001



BAPTIST
HEALTH CARE

BEING GOOD STEWARDS OF OUR COMMUNITY ...

The personality of an organization is a composite of its employees and others closely associated with it. Baptist Health Care has a reputation for being an organization that sincerely cares for those it serves. Baptist has a history of reaching out its caring arm from its affiliates into the surrounding communities.

The communities where Baptist Health Care has facilities are better places to live and work because the health care network and its employees contribute their time, talents and other resources to serve others. Baptist Health Care is committed to care for the people and communities it serves, and that commitment goes beyond traditional health care.

Baptist Health Care and its employees exemplify the hospital's Christian emphasis by sharing God's gifts with others. As a corporation, Baptist Health Care focuses on team-oriented activities and support that enhance the organization's commitment to meet needs in a caring, Christ-like manner.

CHARITY MEDICAL CARE

Baptist Health Care's involvement in indigent medical care is indicative of a strong commitment to community. Baptist provides quality medical care to all persons requiring immediate treatment regardless of their ability to pay. A patient is classified as a charity patient according to established policies of Baptist Health Care. These policies define charity services essentially as those for which no payment is anticipated. In assessing a patient's ability to pay, Baptist Health Care uses the most recently published federal poverty guidelines, and also includes certain cases where incurred charges are significant when compared to income. In addition, charity services include charges for services provided to Medicaid patients in excess of payments received.

Baptist Health Care's primary operations are in Florida Health and Rehabilitative Services District 1. Comprised of Escambia, Santa Rosa, Okaloosa and Walton Counties, this district has between 10 and 17 percent of its population living below the federal poverty level. Sixteen percent of Escambia County residents fall into this category, while Santa Rosa has 13 percent below the poverty level. With a population in the two counties of almost 350,000, more than 50,000 fit the technical definition for qualifying for charity

care. Many more need assistance because of inadequate insurance.

For the 2001 fiscal year, Baptist Health Care provided a total of \$128.3 million in uncompensated medical care, comprised of approximately \$29.2 million in charity care, \$58.7 million provided to Medicaid patients and \$40.4 million in uncollected charges. Charity medical care is provided through four programs: Baptist Health Care Foundation, Escambia Community Clinics, the WE CARE program for medically indigent citizens, and an indigent medication program.

Other sources of charity assistance include:

- social services that provide needy families with household furnishings, clothing and other items donated by Baptist Health Care employees and volunteers,
- financial gifts from employees to United Way and to foundations that assist families in need,
- an annual holiday food drive by Baptist Hospital for needy families,
- funding for community groups that help area residents in financial need.

BAPTIST HEALTH CARE FOUNDATION

The Baptist Health Care Foundation plays a major role in defraying the costs of meeting the health care needs of the area's indigent population by providing private philanthropic support to Baptist Health Care and its various affiliates, programs and services. Baptist Health Care Foundation's 2001 contributions to affiliates, outside agencies and direct patient support totaled \$889,485. Baptist Health Care Foundation raised \$580,415 with an additional \$1,248,500 pledged. Baptist Health Care Foundation contributions offset the cost for services such as outpatient transportation needs, cancer programs, diabetes education, a speech and hearing program, medical assistance for burn victims and Alzheimer's patients, swimming pool safety, beach safety and prom night safety programs.

COMMUNITY CLINICS

Baptist Health Care, in partnership with Pensacola's Sacred Heart Hospital, began the free-standing Escambia Community Clinics (ECC) in 1992 as a separate corporation to provide primary care services for the county's poor and

ANNUAL COMMUNITY BENEFITS REPORT

medically needy population ECC received \$410,000 from each of the two hospitals, as well as \$375,000 from Escambia County, to operate in 2001 To date, Baptist Health Care has provided more than \$675,000 for capital improvements and equipment at ECC and more than \$3.9 million in operating expenses

In year 2001, ECC tracked more than 27,000 visits by some 14,000 patients ECC maintains 21,000 records on patients who have visited the clinic within the last 36 months Three of every five visits to ECC were by patients considered to be indigent or the working poor and who could not pay for health care services received at the clinic

