



CERTIFICATION OF TAXABLE VALUE

DR-420
R. 6/09
Florida Administrative Code
Rule 12DER09-01

Year	2009	County	Broward
Principal Authority	North Broward Hospital District	Taxing Authority	North Broward Hospital District

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value of real property for operating purposes	\$	99,804,752,360	(1)
2.	Current year taxable value of personal property for operating purposes	\$	4,797,936,667	(2)
3.	Current year taxable value of centrally assessed property for operating purposes	\$	27,519,511	(3)
4.	Current year gross taxable value for operating purposes (Line 1 plus Line 2 plus Line 3)	\$	104,630,208,538	(4)
5.	Current year net new taxable value (Add new construction, additions, rehabilitative improvements increasing assessed value by at least 100%, annexations, and tangible personal property value over 115% of the previous year's value. Subtract deletions.)	\$	1,103,885,490	(5)
6.	Current year adjusted taxable value (Line 4 minus Line 5)	\$	103,526,323,048	(6)
7.	Prior year FINAL gross taxable value (From prior year applicable Form DR-403 series)	\$	116,665,377,308	(7)
8.	Does the taxing authority include tax increment financing areas? If yes, enter number of worksheets (DR-420TIF) attached. If none, enter 0.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number 10	(8)
9.	Does the taxing authority levy a voted debt service millage or a millage voted for 2 years or less under s. 9(b), Article VII, State Constitution? If yes, enter the number of forms DR-420DEBT, <i>Certification of Voted Debt Millage</i> for each debt service levy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number	(9)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.	
	Signature of Property Appraiser	Date	

SECTION II: COMPLETED BY TAXING AUTHORITY

If this portion of the form is not completed in FULL your authority will be denied TRIM certification and possibly lose its millage levy privilege for the tax year. If any line is not applicable, -0-.

10.	Prior year operating millage levy (if prior year millage was adjusted then use adjusted millage from Form DR-422.)	1.7059	per \$1,000	(10)
11.	Prior year ad valorem proceeds (Line 7 multiplied by Line 10 divided by 1,000)	\$	199,019,467	(11)
12.	Amount, if any, paid or applied in prior year because of an obligation measured by a dedicated increment value (Sum of either Lines 6c or Line 7a for all DR-420TIF forms)	\$	5,608,333	(12)
13.	Adjusted prior year ad valorem proceeds (Line 11 minus Line 12)	\$	193,411,134	(13)
14.	Dedicated increment value, if any (Sum of either Line 6b or Line 7e for all DR-420TIF forms)	\$	3,189,032,782	(14)
15.	Adjusted current year taxable value (Line 6 minus Line 14)	\$	100,337,290,266	(15)
16.	Current year rolled-back rate (Line 13 divided by Line 15, multiplied by 1,000)	1.9276	per \$1000	(16)
17.	Current year proposed operating millage rate	1.8516	per \$1000	(17)
18.	Total taxes to be levied at proposed millage rate (Line 17 multiplied by Line 4, divided by 1,000)	\$	193,733,294	(18)

Continued on page 2



19.	TYPE of principal authority (check one)	<input type="checkbox"/> County	<input checked="" type="checkbox"/> Independent Special District	(19)
		<input type="checkbox"/> Municipality	<input type="checkbox"/> Water Management District	
20.	Applicable taxing authority (check one)	<input type="checkbox"/> Principal Authority	<input type="checkbox"/> Dependent Special District	(20)
		<input type="checkbox"/> MSTU	<input type="checkbox"/> Water Management District Basin	
21.	Is millage levied in more than one county? (check one)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	(21)

DEPENDENT SPECIAL DISTRICTS AND MSTUs  **STOP HERE - SIGN AND SUBMIT**

22.	Enter the total adjusted prior year ad valorem proceeds of the principal authority, all dependent special districts, and MSTUs levying a millage. (The sum of Line 13 from all DR-420 forms)	\$	193,411,134	(22)
23.	Current year aggregate rolled-back rate (Line 22 divided by Line 15, multiplied by 1,000)		1.9276 per \$1,000	(23)
24.	Current year aggregate rolled-back taxes (Line 4 multiplied by Line 23, divided by 1,000)	\$	201,685,190	(24)
25.	Enter total of all operating ad valorem taxes proposed to be levied by the principal taxing authority, all dependent districts, and MSTUs, if any. (Total of Line 18 from all DR-420 forms)	\$	193,733,294	(25)
26.	Current year proposed aggregate millage rate (Line 25 divided by Line 4, multiplied by 1,000)		1.8516 per \$1,000	(26)
27.	Current year proposed rate as a percent change of rolled-back rate (Line 26 divided by Line 23, minus 1, multiplied by 100)		-3.94 %	(27)