In addition to providing primary and urgent care services, ECC also contracts with Baptist Hospital physicians to conduct a Monday pre- and post-operative surgical clinic and to provide additional evening services in the urgent care walk-in During 2001 ECC saw 827 indigent surgical care visits In addition to outpatient visits to the clinic, Baptist Hospital provided more than 950 ancillary tests for charity and working poor patients which represents an estimated cost of \$213,000, provided 178 inpatient hospital days for charity patients, and funded more than 2,000 prescriptions for charity patients ECC also assisted more than 600 indigent patients with prescription drugs through its compassionate drug program The program involves submitting requests for prescription drug support for indigent patients to pharmaceutical companies who then provide medications to the patients ECC provided more than 3,000 prescriptions with a retail value of more than \$400,000 through this process

Besides underwriting actual costs of charity care for Escambia County, ECC provides a learning environment for students doing internships and externships with area health care programs During 2001, ECC supported 21 students from area universities and colleges including Pensacola Junior College, Pensacola Christian College, University of South Alabama, University of West Florida and the University of Florida. Students included physician interns, LPNs, RNs, PAs, ARNPs and medical assistants

During 2001, Baptist Health Care also became a sponsor of Santa Rosa Community Clinic (SRCC) which opened February 5, 2001, in Milton, Florida Santa Rosa Community Clinic is funded by local hospitals, charitable organizations and county government The concept is patterned after Escambia Community Clinics, and the mission of both clinics is the same For 2001, SRCC provided charity care to 2,736 patients and either directly or indirectly supported an estimated \$1,000,000 in charitable services

Through the efforts of Baptist Health Care, the health and well-being of working poor and indigent Escambia and Santa Rosa county citizens has been dramatically improved

WE CARE

Aimed at improving health care access in Escambia and Santa Rosa counties, WE CARE is a cooperative effort of Baptist Hospital and two other local hospitals, Escambia Community Clinics, the Escambia Public Health Unit, the Escambia County Board of Commissioners and the Escambia County Medical Society Through WE CARE, Baptist Hospital and its physicians provide health education as well as private primary and specialty medical care for indigent Escambia and Santa Rosa county residents For year 2001, Baptist Hospital provided WE CARE/Escambia County with \$219,081.69 in outpatient services and \$396,575.30 in inpatient care The WE CARE program in Santa Rosa County was provided with \$9006.00 in outpatient services

MED-ASSISTANCE DRUG PROGRAM

Baptist Hospital's pharmacy works with pharmaceutical companies to secure medications for indigent patients In 2001, 25 inpatients at Baptist D W McMillan hospitals were helped with \$116,336.03 being applied to their accounts for prescription drugs acquired through the indigent medication program

PARTNERSHIP FOR A HEALTHY COMMUNITY

The Partnership for a Healthy Community remains a multidisciplinary board sharing in a commitment to improve the health and wellness of Northwest Florida The strength of the Partnership over the last eight years has rested on the diverse membership of the original steering committee formed in late 1994 Baptist Health Care, a primary founding member, remains active and committed and continues to serve as a member of the Board of Directors and Executive Committee During 2000-2001, the Partnership focused on fostering the momentum created during the initial years by spearheading Assessment 2000, a follow-up study of our community's health

The original "Health Needs Assessment" released in 1995 has proven invaluable in building collaborative initiatives for Escambia and Santa Rosa counties Through the years, the document allowed the Partnership to serve as a neutral catalyst with many community partners, to identify specific community needs, design new services for at-risk residents, and assist in the allocation of shrinking resources The study also accompanied numerous grant applications that brought

ANNUAL COMMUNITY BENEFITS REPORT

more than \$550,000 of local, state and federal monies into the region in just three years

The format of the Assessment 2000 follow-up study serves as a community health report card and allows us to compare our region to peer counties in the state with similar size, demographics and socioeconomic characteristics. It also compares our area to national standards outlined in Healthy People 2010, the federal health initiative.

The Executive Committee and Executive Director were asked to develop an Assessment 2000 Executive Summary. This 12-page supplement serves as an educational tool and quick reference to the more comprehensive documents. Assessment 2000 and the Executive Summary were released to healthcare professionals, public officials and media representatives during a two-hour community forum held in May, 2001.

Through the committed partnership of Baptist Health Care, a community-wide distribution of both the comprehensive study and the Executive Summary were made available free of charge to the forum attendees and Northwest Florida media representatives. The primary sponsorship also enabled printed copies to be made available to all hospital medical libraries, West Florida Regional Library System, the University of West Florida, Pensacola Junior College and the University of South Florida (USF) Department of Health Outcomes, as well as on the USF Web site at <http://chor.hsc.usf.edu>.

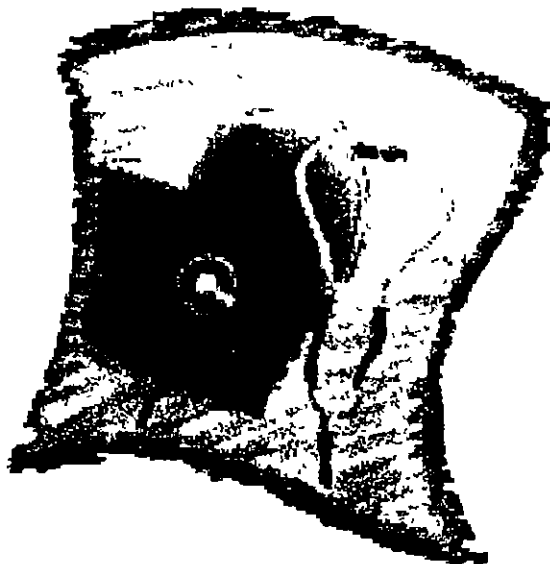
As a primary sponsor for Assessment 2000, a tenured member of the Partnership and now an appointee to the newly-formed Escambia Health Task Force, Baptist Health Care has consistently addressed the health care needs of this community. Its continued support of the Partnership encourages all sectors to continue in their efforts to build a healthier community.

PROMOTING WELLNESS THROUGH PARTICIPATION IN LOCAL HEALTH EXPOS AND FAIRS

Baptist Health Care affiliates participated in health expos or fairs throughout the reporting period in Escambia and Santa Rosa counties, as well as in nearby South Alabama. Participation ranged from setting up a single booth to providing information and/or free medical screenings to hosting the entire event, such as Baptist Health Care Family Expo. Examples of the types of events supported include

- Baptist Health Care Family Expo

- Baptist Health Care Senior Expo (Pensacola Loves Seniors - Snowbird Welcome)
- Alabama Expo
- HeartWalk '01
- Greater Pensacola's Largest Baby Shower
- Physicals (including free EKGs) for high school athletes
- Senior Health and Fitness Day
- Legs for Life peripheral vascular disease screenings
- SpringFest
- Summer Safety including the Three Flags for Life surf warning flag system for Santa Rosa and Escambia county beaches
- Coronary risk profiles and early heart attack care presentations
- Change of Heart
- HeartFirst Alumni Club



ANNUAL COMMUNITY BENEFITS REPORT

BAPTIST HEALTH CARE

FAMILY EXPO 2001

Service Accomplishments Family Expo '01 was attended by more than 10,000 people. There were more than 57 vendor booths, including several sponsored by Baptist Health Care, providing medical information and a venue for community agencies to reach out to the local public by purchasing booth space at discounted rates.

Activity's Objective (1) To provide free health screenings, (2) To raise awareness of services and products available through Baptist Health Care and community service agencies to meet the needs of active families, (3) To create a day of family fun with no admission charge.

Cost of the program \$46,143.54. **Cost breakdown** is 615 staff hours at an average cost of \$12.00 an hour equals \$7,380.00. The cost of the program also includes supplies and direct expenses which are covered by sponsorships and booth rentals.

SENIOR EXPO 2001

Service Accomplishments Senior Expo '01 was attended by more than 12,000 people and included 70 booths from Baptist Health Care and other organizations throughout Pensacola. Through its own two booths ("Mind" and "Body"), Baptist Health Care offered participants information on Baptist Health Care services, medical information and blood pressure screenings. During the one-day event, more than 330 blood glucose tests, among other free tests and screenings, were performed.