First public budget hearing	Date 09/16/2009	Time 5:30 PM	Place Broward General Medical Center Auditoriums 1600 South Andrews Avenue Ft. Lauderdale, FL 33316
------------------------------------	--------------------	-----------------	--

SIGN HERE	Taxing Authority Certification	I certify the millages and rates are correct to the best of my knowledge. The millages comply with the provisions of ss. 200.065 and 200.071 or 200.081, F.S.		
	Signature of Chief Administrative Officer <i>Frank P. Nash</i>			Date 7/13/09
	Title President / CEO		Contact Name Charlotte Mather	
	Mailing Address 303 SE 17th Street		Physical Address 303 SE 17th Street Ft. Lauderdale, FL 33316	
	City, State, Zip Ft. Lauderdale, FL 33316		Phone Number 954-355-5122	Fax Number 954-355-4774

Instructions on page 3



TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF
R. 6/09
Florida Administrative Code
Rule 12DER09-01

Year 2009	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area Coral Springs CRA	Base Year 2002

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	126,348,610	(1)
2.	Base year taxable value in the tax increment area	\$	66,321,640	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$	60,026,970	(3)
4.	Prior year Final taxable value in the tax increment area	\$	129,456,290	(4)
5.	Prior year tax increment value (Line 4 minus Line 2)	\$	63,134,650	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.		
	Signature of Property Appraiser			Date

SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:				
6a.	Enter the proportion on which the payment is based.		95 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) if value is less than zero, then enter zero on Line 6b	\$	57,025,622	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	102,316	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:				
7a.	Amount of payment to redevelopment trust fund in prior year	\$		(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 10)		per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c) multiplied by 100		%	(7d)
7e.	Dedicated increment value (Line 7d multiplied by Line 3) divided by 100	\$	0	(7e)

SIGN HERE	Taxing Authority Certification		I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer			Date	
	<i>Paul P. Masl</i>			7/13/09	
	Title		Contact Name		
	President / CEO		Charlotte Mather		
Mailing Address		Physical Address			
303 SE 17th Street		303 SE 17th Street Ft. Lauderdale, FL 33316			
City, State, Zip		Phone Number	Fax Number		
Ft. Lauderdale, FL 33316		954-355-5122	954-355-4774		

Instructions on page 2



TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF
R. 6/09
Florida Administrative Code
Rule 12DER09-01

Year 2009	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area Davie CRA	Base Year 1988

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	50,928,970	(1)
2.	Base year taxable value in the tax increment area	\$	14,699,838	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$	36,229,132	(3)
4.	Prior year Final taxable value in the tax increment area	\$	51,641,450	(4)
5.	Prior year tax increment value (Line 4 minus Line 2)	\$	36,941,612	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.		
	Signature of Property Appraiser			Date

SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:				
6a.	Enter the proportion on which the payment is based.		95 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is less than zero, then enter zero on Line 6b	\$	34,417,675	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	59,869	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:				
7a.	Amount of payment to redevelopment trust fund in prior year	\$		(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 10)		per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c) multiplied by 100		%	(7d)
7e.	Dedicated increment value (Line 7d multiplied by Line 3) divided by 100	\$	0	(7e)

SIGN HERE	Taxing Authority Certification		I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer			Date	
	<i>Paul P. Nash</i>			7/3/09	
	Title President / CEO		Contact Name Charlotte Mather		
	Mailing Address 303 SE 17th Street		Physical Address 303 SE 17th Street Ft. Lauderdale, FL 33316		
City, State, Zip Ft. Lauderdale, FL 33316		Phone Number 954-355-5122	Fax Number 954-355-4774		

Instructions on page 2



TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF
R. 6/09
Florida Administrative Code
Rule 12DER09-01

Year 2009	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area Deerfield Beach CRA	Base Year 1999

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	351,260,060	(1)
2.	Base year taxable value in the tax increment area	\$	110,827,830	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$	240,432,230	(3)
4.	Prior year Final taxable value in the tax increment area	\$	409,334,690	(4)
5.	Prior year tax increment value (Line 4 minus Line 2)	\$	298,506,860	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.		
	Signature of Property Appraiser			Date

SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:				
6a.	Enter the proportion on which the payment is based.		95 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is less than zero, then enter zero on Line 6b	\$	228,410,619	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	483,762	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:				
7a.	Amount of payment to redevelopment trust fund in prior year	\$		(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 10)		per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c) multiplied by 100		%	(7d)
7e.	Dedicated increment value (Line 7d multiplied by Line 3) divided by 100	\$	0	(7e)

SIGN HERE	Taxing Authority Certification		I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer				Date
	Title		Contact Name		
	Mailing Address		Physical Address		
	City, State, Zip		Phone Number	Fax Number	
	President / CEO	Charlotte Mather			7/13/09
	303 SE 17th Street	303 SE 17th Street Ft. Lauderdale, FL 33316			
	Ft. Lauderdale, FL 33316	954-355-5122	954-355-4774		

Instructions on page 2



TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF
R. 6/09
Florida Administrative Code
Rule 12DER09-01

Year 2009	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area Fort Lauderdale CRA	Base Year 1989

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	794,875,000	(1)
2.	Base year taxable value in the tax increment area	\$	118,537,320	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$	676,337,680	(3)
4.	Prior year Final taxable value in the tax increment area	\$	758,535,740	(4)
5.	Prior year tax increment value (Line 4 minus Line 2)	\$	639,998,420	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.		
	Signature of Property Appraiser			Date

SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:				
6a.	Enter the proportion on which the payment is based.		95 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is less than zero, then enter zero on Line 6b	\$	642,520,796	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	1,037,185	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:				
7a.	Amount of payment to redevelopment trust fund in prior year	\$		(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 10)		per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c) multiplied by 100		%	(7d)
7e.	Dedicated increment value (Line 7d multiplied by Line 3) divided by 100	\$	0	(7e)

SIGN HERE	Taxing Authority Certification		I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer			Date	
	<i>Frank P. Marshall</i>			7/13/09	
	Title		Contact Name		
	President / CEO		Charlotte Mather		
Mailing Address		Physical Address			
303 SE 17th Street		303 SE 17th Street Ft. Lauderdale, FL 33316			
City, State, Zip		Phone Number	Fax Number		
Ft. Lauderdale, FL 33316		954-355-5122	954-355-4774		

Instructions on page 2



TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF
R. 6/09
Florida Administrative Code
Rule 12DER09-01

Year 2009	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area Lauderdale Lakes CRA	Base Year 2000

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	262,764,550	(1)
2.	Base year taxable value in the tax increment area	\$	127,159,990	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$	135,604,560	(3)
4.	Prior year Final taxable value in the tax increment area	\$	277,083,130	(4)
5.	Prior year tax increment value (Line 4 minus Line 2)	\$	149,923,140	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.		
	Signature of Property Appraiser			Date

SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:				
6a.	Enter the proportion on which the payment is based.		95 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is less than zero, then enter zero on Line 6b	\$	128,824,332	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	242,966	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:				
7a.	Amount of payment to redevelopment trust fund in prior year	\$		(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 10)		per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c) multiplied by 100		%	(7d)
7e.	Dedicated increment value (Line 7d multiplied by Line 3) divided by 100	\$	0	(7e)

SIGN HERE	Taxing Authority Certification		I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer				Date
					7/13/09
	Title		Contact Name		
	President / CEO		Charlotte Mather		
Mailing Address		Physical Address			
303 SE 17th Street		303 SE 17th Street Ft. Lauderdale, FL 33316			
City, State, Zip		Phone Number	Fax Number		
Ft. Lauderdale, FL 33316		954-355-5122	954-355-4774		

Instructions on page 2



TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF
R. 6/09
Florida Administrative Code
Rule 12DER09-01

Year 2009	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area Margate CRA	Base Year 1997

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	762,242,130	(1)
2.	Base year taxable value in the tax increment area	\$	306,827,250	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$	455,414,880	(3)
4.	Prior year Final taxable value in the tax increment area	\$	815,331,820	(4)
5.	Prior year tax increment value (Line 4 minus Line 2)	\$	508,504,570	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.		
	Signature of Property Appraiser			Date

SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:				
6a.	Enter the proportion on which the payment is based.		95 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is less than zero, then enter zero on Line 6b	\$	432,644,136	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	824,037	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:				
7a.	Amount of payment to redevelopment trust fund in prior year	\$		(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 10)		per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c) multiplied by 100		%	(7d)
7e.	Dedicated increment value (Line 7d multiplied by Line 3) divided by 100	\$	0	(7e)

SIGN HERE	Taxing Authority Certification		I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer			Date	
	<i>Paul C. Noel</i>			7/3/09	
	Title President / CEO		Contact Name Charlotte Mather		
	Mailing Address 303 SE 17th Street		Physical Address 303 SE 17th Street Ft. Lauderdale, FL 33316		
City, State, Zip Ft. Lauderdale, FL 33316		Phone Number 954-355-5122	Fax Number 954-355-4774		

Instructions on page 2



TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF
R. 6/09
Florida Administrative Code
Rule 12DER09-01

Year 2009	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area Plantation CRA	Base Year 2000

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	241,367,250	(1)
2.	Base year taxable value in the tax increment area	\$	127,670,650	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$	113,696,600	(3)
4.	Prior year Final taxable value in the tax increment area	\$	223,501,370	(4)
5.	Prior year tax increment value (Line 4 minus Line 2)	\$	95,830,720	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.		
	Signature of Property Appraiser			Date

SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:				
6a.	Enter the proportion on which the payment is based.		95 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is less than zero, then enter zero on Line 6b	\$	108,011,770	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	155,304	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:				
7a.	Amount of payment to redevelopment trust fund in prior year	\$		(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 10)		per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c) multiplied by 100		%	(7d)
7e.	Dedicated increment value (Line 7d multiplied by Line 3) divided by 100	\$	0	(7e)

SIGN HERE	Taxing Authority Certification		I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer				Date
	Title		Contact Name		
	President / CEO		Charlotte Mather		
	Mailing Address		Physical Address		
303 SE 17th Street		303 SE 17th Street Ft. Lauderdale, FL 33316			
City, State, Zip		Phone Number	Fax Number		
Ft. Lauderdale, FL 33316		954-355-5122	954-355-4774		

Instructions on page 2



TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF
R. 6/09
Florida Administrative Code
Rule 12DER09-01

Year 2009	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area Pompano Beach East CRA	Base Year 2001

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	377,898,240	(1)
2.	Base year taxable value in the tax increment area	\$	136,427,940	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$	241,470,300	(3)
4.	Prior year Final taxable value in the tax increment area	\$	288,911,450	(4)
5.	Prior year tax increment value (Line 4 minus Line 2)	\$	152,483,510	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.		
	Signature of Property Appraiser			Date

SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:				
6a.	Enter the proportion on which the payment is based.		95 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is less than zero, then enter zero on Line 6b	\$	229,396,785	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	247,116	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:				
7a.	Amount of payment to redevelopment trust fund in prior year	\$		(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 10)		per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c) multiplied by 100		%	(7d)
7e.	Dedicated increment value (Line 7d multiplied by Line 3) divided by 100	\$	0	(7e)

SIGN HERE	Taxing Authority Certification		I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer				Date
	<i>Frank P. Marshall</i>				<i>7/13/09</i>
	Title		Contact Name		
	President / CEO		Charlotte Mather		
Mailing Address		Physical Address			
303 SE 17th Street		303 SE 17th Street Ft. Lauderdale, FL 33316			
City, State, Zip		Phone Number	Fax Number		
Ft. Lauderdale, FL 33316		954-355-5122	954-355-4774		

Instructions on page 2



TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF
R. 6/09
Florida Administrative Code
Rule 12DER09-01

Year 2009	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area Pompano Beach West CRA	Base Year 1989

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	1,077,351,510	(1)
2.	Base year taxable value in the tax increment area	\$	297,388,021	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$	779,963,489	(3)
4.	Prior year Final taxable value in the tax increment area	\$	1,109,462,500	(4)
5.	Prior year tax increment value (Line 4 minus Line 2)	\$	812,074,479	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.		
	Signature of Property Appraiser			Date

SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:				
6a.	Enter the proportion on which the payment is based.		95 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is less than zero, then enter zero on Line 6b	\$	740,965,315	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	1,316,052	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:				
7a.	Amount of payment to redevelopment trust fund in prior year	\$		(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 10)		per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c) multiplied by 100		%	(7d)
7e.	Dedicated increment value (Line 7d multiplied by Line 3) divided by 100	\$	0	(7e)