Senior Expo is the highlight of a week-long celebration promoted under the title "Pensacola Loves Seniors."

Activity's Objective (1) To provide free health screenings and medical information to seniors, (2) To increase awareness of services and products available through Baptist Health Care and community service agencies to meet the needs of local area senior citizens, visiting "Snowbirds" and their families, (3) To promote GoldenCare, Baptist Health Care's free membership organization for seniors, and (4) To create a day filled with entertainment and information for the senior community with no admission charge.

Cost of the program \$63,104.00. **Cost breakdown** is 1600 staff hours at an average cost of \$12.00 an hour equals \$19,200.00 (an additional 700 hours was covered by approximately 175 non-hospital staff volunteers - at a saved value of approximately \$5,000.00). The cost of the program also includes supplies and direct expenses which are partially covered by sponsorships and booth rentals.



ANNUAL COMMUNITY BENEFITS REPORT

BAPTIST HEALTH CARE

COMMUNITY ACTIVITY PROFILE REPORT

UPDATED MAY 2002

(organized alphabetically by participating department)

Baptist LifeFlight

- 1 HealthMark – safety program and outreach education 5/23/01
- 2 Ft Pickens – safety inservice program for lifeguards and park rangers 5/24/01
- 3 Whiting Field – outreach education, U S Navy
- 4 Navarre Medical Park – safety program and outreach education
- 5 Midway Fire Dep't – static display 6/9/01
- 6 Atmore Fire Dep't – safety inservice 6/14/01
- 7 Lillian Fire Dep't – safety inservice 7/10/01
- 8 Blue Angels Air Show – static display and first aid for more than 100,000 people 7/13/01
- 9 Pensacola Junior College – static display 7/23/01
- 10 Flomaton Fire Dep't – safety inservice program 7/24/01
- 11 Whiting Field – safety and outreach education 8/28/01
- 12 Baptist Health Care Family Expo – static display 9/8/01
- 13 E-911 Day, Santa Rosa Communications – static display 9/11/01
- 14 Niceville Tech High – safety inservice program 9/17/01

Christian Counseling Center of Baptist Hospital

Staff

- 1 Four presentations (1 hour each) for BHC GoldenCare members on the power of prayer
- 2 Volunteer internships (approx 300 hours/month) for graduate students and registered mental health counselor interns working toward licensure (one employee, 6 hrs/week)
- 3 Ministers' Breakfast (third Tuesday of each month), two-hour presentations to learn about mental

- health services (two employees)
 - 4 STEP "Tram the Tramer" workshop for interns and staff (one employee, 8 hours)
 - 5 Assisted in developing statewide strategic plan for epilepsy services (one employee, 8 hours)
 - 6 Parent Awareness/Communication presentation at St Ann Catholic Church following 9/11 tragedy (one employee, 3 hours)
 - 7 Parent Awareness/Communication presentation on "Understanding the Transformation of the Teenage Mind" (one employee, 3 hours)
 - 8 Represented BHC at monthly Pensacola Area Ministerial Association luncheons (two employees, two hrs/month)
 - 9 Worked closely with National Marriage Savers and a local circuit judge on the "Light House Project," assisting ministers in offering premarital counseling (four hrs/month)
- ##### Director
- 1 Served as president of the board for The Great Family Network, Inc (six hrs/month)
 - 2 Represented BHC on planning board of U S Navy's Health Excellence Symposium annual seminar (three hrs/month)
 - 3 Served in leadership position with BHC Faith in Action committee, the mission of which is to integrate our Christian faith, in a tangible way, in our workplace (two hrs/month)
 - 4 Provided annual education to senior class of Pensacola Catholic High School (16 hrs/two days)
 - 5 Represented BHC as member of board of directors for Liberty Sertoma Civic Club (5 hrs/month)

CPR/First Aid

- 1 Trained 216 individuals at CPR Training Day, Pensacola Junior College, Warrington Campus, on 4/ College, 4/28/01 (10 instructors worked 6 hours each as volunteers)
- 2 Trained 50 individuals at Pensacola Christian College, Summer 2001 (two instructors worked as volunteers)

Diabetes Education

- 1 Provided lectures on nutrition for

- BHC GoldenCare members
- 2 Provided blood glucose screenings at Senior and Family Expos, University of West Florida Health Fair and Bayview Park Community Day
- 3 Assisted with the annual Diabetes Walk and Diabetes "Taste-In"
- 4 Represented BHC on the board of the local Professional Advisory Committee for Diabetes

Diversity

- 1 Provided 38 mentors for A A Dixon Elementary School
- 2 Purchased backpacks for students of A.A. Dixon
- 3 Sponsored a youth motivational speaker at five area schools A A Dixon, C A Weis Elementary, Spencer Bibbs Elementary, Brownsville Academy and Escambia Charter School
- 4 Supported the Pensacola Community Soulfest, sponsored by the West Pensacola Youth Ass'n

FirstRehab

Provided certified athletic trainers to eight area high schools free of charge

HeartFirst

- 1 Met quarterly with HeartFirst Ahummi Club to provide support network for all cardiac patients to discuss educational issues and encourage fellowship after discharge
- 2 Helped BHC become the top fundraiser for the American Heart Ass'n's HeartWalk (2001) for seventh consecutive year with a total of \$27,566 and 269 walkers
- 3 Assisted with approximately 650 echocardiograms given to high school athletes 5/19/01
- 4 Participated in city-wide CPR Training Day 4/28/01
- 5 Administered coronary risk profiles to 1286 individuals at BHC-sponsored events such as Senior Expo, Family Expo, health fairs and educational presentations
- 6 Provided various community groups with multiple presentations on heart-related topics such as EHAC, risk factors for heart disease, peripheral vascular disease (PVD) and blood

ANNUAL COMMUNITY BENEFITS REPORT

pressure

7 Participated in third annual Legs for Life screening, 717 individuals were screened with 35% found to be at risk for PVD. This year, staff added AAA and carotid screenings with approximately 40 individuals screened for each type.

8 Hosted ICD support group meetings (1 hr/month)

9 Hosted local chapter of Mended Hearts, a national organization which welcomes open heart patients

Sleep Disorders Clinic

In conjunction with the American Sleep Apnea Ass'n, operated the AWAKE (Alert, Well And Keeping Energetic) support group for those with sleep-disordered breathing, group met quarterly and heard presentations by physicians, open to the public -- staff volunteer approximately 20 hrs/year

Speech and Hearing Clinic

Conducted numerous speech and hearing screenings at local child care centers, community events, Pensacola Junior College and the University of West Florida. A total of 248 individuals (children and adults) received these free services.

SportsCare

1 Seminars/demonstrations

Offered eight seminars/demonstrations on such topics as nutrition, diabetes, exercise, disease prevention, healthy cooking, etc., free to various community groups, and a bike rodeo to teach bike safety to children.

2 Medical coverage

Provided medical coverage at three 5K runs and a wellness walk, numerous high school football games as well as track, baseball and weightlifting events, flag football tournament, Coca-Cola Soccer Tournament, Special Olympics track meet, NCAA Tennis Championships, Pensacola Power (women's football team), and the Blue Angels Air Show (three days)

3 Sponsorships

Provided sponsorships for Pensacola Senior Games, two golf tournaments that raised funds for area Christian schools, University of West Florida men's and women's home basketball games, Get Healthy Pensacola! kick-off event, GirlSports Spectacular, Emerald Coast Classic golf tournament, American Lung Ass'n golf tournament, Pensacola Junior Golf Ass'n's Pitch, Putt and Drive, Retired Seniors Volunteer Program golf tournament, Bowl for Kids' Sake, Escambia Physical Education Ass'n annual banquet, Senior Scholar-Athlete annual awards banquet, Chip Boes's Summer Basketball Camp, Worksite Wellness Coordinators annual meeting.

4 Sports physicals

Provided free sports physicals to (#) Special Olympics athletes and 45 Pensacola High athletes, provided free sports physicals (including echocardiograms) to 1235 high school athletes.

5 Walking programs

Created walking programs at 21 area schools, continued sponsorship and support of Baptist GoldenCare Trailblazers Walking Club for area seniors.

6 Coaches' clinics

Provided clinics for local baseball and softball coaches, as well as middle school basketball coaches, with first aid and safety information.