SIGN HERE	Taxing Authority Certification		I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer			Date	
				7/13/09	
	Title President / CEO		Contact Name Charlotte Mather		
	Mailing Address 303 SE 17th Street		Physical Address 303 SE 17th Street Ft. Lauderdale, FL 33316		
City, State, Zip Ft. Lauderdale, FL 33316		Phone Number 954-355-5122	Fax Number 954-355-4774		

Instructions on page 2



TAX INCREMENT ADJUSTMENT WORKSHEET

DR-420TIF
R. 6/09
Florida Administrative Code
Rule 12DER09-01

Year 2009	County Broward
Principal Authority North Broward Hospital District	Taxing Authority North Broward Hospital District
Community Redevelopment Area Progresso CRA	Base Year 1995

SECTION I: COMPLETED BY PROPERTY APPRAISER

1.	Current year taxable value in the tax increment area	\$	825,961,420	(1)
2.	Base year taxable value in the tax increment area	\$	208,260,650	(2)
3.	Current year tax increment value (Line 1 minus Line 2)	\$	617,700,770	(3)
4.	Prior year Final taxable value in the tax increment area	\$	911,532,880	(4)
5.	Prior year tax increment value (Line 4 minus Line 2)	\$	703,272,230	(5)

SIGN HERE	Property Appraiser Certification	I certify the taxable values above are correct to the best of my knowledge.		
	Signature of Property Appraiser			Date

SECTION II: COMPLETED BY TAXING AUTHORITY Complete EITHER line 6 or line 7 as applicable. Do NOT complete both.

6. If the amount to be paid to the redevelopment trust fund IS BASED on a specific proportion of the tax increment value:				
6a.	Enter the proportion on which the payment is based.		95 %	(6a)
6b.	Dedicated increment value (Line 3 multiplied by the percentage on Line 6a) If value is less than zero, then enter zero on Line 6b	\$	586,815,732	(6b)
6c.	Amount of payment to redevelopment trust fund in prior year	\$	1,139,726	(6c)
7. If the amount to be paid to the redevelopment trust fund IS NOT BASED on a specific proportion of the tax increment value:				
7a.	Amount of payment to redevelopment trust fund in prior year	\$		(7a)
7b.	Prior year operating millage levy (Form DR-420, Line 10)		per \$1,000	(7b)
7c.	Taxes levied on prior year tax increment value (Line 5 multiplied by Line 7b, divided by 1,000)	\$	0	(7c)
7d.	Prior year payment as proportion of taxes levied on increment value (Line 7a divided by Line 7c) multiplied by 100		%	(7d)
7e.	Dedicated increment value (Line 7d multiplied by Line 3) divided by 100	\$	0	(7e)

SIGN HERE	Taxing Authority Certification		I certify the calculations, millages and rates are correct to the best of my knowledge.		
	Signature of Chief Administrative Officer			Date	
	<i>Frank P. Mast</i>			7/13/09	
	Title President / CEO		Contact Name Charlotte Mather		
	Mailing Address 303 SE 17th Street		Physical Address 303 SE 17th Street Ft. Lauderdale, FL 33316		
City, State, Zip Ft. Lauderdale, FL 33316		Phone Number 954-355-5122	Fax Number 954-355-4774		

Instructions on page 2



**MAXIMUM MILLAGE LEVY CALCULATION
PRELIMINARY DISCLOSURE**

For municipal governments, counties, and special districts

DR-420MM-P
R. 6/09
Florida Administrative Code
Rule 12DER09-01

Year	2009	County	Broward
Principal Authority	North Broward Hospital District	Taxing Authority	North Broward Hospital District

1.	Is your taxing authority a municipality or independent special district that has levied ad valorem taxes for less than 5 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(1)
----	---	---	-----

IF YES, STOP. SIGN AND SUBMIT. You are not subject to a millage limitation.

2.	Current year rolled-back rate from Form DR-420, Line 16	1.9276	per \$1,000	(2)
3.	Prior year maximum millage rate with a majority vote (2008 Form DR-420MM, Line 24)	1.7121	per \$1,000	(3)
4.	Prior year operating millage rate from Form DR-420, Line 10	1.7059	per \$1,000	(4)

If Line 4 is equal to or greater than Line 3, skip to Line 11. If less, continue to Line 5.