7 Health screenings/information

Provided health screenings at First Baptist Church and Myrtle Grove Baptist Church health fairs.

BAPTIST HEALTH CARE FOUNDATION, INC.
EIN: 59-0192265
FOR THE YEAR ENDED 9/30/2001

FORM 990, PART IV, LINE 54: Investment Securities

Investment in Baptist Health Care Corporation Investment Pool

Fixed Income Mutual Fund	804,000
Mid Cap Growth Equity	80,000
Index mutual fund	367,000
Mid Cap Mutual Fund	127,000
Hedge fund	93,000
International Mutual fund	187,000
Bank loan manager	<u>108,293</u>
TOTAL	1,766,293

FORM 990, PART IV - OTHER ASSETS

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DESCRIPTION	ENDING BOOK VALUE
-----	-----
DUE TO/FROM AFFILIATES	-68,218.
CHARITABLE REMAINDER TRUST	303,678.
CASH SURRENDER VALUE	13,540.

TOTALS	249,000.
	=====

FORM 990, PART IV - OTHER LIABILITIES

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DESCRIPTION	ENDING BOOK VALUE
-----	-----
ANNUITY PAYMENT LIABILITY	131,841.
TOTALS	----- 131,841. =====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION -----	AMOUNT -----
RECLASS SPECIAL EVENT EXPENSES	-34,524.
RECLASS COST OF GOODS SOLD	-176,329.
LOSS ON SALE OF DONATED STOCK	-5,082.
TEMPORARILY RESTRICTED CONTRIBUTIONS	210,000.
ROUNDING DIFFERENCE	29.
NONOPERATING INVESTMENT INC.	88,855.

TOTAL	82,949.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

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DESCRIPTION -----	AMOUNT -----
RECLASS SPECIAL EVENT EXPENSES	-34,524.
RECLASS COST OF GOODS SOLD	-176,329.
ROUNDING DIFFERENCE	189.
RECLASS EXPENSES NETTED AGAINST REVENUE	533,902.
TOTAL	----- 323,238. =====

BAPTIST HEALTH CARE FOUNDATION, INC.
 EIN 59-0192265
 FOR THE YEAR ENDED 9/30/2001

Form 990, PART V: List of Officers, Directors, Trustees, & Key Employees

<u>Name and Address</u>	<u>Title and Time Devoted to Position</u>	<u>Gross Wages</u>	<u>Contributions to Employee Benefit Plans</u>	<u>Expense Accounts, Allowances, and Other Fringe Benefits</u>	<u>Total Compensation</u>
Jerry L Maygarden 1717 North E Street Pensacola, FL 32501	Senior Vice President 40 hours per week	None	None	None	0
<u>Baptist Health Care Foundation, Inc., Board of Directors:</u>					
B Kirk Ball 1717 North E Street Pensacola, FL 32501	Board member 1 hour per week	None	None	None	0
Larry M Bowyer 1717 North E Street Pensacola, FL 32501	Board member 1 hour per week	None	None	None	0
Ellis W Bullock, III 1717 North E Street Pensacola, FL 32501	Board member 1 hour per week	None	None	None	0
Nina H Campbell 1717 North E Street Pensacola, FL 32501	Board member 1 hour per week	None	None	None	0

Name and Address	Title and Time Devoted to Position	Gross Wages	Contributions to Employee Benefit Plans	Expense Accounts, Allowances, and Other Fringe Benefits	Total Compensation
Rosemary Frederickson 1717 North E Street Pensacola, FL 32501	Board member 1 hour per week	None	None	None	0
Michael J Gaudet 1717 North E Street Pensacola, FL 32501	Board member 1 hour per week	None	None	None	0
Roger MacDonald 1717 North E Street Pensacola, FL 32501	Board member 1 hour per week	None	None	None	0
Calvin B Moore 1717 North E Street Pensacola, FL 32501	Board member 1 hour per week	None	None	None	0
Rick Morette 1717 North E Street Pensacola, FL 32501	Board member 1 hour per week	None	None	None	0
William J Noonan, Jr 1717 North E Street Pensacola, FL 32501	Board member 1 hour per week	None	None	None	0
Larry G Parks 1717 North E Street Pensacola, FL 32501	Board member 1 hour per week	None	None	None	0

Name and Address	Title and Time Devoted to Position	Gross Wages	Contributions		Expense Accounts, Allowances, and Other	Total
			to Employee Benefit Plans	Fringe Benefits		
Jeff Powell 1717 North E Street Pensacola, FL 32501	Board member 1 hour per week	None	None	None	None	0
Grover C Robinson, IV 1717 North E Street Pensacola, FL 32501	Board member 1 hour per week	None	None	None	None	0
Valerie J Russenberger 1717 North E Street Pensacola, FL 32501	Board member 1 hour per week	None	None	None	None	0
John P Tice, Jr 1717 North E Street Pensacola, FL 32501	Board member 1 hour per week	None	None	None	None	0
Joseph William Weaver, M D 1717 North E Street Pensacola, FL 32501	Board member 1 hour per week	None	None	None	None	0
Paul L Young 1717 North E Street Pensacola, FL 32501	Chairman of the Board 1 hour per week	None	None	None	None	0
TOTALS						0
						0

BAPTIST HEALTH CARE FOUNDATION, INC
 EIN 59-0192265
 FOR THE YEAR ENDED 9/30/2001

Form 990, PART V, LINE 75: Compensation Provided By Related Organization

BAPTIST HEALTH CARE CORPORATION
 EIN 59-2425151

	Title and Time Devoted to Position	Gross Wages	Contributions to Employee Benefit Plans	Expense Accounts, Allowances, and Other Fringe Benefits	Total Compensation
Jerry L. Maygarden 1717 North E Street Pensacola, FL 32501	Senior Vice President 40 hours per week	147,007	30,218	2,760	179,985
TOTALS		147,007	30,218	2,760	179,985

SEE ALSO STATEMENT 19A

STATEMENT 19

FORM 990 -- PART V

FOR THE TAX YEAR ENDED 9/30/2001

RETIREMENT PLAN

Baptist Health Care provides a non-contributory Defined Benefit Pension Plan to all employees, including senior executives. Normal Retirement Benefit equals up to 1% of the average of the employee's highest 5 years of compensation out of the last 10 calendar years, multiplied by years of service. The Internal Revenue Code limits the maximum annual benefit which may be paid to any individual from the Retirement Plan's Trust fund and the amount of compensation that may be recognized. The senior executives have reduced their compensation by 7%, which was formerly contributed to a Tax Sheltered Annuity, to supplement the Defined Benefit Pension Plan. Baptist Health Care makes additional supplemental unfunded payments to offset any reduction in Qualified Pension Benefits and to supplement retirement benefits. Supplemental Benefits are not vested until retirement.

The following table shows the estimated annual retirement benefits payable under the Retirement Plan and the Supplemental Plan to the named executives at specified remuneration amounts and retirement ages, based on a Straight Life Annuity form of retirement income.

AVERAGE INCOME AT RETIREMENT	AGE							
	55	56	57	58	59	60	61	62
\$ 100,000	43,500	48,000	52,500	57,000	61,500	66,000	70,500	75,000
\$ 150,000	65,250	72,000	78,750	85,500	92,250	93,060	105,750	112,500
\$ 200,000	87,000	96,000	105,000	114,000	123,000	132,000	141,000	150,000
\$ 250,000	108,750	120,000	131,250	142,500	153,750	165,000	176,250	187,500
\$ 300,000	130,500	144,000	157,500	171,000	184,500	198,000	211,500	225,000

BAPTIST HEALTH CARE FOUNDATION, INC
 EIN 59-0192265
 FOR THE YEAR ENDED 9/30/2001

FORM 990, PART VI, LINE 80. RELATED ORGANIZATIONS

Name of Organization	Exempt	Non-Exempt
Azalea Trace, Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Baptist Health Care Corporation, Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Baptist Hospital, Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Baptist Health Ventures, Inc and Subsidiaries	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Baptist Manor, Inc, The	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Baptist Medical Park Surgery Center, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Baptist Medical Park Navarre - Diagnostic Center LLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Baptist Medical Park Navarre - Surgery Center LLC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BSH Health Services, Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CMHC Hernandez House, Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CMHC Properties, Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Covenant Health Enterprises, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Covenant Health Services, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Covenant Health Services Cooperative Corp	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Escambia County Alabama Community Hospitals, Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jay Hospital, Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lakeview Center, Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lakeview Place, Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lakeview Villa, Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