Adjust rolled-back rate based on prior year majority-vote maximum millage rate

5.	Prior year final gross taxable value from Form DR-420, Line 7	\$	116,665,377,308	(5)
6.	Prior year maximum ad valorem proceeds with majority vote (Line 3 multiplied by Line 5 divided by 1,000)	\$	199,742,792	(6)
7.	Amount, if any, paid or applied in prior year as a consequence of an obligation measured by a dedicated increment value from Form DR-420 Line 12	\$	5,608,333	(7)
8.	Adjusted prior year ad valorem proceeds with majority vote (Line 6 minus Line 7)	\$	194,134,459	(8)
9.	Adjusted current year taxable value from DR-420 Line 15	\$	100,337,290,266	(9)
10.	Adjusted current year rolled-back rate (Line 8 divided by Line 9, multiplied by 1,000)	1.9348	per \$1,000	(10)

Calculate maximum millage levy

11.	Rolled-back rate to be used for maximum millage levy calculation (Enter Line 10 if adjusted or enter Line 2 if Line 10 is not adjusted)	1.9348	per \$1,000	(11)
12.	Adjustment for growth in per capita Florida personal income	1.0250		(12)
13.	Majority vote maximum millage rate allowed (Line 11 multiplied by Line 12)	1.9832	per \$1,000	(13)
14.	Two-thirds vote maximum millage rate allowed (Multiply Line 13 by 1.10)	2.1815	per \$1,000	(14)
15.	Current year proposed millage rate	1.8516	per \$1,000	(15)
16.	Minimum vote required to levy proposed millage: (Check one)			(16)

- a. Majority vote of the governing body: Check here, if Line 15 is less than or equal to Line 13. The maximum millage rate is equal to the majority vote maximum rate. Enter Line 13 on Line 17.
- b. Two-thirds vote of governing body: Check here if Line 15 is less than or equal to Line 14, but greater than Line 13. The maximum millage rate is equal to proposed rate. Enter Line 15 on Line 17.
- c. Unanimous vote of the governing body, or 3/4 vote if nine members or more: Check here if Line 15 is greater than Line 14. The maximum millage rate is equal to the proposed rate. Enter Line 15 on Line 17.
- d. Referendum: The maximum millage rate is equal to the proposed rate. Enter Line 15 on Line 17.

17.	The selection on Line 16 allows a maximum millage rate of (Enter rate indicated by choice on Line 16)	1.9832	per \$1,000	(17)
18.	Current year gross taxable value from Form DR-420, Line 4	\$	104,630,208,538	(18)

Continued on page 2

19.	Current year proposed taxes (Line 15 multiplied by Line 18, divided by 1,000)	\$	193,733,294	(19)
20.	Total taxes levied at the maximum millage rate (Line 17 multiplied by Line 18, divided by 1,000)	\$	207,502,630	(20)

DEPENDENT SPECIAL DISTRICTS AND MSTUs  **STOP HERE. SIGN AND SUBMIT.**


21.	Enter the current year proposed taxes of all dependent special districts & MSTUs levying a millage (The sum of all Lines 19 from each district's Form DR-420 MM-P)	\$		(21)
22.	Total current year proposed taxes (Line 19 plus Line 21)	\$	193,733,294	(22)

Total Maximum Taxes

23.	Enter the taxes at the maximum millage of all dependent special districts & MSTUs levying a millage (The sum of all Lines 20 from each district's Form DR-420 MM-P)	\$		(23)
24.	Total taxes at maximum millage rate (Line 20 plus line 23)	\$	207,502,630	(24)

Total Maximum Versus Total Taxes Levied

25.	Are total current year proposed taxes on Line 22 equal to or less than total taxes at the maximum millage rate on Line 24? (Check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(25)
-----	--	------------------------------	-----------------------------	------

SIGN HERE	Taxing Authority Certification		I certify the millages and rates are correct to the best of my knowledge. The millages comply with the provisions of ss. 200.065 and 200.071 or 200.081, F.S.		
	Signature of Chief Administrative Officer			Date	
				8/3/09	
	Title		Contact Name		
	President / CEO		Charlotte mather		
Mailing Address		Physical Address			
303 SE 17th Street		303 SE 17th Street Ft. Lauderdale, FL 33316			
City, State, Zip		Phone Number	Fax Number		
Ft. Lauderdale, FL 33316		954-355-5122	954-355-4774		

Complete and submit this Form DR-420MM-P, Maximum Millage Levy Calculation-Preliminary Disclosure, to your property appraiser with the Form DR-420, Certification of Compliance.