=====

PURCHASED SERVICES FROM IDEAWORKS IN THE AMOUNT OF 3,513. THE OWNER OF IDEAWORKS IS THE WIFE OF DAVID SJOBERG, V.P. OF OPERATIONS - BAPTIST HEALTH CARE, INC. IDEAWORKS DOES MEDIA WORK, INVITATIONS, ETC.

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

=====

BAPTIST HEALTH CARE FOUNDATION, INC. (BHCf) MAKES CHARITABLE DISTRIBUTIONS TO ORGANIZATIONS WHICH ARE EXEMPT FROM TAX UNDER IRC 501(C) (3), AND DEMONSTRATE CHARITABLE NEED. BHCf PRIMARILY SUPPORTS HEALTH CARE RELATED ORGANIZATIONS LOCATED IN ESCAMBIA COUNTY, FLORIDA.

BAPTIST HEALTH CARE FOUNDATION, INC
EIN 59-0192265
FOR THE TAX YEAR ENDED 9/30/2001

FORM 990, SCHEDULE A, PART IV: Support Schedule

THIS PUBLIC SUPPORT SCHEDULE IS BASED UPON THE ACCRUAL METHOD OF ACCOUNTING. INFORMATION IS NOT READILY AVAILABLE TO CONVERT TO THE CASH METHOD OF ACCOUNTING. HOWEVER, BAPTIST HEALTH CARE FOUNDATION'S PUBLIC CHARITY STATUS WOULD NOT BE MATERIALLY AFFECTED BY THE CONVERSION TO THE CASH METHOD OF ACCOUNTING.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Note. Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	BAPTIST HEALTH CARE FOUNDATION, INC.	59-0192265
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions	
	POST OFFICE BOX 17500	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	PENSACOLA, FL 32522	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 05/15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year _____ or

▶ tax year beginning 10/01, 2000, and ending 09/30, 2001

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ N/A

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ N/A

c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. \$ N/A

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature ▶ Jill C Bach Title ▶ CPA Date ▶ 1/30/02

For Paperwork Reduction Act Notice, see Instruction Form 8868 (12 2000)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**
Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
 • If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy

Type or print	Name of Exempt Organization BAPTIST HEALTH CARE FOUNDATION, INC	Employer identification number 59-0192265
	Number street, and room or suite no. If a P O box, see instructions POST OFFICE BOX 17500	For IRS use only
File by the extended due date for filing the return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions PENSACOLA, FL 32522	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

• If the organization does not have an office or place of business in the United States, check this box
 • If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until AUGUST 15, 2002
 5 For calendar year _____, or other tax year beginning 10/01/00 and ending 09/30/01
 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER THE BALANCE OF THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
 c **Balance Due** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

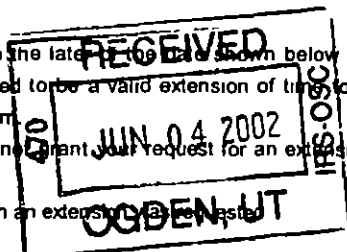
Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Ben Pitchkites* Title CPA Date 5/10/02

Notice to Applicant - To Be Completed by the IRS

We have approved this application. Please attach this form to the organization's return.
 We have not approved this application. However, we have granted a 10-day grace period from the late filing date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
 We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
 We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
 Other _____



By _____ Director Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional copy returned to an address different than the one entered above. **EXTENSION APPROVED**

Type or print	Name ERNST & YOUNG LLP ATTENTION BEN PITCHKITES	JUN 11 2002
	Number and street (include suite, room, or apt. no.) Or a P O box number 5451 LAKEVIEW PARKWAY SOUTH DRIVE	
	City or town, province or state, and country (including postal or ZIP code) INDPLS, IN 46268	LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

SUBMITTED JUN 01 2002